

The Impact of different Valved Holding Chambers (VHCs) on Lung Drug Delivery: Using Functional Respiratory Imaging (FRI) and a single Metered Dose Inhaler (MDI) type

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RATIONALE

- One of the most common MDI use errors is the failure to coordinate inhalation with actuation of the inhaler.
- Chambers are often prescribed to reduce the severity of this error.
- This FRI based study assessed a few different chambers, comparing their impact on modelled lung delivery, in addition to when the MDI was used alone.

METHODS

- 3D geometries of airways and lobes were extracted from a CT scan of a 67-year-old male COPD Stage III patient.
- Drug delivery and airway deposition of MDI delivered albuterol was modelled using FRI with measured particle and plume characteristics with and without three VHCs.
- For the MDI alone, in addition to the 'perfect coordination' 0 second delay, a short inhalation delay of 0.5 second was evaluated. For the MDI/VHC systems, a typical 2 second delay was evaluated.



AeroChamber Plus* Flow-Vu*
Antistatic Chamber (ACPlusFV)

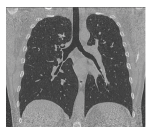


OptiChamber† Diamond
Antistatic Chamber (OD)

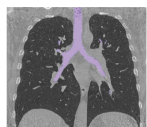


Compact Space Chamber plus†
Antistatic Chamber (CSCP)

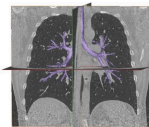
FUNCTIONAL RESPIRATORY IMAGING



HRCT



Structure segmentation

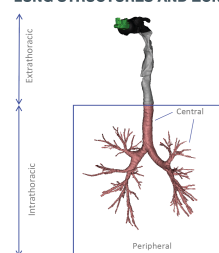


Patient-specific 3D Model



Flow simulation (CFD)

LUNG STRUCTURES AND ZONES



1. Patient data is obtained by taking low dose CT scans

2. Patient-specific airway and lung structures are extracted

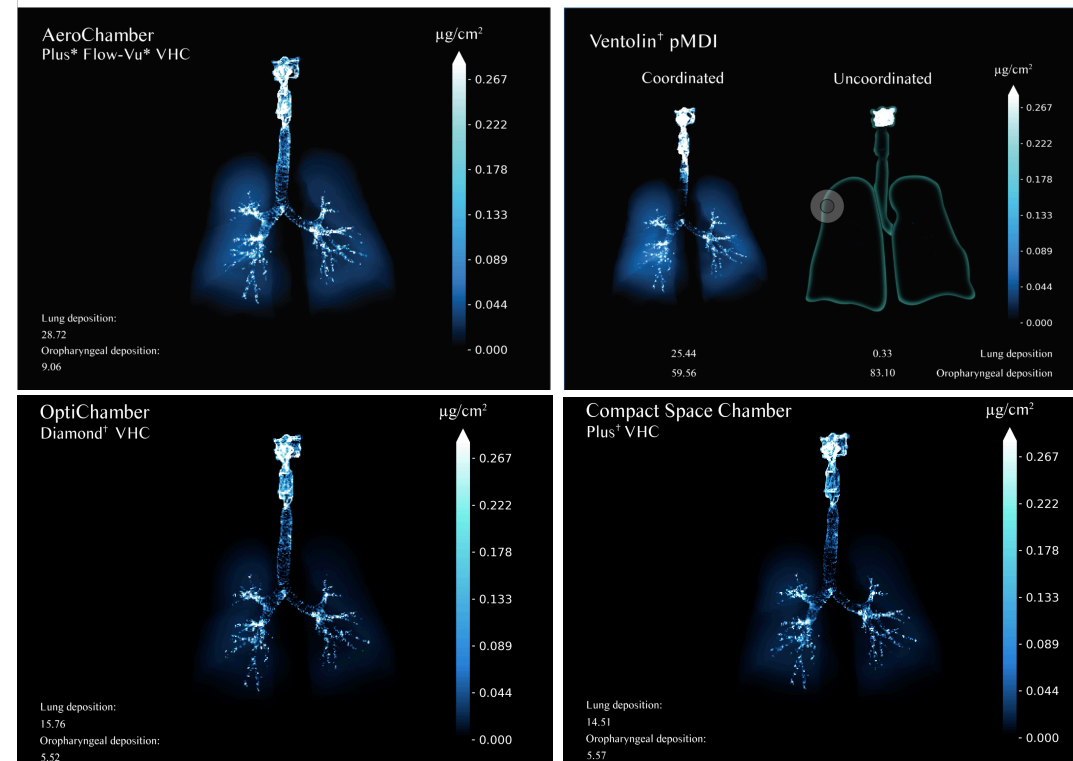
3. Flow and particle simulations are applied to the 3D models

RESULTS

Deposition zone	MDI alone (zero delay)	MDI alone (0.5s delay)	MDI/ACPlusFV (2.0s delay)	MDI/OD (2.0s delay)	MDI/CSCP (2.0s delay)
Extrathoracic	59.6	83.1	9.1	5.5	5.6
Intrathoracic	25.4	0.3	28.7	15.8	14.5
Central Lung	8.7	0.1	13.1	7.2	6.6
Peripheral Lung	16.7	0.3	15.7	8.5	7.9
C/P ratio	0.52	0.36	0.83	0.85	0.83

RESULTS

To view the FRI results video, click here: <https://www.trudellmed.com/fri-results-videos>



CONCLUSION

- The FRI deposition profiles highlighted significant differences between the VHCs on test, with intrathoracic delivery for the **AeroChamber Plus® Flow-Vu®** VHC system being almost double that of the other two VHC systems and being similar to the MDI alone with perfect coordination.
- When a short 0.5 second inhalation delay with the MDI alone was modelled, the intrathoracic lung delivery decreased from 25.4 mcg to 0.3 mcg.
- These results highlight that the use of an appropriate VHC should be considered as general practice for all MDI patients other than those with a highly proficient inhaler technique and that VHCs should not be considered interchangeable.