**Reply to Editors:**

Thank you for the suggestions and corrections, we believe these have highly improved the manuscript, making it clearer and easier to read. We took into consideration all your suggestions and have reviewed the text accordingly. The whole manuscript has also been reviewed by a British doctor.

**Reviewer 1:**

**Comment 1:** This sentence is entirely copied from GOLD 2018 and has no reference to it.

Reply: Thank you for spotting. Has been corrected

Chronic Obstructive Pulmonary Disease (COPD) is a common, preventable and treatable disease characterized by persistent respiratory symptoms and airflow limitation.[1]

**Comment 2**: This sentence is associated with a reference where these ideas appear themselves as a citation from another primary source which is GOLD. Then, GOLD should be mentioned here. Also, the acronyms FEV1 and FVC appear here in the text for the first time. So the expressions should be fully written here, at least once.

Reply: Again, thank you, we agree, reference to GOLD has been made and acronyms have been written in full.

the presence of a post bronchodilator Forced Expiratory Volume in the first second (FEV1) over Forced Vital Capacity (FVC) ratio below 0.7 confirms the presence of persistent airflow limitation. [1,2]

**Comment 3**: This sentence doesn’t seem very well written. It seems an “English kind of Portuguese”.

Reply: Agreed. The sentence has been reviewed by a native speaker.

As well as pharmacological treatment, management involves smoking cessation, pulmonary rehabilitation, influenza and pneumococcal immunizations and control of comorbidities.[3-6]

**Comment 4**: “All these drug classes are reserved for selected patients”

Reply: Agreed.

Non-inhaled pharmacological treatment is reserved for selected patients, these involve drugs such as methylxanthines, mucolytics, phosphodiesterase 4 inhibitor roflumilast, and long-term macrolides

**Comment 5:** “This sentence contains confusing and arguable information. It seems a beginning of an idea that is not further presented. It should be eliminated or clarified”

Reply: Agreed. The sentence has been removed.

~~There are differences between LABA and LAMA as well as within the groups themselves.~~

**Comment 6:**Once again, this is a confusing idea.

Reply: Agreed, the sentence has also been removed.

~~The market has a myriad of combinations of different classes as well as devices, each requiring patient education.~~

**Comment 7**: Where is this table 1? There is no table in this document.

Reply: It was sent as a separate attachment, but it has now been included in the main text, as suggested by the Editor.

Table 1 The ABCD and E of COPD for patients

|  |  |  |
| --- | --- | --- |
| **A** | Air | Assessment of respiratory symptoms and impact on patients’ life. Dyspnoea is a sign of advanced disease |
| **B** | Bronchodilatation | Bronchodilation is the core drug management of COPD. When choosing a bronchodilation never forget LAPA: Long Acting the Patient Adores |
| **C** | Chronicity | COPD is a chronic disease that requires compliance throughout the patients’ life. Management of other chronic conditions that share the same pathophysiology is essential for optimization of the patient with COPD |
| **D** | Device | Inhaled drug therapy enables therapeutic doses in the target organ with minimal toxicity. The patient is an active part in inhaled therapy and the only effective device is the one the patient will use |
| **E** | Exacerbations | Exacerbations have prognostic impact in COPD and every effort should be made to prevent this. These include lifestyle changes, smoking cessation, compliance with treatment and influenza and pneumococcal vaccination |

**Comment 8:** mMRC and CAT are not scores but tools that give clinicians a “score”.

Reply: Agreed and changed accordingly.

Quantification of dyspnoea, using tools such as the Modified Medical Research Council (mMRC) dyspnoea scale or COPD Assessment Test (CAT), is useful in monitoring the disease.

**Comment 9:** If the authors believe it is important to mention some pathophysiological mechanisms, their relationship with the symptoms should be more clearly presented. The reviewer believes this is not necessary concerning the purpose of this document.

Reply: Agreed, it is beyond the scope of this article and has been removed.

~~COPD symptoms arise from the destruction of alveoli and loss of elastic recoil. These cause air trapping, dynamic hyperinflation and decreased gas exchange.~~~~[8]~~

**Reviewer 2**

**Comment 1:** What is this etc? what other choices do clinicians face? It should be better to list them

Reply: Agreed, the list of choices was not fully clear, hence, it has been changed.

However, the clinician will still face a myriad of choices between devices, drugs, combined or single therapy, once or twice daily regimens.

**Comment 2:** I advise to rewrite this sentence. It doesn’t seem a very good English.

Reply: Has been reviewed by a British doctor who rewrote the sentence.

.Yet, when choosing bronchodilation, one of the most important factors remains the individual patient. What their peak inspiratory flow and hand-breath coordination is, what time of the day they are more symptomatic, which symptoms curb their activity and which device they prefer. Are they more troubled by dyspnoea or bronchial secretions?

**Comment 3**: Which side effects? Drugs’?

Reply: Thank you, it was not clear. The sentence has been changed.

Are side effects such as LABA associated tachycardia or LAMA associated dry mouth troublesome?

**Comment 4:** This sentence induces the reader to think that the fact the treatment differs from patient to patient is a result of patients and clinicians’ preferences being different. However, this relationship seems odd. I strongly advise to better clarify this idea.

Reply: In hindsight, the authors do agree that this is confusing and have removed the sentence.

Basing ourselves on patients’ preferences, we propose never to forget a new acronym, LAPA, Long Acting the Patient Adores. The combination of bronchodilator and device that is best suited to the patient and that will better guarantee the patients’ compliance.

**Comment 5:** I suggest to review the bibliography. Some punctuation signs may need to be corrected.

Reply: Thank you. The bibliography has been edited according to the Acta Médica rules.