

Evaluation of Child-Mask Spacers Using an Oro-nasopharynx Model for the Aerosol Delivery of a Widely Prescribed Corticosteroid

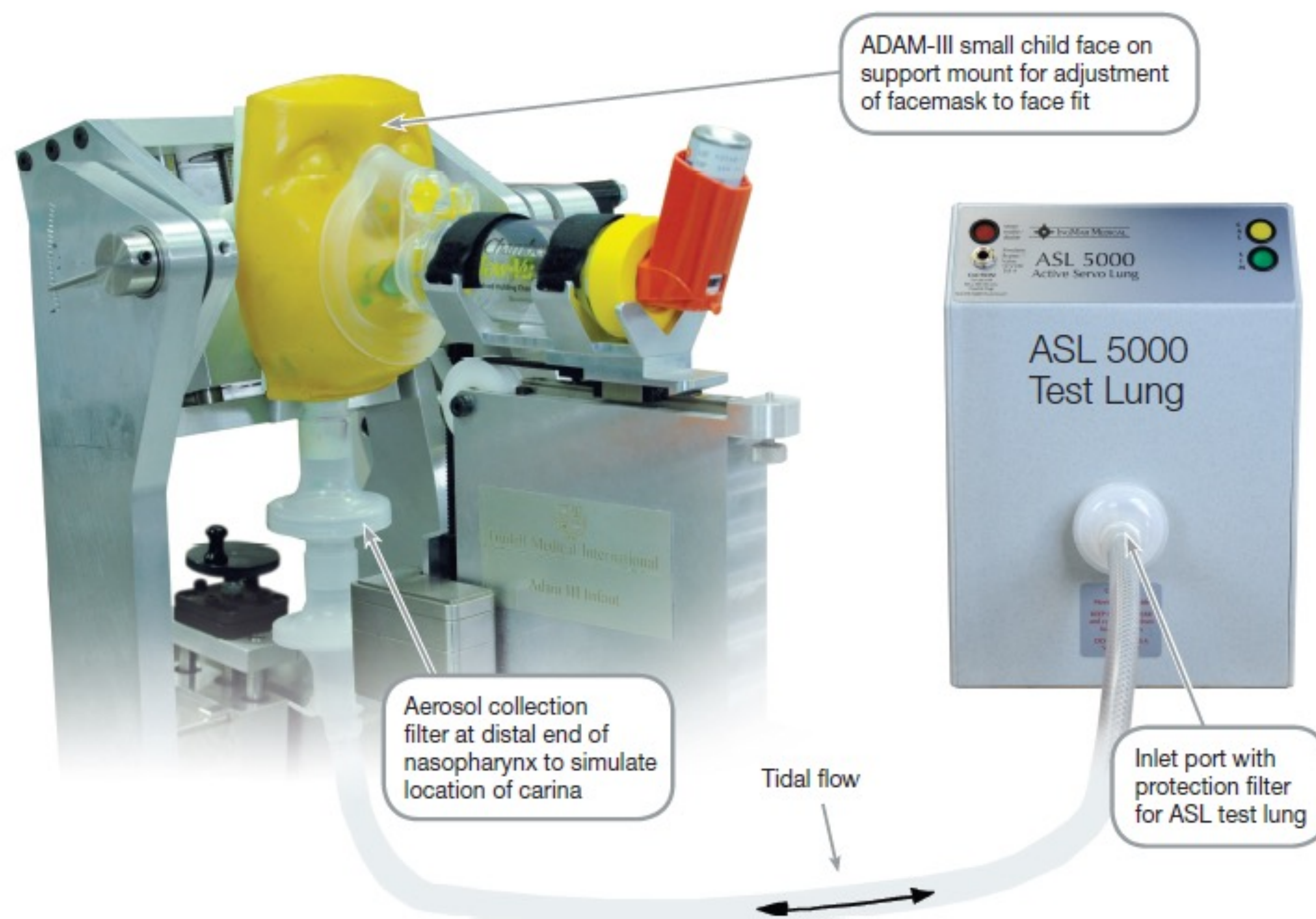
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RATIONALE

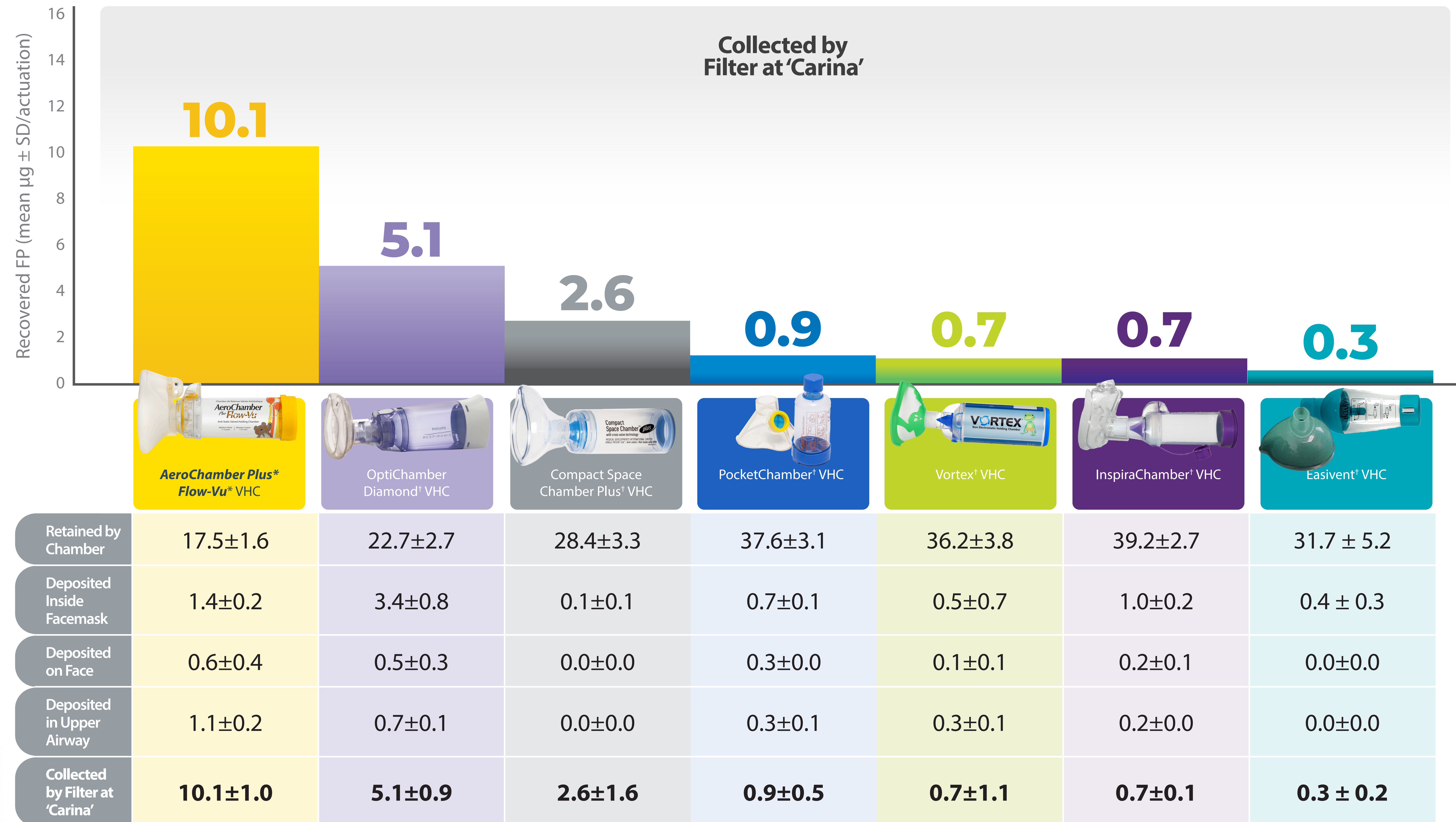
The use of a model that includes soft face tissue simulation and an anatomically correct oropharyngeal airway is an effective means to evaluate MDI+valved holding chamber with a mask. We report a study in which several child-mask spacers ($n=5$ /group) were evaluated using a model of a 4-year-old child.

METHODS

Each spacer with mask was attached to the anatomical model and the airway coupled to a breathing simulator (ASL5000) via a filter located at the exit to capture drug particles that penetrated as far as the carina. The breathing simulator was programmed to simulate a coordination delay of 2 s before inhalation, followed by tidal breathing (tidal volume = 155-mL, I:E ratio = 1:2, rate = 25 cycles/min). 5-actuations of Flovent[†] 50 were delivered at 30-s intervals and recovered from specific locations in the aerosol pathway and assayed by HPLC.



RESULTS



CONCLUSIONS

- Significantly more FP was delivered to the filter/carina with the **AeroChamber Plus^{*} Flow-Vu^{*}** spacer than with any of the other spacers (un-paired t-tests, $p < 0.001$).
- Mask fit, spacer (shape, capacity, material) and valve design may account for the large differences in drug delivery.
- Clinicians need to be aware that not all spacers are the same and will potentially deliver significantly different amounts of drug.