



Inhaled aerosol therapy remains the cornerstone of effective treatment of asthma and COPD.

Incorrect inhaler technique remains a significant barrier to many users of inhaled medications. Most common errors for the use of pMDIs:

- Lack of coordination between actuation and inhalation
- Halting inhalation when the cool spray hits the back of the throat
- Not holding the breath long enough (>5 seconds) after inhalation
- No exhalation prior to actuation
- Not shaking the suspension prior to use

Valved holding chambers confer distinct advantages to the first three challenges. VHCs allow users to approach inhalation of aerosol medication as a two-step process:

- 1- Actuation into to chamber
- 2- Inhalation from the VHC mouthpiece.

VHCs have been proven to improve pMDI medication delivery to the lungs, reduce oropharyngeal deposition, and help users overcome challenges in coordinating pMDI actuation with inhalation.

Moreover, newer VHCs with multiple advances (antistatic chamber, inhalation indicators and unidirectional valves) have been reported to improve asthma control, reduce the rate of exacerbations, and improve quality of life. (DosiVent case)

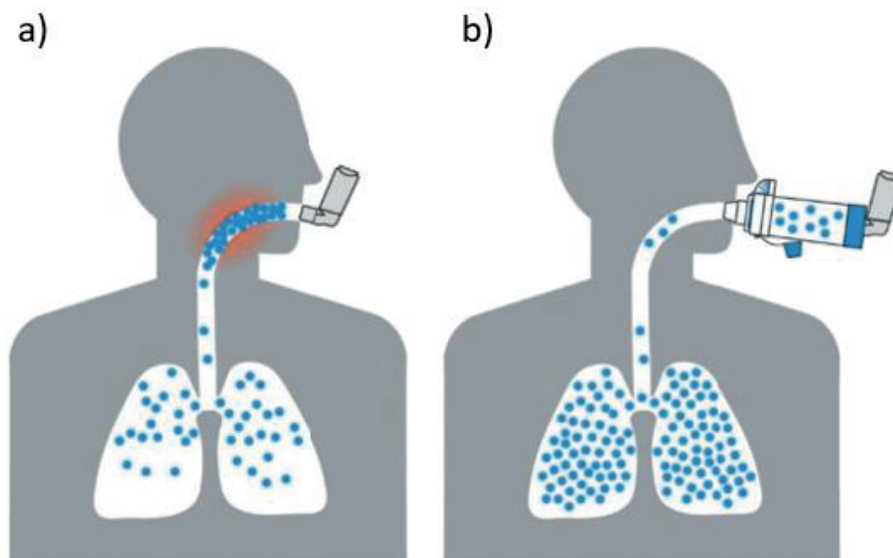


Image 1. Inhaled aerosol therapy. a) Directly with pMDI. b) pMDI in conjunction with VHC.