

Report of the ADMIT-Meet the Expert round table at the ERS 2007 in Stockholm Monday, September 17, 2007

During the annual congress of the European Respiratory Society ERS in Stockholm, MEDA Pharma organized a “Meet the Expert” round table with members of ADMIT (Aerosol Drug Management Improvement Team) and journalists to discuss the importance of correct inhalation in the therapy of obstructive lung diseases. ADMIT was represented by P. Barnes, G. Crompton, C. Corrigan, L. Corbetta, T. Hansen, M. Levy, J. Sanchis, W. Vincken, J. Viejo and T. Voshaar.

The reason, why ADMIT was founded is, that up to 50 % of patients make mistakes while using a pressurized metered dose inhaler (pMDI). Other inhalers also are not easy to use. The misuse or incorrect use of inhalers compromises treatment success. Therefore ADMIT was founded to highlight the importance of correct inhalation and to educate patients as well as physicians in order to optimize treatment of obstructive lung diseases. Prof. Barnes pointed out, that in the future, the development and optimization of inhaler devices will become more important than drug development. The treatment success is based on a correct inhalation and the drug. Due to that, the most expensive treatment is the treatment, that doesn't deliver the drug to the place, where they should act. Following a recently published study by M. Partridge, 51 % of asthma patients are uncontrolled, despite drug therapy. Only 28 % seem to be well controlled. This is most likely based on incorrect inhaler usage, according to G. Crompton.

It has been reported many times in the past, that pMDIs are not easy to use, due to coordination problems and deliver only a poor percentage (some 10 %) of the emitted dose of the drug to the lungs. This is a waste of drug and money, Prof. Levy summarized. But still physicians believe, that using a pMDI is a “no-brainer” and everyone could handle this without any problems – which is a big mistake, according to Dr. Voshaar. He intensively discusses and demonstrates to the patient the correct usage of the inhaler, that he is about to prescribe. “Of course I choose a modern inhalation device that ensures the successful manoeuvre of inhalation to the patient. Advanced inhalation devices have several advantages: easy to handle, dry powder inhaler with no coordination problems, multi-dose and indicate to the patients that the inhalation was correctly performed. This is very important for the patient, that he receives feedback about the inhalation.”

ADMIT is also trying to create awareness about the treatment guidelines. With great worry, the group recognises, that an overuse of long-acting-beta-2-agonists (LABA) can be noticed today. This is a sign, that the inflammation is not controlled. As a reaction to that, more inhaled corticosteroids (ICS) should be added, but not always LABAs. Therefore the fixed-dose-combinations (FDC) are seen as helpful but

sometimes prescribed although not necessary. FDCs, however, can be useful in stable asthma patients.

Furthermore, the group sees the usage of leucotriene modifiers as problematic, due to the lower effect compared to ICS. It is important in particular in children to control the underlying inflammation with an ICS. Also in children it is important to choose the right inhaler.

The next projects of ADMIT will be the development and dissemination of training programs to physicians, nurses and patients, to increase the awareness, that devices matter in the therapy of obstructive lung diseases. Another project for the future is to summarize several device related publications and papers for physicians, nurses and papers.

“By using the best inhaler and performing the inhalation correctly, the maximum of treatment success will be achieved” Prof. Crompton concluded and ended the round table.

The Aerosol Drug Management Improvement Team (ADMIT), incorporating clinicians from several European countries with special interests and expertise in inhalation therapy was formed in November 2004 with the remit of examining ways to improve the treatment of obstructive airways diseases in Europe:

M. Broeders, R. Dekhuijzen, J. Sanchis, J. Viejo Banuelos, S. Pedersen, P. J. Barnes, Ch. Corrigan, M. Levy, A. Magnan, J.C. Dubus, Th. Hausen, Th. Voshaar, L. Corbetta, F. Lavorini, W. Vincken, A. Ramalho, M. Kneußel, G. Crompton.