



BSACI 2026: New preference and ease-of-use data comparing EURneffy® nasal adrenaline spray and adrenaline auto-injector trainer devices

October 12, 2026

- New UK comparative study data assessing patient preferences between trainer devices suggest EURneffy® is viewed as less burdensome than adrenaline auto-injectors (AAIs)¹
- After trying both trainer devices, patients rated EURneffy® significantly more compact, convenient and independence-enabling to carry than AAIs across four patient-identified carriage measures²
- In a Canadian comparative study assessing usability of trainer devices, participants found EURneffy® significantly easier to use than an AAI across all nine measures assessed³
- Preference for EURneffy® was consistent across the populations studied, including participants with severe allergy (adults and children), their caregivers, and participants and caregivers with no prior experience of adrenaline devices¹⁻³

New scientific data suggest that fear, stress and the physical bulk of AAIs are significant, often underappreciated barriers that may prevent many people at risk of anaphylaxis from consistently carrying or using their emergency anaphylaxis treatment.¹⁻³ Findings from studies conducted by ALK were presented at the 2026 British Society for Allergy and Clinical Immunology (BSACI) Conference in Newport, Wales.

Presenting author	Abstract title and number	Abstract number	Date and time
Dr Pamela Ewan	The emotional burden of adrenaline devices: How fear, stress, and worry shape Patients' experience of autoinjector and nasal spray	(A046)	Monday 12 October 2026, 11:00-11:45 (Poster Walk B)
Dr Pamela Ewan	Patient-identified carriage constructs favour a nasal adrenaline spray over an autoinjector: Compactness, convenience, and independence	(A077)	
Dr Shelley Dua	A simpler emergency device? Higher ease-of-use ratings for a nasal adrenaline spray than an adrenaline autoinjector in a Canadian comparative study	(A086)	

Anaphylaxis is one of the most severe forms of allergic reaction, which requires immediate treatment with adrenaline.⁴⁻⁷ Despite clinical recommendations, research shows that approximately half of those living with a severe allergy did not administer their AAI when needed in an emergency, and nearly half of those at risk of anaphylaxis do not regularly carry their AAIs.^{8,9}

In a UK comparative study involving 90 participants, this analysis focused on a subgroup of 60 participants (20 adult patients, 20 caregivers, 20 new patients), who completed rating scales developed from patients' own descriptions of living with severe allergy. ¹ EURneffy®, the first needle-free adrenaline-based product, was rated significantly less burdensome than AAIs on all four patient-generated scales ($p < 0.001$).¹ EURneffy® was commonly described as calming to use, comforting to carry, easy for others to help with and being relaxed about correct storage.¹

A second analysis of the same UK study further examined how participants felt about carrying their adrenaline device. EURneffy® was rated more likely to be carried than AAIs on measures including compactness, convenience, independence and control over who knows they carry medication for a severe allergy ($p < 0.001$).²

"What's compelling about our UK study findings is that the rating scales were built directly from patients describing, in their own words, what it's really like to carry anaphylaxis emergency medication every day," said Dr Pamela Ewan, Author and Consultant Allergist at Addenbrooke's Hospital and Associate Lecturer at the University of Cambridge Clinical School. "The nasal adrenaline spray was easier to carry, less daunting to use, and offered greater independence and discretion. For teenagers and young adults especially, these factors could play an important role in helping them feel confident carrying and using their anaphylaxis medication when they need it most."

In another comparative study of EURneffy® and AAI trainer devices involving 120 participants in Canada, an analysis of 90 participants showed that EURneffy® was rated significantly easier to use than an AAI across all measures assessed ($p < 0.001$).³ Participants rated EURneffy® more intuitive to use (94% vs 58%), more usable without help (98% vs 84%), when feeling unwell (94% vs 63%), and regardless of surroundings (97% vs 78%), as well as easier to remember after a single demonstration (96% vs 70%), more comfortable to handle (96% vs 66%), and felt more confident using it for the first time (89% vs 58%) than an AAI.³

"Patients should be educated about the importance of carrying an adrenaline device and being able to use it in an emergency," said Flora Beiche-Scholz, EVP Commercial Operations Europe, ALK. "These data reinforce our commitment to understanding and addressing the diverse needs of people living with severe allergies, now and in the future, including the practical and emotional aspects highlighted by these findings".

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About anaphylaxis

Anaphylaxis is one of the most severe forms of allergic reaction, characterised by the acute onset of symptoms involving different organ systems, which can occur within minutes of exposure to an allergen, such as insect stings or bites, foods or medicinal products.⁶ It is a serious and potentially life-threatening event requiring immediate medical treatment that can occur across all ages including babies, children, adults and the elderly.^{5,7} Globally, the incidence of anaphylaxis is estimated to range from 50 to 112 cases per 100,000 per year, with rates varying more widely in children, from 1 to 761 cases per 100,000 per year.^{7,10} It is reported that children and adolescents face the highest incidence of anaphylaxis.¹¹

Adrenaline is universally recognised as the first-line, life-saving treatment for anaphylaxis, with endorsement across major international guidelines.⁴⁻⁷ Prompt administration is critical to patient outcomes, as delays in treatment may be associated with increased morbidity and mortality.^{12,13} Despite adrenaline's well-established role in anaphylaxis management, AAI's use in practice frequently falls short of guideline recommendations.^{9,14}

About EURneffy®

EURneffy® is the first needle-free adrenaline-based product approved for the emergency treatment of anaphylaxis in adults and children.¹⁵ EURneffy® is well absorbed through the nose, offering a portable alternative to injectable forms of adrenaline for treating severe allergic reactions.^{15,16} EURneffy® has a total shelf life of 30 months (2 mg) and 24 months (1 mg), no special storage requirements and freezing does not affect its shelf life.^{15,17} Upon activation, EURneffy® nasal spray delivers a full, single dose of adrenaline, without the need for priming.¹⁵ It is recommended that two EURneffy® devices are carried to treat allergic reactions (anaphylaxis) in case a second dose is required.¹⁵

In the European Union, EURneffy® 2 mg is approved for the emergency treatment of anaphylaxis in adults and children who weigh ≥ 30 kg, and EURneffy® 1 mg is approved for the emergency treatment of anaphylaxis in children aged 4 and older who weigh 15 kg to less than 30 kg.^{15,18} EURneffy® 1 mg and 2 mg have also been approved in the UK.¹⁹⁻²¹ In the United States, Japan, China, Australia and Canada EURneffy® 2 mg is approved under the brand name neffy® 2 mg.²²⁻²⁶ In the US and Australia, neffy® 1 mg has also been approved for children who weigh 15–30 kg (with an age restriction of 4 years and older in Australia) and in Japan, neffy® 1 mg and 2 mg are approved for the emergency treatment of severe allergic reactions (anaphylaxis) in adults and children who weigh ≥ 15 kg.^{17,22,27}

About the UK study^{1,2}

The study included 90 participants who evaluated trainer devices of EURneffy® vs an AAI: 60 with severe allergy who had an AAI or cared for someone who did (20 adults, 20 children, 20 caregivers of those children prescribed an AAI), and 30 completely new to AAI's and severe allergy (10 adults, 10 children, 10 caregivers). None of the participants had prior experience with EURneffy®. All participants either used (n=60) or watched someone else use (n=30) trainer versions of both devices (no needle in the AAI device or medicine in either device), and viewed the official instructional video of both devices, before rating their expectations of using the devices during a real allergic emergency. Participants also completed a psychologist-moderated structured interview based on Kelly's Personal Construct Theory to generate personally meaningful bipolar constructs about carrying and using their devices, with each scale defined by opposing descriptors. These scales were incorporated into an online follow-up questionnaire, which was completed by 60 UK participants (20 adult patients, 20 caregivers, 20 new patients/caregivers) in an online survey between August and October 2025. Ratings were compared using Wilcoxon signed-rank tests. Two datasets comparing AAI's and EURneffy® were presented at BSACI 2026: one on emotional burden constructs (calming vs. daunting to use, comforting vs. distressing to carry, ease of assistance, and storage-related worry) and one on practical carriage constructs (bulky vs. compact to carry, inconvenient vs. convenient to plan how to carry, dependent on someone else vs. independent, and control over disclosure).

About the Canadian comparative study³

Of the 120 participants enrolled in the Canadian study, 90 were included in this analysis evaluating EURneffy® and AAI trainer devices: 30 adults (15 with allergy carrying an AAI, 15 without allergy as potential new patients), 30 adolescents aged 13–17 (15 with allergy carrying an AAI, 15 without allergy), and their 30 caregivers. None of the participants had prior experience with EURneffy®, whilst all had prior awareness of AAI's. Participants simulated administration of both EURneffy® and AAI trainer devices in counterbalanced order, viewed instructional videos and reviewed information on device effectiveness, medication checks, shelf life, storage and disposal, before completing an online survey measuring perceived ease of use across nine statements.

About ALK

ALK is a global specialty pharmaceutical company focused on allergy. ALK's activities cover the entire value chain of developing, sourcing, producing, and marketing a diversified portfolio of products for diagnosing and treating respiratory allergies and severe allergic reactions (anaphylaxis) in both children and adults. Headquartered in Denmark, ALK employs around 2,800 people worldwide and is listed on Nasdaq Copenhagen (Nasdaq: ALK B). Visit us at www.alk.net.

Forward-looking statements

This announcement contains forward-looking statements, including forecasts of future revenue and operating profit as well as expected business-related events. Such statements are naturally subject to risks and uncertainties as various factors, some of which are beyond the control of ALK, may cause actual results and performance to differ materially from the forecasts made in this announcement. Such factors include, but are not limited to, general economic and business-related conditions, including legal issues, uncertainty relating to demand, pricing, reimbursement rules, regulatory approvals, partners' plans and forecasts, fluctuations in exchange rates, competitive factors, and reliance on suppliers. Additional factors include the risks associated with the sourcing and manufacturing of ALK's products. ALK undertakes no obligation to publicly update or revise forward-looking statements to reflect subsequent events or circumstances after the date made, except as required by law.

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Attachment

- [ALK Data comparing nasal adrenaline spray and adrenaline auto-injector at BSACI Oct2026](#)

