

LAMA plus LABA tied to fewer exacerbations in stable COPD

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There were no differences in the incidence of severe adverse events or all-cause mortality between the groups. The findings are aligned with the GOLD 2017 guidelines, which recommended LAMA plus LABA as the second choice after single bronchodilator therapies for more symptomatic patients with low risk of COPD exacerbation events and less symptomatic [patients](#) with frequent [exacerbation](#) events.

"Longer-term follow-up data would be beneficial, especially to identify the effects of specific therapies on serious adverse events and mortality," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Treatment with long-acting muscarinic antagonists (LAMA) plus long-acting β -agonists (LABA) is associated with fewer exacerbation events in patients with chronic obstructive pulmonary disease (COPD), according to a clinical evidence synopsis published online Oct. 3 in the *Journal of the American Medical Association*.

Nobuyuki Horita, M.D., Ph.D., from Yokohama City University Graduate School of Medicine in Japan, and colleagues summarized a Cochrane review that assessed inhaled LAMA, LABA, and inhaled corticosteroids (ICS) for the treatment of stable COPD. The clinical synopsis discusses the appropriate combinations.

The authors write that compared with LABA plus ICS, treatment with LAMA plus LABA is associated with fewer exacerbation events in patients with COPD and greater improvement forced expiratory volume in the first second of expiration, measured in the morning before the first dose of medication.

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