

Salt inhalation in pulmonary diseases, especially for Cystic Fibrosis (CF)

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Content

- Physiology
- Salt inhalation – Indications
- Salt inhalation – how?
- Pulmonary diseases

Asthma

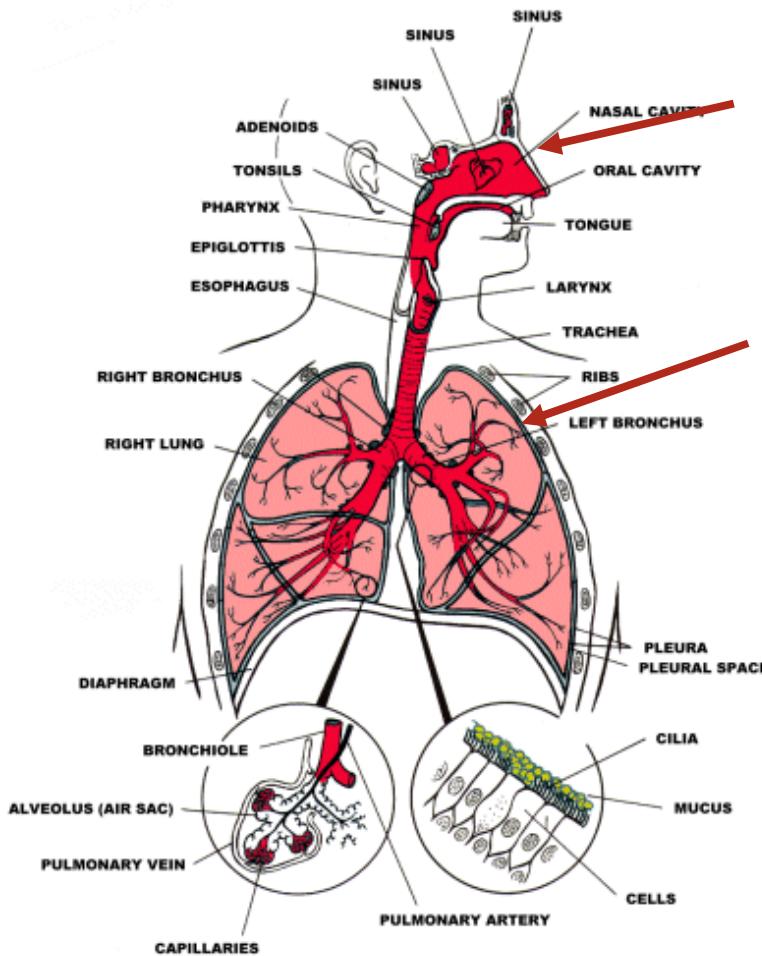
COPD

Cystic Fibrosis

- Saline inhalation
- Dry salt aerosol inhalation

Protection mechanisms of the respiratory tract

THE RESPIRATORY SYSTEM



Filtering of inhaled air through the nose

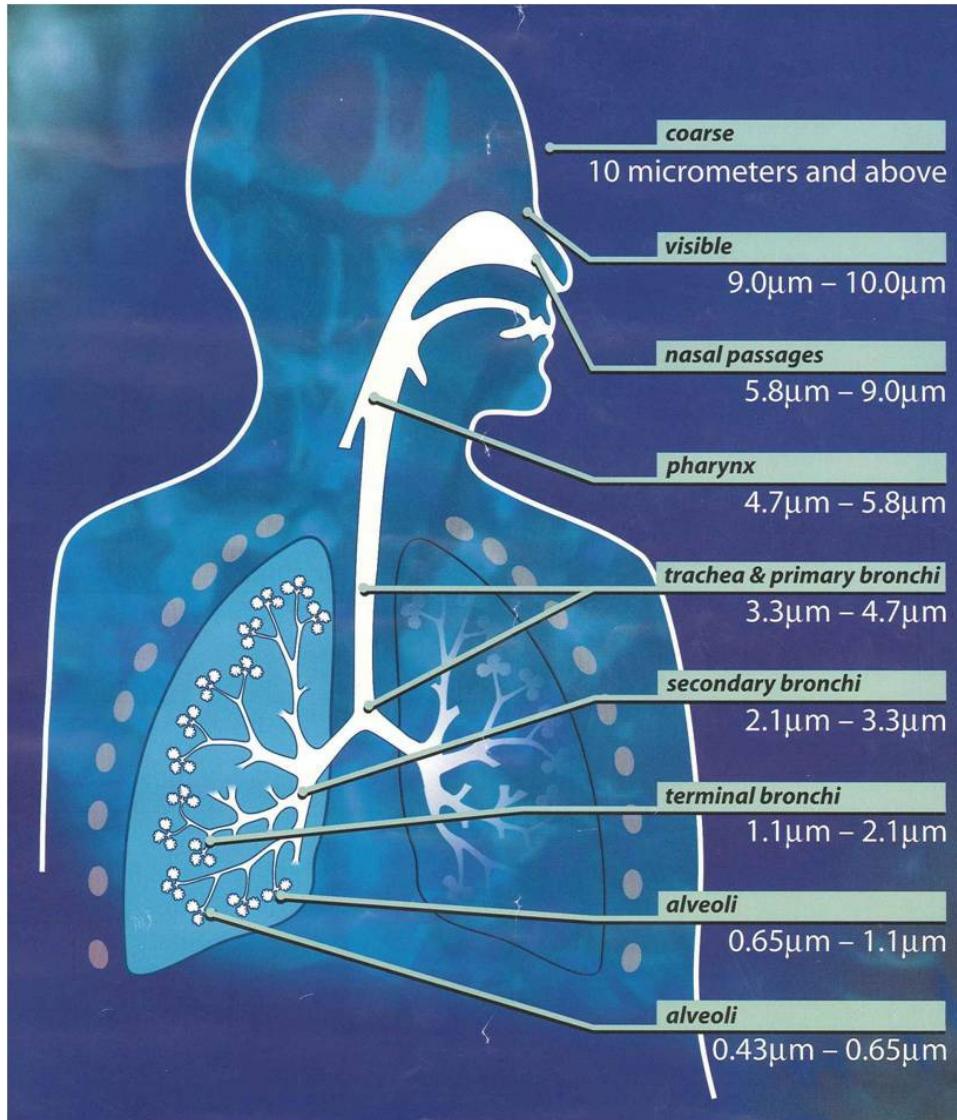
Mobilisation and expectoration of mucus

- mucociliary clearance
- ciliary flow

(cough, harrumph)



Therapeutical particle sizes



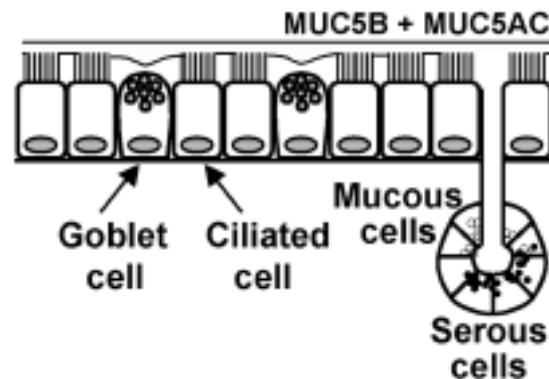
Solutions, nasal drainage

Saline inhalers,
aerosol spray

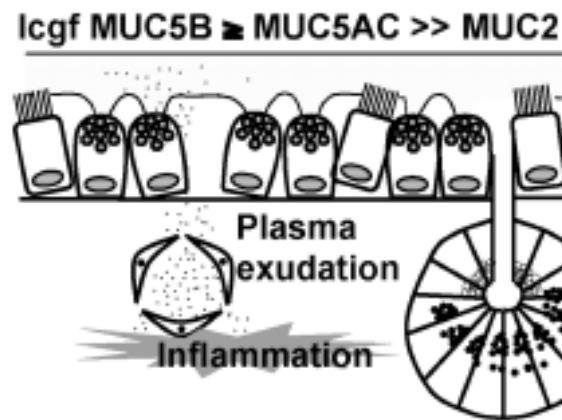
Aerosol spray,
dry salt aerosol

Pulmonary diseases

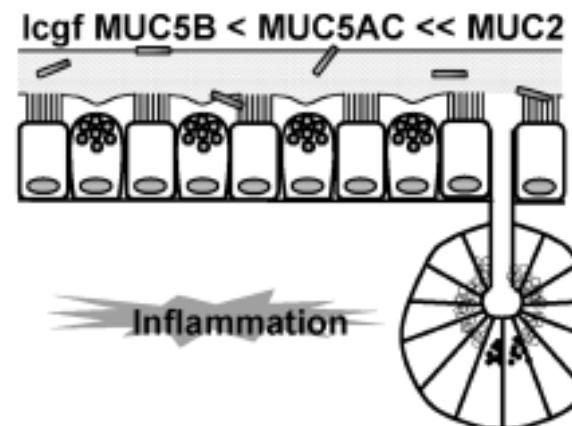
Normal



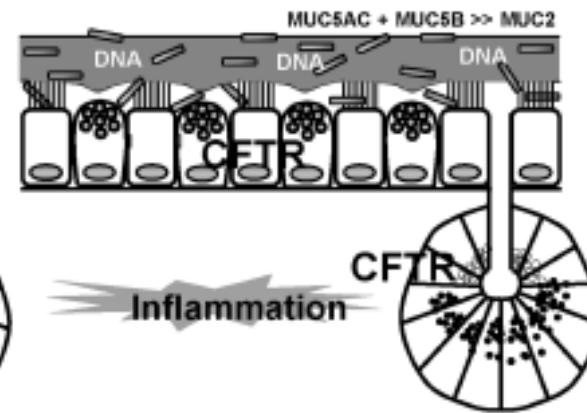
Asthma



COPD

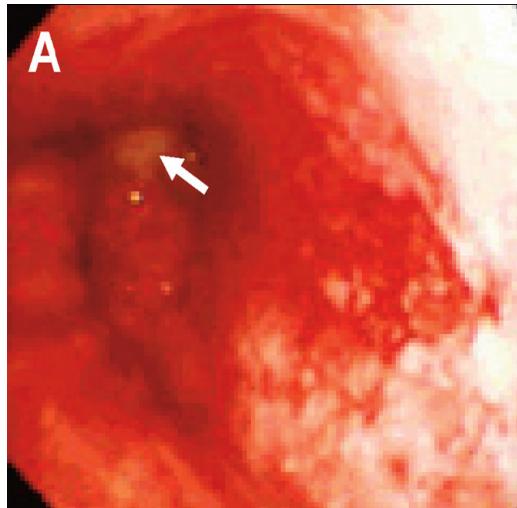


CF

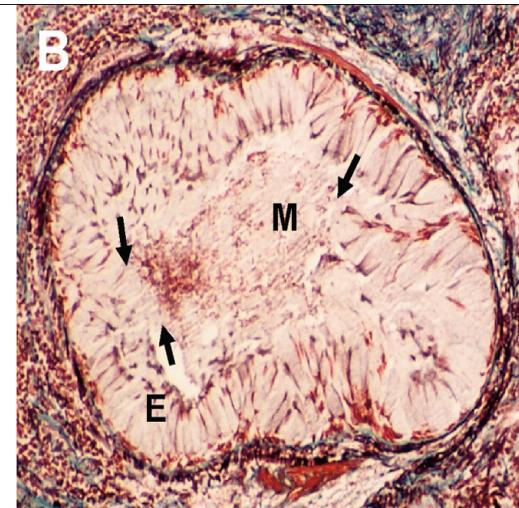


Pulmonary diseases

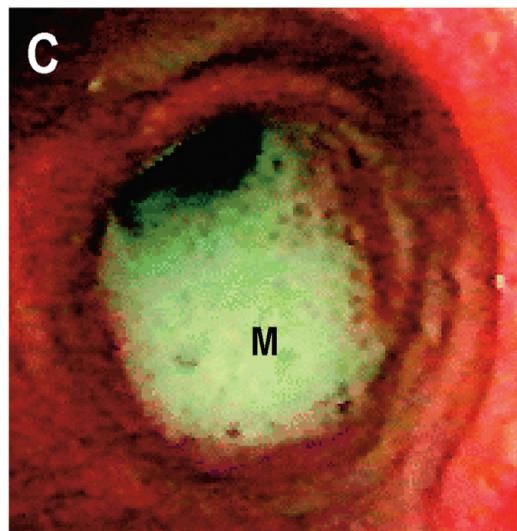
Asthma



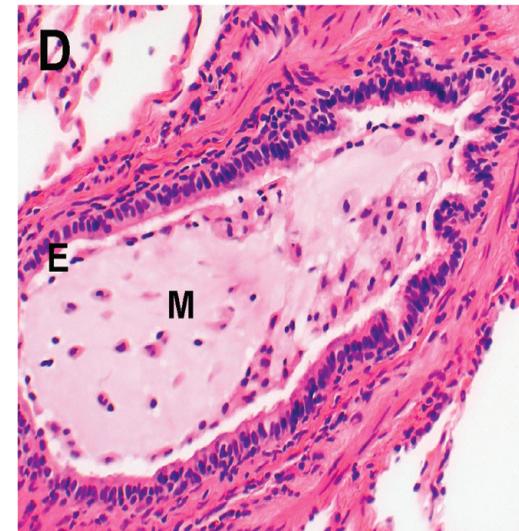
Asthma



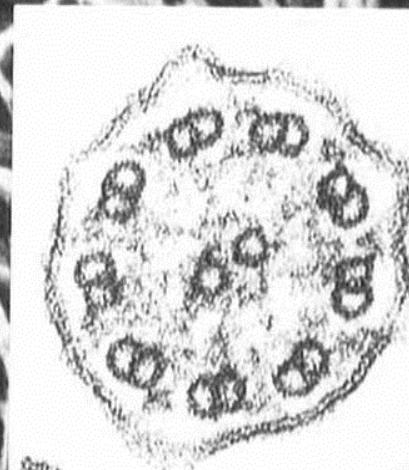
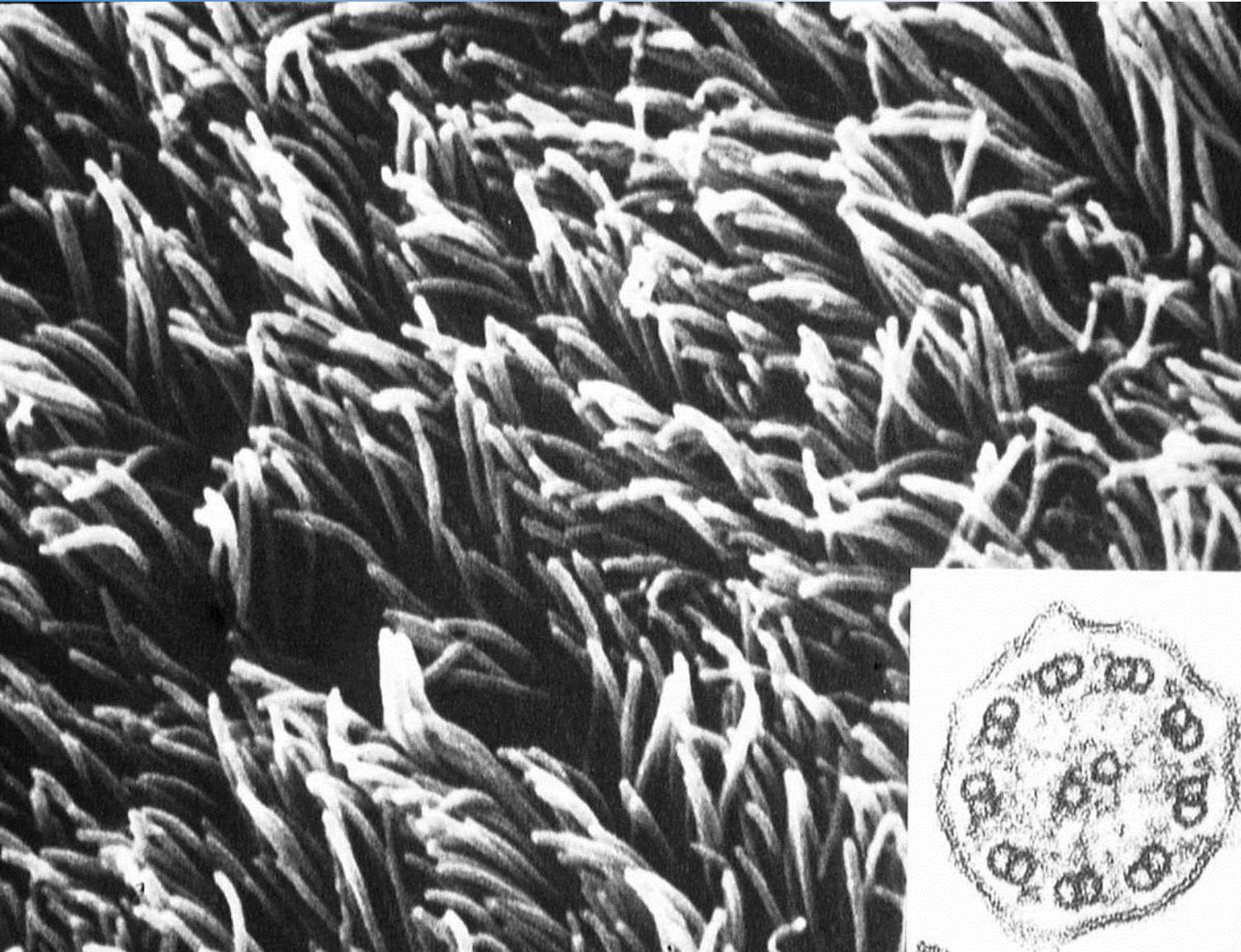
COPD



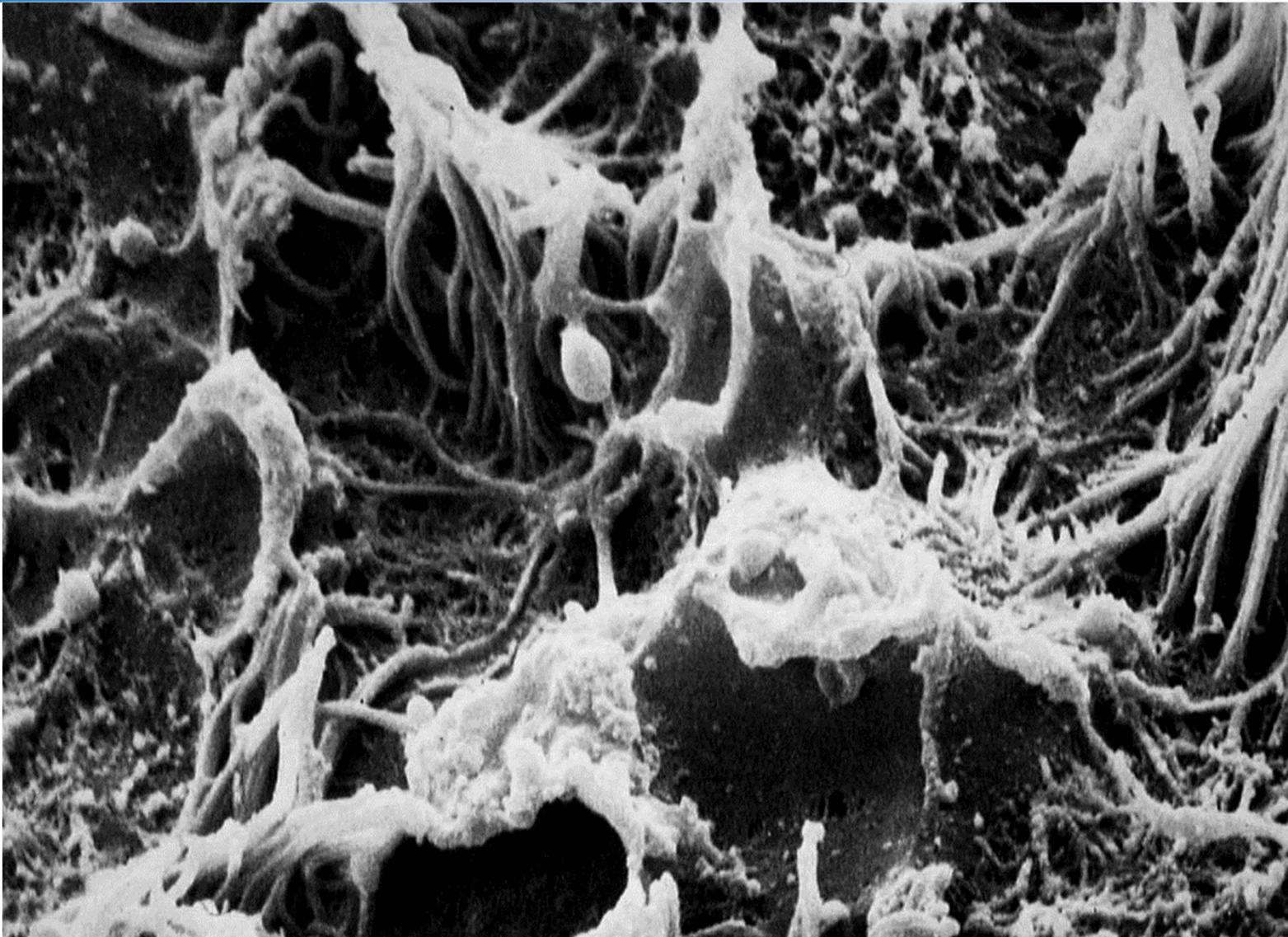
CF



Ciliary epithelia - normal



Bacteria - Pseudomonas

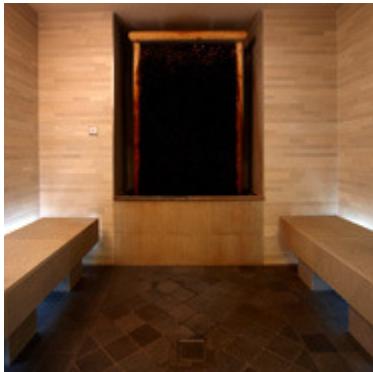


Available therapies

- Physiotherapy
- Sports
- Autogenous drainage
- Medical drugs
 - anti-obstructive – bronchial dilatation
 - anti-inflammatory – e.g. inhalative antibiotics
- **secretolysis**

Saline versus dry salt aerosol

Saline evaporation



- Saline is immediately recognised
- Cleansing activity at skin significantly
- Secretolysis beneficial
- Saline medically indicated:
 - short term obstruction, similar to asthma attack
 - only under medical observation !
 - cross infections possible

Dry salt micronisation



- Dry salt difficult to notice
- Secretolysis beneficial
- Dry salt causes:
 - no bronchial obstruction !
 - instant secretolysis !
 - no need for medical observation !
 - no cross infections !

Saline versus dry salt aerosol

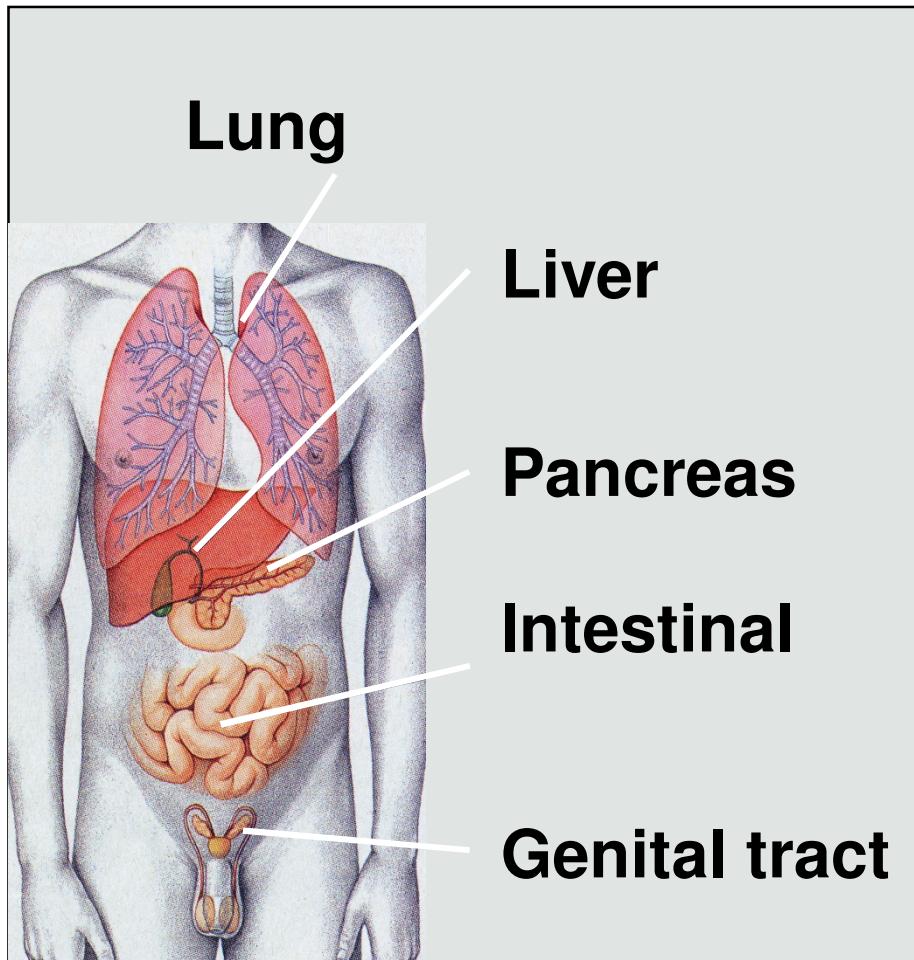
salt caves



Pulmonary diseases

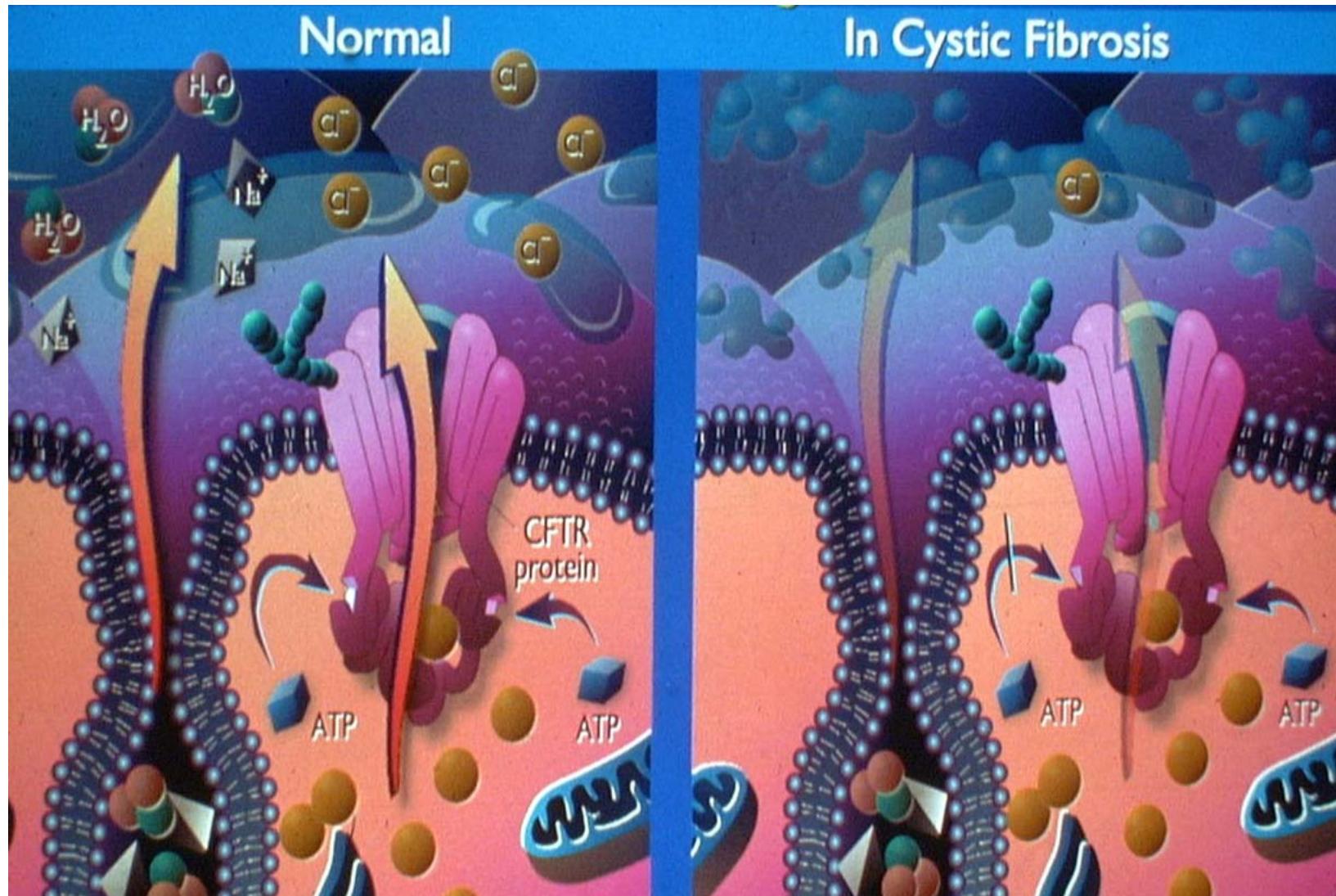
- Viral infections (Influenza-, RS-, Adenoviruses)
 - sinusitis, laryngitis and otitis media
- Cystic fibrosis, Asthma as well as acute and chronic bronchitis
- Pollen-, housemite allergies

Cystic fibrosis

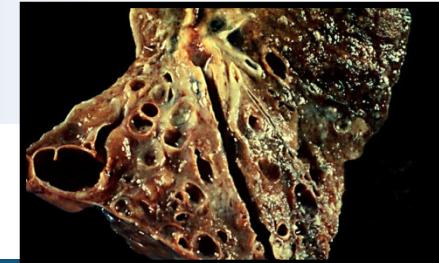


- 100.000 patients world wide
- Gene defect 1989, *CFTR*
- No gene therapy available
- Life expectancy
 - 1980: 18 y
 - 2010: 40 y
- Bacterial lung infections determines the illness

CFTR defect



CFTR defect

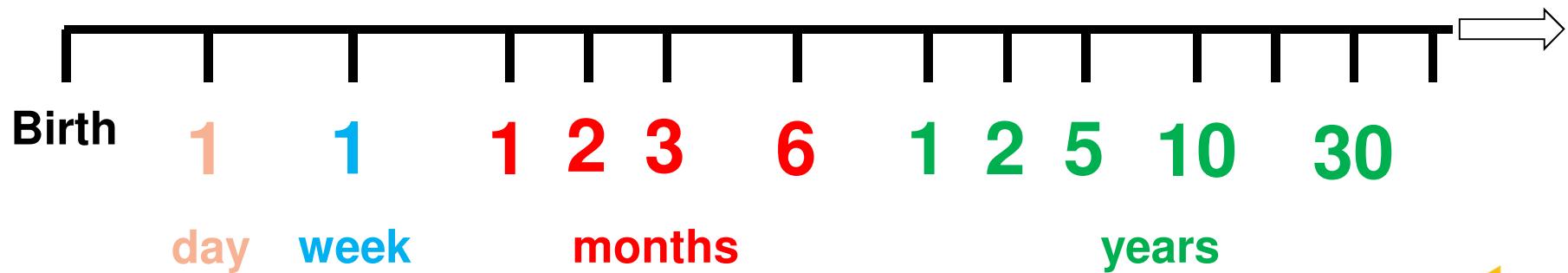


Lung disease

Liver and Gall bladder

Pancreas insufficiency

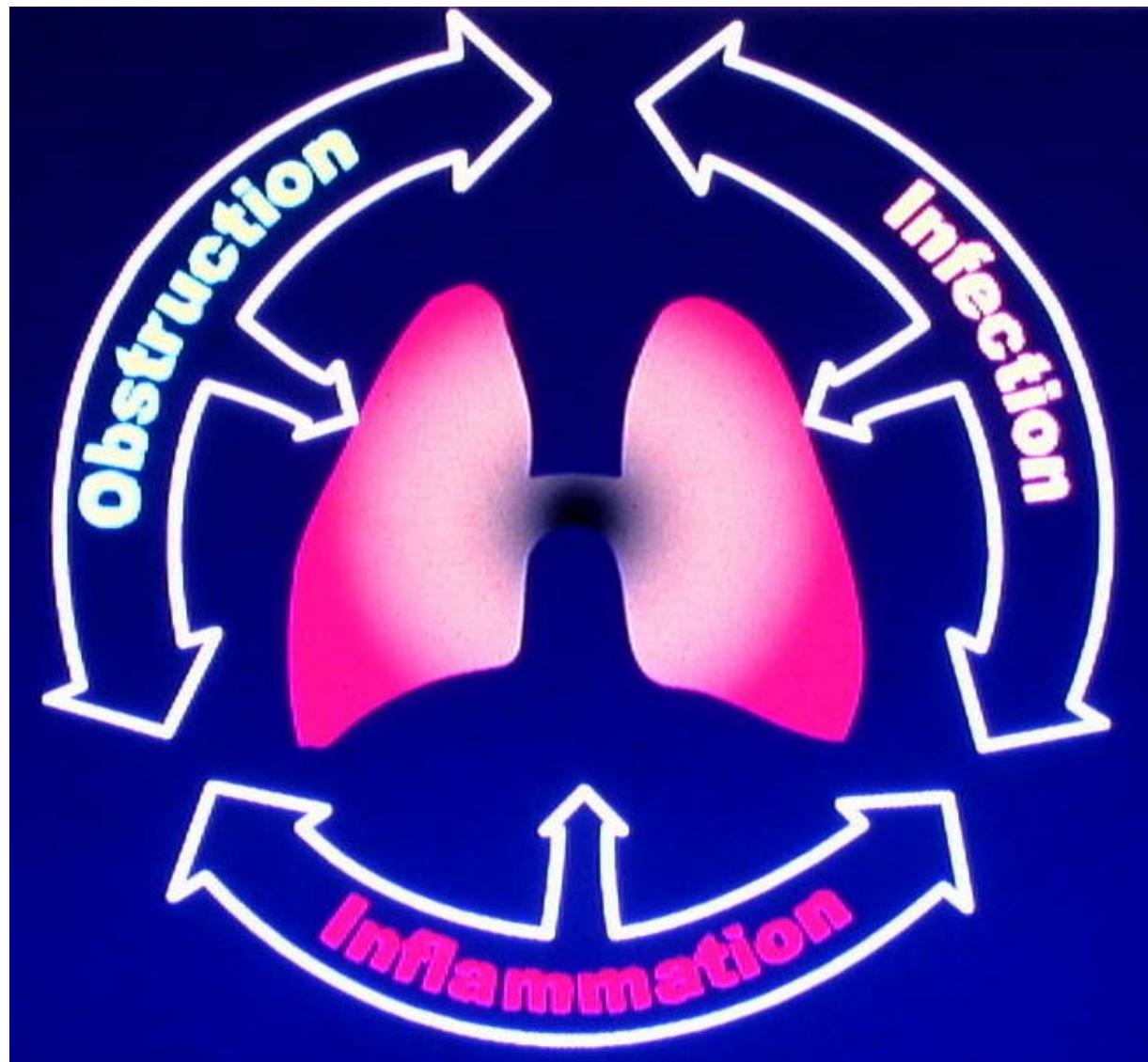
Meconium ileus



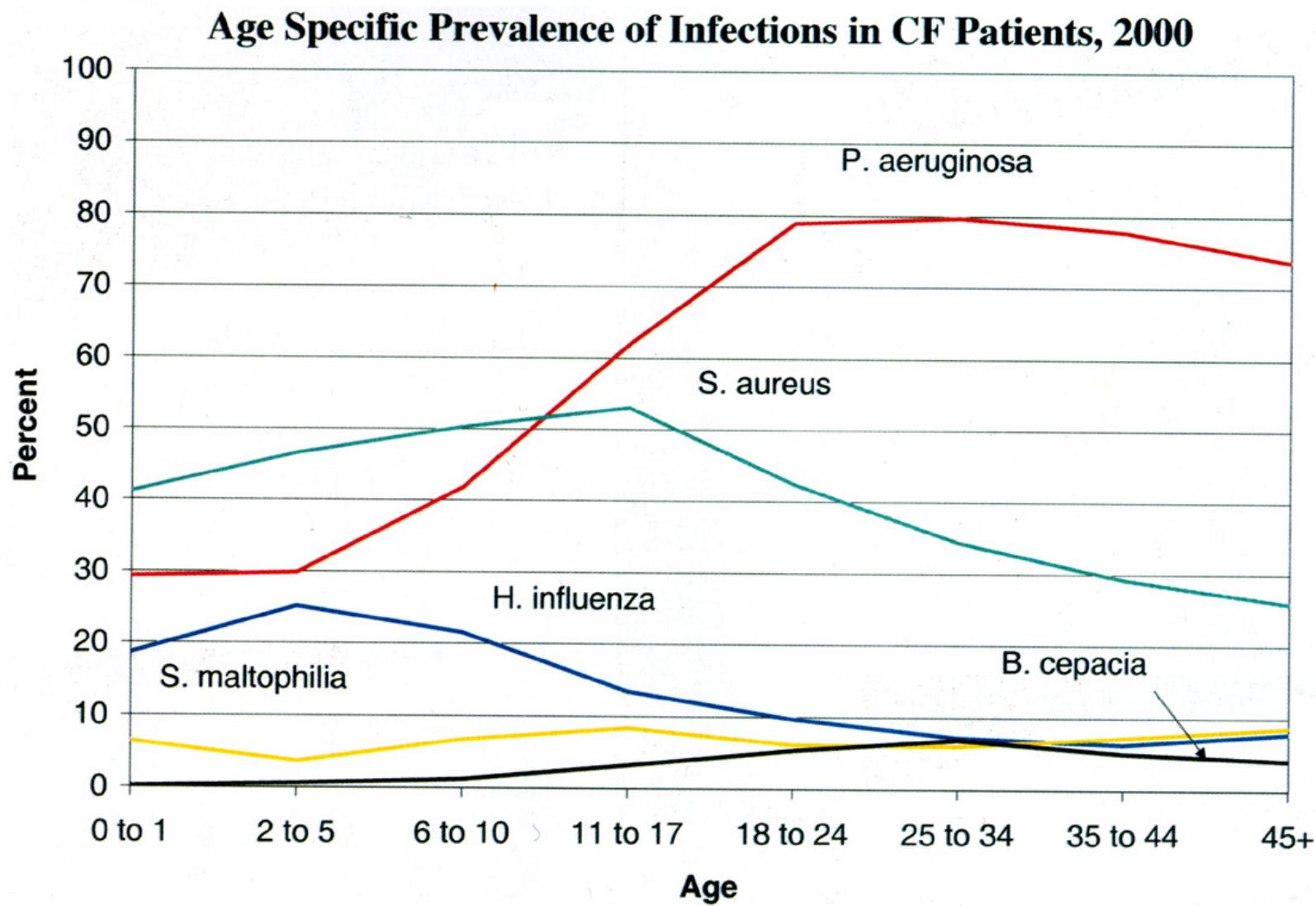
Airway manifestation

- Chronic Sinusitis, nasal polyposis
 - **Chronic bronchitis, pneumonia**
 - Allergic Aspergillosis (ABPA)
 - **Ventilation disorders: atelectases, trapped air**
 - Oxygen shortage, drumstick fingers
- ➡ global pulmonary insufficiency, pneumothorax, hemorrhage
- ➡ right heart insufficiency, edema

Circulus vitiosus



Pulmonary infections



Pulmonary - secretolysis

Established:

- **rhDNase (Pulmozyme):** Splitting DNA ➤ fluidized sputum

disadvantages:

- expensive
- saline inhalation
- inhalation device/ immobility
- effective only at high inflammation/ WBC

- **Mannitol (Bronchitol):** high molecular, non absorbable sugar alcohol, dry inhalation via capsules

advantages:

- rapid
- less bronchial obstruction
- improved mobility
- very effective

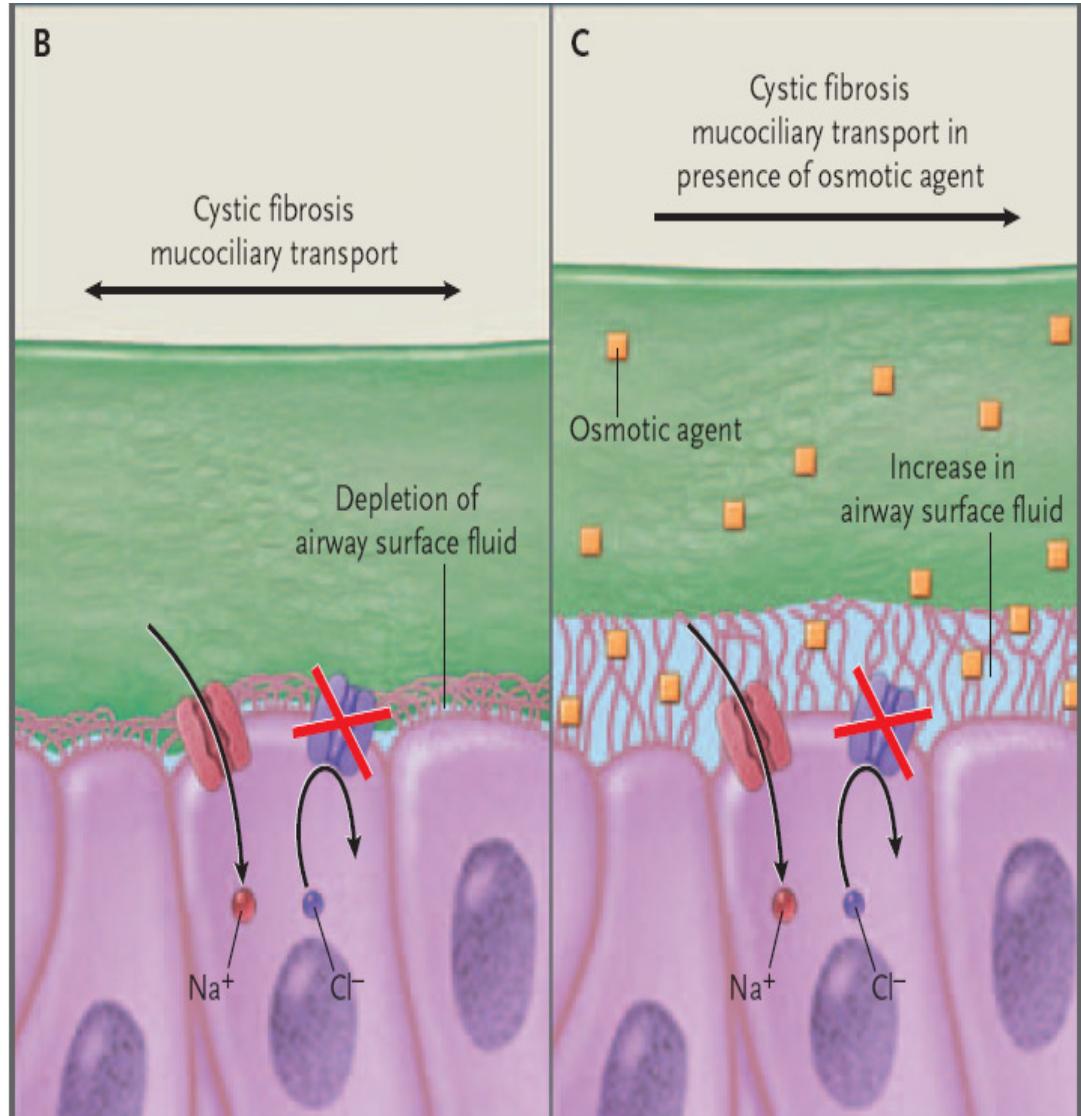
Secretolysis

Hypertonic saline: 3% vs 6% vs 7%

- minimizes viscosity
- increases surface fluid
- improves mucoclearance
- increases lung function in CF

Disadvantages:

- spasmolysis necessary
- coughing
- bronchial obstruction
- saline inhalation
- decreased mobility
- requires inhalation device



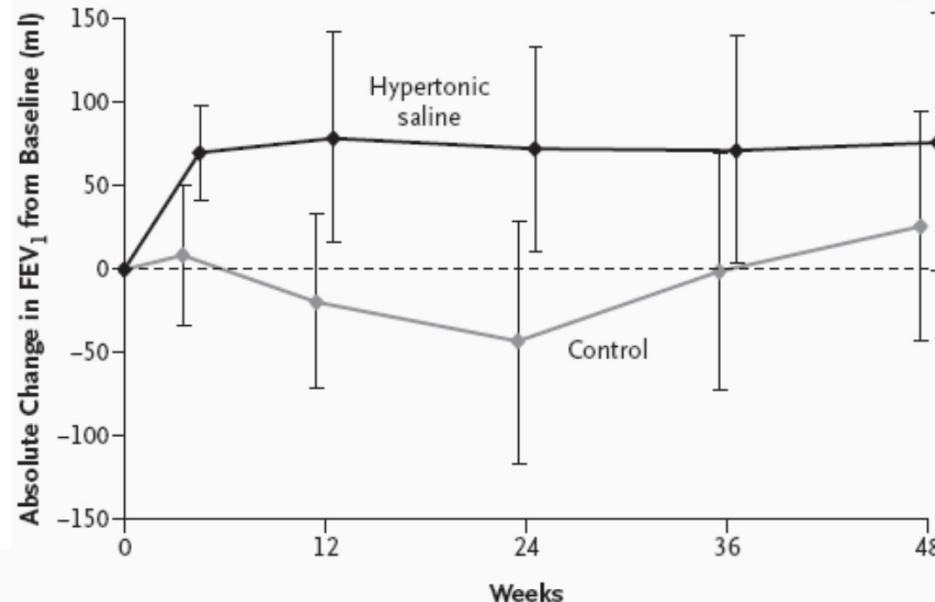
Secretolysis – hypertonic saline

FEV1	NaCl 0,9%	NaCl 7%
Cardinale, 2003: (n=25/25)	=	=
Elkins, 2006: (n=78/75)	-0,91%	4,41 %

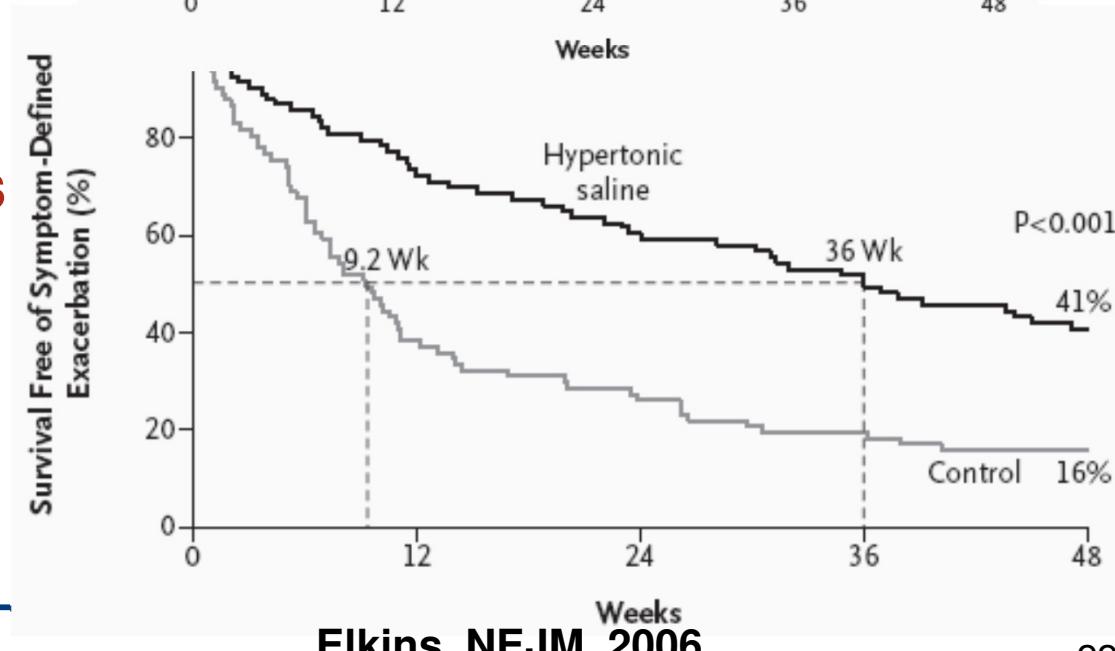
Wark, McDonald. Hypertonic saline for cystic fibrosis. Cochrane Review, 2010

Secretolysis – hypertonic saline

FEV1



Exacerbations



Secretolysis – dry salt aerosol

Asthma – COPD – Bronchiectases – CF (n= 127)

Change of flow-volume loop parameters at various terms of halotherapy (Mean \pm SE)

Parameter, % baseline	Treatment		
	7 days	14 days	End of course
Number of cas	115	98	124
VC	0 \pm 0,9	2 \pm 1,3	2 \pm 0,9*
FVC	2 \pm 0,9*	3 \pm 1,3*	2 \pm 1,0*
FEV ₁	3 \pm 1,2*	3 \pm 1,6	2 \pm 1,3
PEF	4 \pm 1,4*	3 \pm 1,9	3 \pm 1,2*
FEF ₅₀	7 \pm 1,5*	7 \pm 2,9*	2 \pm 2,0

* significant ($p < 0.05$, here and further) changes vs initial values (paired t-test)

Secretolysis - dry salt aerosol

Dry salt aerosol - Inhalation, pilot study I 2009/2010:

- n = 6 adult CF patients
- objectives: Secretolysis ↑ ?,
FEV1 ↑ ?,
Obstruction ?,
Sympathomimetics ?



	Sputum amount [g]	Leukocytes [/ μ l]	log Pseudom.	FVC [%]	FEV1 [%]	MMEF [%]
mean	+ 7,1	+ 38,5	+ 0,31	+ 6,4	+ 3,8	+ 6,6
SD	$\pm 4,4$	$\pm 77,9$	$\pm 0,52$	$\pm 11,5$	$\pm 2,5$	$\pm 6,1$
T-test	0,008	0,049	0,017	0,19	0,019	0,05

Secretolysis - dry salt aerosol

Planned phase II trial:

Studiencode	CF-TroSa II		
Protokolltitel	Die Therapie von Mukoviszidose-Patienten mit Trockensalz-Inhalation über einen Zeitraum von 5 Tagen		
Studiendesign	Klinische Studie der Phase II, randomisiert, einfach verblindete Kohortenstudie		
Stichprobenumfang	n = 2 x 10 jugendliche und erwachsene Patienten ohne Geschlechtsdiskriminierung		
Studiendauer	Geplanter Studienbeginn: Geplante Dauer der Studie: Studiendauer / Patient:	04/2013 12 Monate 1 Woche	
Hypothese	Die Anwendung von zwei unterschiedlichen Trockensalz-Inhalationen, 2mg/m³ und 20mg/m³, hat einen signifikanten Effekt auf die Sekretolyse und die Lungenfunktion.		

Secretolysis - dry salt aerosol

planned: dry salt aerosol inhalation

in Asthma ?

in COPD ?

- curative use in respiratory diseases
- preventive use in respiratory cleansing and allergic and asthmatic disorders

Summary

	Hypertonic saline	Dry salt aerosol
• Spasmolysis	√	- (!)
• Secretolysis	√	√
• Obstruction	++	- (!)
• Lung function	√	√
• Mobility	-	√
• Preventive use	-	√
• phase II and III studies in CF needed		
• in Asthma ?		
• in COPD first trial finished		
• in skin diseases ?		



Herzlichen Dank !

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