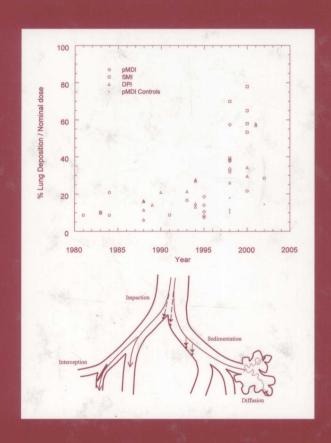
## Pharmaceutical Inhalation Aerosol Technology

Second Edition, Revised and Expanded



edited by Anthony J. Hickey

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Anthony J. Hickey

University of North Carolina

Chapel Hill, North Carolina, U.S.A.



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#### **Foreword**

It is hard to believe that in ten short years since the publication of *Pharmaceutical Inhalation Aerosol Technology* the number of chapters would be increased two-thirds in order to bring the second edition up to date. But it is true! For one who had the privilege of experiencing the heady days, nearly a half century ago, during the development of early metered-dose inhalers (MDIs), the accelerated pace of development in inhalation technology during the past decade has been truly astonishing.

In the early days, we didn't have the foggiest idea of how much of the drug discharged from our MDIs actually deposited in the lung: we only knew that those patients were getting relief for their asthma. Today, using recently developed mathematical models that are based on lung morphology and aerosol physics, we can estimate with reasonable certainty the amount of drug delivered from an inhaler that is expected to be deposited in the lung. New methods of imaging appropriately labeled drug discharged from inhalers provide exquisite pictures of the distribution and accurate estimate of the quantity of drug deposited in the lung. Greater understanding of the cell biology of the lung and of the pharmacodynamics and pharmacokinetics of drug in the lung helps us understand what happens, and the rate at which it happens, to drug deposited there.

Methods of aerosol generation—ultrasound, electrohydrodynamics, hydrostatic pressure extrusion of liquid through small orifices—that, just ten years ago, might have been considered laboratory curiosities or perhaps only implemented as laboratory prototype generators, are now in late-stage development as handheld inhalers. In addition, precision dry-powder inhalers are in late-stage development. Chlorofluorocarbon (CFC)-free MDIs, often more

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efficient than their CFC counterparts, are on the market. The dream of delivering insulin by inhalation to eliminate injection in the treatment of diabetes is coming to fruition. Inhaled insulin, delivered by precision dry-powder inhalers and from metered aqueous—aerosol inhalers, is in late-stage clinical trials with very encouraging results. Ten years ago, gene implantation from inhaled aerosol was only beginning to be talked about. Today it is being explored in clinical trials as treatment for cystic fibrosis. Proteins and peptides comprise a growing number of drugs coming from the biotech industry that are now being developed as aerosol dosage forms.

Keeping pace with this technological development, the science and understanding of formulation factors that govern aerosol generation, of factors governing pulmonary deposition, and of the chemical and biological fate of drug deposited in the respiratory tract are burgeoning. For one experienced in the development of pharmaceutical aerosols, this second addition of *Pharmaceutical Inhalation Aerosol Technology* provides, in a compact way, a useful overview of new developments in the technology. This volume will be particularly useful for the many people entering this increasingly exciting field—pharmaceutical scientists, engineers, and clinicians. It will provide them with a jump start to bring them up to speed in this rapidly expanding field.

Charles G. Thiel
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#### Foreword to the First Edition

The metered-dose aerosol inhaler is not only a most convenient system for the delivery of therapeutically active drugs but it has proven to be a life-saving device for many asthmatics. This system has made it possible for millions of asthma sufferers to lead normal lives. The convenience of self-administering a dose of drug accurately and quickly has made the metered-dose aerosol the dosage form of choice for the delivery of drugs to the respiratory system. From epinephrine to albuterol, from triamcinolone to flunisolide, from proteins and peptides to hormones, this dosage form has proven its value.

This volume covers the subject of inhalation technology from start to finish and is a welcome addition to the literature in this area. The reader can quickly become aware of the many ramifications of aerosol inhalation therapy along with the underlying principles for the deposition of particles in the lungs.

Ever since the introduction of the first metered-dose inhaler in the early 1950s, this dosage form has been readily prescribed by the physician and readily accepted by the patient. This text extends our knowledge in this rapidly growing field and will enable the pharmaceutical scientist to develop existing and new drugs in a suitable aerosol system.

John J. Sciarra Arnold and Marie Schwartz College of Pharmacy Long Island University Brooklyn, New York, U.S.A.

#### Preface

When the first edition of *Pharmaceutical Inhalation Aerosol Technology* was published there was a clear need for a concise review of the state-of-the-art technology for those entering the field. During the previous 25 years this had been a relatively dormant field for innovation outside of large corporations, which clearly dominated the market for these products. As the 1990s began, it was clear that interest in the potential of aerosols for the treatment of both local and systemic diseases was increasing. This seemed an ideal time to produce a specialized book in this field. By the end of the 1990s it would not be an overstatement to say that a revolution had occurred. Many new and some existing companies began to focus on aerosols. Hundreds of new openings for personnel were created, and the literature flourished with new and ever more interesting discoveries regarding the administration of drugs as aerosols to the lungs.

In this current climate of discovery and increased commercial activity the time is right for this second edition. In this volume I have tried to incorporate all of the old, yet still relevant topics, and I have included new sections that cover material that was either in the early days of evaluation or unheard of in 1992.

In Part One, chapters have been included covering cell biology and pharmacokinetics. Historically, the pharmacokinetics of locally acting drugs administered in low doses was thought to be an irrelevancy. With the burgeoning interest in the systemic action of drugs intended either for local activity, such as corticosteriods, or for remote activity, such as insulin—the pharmacokinetics of disposition is now key in the development of aerosol products. Needless to say, with this interest in the disposition of drugs from the lungs, the mechanisms of

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transport must be elucidated and the tools of cell biology will be necessary to achieve this goal.

Part Two remains largely the same as in the first edition. The fundamentals of aerosol science have changed little in the last decade. However, the original focus was on the pressure-packaged metered-dose inhaler. Environmental concerns over ozone depletion and global warming and the need for alternative formulation strategies for biological molecules have driven the development of new dry-powder inhalers and handheld aqueous aerosol inhalers. These were discussed briefly in the first edition and are now given separate sections.

Part Three is the most extensively modified in the second edition. In the early 1990s asthma was the only disease that was being treated systematically with aerosols. Throughout the decade the concept of treating diabetes with insulin aerosols, cystic fibrosis by gene transfection, and infectious diseases with antimicrobials gained ground. Many of these approaches have yet to be commercial or therapeutic success stories, but by the time this book is in print they may be available to the clinician. Consequently, sections on these topics have been added.

It is worth reiterating a sentiment from the first edition. The literature is replete with publications advancing the frontiers of knowledge. This text is intended to be an overview of the state of the art of the technology. I leave it to others to edit prospective, scientifically detailed books. To remind the readers how far we have come, and how quickly, a concluding chapter is included that reviews the past decade and speculates on the future.

On a personal note, it was most gratifying to see how well the original volume was received. To those of you who read the book, some of whom have thanked me for collating the materials, I owe you a debt of gratitude for applying this knowledge and making it worthwhile. I hope you find this new edition as useful and informative.

Anthony J. Hickey

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