

LAMA Use in Asthma Management:



Insights from the EU-LAMA Study with a Focus on Sweden

Christer Janson¹, Michał Panek², Robab Breyer-Kohansal³, Paschalis Steiropoulos⁴, Peter Kopač^{5,6}, Maciej Wojakiewicz⁷, Tomasz Debowski⁷ and Maciej Kupczyk²

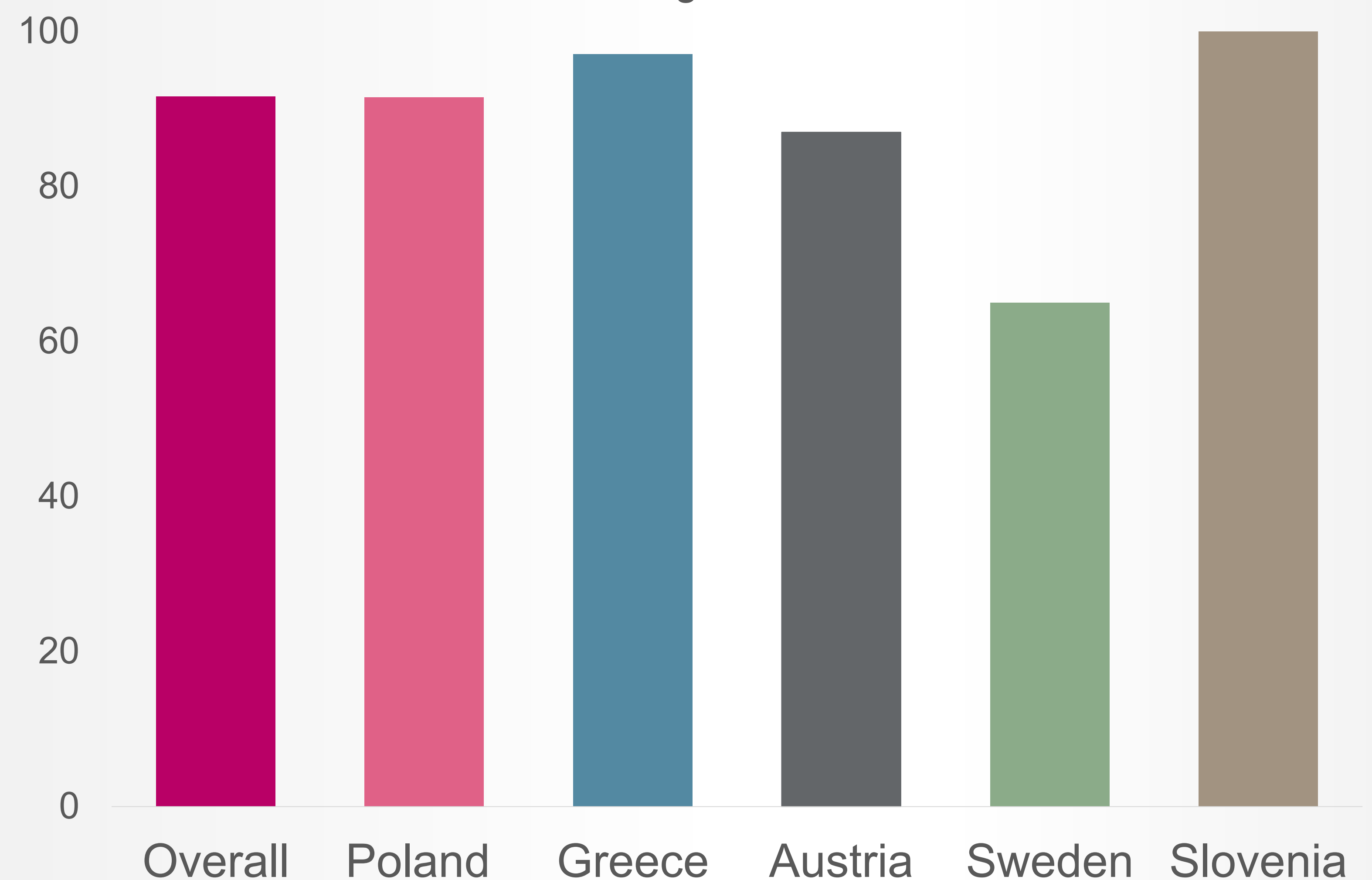
BACKGROUND

Despite advancements in treatment, many individuals continue to suffer from uncontrolled asthma (1). The addition of long-acting muscarinic antagonists (LAMAs) to therapy involving long-acting beta agonists (LABAs) and inhaled corticosteroids (ICSs) is advised when ICS and LABA combinations fail to achieve disease control (2). However, there is limited understanding regarding the acceptance and utilisation of LAMAs in routine clinical practice.

METHODS

A 19-item survey was conducted among 630 pulmonologists, allergologists, general practitioners, and internal medicine specialists from Poland (58%), Greece (27%), Sweden (6.3%), Slovenia (5.4%), and Austria (3.7%) through a dedicated online platform and computer-assisted web interviews (3).

Using Triple therapy (ICS+LABA+LAMA) in Asthma management



Answer	Overall (N=630)	Poland (N=363)	Greece (N=170)	Austria (N=23)	Sweden (N=40)	Slovenia (N=34)
Add LAMA to current treatment	76.2% (N=480)	71.9% (N=261)	83.5% (N=142)	87% (N=20)	72.5% (N=29)	82.4% (N=28)
Add SAMA to current treatment (e.g. ipratropium bromide)	11.4% (N=72)	15.7% (N=57)	4.1% (N=7)	4.3% (N=1)	7.5% (N=3)	11.8% (N=4)
Increase the dose of ICS to the maximum recommended	80.8% (N=509)	78.8% (N=286)	84.7% (N=144)	91.3% (N=21)	75% (N=30)	82.4% (N=28)
Add oral corticosteroids (OCS) to current treatment	15.2% (N=96)	16.3% (N=59)	12.9% (N=22)	21.7% (N=5)	12.5% (N=5)	14.7% (N=5)
Add LTRA to current treatment	35.6% (N=224)	33.3% (N=121)	38.2% (N=65)	8.7% (N=2)	67.5% (N=27)	26.5% (N=9)
Referral to biological treatment (e.g. MABs)	28.6% (N=180)	29.2% (N=106)	29.4% (N=50)	39.1% (N=9)	5% (N=2)	38.2% (N=13)

Table 1: Percentage of maintenance treatment regimens commonly used by doctors for adults with asthma uncontrolled on moderate doses of inhaled corticosteroids (ICS) and long-acting beta-2 agonists (LABA), by country

RESULTS:

Lower Use of Triple Therapy in Sweden: Only 65% of Swedish physicians use triple therapy (ICS + LABA + LAMA), compared to 91.6% overall. Use of fixed triple inhalers is 55% in Sweden versus 83% overall.

Unique Swedish Treatment Trends: Swedish healthcare professionals are more likely to add LTRA (67.5% vs. 35.6% overall). They refer less frequently for biologics (5% in Sweden vs. 28.6% overall), favouring non-biologic escalation first.

Challenges in LAMA Adoption: The primary barrier in Sweden is the lack of clear guideline recommendations (40% of respondents). Reimbursement issues are less significant in Sweden compared to other countries.

CONCLUSION:

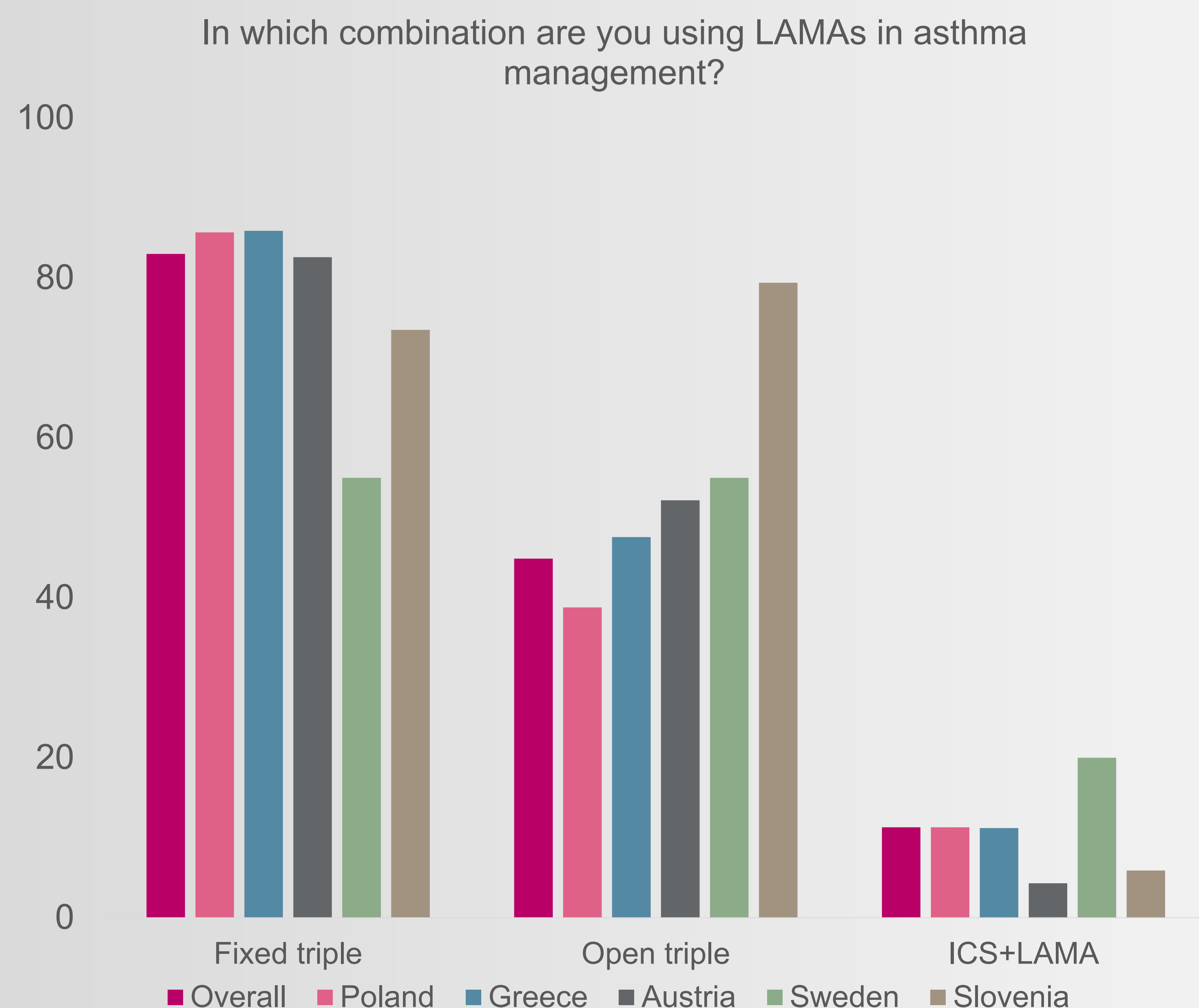
The findings show that Swedish physicians use triple therapy less often than average and are less likely to prescribe fixed triple inhalers. They tend to favour LTRA more and are less inclined to refer patients for biologic treatments, preferring to escalate with non-biologic options first. The primary barrier to increased LAMA use in Sweden is the lack of clear guideline recommendations, with reimbursement issues being a less significant concern compared to other countries (3).

Disclosures: Medical writing support was provided by Emil Bojsen-Møller Chiesi Pharma AB and Chiesi Pharma AB reviewed and approved the poster.

Conflicts of Interest: M.P. received payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Astra-Zeneca, Boehringer Ingelheim, Chiesi, GSK, Elpen, Guidotti, Menarini, and Specialty Therapeutics. Support for attending meetings and/or travel from Astra-Zeneca, Sanofi, Chiesi, GSK, Novartis, Zentiva, Boehringer Ingelheim, R.B.-K. received personal fees from Boehringer Ingelheim, Glaxo Smith Kline, Menarini, Novartis Pharma, Sanofi, P.S. received payments or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events from Astra-Zeneca, Boehringer Ingelheim, Chiesi, GSK, Elpen, Guidotti, Menarini, and Specialty Therapeutics. Support for attending meetings and/or travel from Astra-Zeneca, Sanofi, Chiesi, GSK, Novartis, Zentiva, Boehringer Ingelheim. P.K. received honoraria for lectures from Chiesi, AstraZeneca, Berlin-Chemie Menarini, and Medis. M.W. is an employee of the Medical Department of Chiesi Poland. T.D. is an employee of the Medical Department of Chiesi Poland. C.J. received personal fees from AstraZeneca, Boehringer Ingelheim, Chiesi, GSK, Novartis, and Teva outside the submitted work. M.K. received speaker fees from AbbVie, Adamed, AstraZeneca, Berlin Chemie, Chiesi, EMMA, GSK, Hal Allergy, HVD, Lek-Am, Polpharma, Teva, Sanofi, Zentiva; participated on advisory boards for AbbVie, AstraZeneca, Chiesi, GSK, Pfizer, and Sanofi; and was the president of the Polish Society of Allergology.

AFFILIATIONS:

1. Department of Medical Sciences, Respiratory, Allergy and Sleep Research, Uppsala University, Uppsala, Sweden
2. Department of Internal Medicine, Asthma and Allergy, Medical University of Lodz, Lodz, Poland;
3. Department of Respiratory and Pulmonary Diseases and Ludwig Boltzmann Institute for Lung Health, Clinic Hietzing, Vienna Healthcare Group, Vienna, Austria
4. Department of Respiratory Medicine, Medical School, Democritus University of Thrace, University General Hospital, Alexandroupoli,
5. University Hospital of Respiratory and Allergic Diseases, Golnik, Slovenia;
6. Medical Faculty, University of Ljubljana, Ljubljana, Slovenia
7. Medical Department, Chiesi Poland Sp. z o.o., Warsaw, Poland;



REFERENCES:
 1. Galant, et al. (2025) 'Assessment of the Role of Small Airway Dysfunction in Relation to Exacerbation Risk in Patients with Well Controlled Asthma (ATLANTIS): An Observational Study'. *The Lancet Respiratory Medicine* 13, no. 11.
 2. GINA 2024
 3. Panek, et al. (2025) 'LAMAs in Real-Life Asthma Management—The 2023 EU-LAMA Survey Results'. *Journal of Respiration* 5, no. 4.