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Today, GOLD recommends that spirometry is required for the clinical diagnosis of COPD to avoid misdiagnosis and to ensure proper evaluation of severity of airflow limitation. The document highlights that the assessment of the patient with COPD should always include assessment of (1) symptoms, (2) severity of airflow limitation, (3) history of exacerbations, and (4) comorbidities.

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This Pocket Guide has been developed from the Global Strategy for the Diagnosis, Management, and Prevention of COPD (2020 Report), which aims to provide a non-biased review of the current evidence for the assessment,

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In 2013 the GOLD initiative published a new classification for COPD severity. Where the older versions only took lung values in account, GOLD 2013 also takes severity of symptoms and number of exacerbations into account. Aside from the classic GOLD 1, 2, 3 and 4 stages, the new classification distinguishes also stages A, B, C and D.

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Updates of the 2011-revised report were released in January 2013, 2014, 2015, and 2016. The 2017 GOLD Report, the 4th major revision of GOLD, incorporates an update of recent information that has been reviewed by the science committee from 2015 to 2016 and a comprehensive reassessment and

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of COPD management guidelines. We appreciate the enormous amount of work the GOLD National Leaders have done on behalf of their patients with COPD. In spite of the achievements in the five years since the GOLD report was originally published, considerable additional work is ahead of all of us if we are to control this major public health problem.

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