

Comparison of a portable smart spirometer against 2 lab based desktop systems









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Introduction

- The COVID-19 pandemic has meant that the majority of routine PFT's that would require hospital visits have been cancelled.
- For some patient's with chronic respiratory disease, spirometry is fundamental in helping manage the disease.
- These patient's will also be in the "shielded" category therefore it is not desirable to bring them into a hospital.
- There are several smart device based portable devices on the market that allow spirometry to be performed out-with the lab and in the patient's house.
- the Spirobank[®] smart spirometer manufactured by MIR can be connected to a smart device and used with a disposable flow turbine. It measures FEV₁, FVC, FEF₂₅₋₇₅ and PEF.

Aims

- To validate the Spirobank[®] smart spirometer against our current equipment that we use to routinely test our patient's with cystic fibrosis.
- We currently use the NDD Easy on-PC during routine clinic and inpatient visits and the Jaeger Masterscreen PFT (Vyaire) during annual review visits.
- Compare biological quality control results in 5 physiologists using the Spirobank[®] smart spirometer with the disposable turbine against the NDD Easy on-PC and the Jaeger Masterscreen to ensure no clinically significant differences between the devices.

Methods

- Biological quality control was performed over a 2 week period.
- 5 physiologists performed their spirometry on the 3 devices for 5 days.
- The results were compared using Bland Altman analysis.
- The intra-test coefficient of variation for each device was analysed.

Results

Spirobank - NDD

Spirobank - Masterscreen

	Mean Bias	LLOA-ULOA (95% CI)
FEV ₁	82 ml	-122 to 276
FVC	54 ml	-211 to 319
FEF ₂₅₋₇₅	0.138 L/sec	-0.494 to 0.769
PEF	29 L/min	-55 to 113

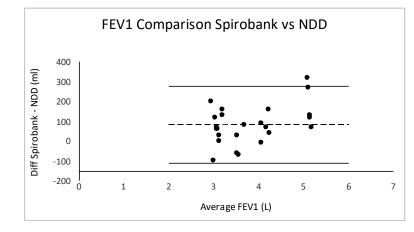
	Mean Bias	LLOA-ULOA (95% CI)
FEV ₁	-55 ml	-241 to 132
FVC	-63 ml	-363 to 238
FEF ₂₅₋₇₅	0.001 L/sec	-0.609 to -0.612
PEF	26 L/min	-43 to 95

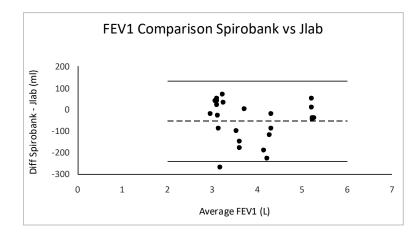


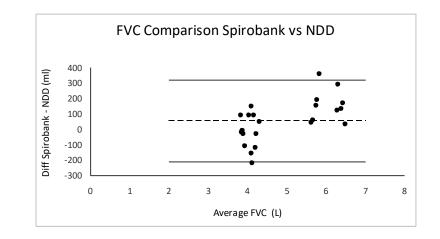


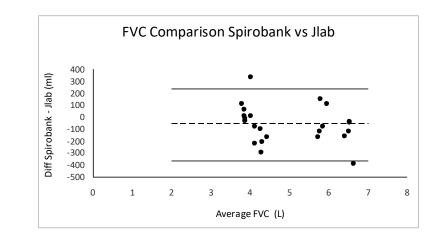


Results – Bland Altman FEV₁ & FVC

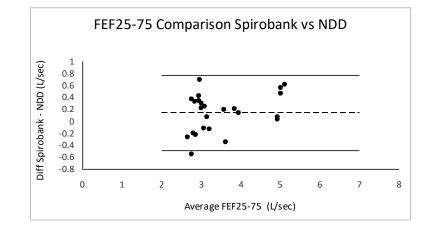


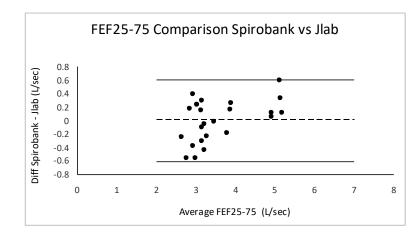


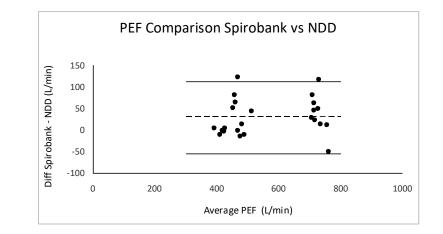


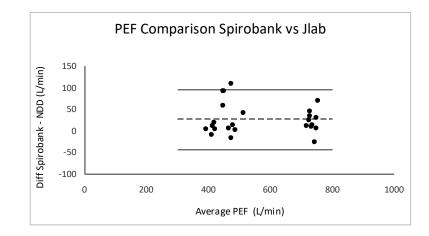


Results – Bland Altman FEF₂₅₋₇₅ & PEF









Results – Coefficient of variation

Group Average NDD		
FEV1	1.08	
FVC	1.32	
FEF25-75	2.43	
PEF	2.51	

Group Average Jlab		
FEV1	1.5	
FVC	1.4	
FEF25-75	3.2	
PEF	2.1	

Group Average Spirobank		
FEV1	1.2	
FVC	1.4	
FEF25-75	3.1	
PEF	2.6	

Discussion

- The mean bias for FEV₁, FVC, FEF₂₅₋₇₅ and PEF was clinically acceptable when comparing the Spirobank[®] to the NDD and Masterscreen PFT.
- The 95% limits of agreement for all the parameters were not too wide.
- The Spirobank[®] tended to read slightly higher than the NDD and lower than the Masterscreen PFT for FEV₁ and FVC.
- The intra test Coefficient of variation for the Spirobank[®] was clinically acceptable and not significantly different to the other 2 devices.

Conclusion

- The Spirobank[®] smart spirometer is a valid device when used with the FlowMIR disposable turbine.
- The measures of FEV₁, FVC, FEF₂₅₋₇₅ and PEF were comparable to the NDD Easy on-PC and Jaeger Masterscreen PFT.
- The intra-test coefficient of variation for all devices was within acceptable limits.
- We would always recommend the test is performed supervised in a virtual setting with a qualified healthcare professional.

Limitations/Future research

- This was validated in normal subjects with no significant respiratory disease. It should also be looked at in patients with abnormal spirometry and smaller volumes.
- We only validated the Disposable turbine therefore the re-usable turbine would need to be validated separately.
- Although the device was accurate over a 2 week period, it cannot be calibrated therefore its longterm stability should be looked at. For this reason we would recommend using a new disposable turbine for each testing session.
- If patient's results are reading low they should be brought into the hospital to verify this on a system that can be physically calibrated and/or verified with a 3L syringe.