

The Effects of Inhalation Flow Rate on Aerodynamic Particle Size Distribution of Commercial Solution and Suspension Metered Dose Inhalers (MDIs)

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Disclaimer

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Introduction

FDA

- The goal of this research is to investigate the effects of inhalation flow rates on the in vitro APSD of various commercial suspension and solution MDIs available in the United States
- A systematic evaluation of the effect of four flow rates - 30, 45, 60, and 90 LPM on the APSD in 11 commercial MDIs was conducted

Product	Strength(s)	Formulation Type
ADVAIR [®] HFA	0.045 mg/inh; EQ 0.021 mg base/inh	Suspension
ALBUTEROL SULFATE INHALATION AEROSOL METERED*	EQ 0.09 mg base/inh	Suspension
ALVESCO®	0.08 mg/inh	Solution
ASMANEX [®] HFA	0.05 mg/inh	Suspension
ATROVENT [®] HFA	0.021 mg/inh	Solution
BEVESPI AEROSPHERE™	0.0048 mg/inh; 0.0090 mg/inh	Suspension
FLOVENT [®] HFA	0.044 mg/inh	Suspension
PROAIR [®] HFA	EQ 0.09 mg base/inh	Suspension
PROVENTIL [®] HFA	EQ 0.09 mg base/inh	Suspension
QVAR [®] REDIHALER™	0.04 mg/inh	Solution
SYMBICORT®	0.08 mg/inh; 0.0045 mg/inh	Suspension

* Manufactured by Cipla Ltd.



Methods

- Fine particle fractions of particles smaller than 5 μm (FPF<5 μm; fine particle dose divided by total emitted dose), mass median aerodynamic diameter (MMAD) and impactor stage mass (ISM) were determined from the next generation impactor (NGI) stage deposition as described in USP <601> at different flow rates.
- A statistical model built in RStudio using **flow rate**, **formulation type**, and their interaction as effect factors in a linear regression were evaluated to distinguish effects of flow rate by formulation type (solution vs. suspension).

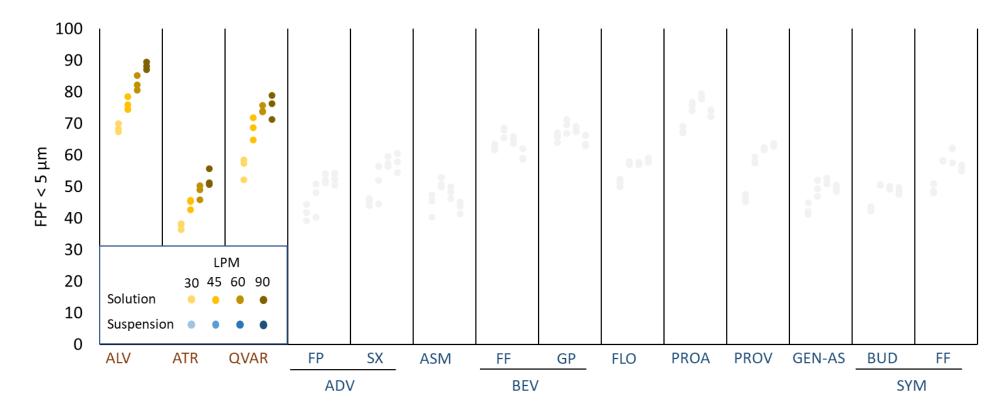


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Source: Copley Scientific



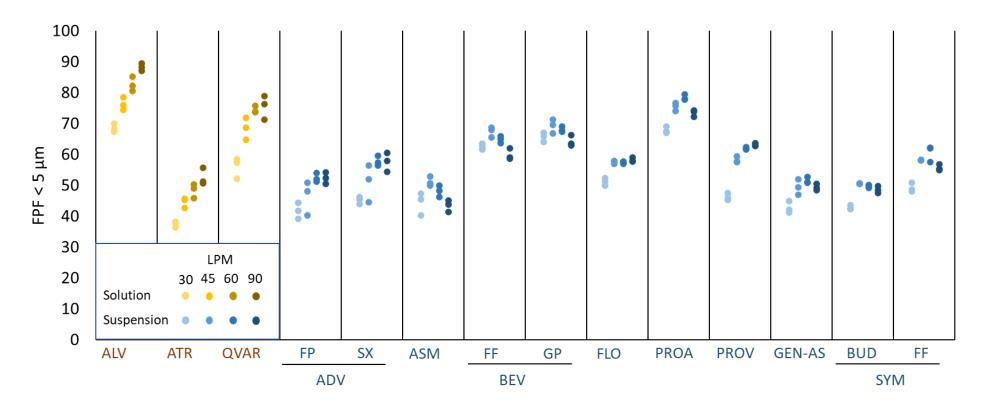
Results: FPF< 5 μm



 Solution MDIs exhibited a linear change in FPF< 5 μm with respect to flow rate



Results: FPF< 5 μm



 In case of suspension MDIs, the effects of flow rate depended on the product



Results: ISM and MMAD

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- The same trend with respect to flow rate was observed for MMAD, with respect to solution and suspension MDIs
- While a linear trend in ISM was observed for solution MDIs, it was not statistically significant

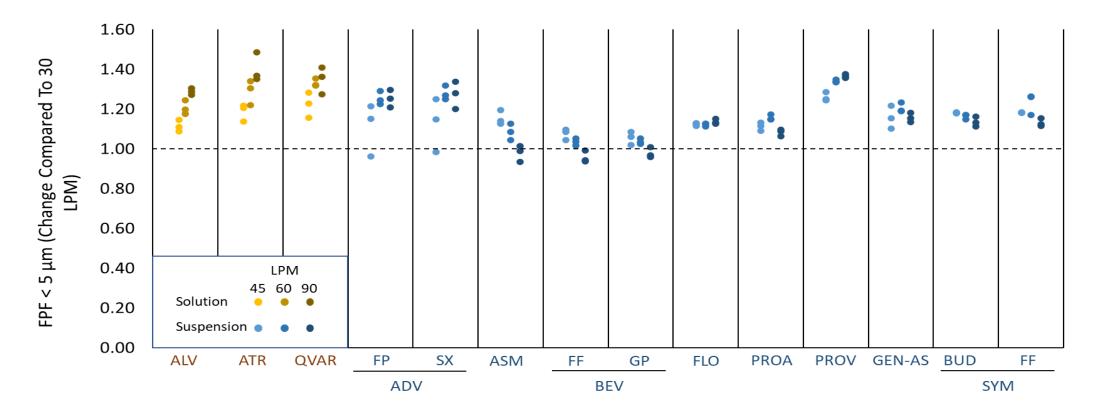
•8. 3.5 ..., :,;; 3 8... :... (มา) 2 2 1.5 8028 LPM 1 •••• •••• ••• Solution 0.5 Suspension 0 90 80 70 60 ::. :: (^{grl} 50 WSI ••• :: 30 • 20 . 10 0 ALV GP FLO ATR QVAR FP SX FF PROA PROV ASM GEN-AS BUD FF ADV BEV SYM

p-values from the linear regression model

Formulation type	Suspension	Solution	
FPF < 5 μm	0.0274	1.00E-04	
MMAD (µm)	0.0106	0.0048	Ĩ
ISM (µg)	0.5439	0.1853	



Results: FPF< 5 μm

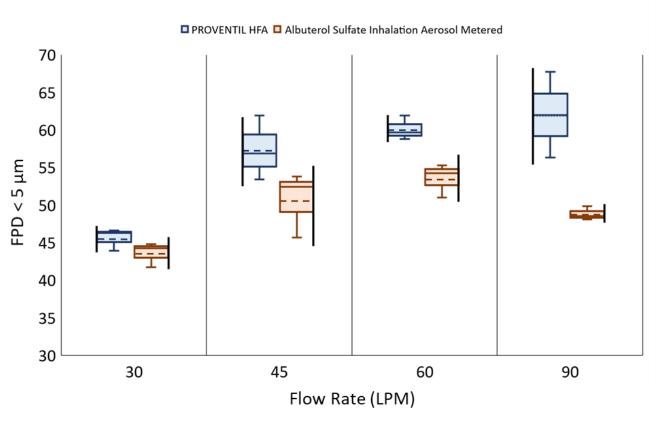


 In case of suspension MDIs, no significant changes in FPF < 5 μm were found at flow rates higher than 45 LPM (e.g., 45 LPM vs. 60 LPM, 60 LPM vs. 90 LPM)



Results: PROVENTIL HFA and its generic

- Similar changes were observed in FPD<5 μ m with flow rates up to 60 LPM.
- Significant differences in FPD< 5 μm at a flow rate of 90 LPM.
- Additional studies are warranted to understand the relevance of APSD measurements at higher flow rates.



FPD: fine particle dose



Conclusions

- Inhalation flow rates showed significant effects on APSD parameters for **both solution and suspension MDIs**.
- While solution MDIs exhibited an almost linear change in FPF < 5 μm, ISM, and MMAD with increasing flow rate, most suspension MDIs showed no significant effects on these APSD parameters at higher flow rates.
- Additional studies are warranted to evaluate if MDI performance properties like APSD at higher airflow rates should be considered for the assessment of BE of solution MDIs.



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Questions?



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