

Use of a Nebulized LAMA for the Treatment of COPD

FOR CLINICIANS



MYTH

BUSTED

All types of patients respond equally to all inhaler devices.

Patients with COPD who have low peak inspiratory flow show greater efficacy with nebulizer therapy than with dry powder inhalers.¹

Nebulizer therapies are not considered first-line treatment options per GOLD recommendations.



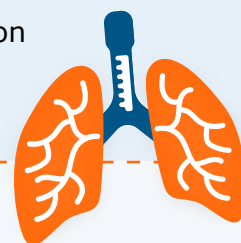
GOLD recommendations for initiation of therapy recommend a class of agents — not a device type. LAMA is an acceptable therapy as a controller agent for all classes. The GOLD recommendations specifically recommend reassessment of therapy, including consideration of changing inhaler device.²

Handheld inhalers are easy to use without mistakes.

Most people with COPD who use handheld inhalers make errors in technique, even though they feel confident using the device.³

All handheld inhalers deliver medications into the lungs equally.

Delivery of medicine to the lungs varies greatly based on the type of device used.⁴



If you used an inhaler before and it “worked,” you should always be able to use the same inhaler.

Older age and cognition have been shown to affect the ability to use a handheld inhaler properly.⁵

To learn more, go to chestfoundation.org

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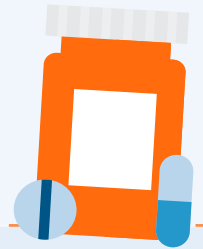


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Even if you don't use an inhaler "perfectly," it's probably good enough.

Incorrect inhaler use is common and associated with increased chances of hospitalization and needing antibiotics or steroids.^{2,6}



Nebulized medicines don't make a difference for quality of life.

In 400 patient random interview, 75% of people using nebulized medications said their quality of life improved.²

Not every type of COPD medicine is available in a nebulized form.



Every class of inhaled medication used for COPD is available in a nebulized form. Long-acting antimuscarinic agents (LAMAs) comprise the most recent class to have a nebulized form, with two medications approved in late 2017 and late 2018.^{8,9}

References: 1. Mahler DA, et al. *J Aerosol Med Pulm Drug Deliv.* 2014;27(2):103-109. 2. Global Initiative for Chronic Lung Disease. https://goldcopd.org/wp-content/uploads/2020/11/GOLD-REPORT-2021-v1.1-25Nov20_WMV.pdf. 3. Hanaiah NA, et al. *Chronic Obstr Pulm Dis.* 2018;5:111-123. 4. Souza ML, et al. *J Bras Pneumol.* 2009;35(9):824-831. 5. American Association for Respiratory Care. <https://www.aarc.org/wp-content/uploads/2018/01/aerosol-guide-for-hcp-3rd.pdf>. 6. Melani AS, et al. *Respir Med.* 2011;105(6):930-938. 7. Sharafkhaneh A, et al. *COPD.* 2013;10(4): 482-492. 8. Drugs.com. <https://www.drugs.com/history/lonhala-magnair.html>. 9. US Food and Drug Administration. https://www.accessdata.fda.gov/drugsatfda_docs/nda/2018/210598Orig1s000TOC.cfm.

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