The True Cost of Aerosol Therapy

I thoroughly enjoyed the review article by Dr Rau on “The Inhalation of Drugs: Advantages and Problems,” in the March 2005 issue of RESPIRATORY CARE.¹ I believe that Phil Kittredge would be honored by the quality of the article as a fine example of writing, which was so important to Phil.

I was intrigued by one of Dr Rau’s conclusions when discussing issues, problems, and challenges of aerosol therapy. He stated that, “manufacturers must strive to reduce all equipment costs where possible.” The point of the paragraph seems to be the importance of reducing the cost of the aerosol device. This emphasis is interesting in the context of the recent discussions in the political arena on the cost of medications.

Frequently, when I read articles about aerosol therapy, there seems to be an almost automatic tendency to link the words “nebulizer” and “expensive.” The intent of this letter is not to re-examine the issue of the cost of using a nebulizer, but to ask that we include all the aspects of cost when discussing aerosol therapy. I have been practicing respiratory home care for almost 30 years. Aerosol therapy is a basic component of the provision of home respiratory care. In recent months I have been receiving an increasing number of complaints regarding the cost of the newer metered-dose inhalers (MDIs) and dry powder inhalers (DPIs). When their cost is compared with the cost of an aerosol nebulizer and medications for the nebulizer—keeping in mind that the nebulizer and medications are reimbursable by Medicare at 80%, whereas MDIs/DPIs are not covered—an increasing number of patients are requesting a change to nebulizer, for financial reasons.

I would suggest that in our discussions of aerosol therapy we cease almost automatically assuming that nebulizers are more expensive for the patient, and compare costs and reimbursement for all types of aerosol devices. There may be many reasons why the newer types of MDIs and DPIs are preferable for our patients, but I would submit that cost to the patient of a nebulizer and medications is probably no longer a viable reason not to consider a nebulizer for home aerosol therapy.

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REFERENCES

The author responds:
I wish to thank Mr Good for his kind remarks concerning the paper resulting from the Phil Kittredge Memorial Lecture, published in the March issue of RESPIRATORY CARE.¹ I completely agree with the points he has made: we should not automatically equate nebulizers with more expensive aerosol delivery; if Medicare reimbursement is considered, nebulizers are actually more cost-effective currently than MDI or DPI for the patient; and cost of medications is at least as important and perhaps more so than cost of the aerosol device.

I would add several comments concerning these points in relation to the article, however. The emphasis in the article was on aerosol delivery devices rather than medications delivered as aerosols. The preceding 2 paragraphs in the section “Aerosol Therapy: Is...