

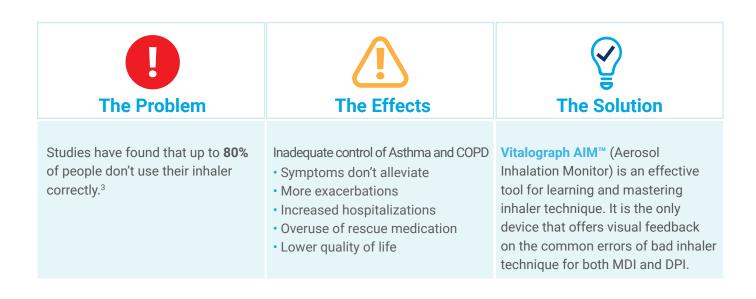
# INHALER TRAINING

Vitalograph AIM

An objective tool for training and assessing inhaler technique to help ensure accurate drug delivery.



The Global Initiative for Asthma (GINA) acknowledge that inhalers should be prescribed only after patients have been trained to use them properly. The Global Initiative for Chronic Obstructive Lung Disease (GOLD) state that it is essential to ensure that inhaler technique is correct and to re-check this at each visit and for each change of inhaler device.



The **Vitalograph AIM** enables healthcare professionals to train patients to use their inhaler correctly. Unlike whistles and other inhaler trainers which only assesses peak inspiratory flow the unique AIM device provides clear feedback on the key stages of inhaler technique.

Common Inhaler Problems	Vitalograph AIM Solution	
Coordination of inhaling and MDI actuation <sup>4,5</sup>	Detects correct canister actuation during inhalation	
Incorrect inspiratory flow rate for type of inhaler <sup>4,5</sup> ('slow and steady' for MDI vs 'fast and deep' for DPI)	Guides user on correct flow rate.	
Not inhaling long enough <sup>5</sup>	Guides user on inhalation duration.	
No (or short) breath holding after inhalation <sup>4,5</sup>	Monitors breath hold duration.	

"During an inspiratory maneuver, peak inspiratory flow rate is not reached until after drug release, making acceleration and duration of inhalation as important as the peak value for drug delivery with dry powder inhalers" 6



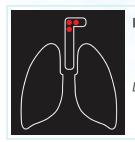
# **Visual Reference of Lung Deposition**

The Vitalograph AIM is an ideal tool to facilitate conversations around medication adherence to patients because it shows how far medication is inhaled into the lungs. The parts of the inhalation process which are difficult to observe by eye are highlighted and a visual reference of the drug delivery is displayed.



MDI activation too early or no activation

Little or no drug administered



Inhalation rate too fast

Drug caught in the mouth or throat



Inhalation time and/or breath hold time too short

Drug not deposited deeply into lungs reducing the efficacy of the drug



#### Correct

- MDI activation
- Inhalation flow
- · Inhalation time
- · Breath Hold time

Drug administered at full efficacy

"The AIM is a really useful means of training patients to use their inhalers properly, and should be an essential part of a respiratory clinician's kit in the future if we are to improve compliance and concordance in our patients."

#### Stephen Foster

Respiratory and Allergy Specialist Pharmacist | Pierremont Healthcare Limited

# **Customized Solutions and OEM Branding**

We offer a range of custom DPI and MDI inhaler solutions.

Contact us for further details.



# **Reimbursement (US Only)**

Did you know that reimbursement is available for demonstration, training or evaluation of patient utilization of an inhaler? Using CPT code 94664 the AIM could bring you \$16 for every patient using an inhaler.

# **Technical Specifications**

**Product: AIM (Aerosol Inhalation Monitor)** 

Model: 4500

Power supply: 4 x AAA 1.5V Batteries

Weight: Net: 260g (incl. batteries and tubing) Dimensions: Net: 165mm x 133mm x 39.6mm Flow Accuracy: Better than +/-5% or 5L/min

# **Ordering information**

<b>Product Model Number</b>	<b>Customer Order Number</b>	Product Description
4500	45710	AIM (Aerosol Inhalation Monitor) includes starter pack of 5 DPI Inhaler Simulators, 5 MDIs Inhaler Simulators and 1 HFA Placebo Aerosol

# **Optional Extras**

<b>Product Model Number</b>	<b>Customer Order Number</b>	Product Description	<b>Product Box Size</b>
4500	45610	Disposable DPI Inhaler Simulator	25
	45611	Disposable MDI Inhaler Simulator	25
	45027	HFA Placebo Aerosol	8

## **References:**

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- D. Price, S. Bosnic-Anticevich, A. Briggs, H. Chrystyn, C. Rand, G. Scheuch, J. Bousquet, Inhaler competence in asthma: Common errors, barriers to use and recommended solutions, Respiratory Medicine, Volume 107, Issue 1, 2013
- Sohini Ghosh, Jill A. Ohar, and M. Bradley Drummond. Journal of Aerosol Medicine and Pulmonary Drug Delivery. Dec 2017.381-387.http://doi.org/10.1089/jamp.2017.1416

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