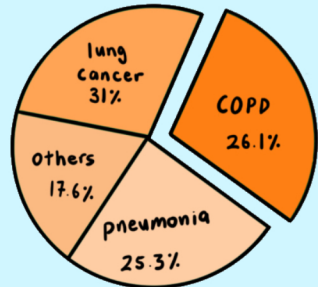


## Chronic Obstructive Pulmonary Disease (COPD): a serious public health issue

- COPD is a preventable and treatable disease with no cure
- Prevalence increases with age and many go undiagnosed until their 50s
- In UK: It is the second most common lung disease after asthma
- Respiratory diseases such as COPD accounted for 14% of all deaths in England and Wales in 2021 and COPD was the most common cause of these deaths (2)

UK deaths from COPD compared with other lung diseases (2012)



### Impacts of COPD:

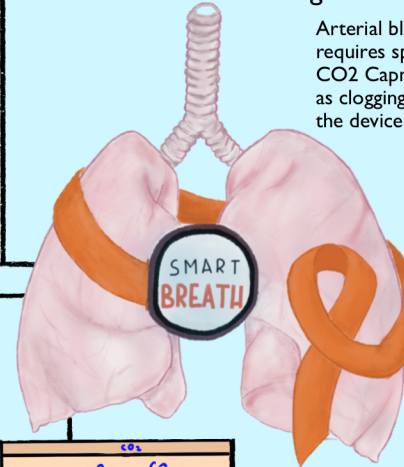
- Decreased lung function
- Compromised ability to function in day to day activities.
- Impair one's sleep and life quality
- Higher chance of comorbid anxiety and depression
- Severe COPD leads to death due to respiratory failure, pneumonia or other comorbidities associated with COPD.

**Transcutaneous CO<sub>2</sub> (ptCO<sub>2</sub>)** has great accuracy as a biomarker for respiratory failure, suggesting the potential for continuous monitoring in a non-clinical setting (9) A study found that there is a 95% correlation between PtCO<sub>2</sub> and arterial CO<sub>2</sub>, concluding that ptCO<sub>2</sub> is highly effective in continuously monitoring COPD patients. (10) Supervising blood CO<sub>2</sub> levels is thus a key strategy to prevent or manage hypercapnia related conditions in patients with respiratory risk. (19)

# SMART BREATH

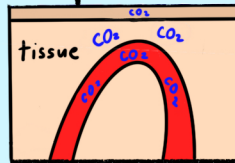
a non-invasive, wearable solution to continuous, convenient  
CO<sub>2</sub> monitoring

COPD is a disease that causes patients to ventilate less effectively. Thus, hypercapnia occurs when CO<sub>2</sub> levels in blood are excessively high. The pH of the blood falls, known as respiratory acidosis (pH < 7.35) This causes changes in brain activity, affecting fine muscle control and breathing (6) and is also associated with poor prognosis and earlier deaths in long term studies (7).



Arterial blood gas monitoring is invasive, time consuming and requires specialist equipment and trained staff. Additionally, CO<sub>2</sub> Capnography is bulky, costly and suffers from issues such as clogging attributed to secretions or incorrect positioning of the device.

Our Smart Breath device overcomes many of these issues with simple engineering mechanisms. Coupled with bluetooth technology and currently available NHS app systems, the device enhances independent management for COPD patients and prevention of developing acute respiratory failure, allowing for personalised treatment.



### Advantages of our design:

- Wearable biosensors serve an irreplaceable role in the hospital such as pulse oximeters; an accurate and compact pCO<sub>2</sub> monitoring device can enhance delivery of care and quality of life (18)
- The use of CO<sub>2</sub> sensitive dye and close proximity to skin eliminates the need for heating the skin in some other pCO<sub>2</sub> sensors, namely devices using the Stow-Severinghaus Electrode.

### Sources:



### Team members and roles

- Aryan Sagdeo - Leader, TCM device research
- Andrew Wee - Research on COPD and pCO<sub>2</sub> monitoring
- Adrian Yee - Research on COPD and public health
- Scarlet Siu - Research on COPD and symptoms
- Katarina Wong - Concept art, design and device concept
- Kyra Yeo - Poster design layout, art and device concept

Success of the device in a home setting to achieve telemonitoring could pave the way for the device to be used in a clinical setting for a near-instant, continuous, and non-invasive method of CO<sub>2</sub> monitoring- an equivalent to the modern day pulse oximeter.

Multilayer, stacked structure: roll-on-roll manufacturing allows mass production at low cost. (14)  
Lightweight polymer materials (PTFE/PET) provide reasonable structural integrity and low materials cost

More pricey sensory components can be outsourced e.g. miniaturized lithium ion batteries  
Required CPU: a processor capable of basic calculations and a Bluetooth module for mobile connectivity.

### Feasibility

#### Costs

Funding will be obtained through grants for the NHS Long Term plan or patient discounts if additional funding is required (15)

### Clinical trials

- A model for a large-scale trial:
- Identify at-risk COPD patients through GP surgeries/referral centres such as the Royal Papworth (16).
  - Calibrate device using a gold standard from a clinical setting for each individual (17)
  - Collect anonymized data for pCO<sub>2</sub> and conduct follow up appointments with GP, retest using ABG and compare results.
  - Increase size of study and make improvements as needed.

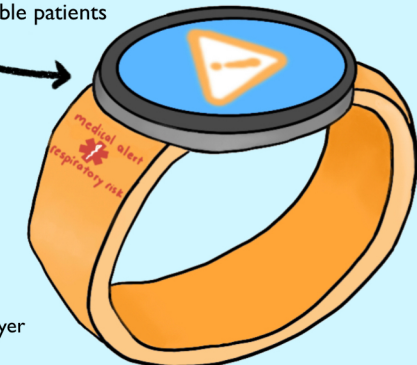
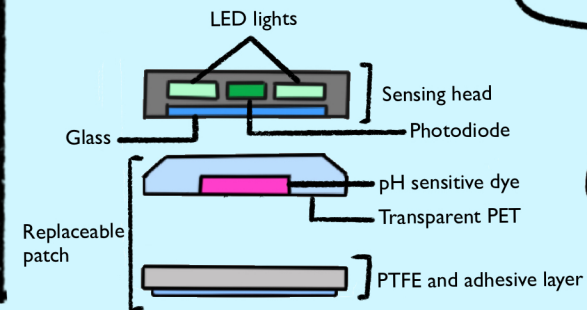
**PROPOSAL:** a small, portable device that enables continuous monitoring of pCO<sub>2</sub> in blood is a smart, wearable watch type monitor.

How it works: a dry-dye-based sensor

1. A pH sensitive dye is exposed to CO<sub>2</sub> in the skin
2. CO<sub>2</sub> causes changes in the optical properties of the dye.
3. LEDs and photodiodes detect this change and process data to output a corresponding value of CO<sub>2</sub> level in blood.
4. Notifications are sent to a device such as a mobile phone through Bluetooth connectivity.

The sensing head could be reused indefinitely while the "patch" may require replacement for comfort, hygiene and poisoning of the dye due to "fluorescence quenching" effect of oxygen. (13)

Alert sent to NHS mobile app when CO<sub>2</sub> levels rise above baseline: the flexible silicone band can double as a medical alert vulnerable patients



### Problem:

the need to conveniently and consistently measure CO<sub>2</sub> levels non-invasively in a non-clinical setting

### Testing:

carrying out clinical trials and testing of device

### Application:

provision of device through General Practitioner clinics and hospitals

### Design:

designing a miniaturised sensor that forgoes the traditional Stow-Severinghaus electrode

### Manufacturing:

mass producing and making the device available to general public