Hospitals and surgeries normally purchase directl from Vitalograph and we sell many meters of the No NHS type to such clinics for multiple subject use. Ou standard Peak Flow Meter (Cat Nr 43201) would b an example. But the use of disposable mouthpieces with an integral one-way valve, is essential.

The SafeTway mouthpiece protects against cross contamination between patients due to its uniqu patented valve which stops inhalation from the Pea Flow Meter. Due to the low cost compared t Bacterial Viral Filters and their simple yet effectiv patented design, the SafeTway mouthpieces ar increasingly popular in Clinics. They also have special coating certified to 90/128/EEC to prevent li bleeding and an inner lining to guard agains cardboard dust inhalation. ■

Vitalograph donates £1 to Lung Research for ever SafeTway mouthpiece box sold

Peak flow meter manufacturers comment - single patient use Ferraris Medical Limite

Graham Pec

Intended us

The now common, low cost, plastic, peak-flo indicators, available by prescription, intended fo personal use in asthma management programmes, ar single patient use devices. 'Single patient' means tha only one subject, due to the risks of cros contamination, should use the device. Single us devices are available for the masses, in low cost form but by design will often have some of the followin properties

- No inbuilt cross-contamination counter-measures
- Poor resilience to disinfection
- Limited service life
- Lowest absolute accuracy amongst peak-flow measurement devices

For these reasons, any question of use of such device in multi patient applications must be dispelled

The provision of such a device to the 'single patient' i consistent with these properties. The issue of self contamination is mute, the service life is consisten with the duration of use, and the relativ measurements soon become more important than th absolutes, (regardless of Wright or differences)

Where multi-patient use is necessary for a peak-flo device, a suitable multi-patient device should b chosen, the chief differences being the improve disinfection properties of this type of device, longe service life and better durability of measuremen accuracy

What contamination

When a sick person visits the doctors office wit symptoms that require peak-flow measurement, i there a chance the person has a respiratory infection

If this person blows with all their might into a peak flow device, will any aerosol be deposited in an about the peak-flow device

If another person uses the device with no intermediat disinfection, could that person contract a cros infection

It would seem unlikely that the answers to all th above questions are negative in all cases, but we nee to cater for all cases

Mitigating circumstance

Some devices are specified to have non-return valves and with disposable cardboard mouthpieces, the might seem safe

Some devices may be specified as being usable with microbial filter

There is a wealth of anecdotal evidence amongs experienced workers in the field of respirator measurement that cross contamination is a non issue none of them ever having cultivated a significant bu from a breath hose or the innards of a spirometer bell

Responsibilit

For a few years now the European directives, t which manufacturers are increasingly bound, hav unambiguously stated that where a device is able t be disinfected between multi-patient uses, th instructions should be supplied by the manufacturer and invariably a validation on such instruction will b required. (The American FDA deals particularl strictly on this issue

As responsible manufacturers, we have to put patien safety first, and be sure every application of ou devices is beyond question

Cos

Being manufactured for prescription, the low cost plastic peak-flow devices are easily obtained for nex to nothing. A proper multi-patient device, on the othe hand, may cost several hundred pounds. However, th significance of intended purpose must not b overlooked, and the top-drawer, plastic device wit cardboard attachments should be seen as somethin between at best a cheap solution, and at worst a unacceptable risk

Trend

The use of disposables on a disposable device i something of a paradox, but in the extreme, the cos of the throw away part is all-important

Some manufacturers appear to be addressing this b the use of filters, plain mouthpieces or valve mouthpieces.

The absence of reported cross infection is surely no enough to substantiate this practice, and cost may b compromising good practice.

Graham Peck
Head of Produc Development

Correspondence to
Graham Pec
Ferraris Medical Lt
4 Harforde Cour
John Tate Roa
Hertford SG13 7N
Tel: +44 (0)1992 526300
Fax: +44 (0)1992 52632

info@ferrarismedical.co

http://www.ferrarismedica no

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If the demand for multi-patient-use ever justifies itsel by this argument, then there will still need to b validation of the use of such intermediat components, both for disinfection effectiveness an characteristics imposed on the measurement accuracy

Valved mouthpieces and filters add some resistance t the flow, and being a peak-flow measurement, thi cannot be ignored. The error could be a significan portion of the difference between predicted an measured values

Alternative
It is clear that either a single patient use device shoul be supplied to the patient for continued use, or disinfectable device should be used with the correc disinfection procedure employed between uses

Since the value of absolute peak flow measurement alone, on a one-off basis, is questionable, perhaps th spirometry option would be a better choice, wher multi-patient-use devices are the norm, an disinfection is intended and documented

Spirometry can address the issues of small airway disorders more accurately than the peak-flow device thus even for a first line diagnosis, peak-flow i possibly inadequate

The disposable peak-flow devices would thus be lef exclusively for comparative performances as part of management protocol by the single patient. ■

Late Entry Abstract

The following abstracts were presented at the World International Primary Care Respiratory Group Conference (IPCRG on 7th-9th June 2002 in Amsterdam. Unfortunately, they were not able to be published in our June edition of *Primar Care Respiratory Journal*

ABI061: Generic Prescribing of Breath Actuated and Dry Powder Inhalers in the UK *Prim Care Respir* 2002 11(3)5
Buchanan [1], Pinnock [2], Barnes [3], Hawksworth [4], Weller [5], Lynes [6]
[1]4D Communications, Oxford UK, [2]Whitstable Health Centre, UK, [3]National Asthma Campaign, UK, [4]Old Bank Chemist, UK, [5]Nationa Respiratory Training Centre, UK, [6]Respiratory Education Resource Centre, UK

Introduction: Generic prescribing is officially encouraged in the UK [1]. Concerns have been raised that there is a potential for patients to b dispensed an unfamiliar device in which they have received no training [2], risking poor technique, inadequate dosing and loss of asthm control
Method: An independent market research agency has been commissioned to conduct telephone-based interviews with a random sample o 100 general practitioners, 100 practice asthma nurses and 100 pharmacists to determine their attitudes to generic prescribing and thei experience of potential problems
Pilot study result: Pilot results from 30 GPs, 30 nurses and 30 pharmacists indicate that 69% of GP and nurse respondents prescribe breat actuated and dry powder inhalers generically. 56% of GPs stated they felt under pressure to prescribe generically, although 87% wer concerned that this may lead to problems for the patient. 46% of respondents were aware of actual incidents in which patients have receive an unfamiliar inhaler. Examples of problems experienced included patient confusion, ineffective inhaler technique risking loss of asthm control, and having to re-issue prescriptions for patients in order to ensure they received the intended inhaler
Results: The results of the full study will be presented. Interviews with GPs and nurses will provide information about attitudes to policie for generic prescribing, awareness of the consequences of generic prescribing of inhalers and specific examples of problems which hav arisen. Interviews with community pharmacists will provide data about dispensing policies and their perception of any problems presented b generic prescribing
Conclusion: There are concerns that generic prescribing may compromise patient care if unfamiliar inhalers are dispensed. This study wil provide an insight into the experience of healthcare professionals and provide data about actual problems that have arisen
Funding: The research project is supported by an unrestricted educational grant from Chiesi, Ivax and Celltech
Keywords: asthma, generic prescribing, inhalers, dispensing policies, patient care, poor inhaler technique, inadequate dosing
1 Guidance on prescribing. British National Formulary September 2001; p
2 Anon. Asthma nurse reports on problems with generic beclomethasone. *Pharma* 2000 **36** 222

The occurence and healthcare cost of acute exacerbations in patients with chronic obstructive pulmonary disease (COPD) manage in Dutch general practice *Prim Care Respir* 2002 **11(3)** 95-96
Tjard Scherme [1], Christian Sari [1], Niels Chavanne [2], Onno van Schayc [2], Chris van Wee [1]
[1] Department of General Practice/Family Medicine, University Medical Centre St Radboud, Nijmegen, The Netherlands. [2] Department o General Practice/Family Medicine, University of Maastricht, Maastricht, The Netherland

Objective: To examine the occurrence rate and health care cost of acute exacerbations in patients with chronic obstructive pulmonary diseas (COPD) in Dutch general practice
Methods: Data are from the COPD on Primary Care Treatment (COOPT) study, a randomised controlled trial investigating the effectivenes of fluticasone and N-acetylcysteine in COPD. For the 2-year period preceding trial inclusion, details on the occurrence and management o acute exacerbations were collected for each trial participant by retrospective general practice chart review. Patients were divided int