

## Breath-Triggered Aerosol Release and Real-Time Determination of the Delivered Aerosol for (Pre)term Neonates

*Felix C. Wiegandt*<sup>1</sup>, U. P. Froriep<sup>1</sup>, T. Doll<sup>1,2</sup>, A. Dietzel<sup>3</sup>, G. Pohlmann<sup>1</sup>

<sup>1</sup>Fraunhofer Institute for Toxicology and Experimental Medicine ITEM, Hannover, Germany

<sup>2</sup>Hannover Medical School, Hannover, Germany

<sup>3</sup>Technische Universität Braunschweig – Institute of Microtechnology, Braunschweig, Germany

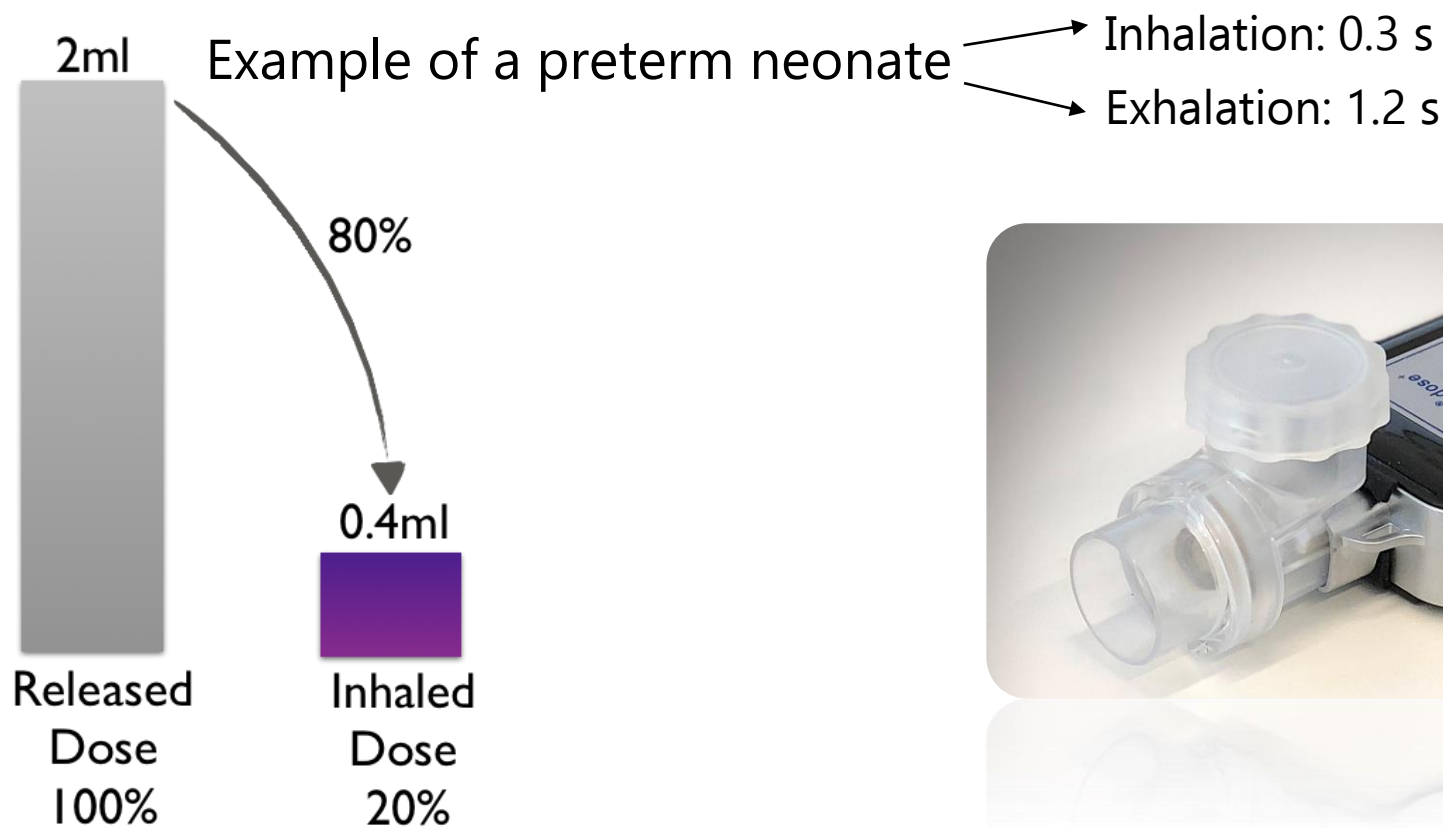
[felix.wiegandt@item.fraunhofer.de](mailto:felix.wiegandt@item.fraunhofer.de)



This project has received funding from the European Union's Horizon 2020 research and innovation programme under Grant Agreement No 777554

# Motivation

## ***Conventional System (without a Breath-Triggered Technology): High Drug Loss***



# Motivation

## Without a Breath-Trigger Technology

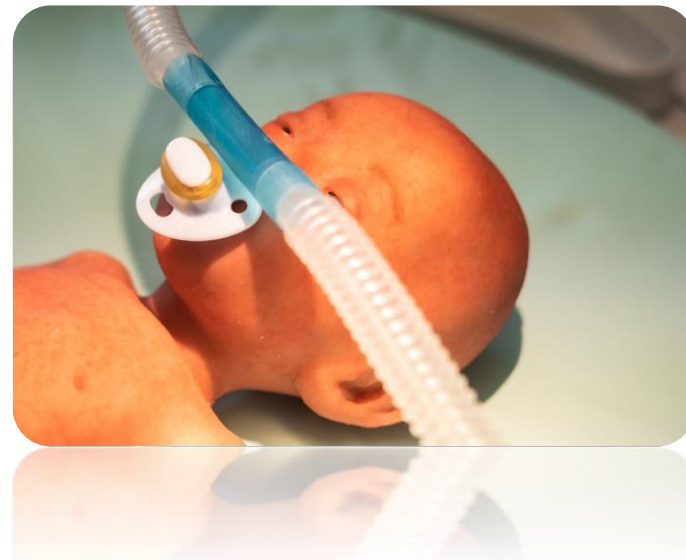
- Drug Loss: up to 80 %

## With a Breath-Trigger Technology

- Drug Loss: ideally 0 %

## But: Challenging Breathing Pattern

- Breathing Frequency: 60 breaths / minute
- Low Tidal Volume: 4-6 ml/kg
- Short Inspiration Time: 0.2-0.4 s



- No existing technology for breath-triggered drug release into the patient interface is currently available
- No standard test procedure to determine the aerosol output is accessible

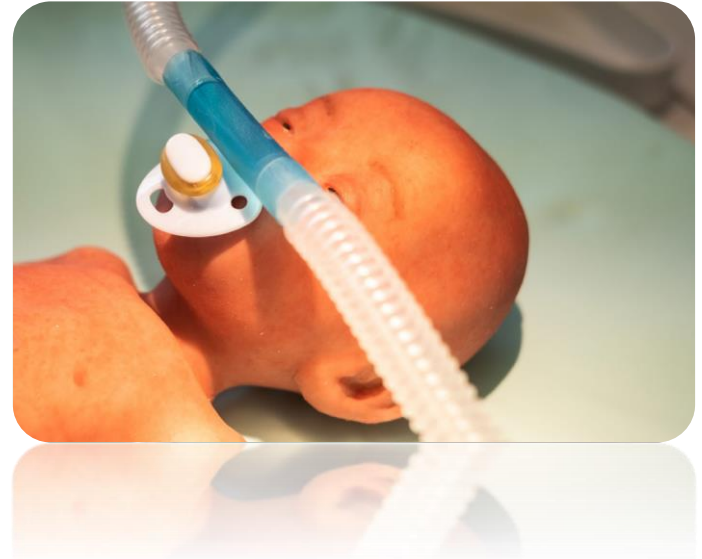
# Objectives

## 1) Develop a Modified Nasal Prong

- Integrated micronized valve
- Direct and fast aerosol release
- Aerosol release as targeted bolus
- Increase inhaled dose efficiency

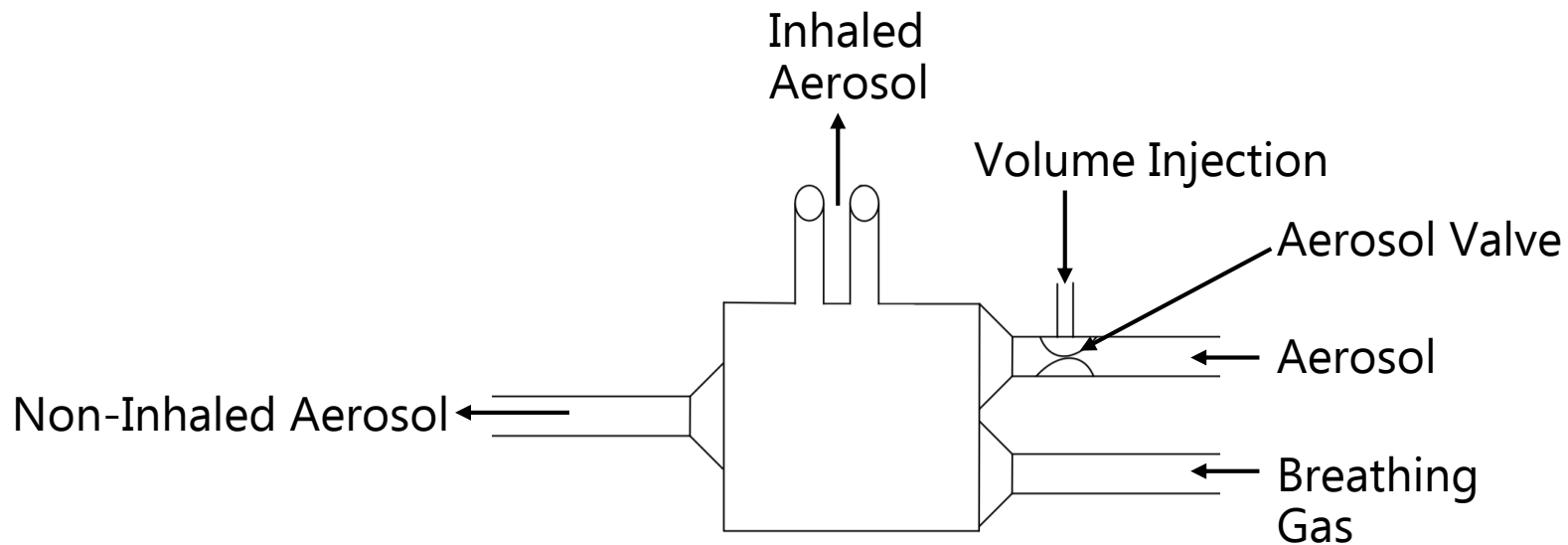
## 2) Develop a Test Bench

- Measuring aerosol output / inhaled dose
- Applicable for preterm neonate breathing pattern
- Enabling real-time measurement

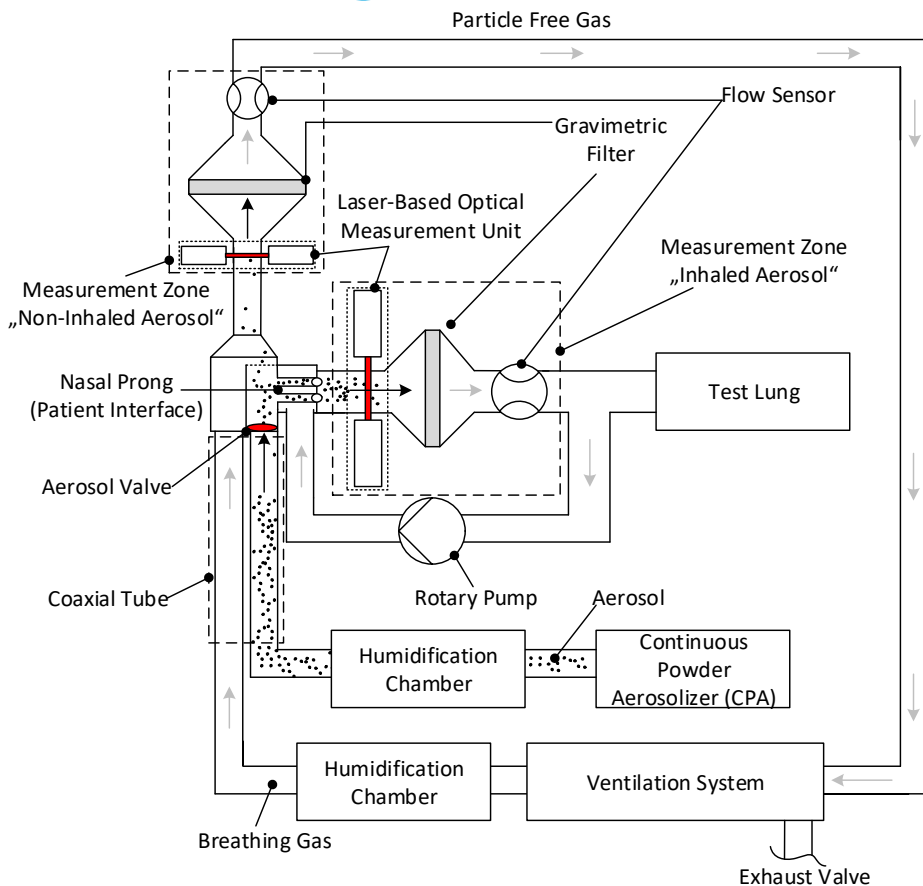


# Objective 1: Nasal Prong

## *Schematic Nasal Prong*



# Objective 2: Test Bench



$$E_{valve} = \frac{\Delta m_{filter\ inhaled}}{\Delta m_{filter\ inhaled} + \Delta m_{filter\ non-inhaled}}$$

## Test Lung:

- Inhalation-exhalation ratio: 0.46:0.71
- Breaths per minute: 51
- Tidal volume: 12.3 ml
- Triggers the aerosol valve

## Ventilation System:

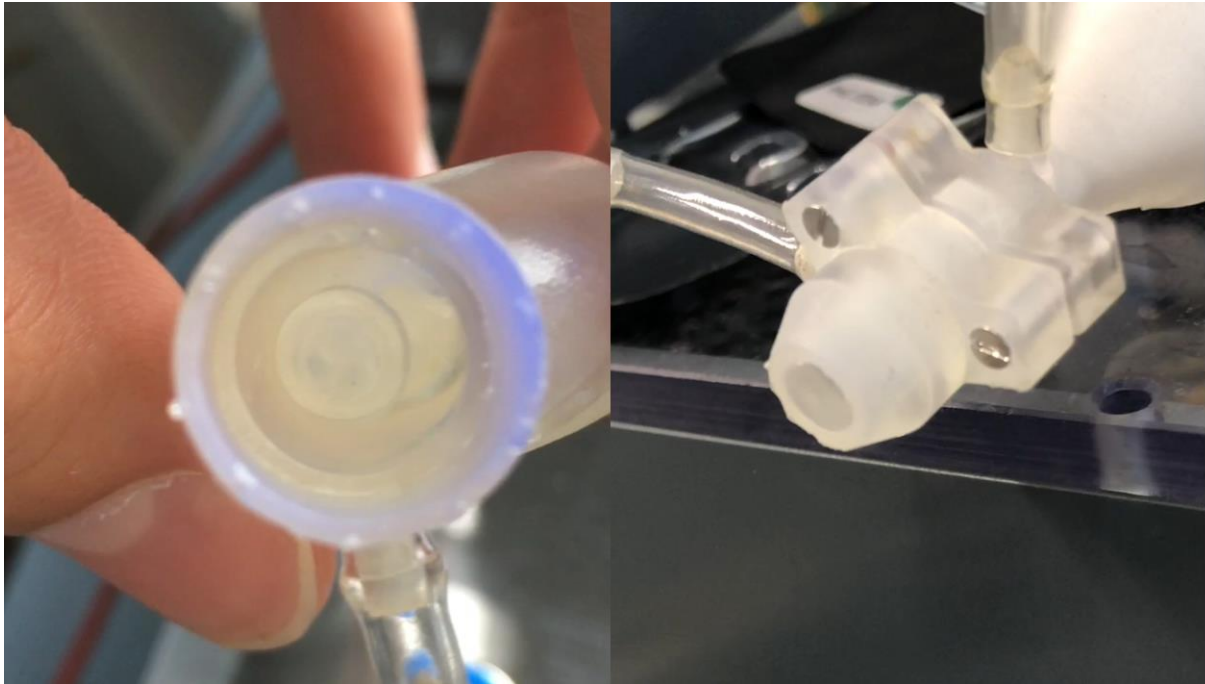
- Babylog® 8000 plus
- CPAP-mode
- PEEP: 5 mbar
- Breathing gas flow: 6 l/min

## Continuous Powder Aerosolizer

- Continuous aerosol flow: 0.84 l/min
- Recombinant surfactant protein-C

# Results: Nasal Prong

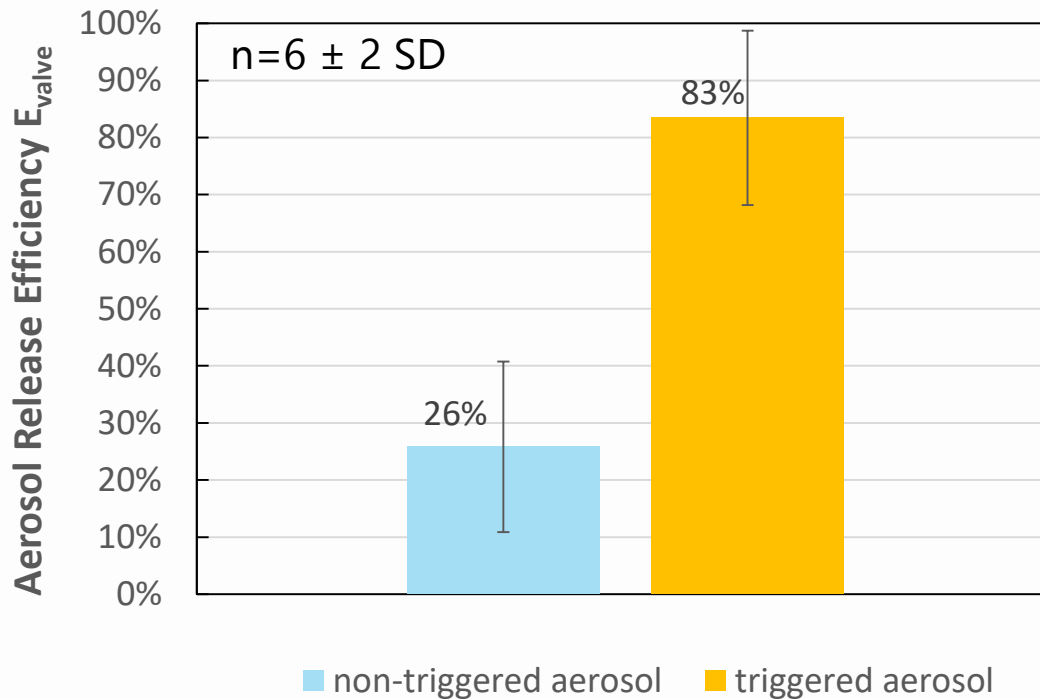
## *Triggered Aerosol Release Technology*



- Valve Integrated in Nasal Prong
- Direct Aerosol Release as Triggered Bolus
- Valve Response Time <20 ms

# Results: Test Bench

## *Aerosol Measurement*



- Triggered Aerosol Release is more Efficient than Non-Triggered Aerosol Release
- Efficiency Increased by a Factor of 3.2
- Combination of Gravimetric and Optical Detection Enables Real-Time Measurements

$$E_{valve} = \frac{\Delta m_{filter\ inhaled}}{\Delta m_{filter\ inhaled} + \Delta m_{filter\ non-inhaled}}$$





# Conclusion

## 1) Develop a Modified Nasal Prong

- ✓ Integrated Micronized Valve
- ✓ Direct and Fast Aerosol Release
- ✓ Aerosol Release as Targeted Bolus
- ✓ Increase Inhaled Dose Efficiency

## 2) Develop a Test Bench

- ✓ Measuring Aerosol Output / Inhaled Dose
- ✓ Applicable for Preterm Neonate Breathing Pattern
- ✓ Enabling Real-Time Measurement



# Thank You

Many thanks to all my work colleagues,  
*Especially to Dr. Gerhard Pohlmann*

This work was supported through funding by

- BMBF (Assoc No GS2SH016)
- EU Horizon 2020 program (GA No 814654)



**The views and opinions expressed in the aforementioned PowerPoint slides are those of the individual presenter and should not be attributed to EPTRI or the EC**

