

LAMA Use in Asthma Management: Insights from the EU-LAMA Study with a Focus on Sweden

Christer Janson, Michał Panek, Robab Breyer-Kohansal, Paschalis Steiropoulos, Peter Kopač, Maciej Wojakiewicz, Tomasz Debowski, Maciej Kupezyk

Background/aims

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.

Material and 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).

Results

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. 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. 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).

REFERENCES:

1. Galant, et al. (2025). *The Lancet Respiratory Medicine* 13, no. 11:
2. GINA 2024
3. Panek, et al. (2025). *Journal of Respiration* 5, no. 4: