



# Optimiser la nébulisation

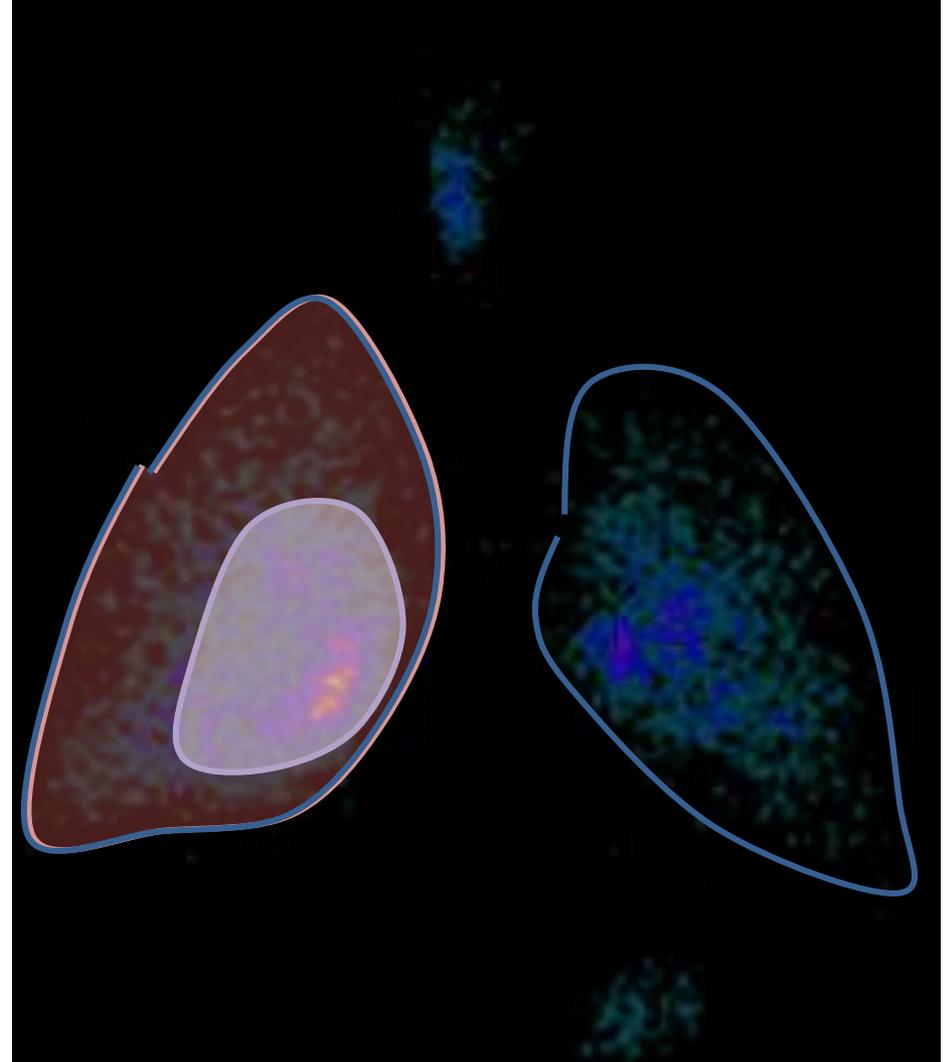
Jean-Bernard Michotte

Haute Ecole de Santé Vaud, 1011 Lausanne - Suisse  
Cliniques Universitaires Saint-Luc, 1200 Bruxelles - Belgique

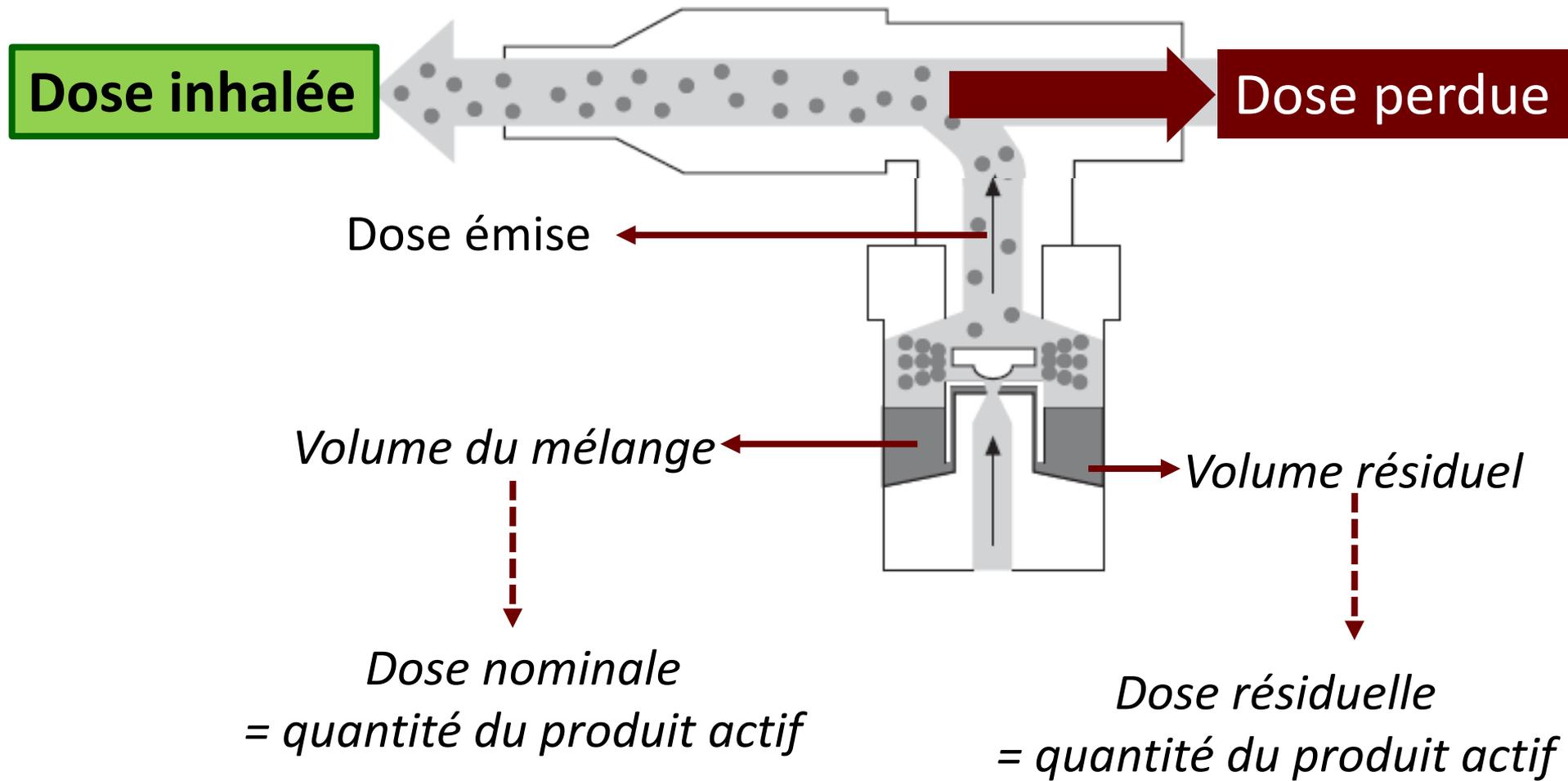
# Introduction

Efficacité de la nébulisation  
=  
Dose arrivant aux poumons

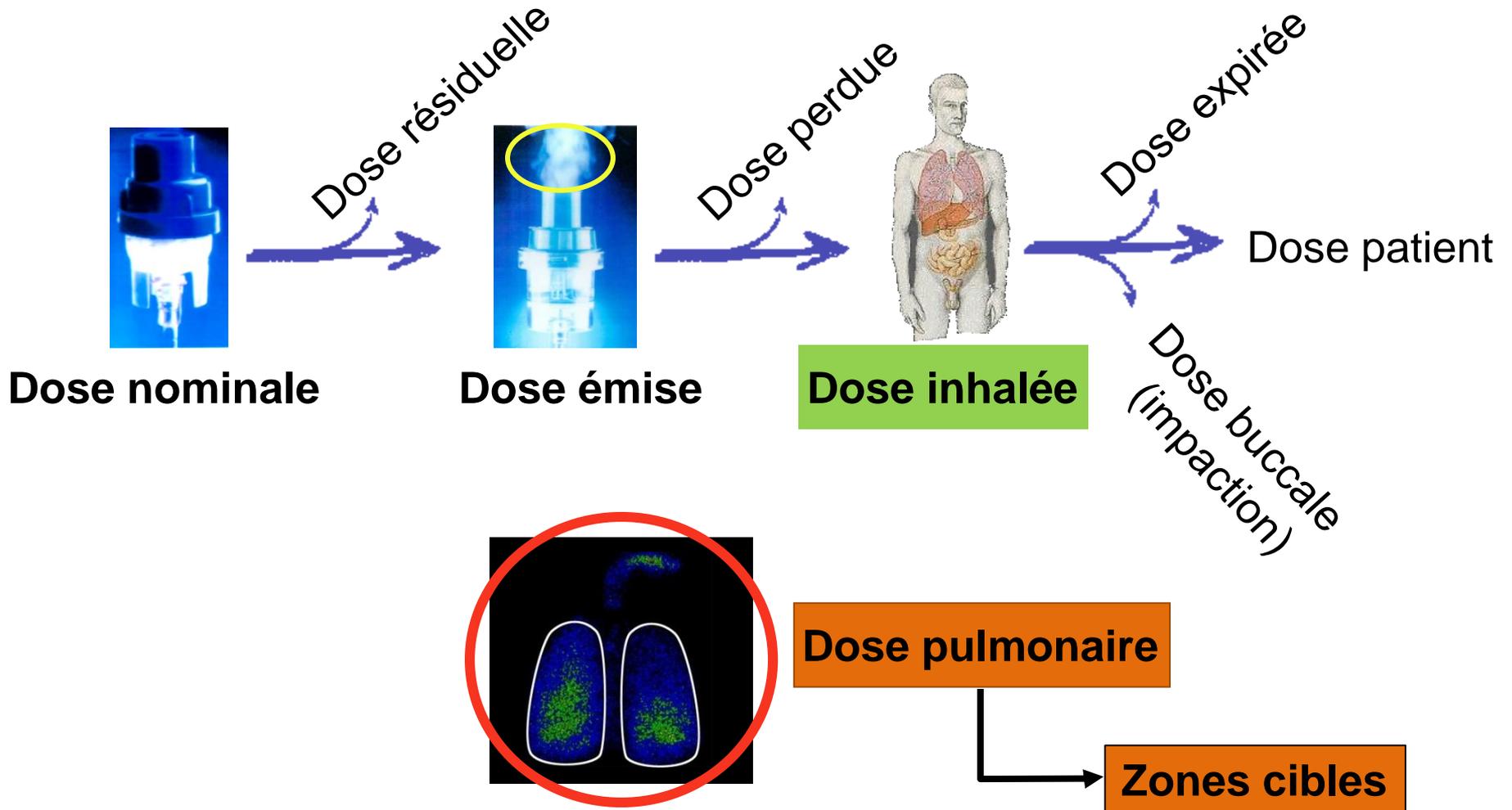
Efficacité médicamenteuse  
=  
Localisation de la déposition



# Introduction



# Introduction



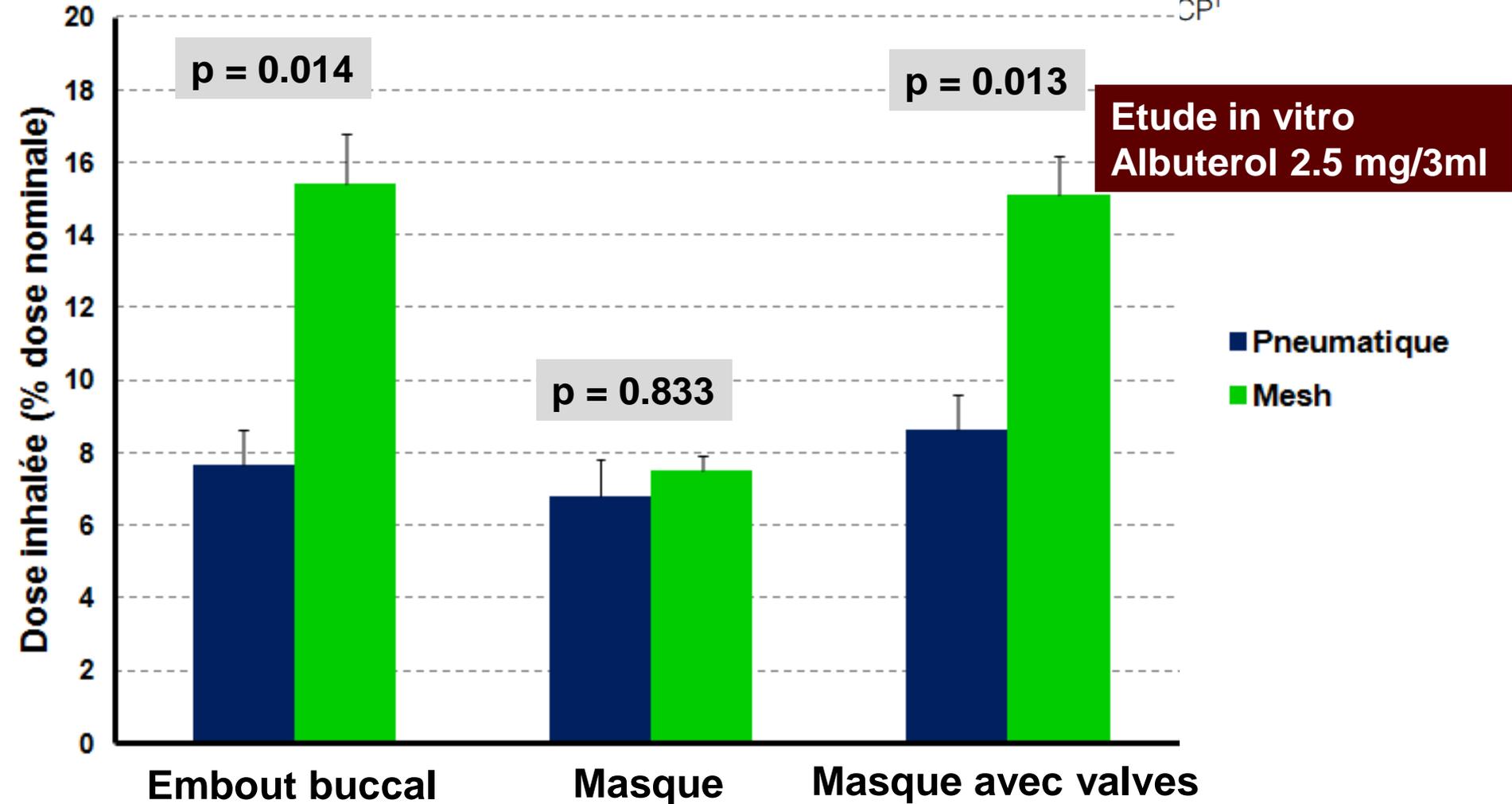
# Améliorer la dose inhalée



# *Choix du nébuliseur*

# Performance Comparisons of Jet and Mesh Nebulizers Using Different Interfaces in Simulated Spontaneously Breathing Adults and Children

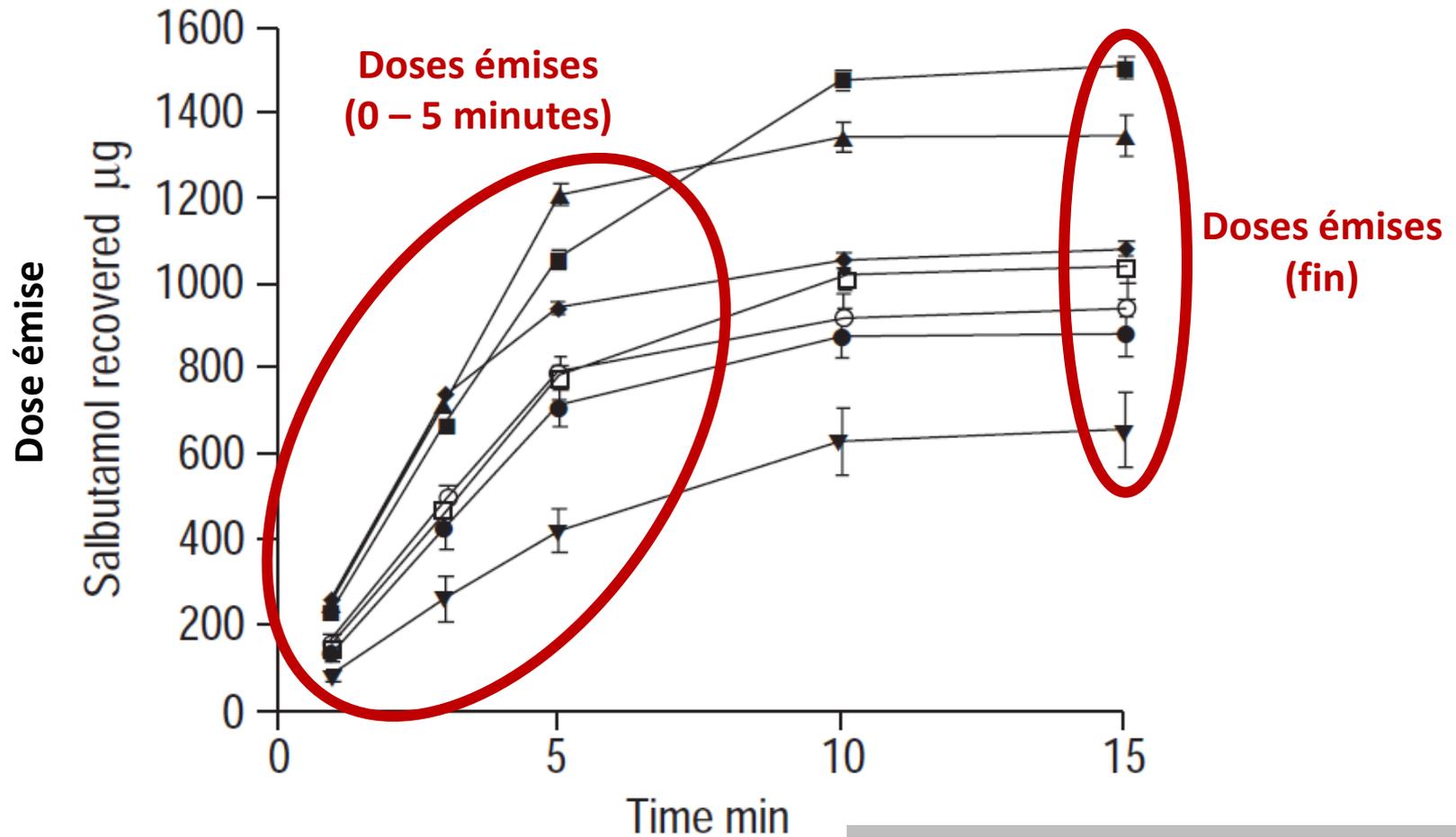
Arzu Ari, PhD, RRT, PT, CPFT, FAARC,<sup>1</sup> Armele Dornelas de Andrade, PhD, PT,<sup>2</sup> Meryl Sheard, MS, RRT,<sup>1</sup> CP<sup>1</sup>



# An *in vitro* analysis of the output of salbutamol from different nebulizers

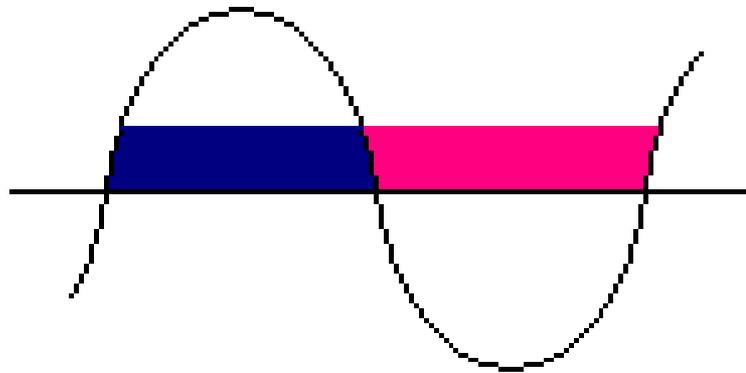
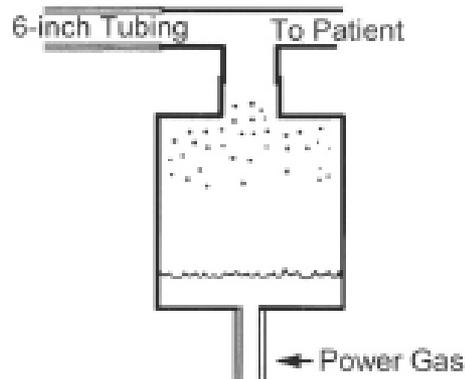
P.W. Barry, C. O'Callaghan

7 nébuliseurs pneumatiques  
5 mg/2ml Salbutamol

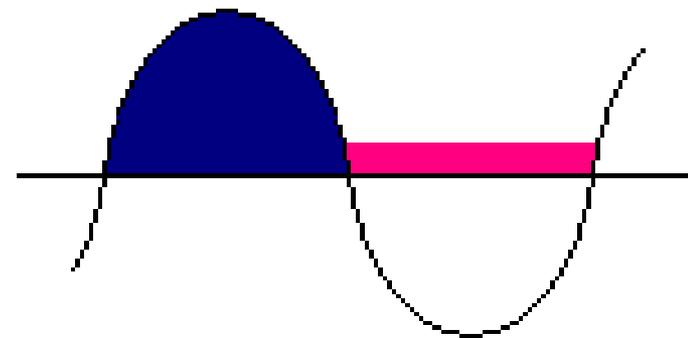
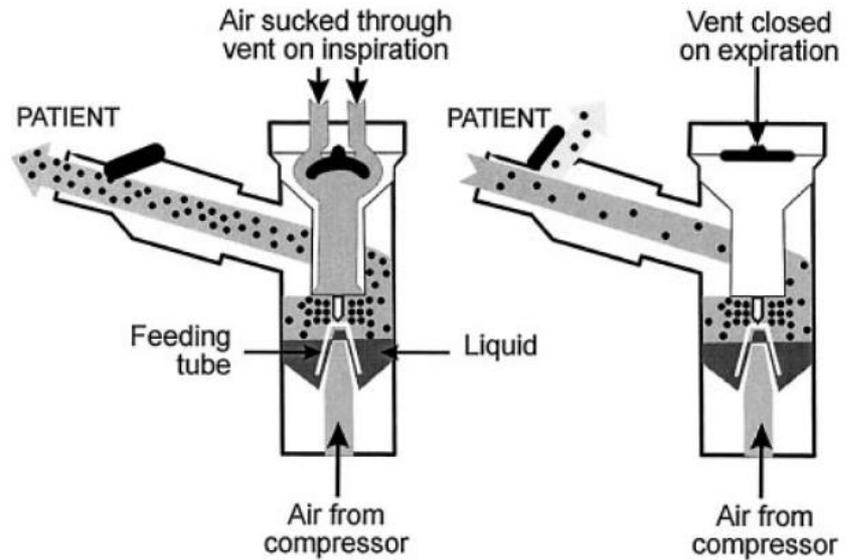


*Choix du mode*

# Types de nébuliseurs pneumatiques

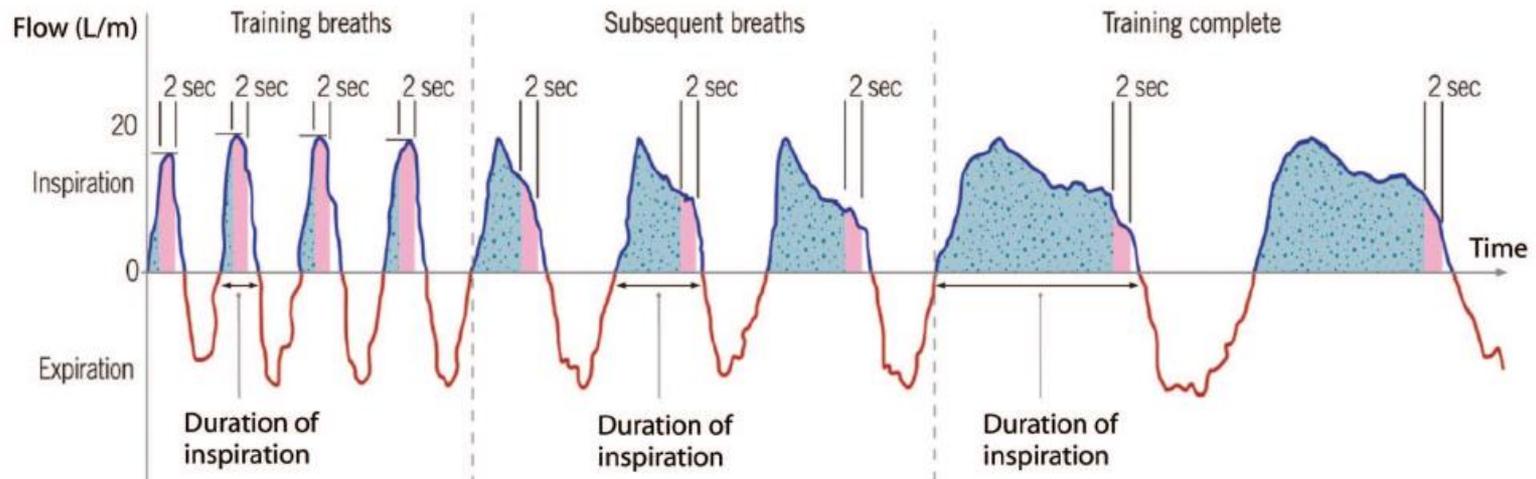
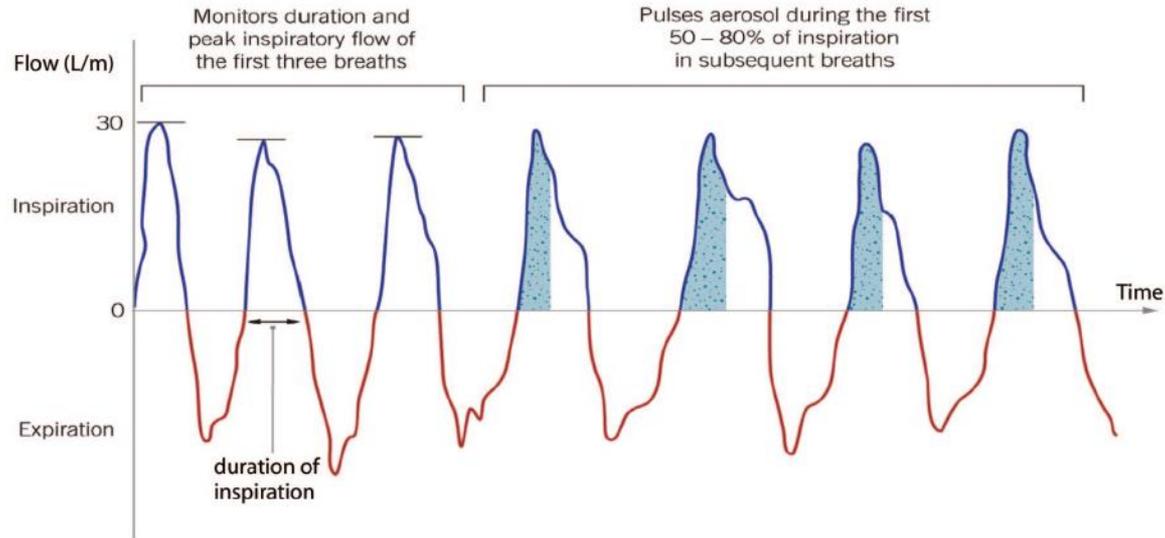


Nébuliseur pneumatique standard



Nébuliseur pneumatique à double venturi

# Nébuliseurs dosimétriques



# *Choix du compresseur*

# The Choice of Compressor Effects the Aerosol Parameters and the Delivery of Tobramycin from a Single Model Nebulizer

T.A. STANDAERT, Ph.D.,<sup>1</sup> D. VANDEVANTER, Ph.D.,<sup>2</sup> B.W. RAMSEY, M.D.,<sup>1</sup>  
 M. VASILJEV-K, B.A.,<sup>2</sup> P. NARDELLA, B.S.,<sup>2</sup> D. GMUR, B.S.,<sup>2</sup> C. BREDL, B.S.,<sup>2</sup>  
 A. MURPHY, Ph.D.,<sup>2</sup> and A.B. MONTGOMERY, M.D.<sup>2</sup>

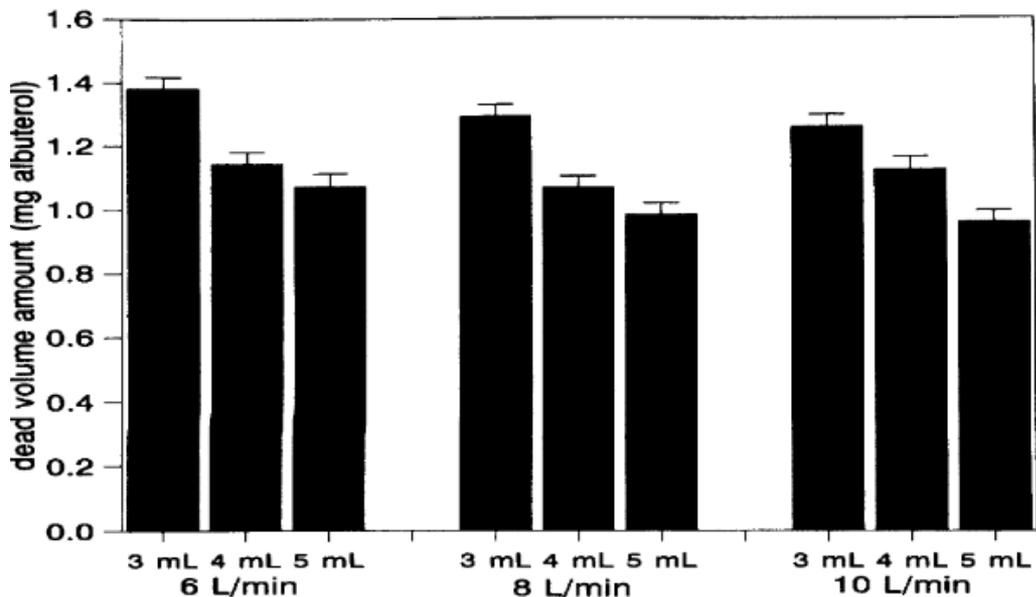
**Etude in vitro  
 Tobramycine 300mg/5ml**

<i>Nebulizer</i> (n = 15)	<i>Compressor</i> (n = 15)	<i>MMD</i> (microns) <i>mean (S.D.)</i>	<i>Nebulization time</i> (minutes) <i>mean (S.D.)</i>	<i>Residual volume</i> (mL) <i>mean (S.D.)</i>
LC Plus	PulmoAide	4.93 (0.28)	14.8 (2.0)	1.7 (0.28)
LC Plus	SystAm 23 ST	5.09 (0.73)	20.8 (3.2)	1.7 (0.39)
LC Plus	SystAm 26 ST	5.42 (0.59)	20.9 (3.2)	1.6 (0.27)
LC Plus	MedicAid CR 50	4.56 (0.54)	11.2 (2.4)	2.1 (0.48)
LC Plus	MedicAid CR 60	3.57 (0.30)	7.9 (2.2)	2.3 (0.30)
LC Plus	Aiolos Hercules	3.85 (0.52)	9.1 (1.7)	2.4 (0.37)
LC Plus	Pari Master	4.70 (0.41)	12.6 (1.8)	1.8 (0.47)
LC Plus	Pari Boy	5.19 (0.46)	15.8 (3.0)	1.7 (0.32)

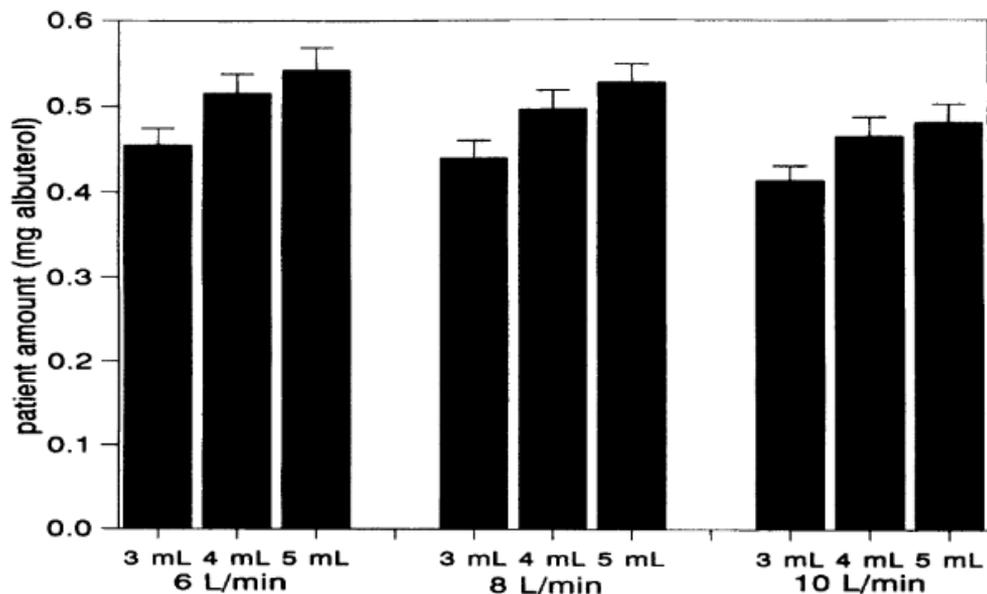
# Effets du volume de dilution et du débit

*D. Hess : Chest 1996; 110:498-505*

**Etude in vitro**  
**17 nébuliseurs pneumatiques**  
**2.5 mg Albuterol**



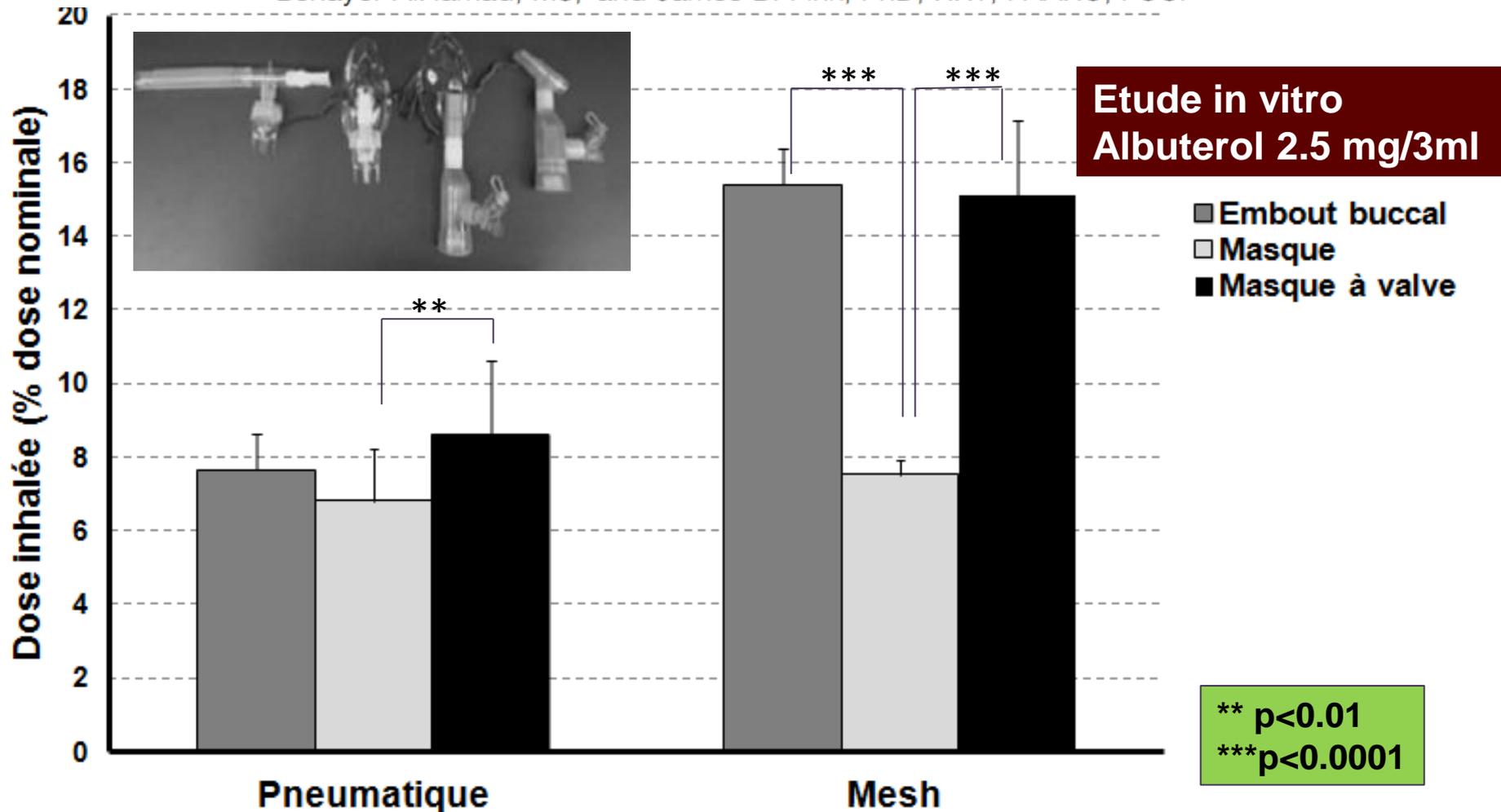
**Volume effect =  $p < 0.001$**   
**Flow effect =  $p = 0.02$**



# *Choix de l'interface*

# Performance Comparisons of Jet and Mesh Nebulizers Using Different Interfaces in Simulated Spontaneously Breathing Adults and Children

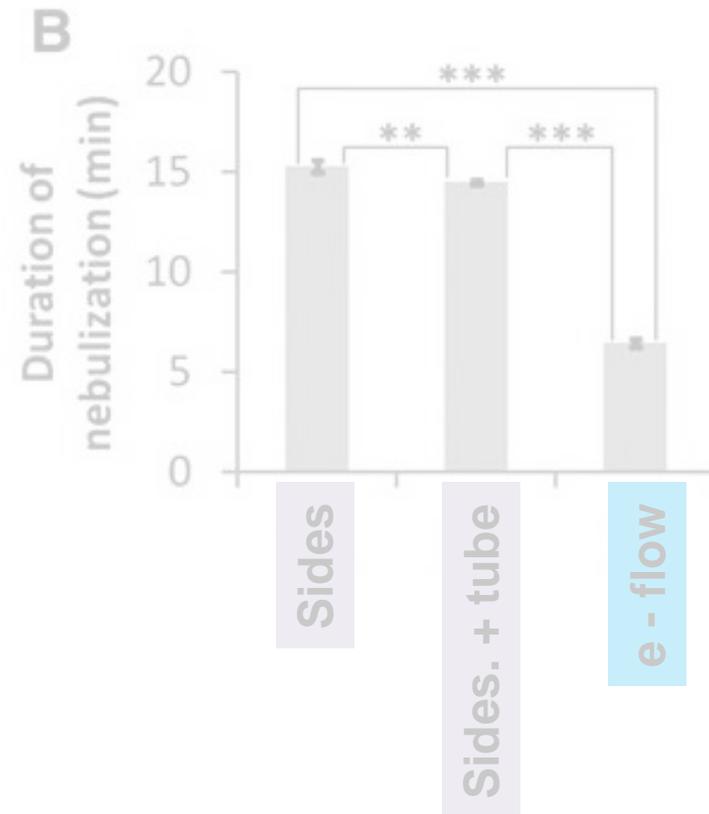
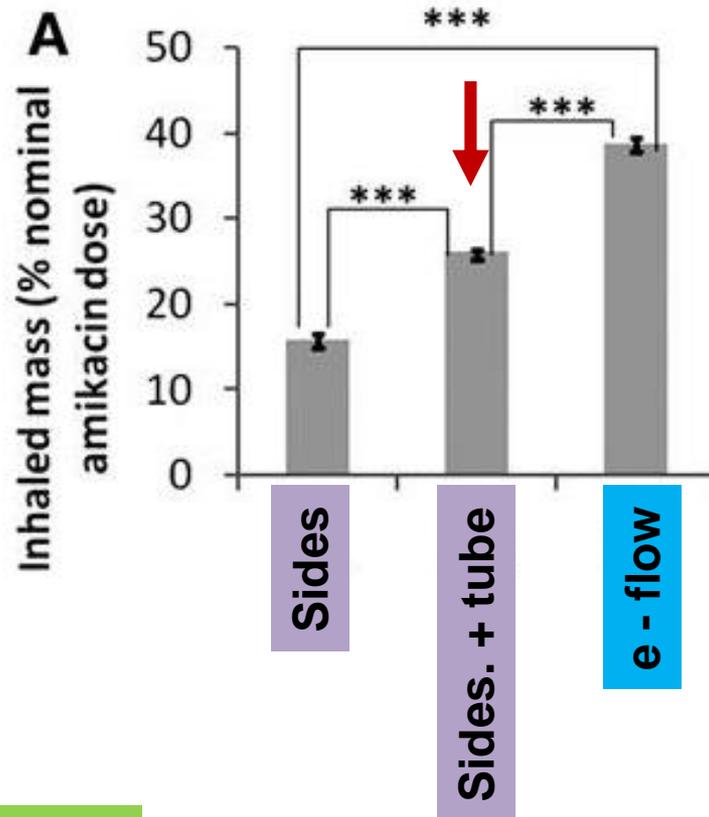
Arzu Ari, PhD, RRT, PT, CPFT, FAARC,<sup>1</sup> Armele Dornelas de Andrade, PhD, PT,<sup>2</sup> Meryl Sheard, MS, RRT,<sup>1</sup> Bshayer AlHamad, MS,<sup>1</sup> and James B. Fink, PhD, RRT, FAARC, FCCP<sup>1</sup>



# Effet « réservoir »



Etude in vitro  
Pneumatique vs mesh  
Amikacin 125mg/4ml



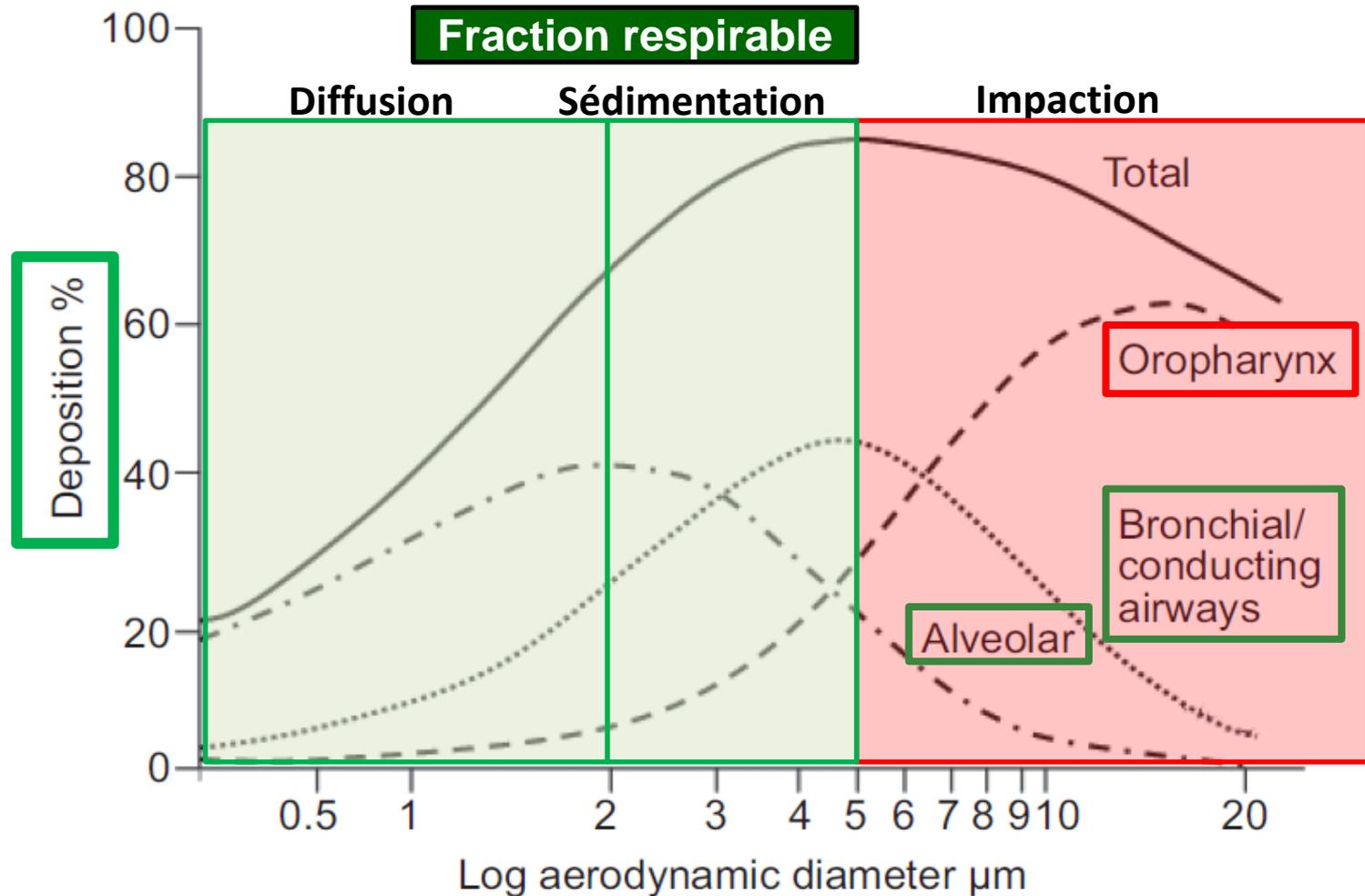
\*\*\*p<0.001

# Améliorer la déposition

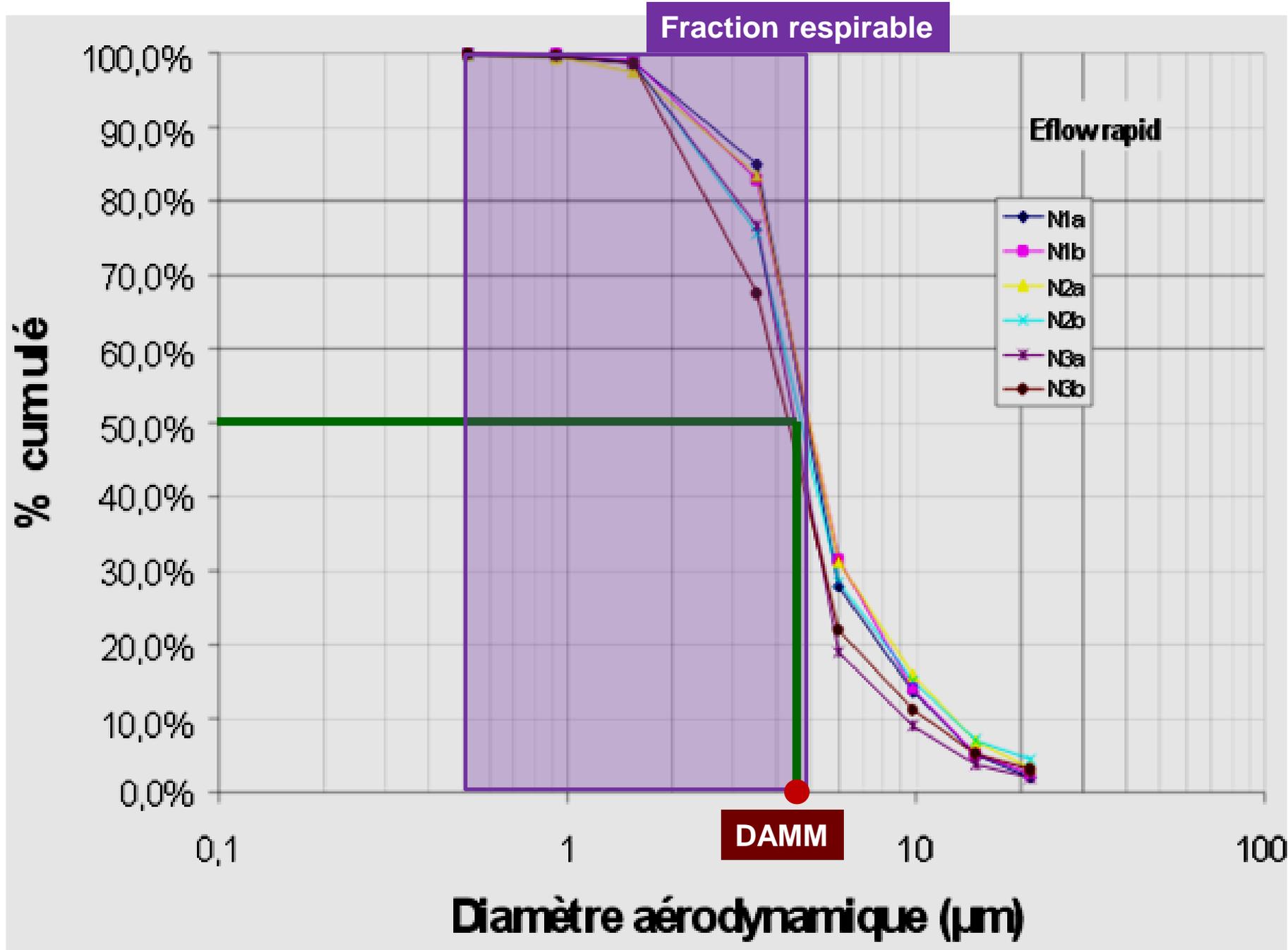


# Effets thérapeutiques : DAMM

## *Diamètre aérodynamique médian en masse*



*Facteurs liés au nébuliseur*



# *In vitro* deposition properties of nebulized formoterol fumarate: effect of nebulization time, airflow, volume of fill and nebulizer type

Samuel O. Akapo, June Gupta, Eloisa Martinez and Mark Roach

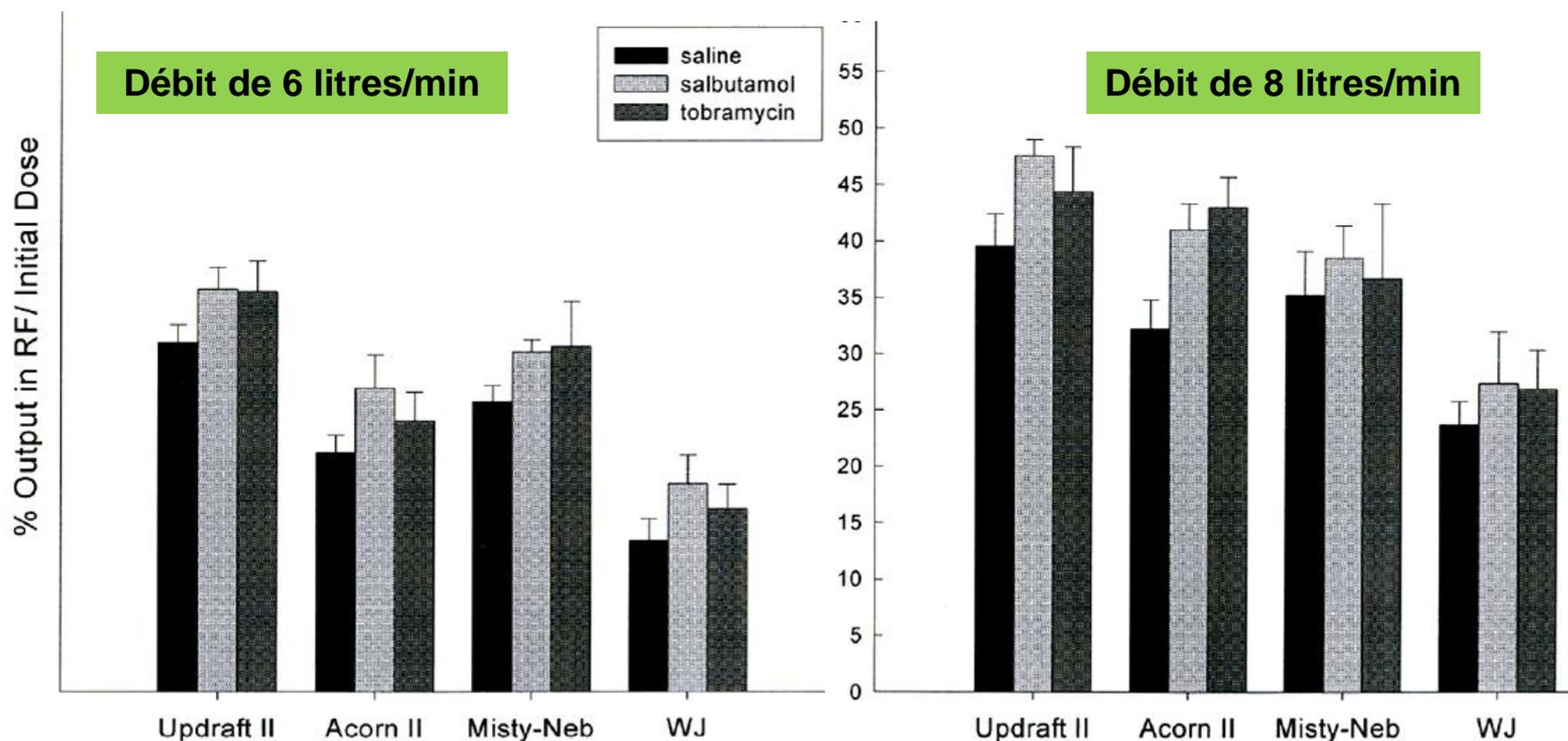
**Etude in vitro**  
**20 µg/4 ml Formoterol**  
**0.5 mg/4 ml Ipratropium**

***Current Medical Research and Opinion Vol. 25, No. 4, 2009, 807–816***

Parameter	Nebulization time (min)	Formoterol fumarate		Ipratropium bromide	
		MMAD	GSD	MMAD	GSD
Flow rate (L/min) formoterol–ipratropium admixture:					
5	17	6.1 ± 0.9	3.4 ± 0.4	6.1 ± 0.9	3.3 ± 0.4
10	12	5.3 ± 0.1	2.4 ± 0.1	5.3 ± 0.1	2.4 ± 0.1
15	11	4.6 ± 0.3	2.1 ± 0.3	4.6 ± 0.3	2.1 ± 0.2
20	10	4.0 ± 0.3	2.0 ± 0.1	4.0 ± 0.3	2.0 ± 0.1
28.3	10	2.7 ± 0.1	2.3 ± 0.2	2.7 ± 0.1	2.2 ± 0.1

# Effect of dead volume on the efficiency and the cost to deliver medications in cystic fibrosis with four disposable nebulizers

Sharon L Ho BSc RRT. Allan L Coates MD CM



# Comparison of twenty three nebulizer/compressor combinations for domiciliary use

E.C. Smith\*, J. Denyer\*\*, A.H. Kendrick\*

*Eur Respir J.*, 1995, 8, 1214–1221.

Compressor/nebulizer combination	Flow rate L·min <sup>-1</sup>	2.5 ml fill volume		5.0 ml fill volume	
		MMAD	% <5.0 μm	MMAD	% <5.0 μm
1A Aquillon/Neb MKII	7.0	2.6	82	2.6	83
1B Aquillon/Ava Neb 1780	8.0	4.3	58	4.0	61
1C Aquillon/Hudson	7.2	4.9	51	5.0	51
2 Pari Inhalierboy/Own	4.1	6.5	36	6.2	39
3A Aeroneb Standard/Cirrus	3.9	6.6	35	6.7	35
3B Aeroneb Standard/Own	3.0	10.1	16	9.1	20
3C Aeroneb Standard/Italian	3.6	10.2	21	10.1	22
4A Aeroneb High Power/Cirrus	4.8	7.6	28	7.7	28
4B Aeroneb High Power/Own	3.8	7.5	30	8.4	24
4C Aeroneb High Power/Italian	4.0	10.0	21	9.5	22
5 Porta-Neb 50/Acorn	6.2	4.7	54	4.5	56
6 Atmomlette/Own	4.2	7.6	28	6.6	36
7 Medix 2000/Cirrus	6.8	4.0	61	4.1	61
8 Medix Traveller/Cirrus	7.0	4.1	61	4.2	59
9 Medix Minor/Cirrus	6.9	3.9	62	4.1	60
10 Pulmo-Aide/Own	5.1	5.9	42	6.3	38
11 Nebu Pump/Acorn	5.6	4.7	55	5.0	50
12 AFP NO1/Microneb	6.2	4.3	59	4.3	58
13 AFP TO1/Microneb	6.4	4.3	60	4.3	60
14 Inspiron/Minineb	5.7	6.8	35	6.9	35
15A Novair II/Microcirrus	6.7	7.0	39	5.4	48
15B Novair II/Hudson	5.8	6.1	39	6.1	39
15C Novair II/Cirrus	5.8	4.5	57	4.2	59

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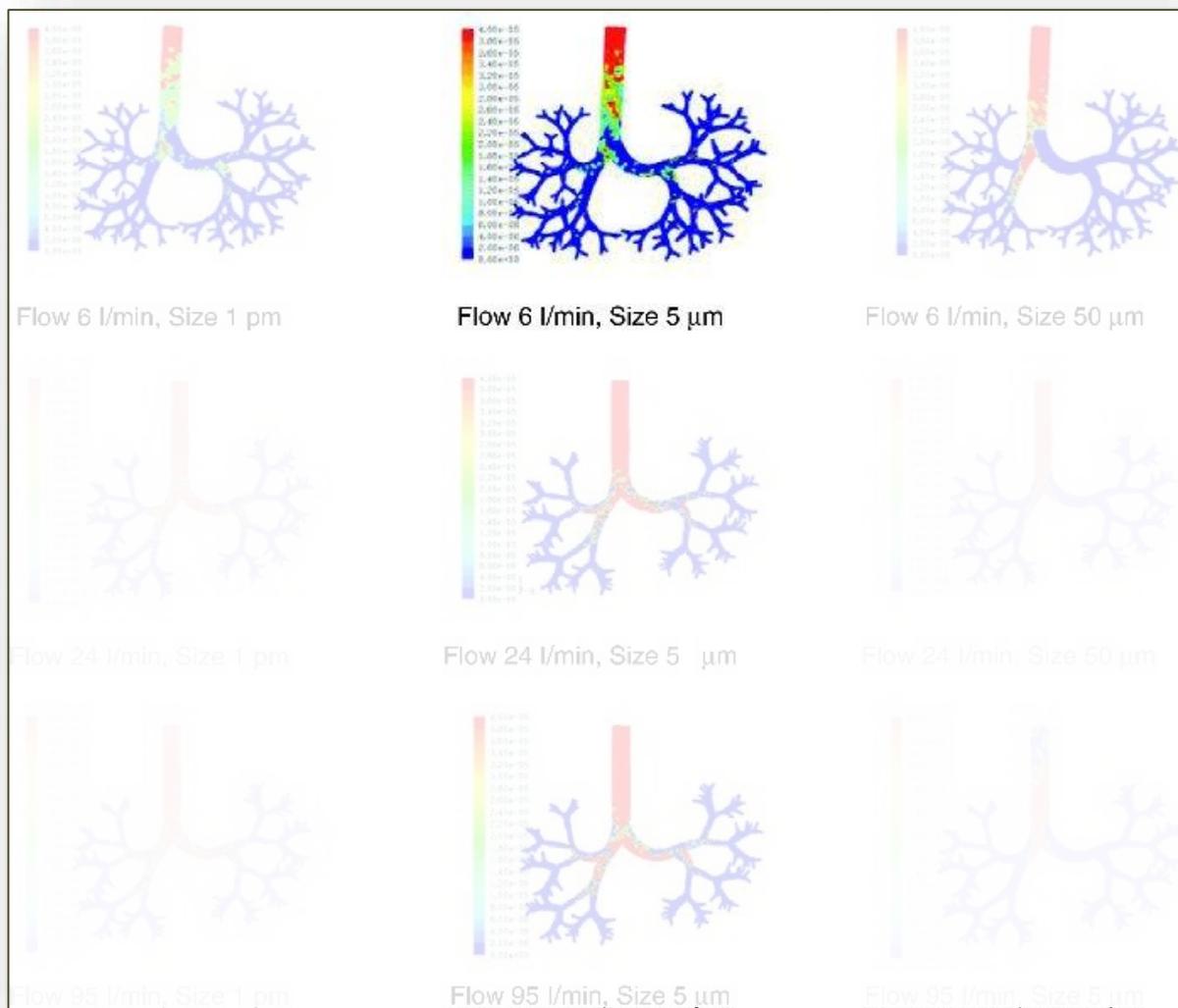
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12	AFP NO1/Microneb	6.2	4.3	59	4.3	58
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*Facteurs liés au patient*

# Deposition of Inhaled Particles in the Lungs<sup>☆</sup>

Ana Fernández Tena, Pere Casan Clarà\*

*Arch Bronconeumol. 2012;48(7):240–246*

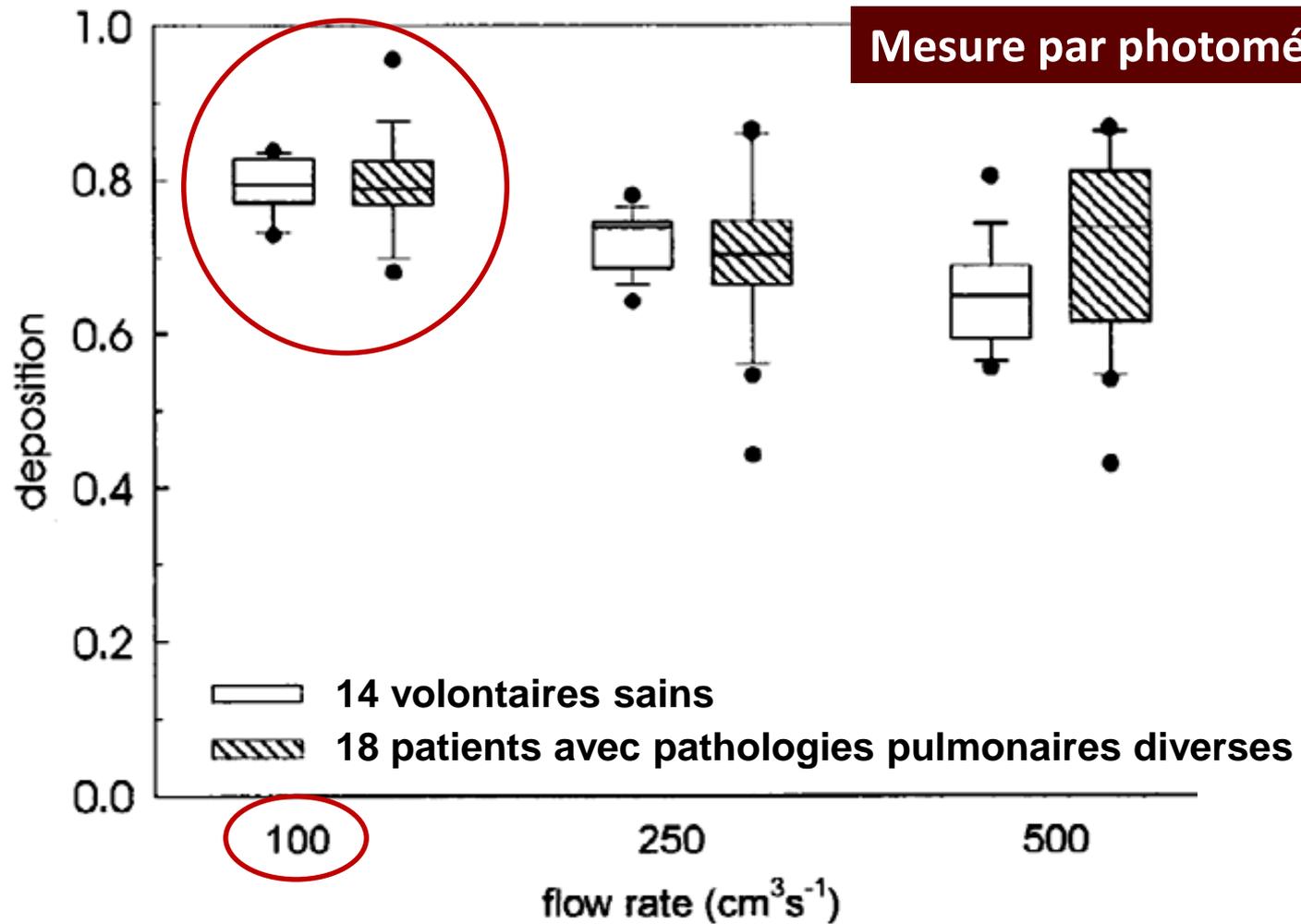


# Total Deposition of Therapeutic Particles During Spontaneous and Controlled Inhalations

P. BRAND, I. FRIEMEL, T. MEYER, H. SCHULZ, J. HEYDER, K. HÄUBINGER

Clinical Research Group "Aerosols in Medicine" of the GSF-Institute for Inhalation Biology and the Clinic for Respiratory Medicine, Robert-Koch-Allee 6, D-82131 Gauting, Germany

*J Pharm Sci* 89 : 724–731, 2000



# The science of nebulised drug delivery

Christopher O'Callaghan, Peter W Barry

Table 2 Deposition of monodisperse aerosols in the aerodynamic size range 1–8  $\mu\text{m}$

Particle aerodynamic diameter ( $\mu\text{m}$ )	% Deposition		% Exhaled
	Oropharynx	Tracheobronchial Alveolar	
1	0	0 16	84
2	0	2 40	58
3	5	7 50	38
4	20	12 42	26
5	37	16 30	17
6	52	21 17	10
7	56	25 11	8
8	60	28 5	7

**Pause inspiratoire favorise la déposition**

**Conclusion**

Préscription

Substances

Cible

coût

Chronicité de l'appareil  
(+ compresseur)

Educative

# EFFICACITE THERAPEUTIQUE



Pattern respiratoire



Chronologie des seances



Préparation des produits



Hygiene

[Mot de passe oublié ?](#)



PLUS DE 30 ANS  
D'ENGAGEMENT AUX CÔTÉS  
DU CORPS MÉDICAL



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LES STRUCTURES ADHÉRENTES

LA CMTS

LA MATÉRIOVIGILANCE

LES BOURSES ET SUBVENTIONS

LES ACTUALITÉS

L'AGENDA

LA MÉDIATHÈQUE

## RÉSULTATS

## EVALUATION DU MATÉRIEL

Choisissez vos critères de sélection :



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*Les documents sont classés par date (du plus récent au plus ancien)*

DISPOSITIF ▾

FOURNISSEUR ▾

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### EVALUATION DU MATÉRIEL

- Présentation
- Résultats
- Centres référents
- Méthodologie

### FORMATIONS

### RECHERCHE CLINIQUE

### ANTADIR EVAL CLIN

### OBSERVATOIRE PATIENTS

**Merci pour votre attention !**

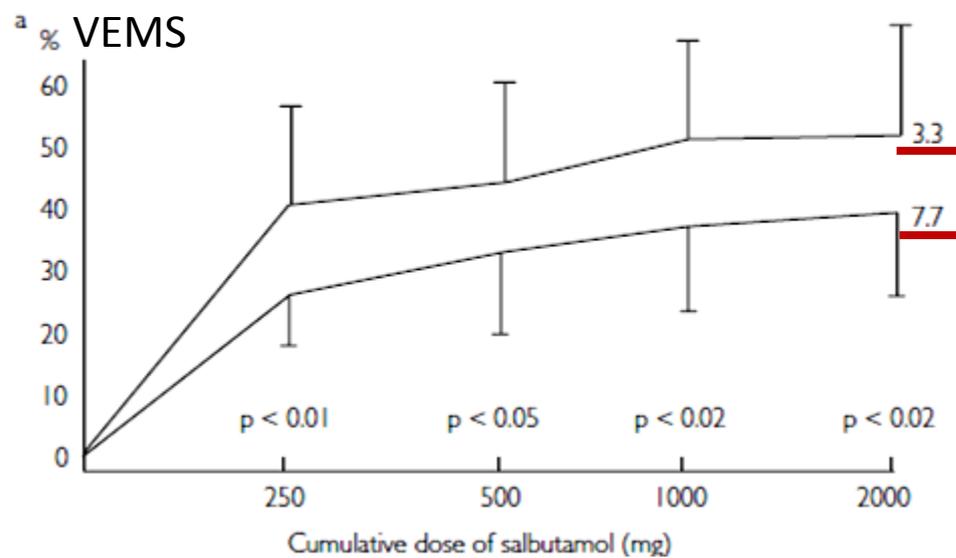


# Effets thérapeutiques : DAMM

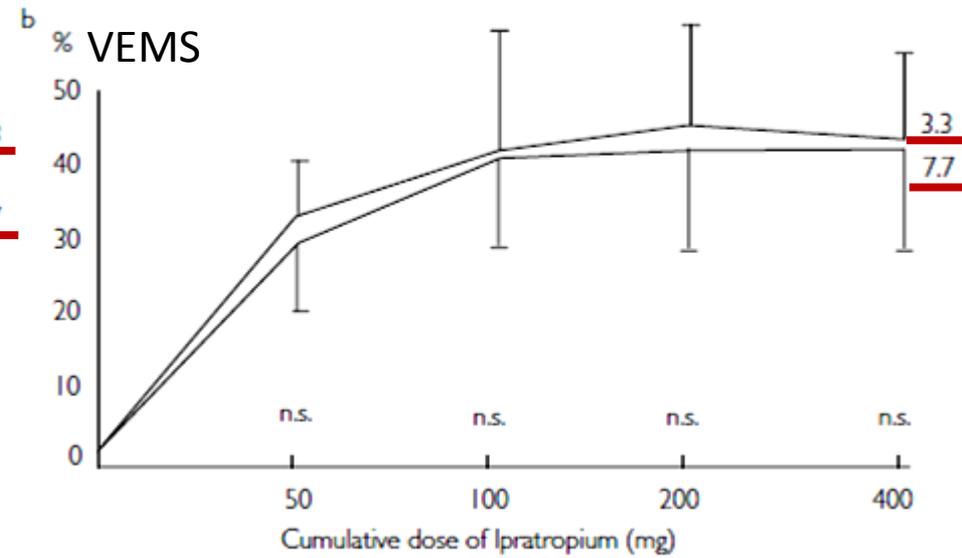
## *Diamètre aérodynamique médian en masse*

### Evolution du VEMS (Salbutamol)

### Evolution du VEMS (Ipratropium)



*Récepteurs bêta 2  
(cibles distales)*



*Récepteurs muscariniques  
(cibles proximales)*