

Benefits of Inhaled Drug Delivery

Rapid onset, smaller doses → fewer side effects
Bypasses first-pass metabolism
Effective for poorly absorbed oral drugs

Factors Influencing Deposition

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Breath-holding
Particle aerodynamic diameter
Humidity & formulation properties

Spacer Devices

Reduce throat deposition (down to 15%)
Improve lung delivery (~20%)
Eliminate need for timing coordination
Require cleaning; bulky

Formulation Notes

Drug particle: ~5 µm
Carrier particle: 30–60 µm
Must balance adhesion (mixing) with desorption (release)

Nebulizers

General Info: Converts liquid into inhalable mist

Nebulizers (cont)

Used for large doses, severe attacks

Suitable for children and elderly

Inhaled during normal breathing

Types of Nebulizers:
Jet: Uses compressed air; most common
Ultrasonic: Vibrates crystal → liquid mist

Mesh: Liquid pushed through vibrating mesh → fine spray

Mesh Nebulizers offer finer droplets & faster delivery

Formulation for Nebulizers
- Water-based; may include cosolvents, antioxidants
- pH ~7+ preferred to avoid bronchoconstriction
- Usually 1–2.5 mL dose

Respiratory System Overview

Air pathway: Nasal cavity → pharynx → trachea → bronchi → bronchioles → alveoli

Bronchi: Cartilage rings, cilia for clearing particles

Bronchioles: <1 mm diameter; end in alveoli for gas exchange

Correct MDI Technique

- 1.Shake well, prime if needed
- 2.Exhale fully, seal lips around mouthpiece
- 3.Inhale slowly & press inhaler
- 4.Hold breath for 10 seconds
- 5.Rinse mouth afterward

Breath-Activated Inhalers

Release dose during inhalation (e.g. Easi-Breathe, Autohaler)
Ideal for patients with coordination difficulties

Types of DPI Devices

Single Dose (e.g., Cyclohaler): Capsule pierced manually

Multidose – Foil-based (Diskhaler, Accuhaler): Blister packs

Reservoir-based (Turbohaler, Easyhaler): Multiple doses, drug stored inside

New Technology

Thermal Inhalers: Thin film drug heated (~400°C), vaporized, and condensed into 1–3 µm particles

Triggered by breath; compact and efficient

Barriers to Drug Delivery

Mucociliary clearance: removes particles

Pathologies: inflammation, obstruction, reduced elasticity

Deposition affected by particle size and breathing pattern

Aerosol-Based Delivery

Inhalations: Vapors from volatile substances or hot water

Examples: eucalyptus oil, propylhexedrine

Vitellae: Crushed glass capsules releasing vapors

Example: amyl nitrite for angina

Dry Powder Inhalers (DPIs)

Overview: Breath-activated → no propellants needed
Drug in dry powder form, usually with a carrier (e.g., lactose)

Requires deep, strong inhalation to disperse powder

Advantages: Larger doses possible

No need for coordination

Disadvantages: Performance depends on user's inspiratory effort

Drug exposed to humidity

Generally more expensive

Proper DPI Technique

- 1.Exhale away from inhaler
- 2.Inhale quickly and deeply
- 3.Hold breath 10 seconds
- 4.Don't breathe into device (moisture clumps powder)

Particle Deposition Mechanisms

Inertial Impaction (>5 µm): Upper airways

Sedimentation (~1–5 µm): Bronchi/bronchioles

Particle Deposition Mechanisms (cont)

Diffusion (<0.5–1 µm): Alveoli or exhaled

Ideal size for lung deposition: 1–5 µm

Metered Dose Inhalers (MDIs)

Features: Pressurized canister delivers metered dose

Propellants: HFA (replaced CFCs)

Dose reliability decreases near empty

Formulation: Mostly suspensions due to poor solubility in propellants

Evaporation affects particle size

Advantages Only 10–15% of dose reaches lungs

High velocity = throat deposition (up to 80%)

Requires coordination; poor compliance

Disadvantages Only 10–15% of dose reaches lungs

High velocity = throat deposition (up to 80%)

Requires coordination; poor compliance

Key Info

Particle size is key for targeting specific areas in the lungs.

MDIs are common but inefficient unless paired with a **spacer**.

DPIs require strong inhalation—less suitable for some patients.

Nebulisers are best for **high dose** delivery in critical care or paediatric use.

New tech like thermal inhalers offers promising advancement.