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Airmax™[1]

A Viewpoint by Henry Chrystyn

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A consistent and reliable emitted dose that is not affected by the patient's inhalation technique is an essential characteristic for an inhaler device. Most reservoir dry powder inhalers do not meet this criterion because of significant flow-dependent dose emission and poor robustness, together with an intra- and interdose variability from each and between each inhaler, respectively. The data presented about Airmax™ show that it meets the above essential criterion. Its novel design and operating principles provide minimal variability when the inhalation flow rate is different, together with consistent dosage emission each time it is used. Furthermore, the dose can be metered in a variety of positions and the similar size and appearance of Airmax™ to a breath-actuated metered dose inhaler should facilitate concordance as demonstrated by the patient preference studies.

The availability of a short- and a long-acting β-agonist together with a corticosteroid in Airmax™ ensures that the patient can always be prescribed the same device. Patient studies highlight the clinical equivalence of drugs delivered from Airmax™ and the traditional inhaler devices commonly used. Outside the controlled environment of a clinical study, the ease of use, consistent dosing and not having to train an optimal inhalation technique when inhaling from Airmax™ are advantages that will help achieve satisfactory asthma control.

Delivery of drug to the lungs when using Airmax™ is not reliant on the patient's inspiratory effort and so it is suitable for use in all patients, of all ages, with different degrees of obstruction, regardless of whether or not their asthma is well controlled. The dosage consistency to the lungs ensures that any changes in asthma control can only be due to the disease or compliance rather than erratic dosing.

1 Use of tradenames is for product identification purposes only and does not imply endorsement.