Combined effects of leaks, respiratory system properties and upper airway patency on the performance of home ventilators: A bench study

- 3 Kaixian Zhu, Claudio Rabec, Jésus Gonzalez-Bermejo, Sébastien Hardy, Sami Aouf, Pierre Escourrou
- 4 and Gabriel Roisman
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6 Additional File 1: Active lung model settings and simulated breathing patterns

7 Table S1-1. The settings of ASL5000 corresponding to the simulated respiratory diseases

		COPD	OHS	NMD
Resistance	Inspiration	20	3	3
$(cmH_2O\cdot L\cdot s^{-1})*$	Expiration	25		
Compliance $(ml \cdot cmH_2O^{-1})^{**}$		50	30	60
P_{mus} at 0.1 second (cmH ₂ O)		3	3	1
$P_{max}(cmH_2O)$		13	12	4.3
Breathing rate (bpm)		12	15	20
T_I/T_E		1/2	1/2	1/1.6

8 COPD: chronic obstructive pulmonary disease, OHS: obesity hypoventilation syndrome, NMD: neuromuscular

9 disorder. Pmus: inspiratory muscular pressure; Pmax: maximum pressure drop during breathing cycle. bpm:

- 10 breath per minute; T_I : inspiratory time; T_E : expiratory time.
- 11

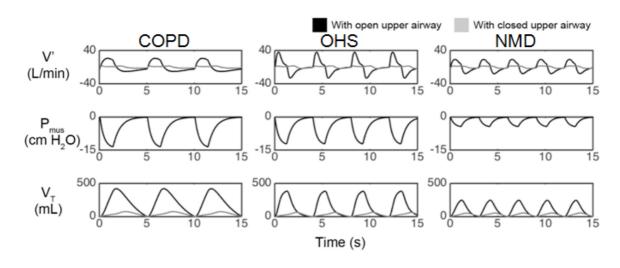
*Values of resistance of 5, 10, 20, and 50 cmH2O/L/s characterize absent, moderate, severe, and
extreme obstruction, respectively [Olivieri 2011].

14 **Values of compliance of 100, 50, and 25 mL/cmH2O characterize absent, mild, and severe

restriction [Olivieri 2011]. Of note, since severe COPD is usually associated with hyperinflation and

16 the end-expiratory tidal volume is shifted forward the upper flat portion of the V-P relationship in

17 these patients.



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Figure S1-1: The simulated airflow (V'), the corresponding inspiratory muscular pressure (Pmus) and the
resulting tidal volume (V_T) of the three lung diseases with open and closed upper airways. COPD: chronic
obstructive pulmonary disease; OHS: obesity hypoventilation syndrome; NMD: neuromuscular disorder.

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Olivieri C, Costa R, Conti G, Navalesi P. Bench studies evaluating devices for non-invasive ventilation: critical
analysis and future perspectives. Intensive Care Med. 2011;38:160–7.