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Description

FIELD

[0001] The present invention relates generally to a device for sustained infusion of fluids. More particularly, the invention relates to a skin securable device that delivers fluid to the subcutaneous tissue and having means for enhancement of fluid absorption into the systemic circulation.

BACKGROUND

Diabetes Mellitus and insulin pumps

[0002] Diabetes mellitus is a disease of major global importance, increasing in frequency at almost epidemic rates, such that the worldwide prevalence in 2006 is 170 million people and predicted to at least double over the next 10-15 years. Diabetes is characterized by a chronically raised blood glucose concentration (hyperglycemia), due to a relative or absolute lack of the pancreatic hormone, insulin.

[0003] Treatment of diabetes mellitus requires frequent insulin administration that can be done by multiple daily injections (MDI) with syringe or by continuous subcutaneous insulin injection (CSU) with insulin pumps. In recent years, ambulatory portable insulin infusion pumps have emerged as a superior alternative to multiple daily injections of insulin. These pumps, which deliver insulin to the subcutaneous tissue at a continuous basal rate as well as in bolus volumes, were developed to liberate patients from repeated self-administered injections, and allow greater flexibility in dose administration.

[0004] Several ambulatory insulin infusion devices are currently available on the market.

[0005] Examples of first generation disposable syringe-type reservoir and tubes were disclosed in U.S. Patent No. 3,631,847 to Hobbs, U.S. Patent No. 3,771,694 to Kaminski, U.S. Patent No. 4,657,486 to Stempfle, and U.S. Patent No. 4,544,369 to Skakoon. Other dispensing mechanisms have also been disclosed, including peristaltic positive displacement pumps, in U.S. Patent No. 4,498,843 to Schneider and U.S. Patent No. 4,715,786 to Wolff.

[0006] Although these devices represent an improvement over multiple daily injections, they nevertheless all suffer from several drawbacks. The main drawback is the large size and weight of the device, caused by the configuration and the relatively large size of the driving mechanism and of the syringe. This relatively bulky device has to be carried in a patient's pocket or attached to the belt. Consequently, the fluid delivery tube of the infusion set is very long, usually longer than 60 cm, in order to permit needle insertion at remote sites of the body. These uncomfortable bulky devices and long infusion set are rejected by the majority of diabetic insulin users, since they disturb regular activities, such as sleeping and

swimming. In addition, the delivery tube excludes some optional remote insertion sites, like buttocks, arms and legs.

[0007] To avoid the consequences of a long infusion set, a new concept, a second generation pump, has been proposed. This concept includes a remote controlled skin adherable device with a housing having a bottom surface adapted to contact patient's skin, a reservoir disposed within the housing, and an injection needle adapted to communicate with the reservoir. These skin adherable devices are disposed every 2-3 days similarly to available pump infusion sets. These devices were disclosed at least in U.S. Patent No. 5,957,895 to Sage, U.S. Patent No. 6,589,229 to Connelly, and U.S. Patent No. 6,740,059 to Flaherty. Additional configurations of skin adherable pumps were disclosed in U.S. Patent No. 6,723,072 to Flaberty and U.S. Patent No. 6,485,461 to Mason. These devices also have several limitations: they are also bulky and expensive. Their high selling price is due to the high production and accessory costs; the user must discard the entire device every 2-3 days, including the relatively expensive components, such as the driving mechanism and electronics.

[0008] A third generation dispensing device, described in co-pending/co-owned U.S. Patent Application Serial No. 11/397,115 US 2007106218 and International Patent Application Nos. PCT/IL06/001276 and PCT/IL09/000388, WO 2007052277 and WO 2009 125398 has been recently developed. This third-generation device is a miniature portable programmable fluid dispenser that has no tubing and can be attached to the patient skin. It is composed of two parts, a disposable part (DP) and a reusable part (RP). After connection of the reusable and the disposable parts, the unified dispensing unit presents a thin profile. The RP contains electronics and other relatively expensive components and the DP contains reservoir. This device comprises a remote control unit that allows data acquisition, programming, and user inputs. An improvement to the skin adherable pump disclosed above is described in co-pending/co-owned U.S. Patent Application Serial No. 12/004,837 and International Patent Application No. PCT/IL07/001578 WO 2008078318. In this application, an improved system and a method for connection and disconnection of a skin securable pump is disclosed. The method uses a cradle, which is initially adhered to the skin and then a cannula is inserted through the cradle into the body of the user. The two-part pump can be consequently connected and disconnected to and from the cradle upon patient's discretion.

[0009] Partly in response to the need for tighter glycemic control, closed loop infusion systems, as the system described in US Pat No. 6,558,35I assigned to Medtronic MiniMed, have been developed. This system comprises a sensor system (e.g. a continuous glucose monitor, CGM), and a delivery system (i.e., insulin pump). The systems are interconnected via a controller a separate components, both comprising separate tubing and separate cannulae that are applied to the body of the user. A new generation of a dual function device and/or system is described in U.S. Patent Applications Nos. 11/706,606 WO 2007093981 and 11/963,481 WO 2008078319 and in International Patent Application No. PCT/IL08/001521 WO

2009066288 assigned to Medingo Ltd. The device is a single skin securable patch employing a single subcutaneous cannula.

[0010] One of the main hurdles in perfecting a semi-invasive closed loop system (i.e., sensor and delivery systems located in the subcutaneous tissue) stems from the lag time between insulin delivery and peak glucose lowering effect. This lag time can be shortened with development of more rapid insulin analogues and/or with better insulin absorption from the subcutaneous tissue.

Insulin Absorption

[0011] When a bolus of rapid acting insulin, commonly used in insulin pumps, is administered to the subcutaneous tissue before a meal, insulin effect usually lags behind glucose absorption and consequently blood glucose rises and peaks, as can be seen in FIG. 1. This figure shows curves of blood glucose and insulin levels (y axis) over time (x axis) after a meal intake and an insulin bolus, and the lag period between glucose and insulin blood levels peaks. Blood insulin levels usually lag behind blood glucose levels when insulin is administered at the time of oral glucose intake. This phenomenon consequently leads to blood glucose rises and peaks, as can be seen in the figure. An enhanced absorption of insulin will shorten the lag period between glucose and insulin blood levels' peaks and thus mitigate the described postprandial hyperglycemia.

[0012] Changes in blood glucose concentrations are proportional to rate of insulin absorption from the injection site into the systemic circulation. This absorption rate is determined by several factors, including the circulation of blood in the vicinity of the injection site, and the permeability of the walls of the relevant blood vessels. Insulin absorption at the injection site is enhanced with increased blood flow and/or blood vessel wall permeability at the subcutaneous tissue and reduced with decreased blood flow and/or blood vessel wall permeability. Increased subcutaneous blood flow and/or blood vessel wall permeability may be promoted by vasodilatation of the subcutaneously located blood vessels. Such vasodilatation may be achieved by different methods, including the following:

Local heat; It has been shown that, for example, the disappearance rate of insulin from subcutaneous tissue in the sauna was two-fold greater than in room temperature (Br Med J. 1980 June 14; 280(6229): 14411-1413). US patent 6,756,053 assigned to Zars Inc., describes a method for enhanced transdermal drug delivery by controlled heating. One method for providing controlled heating is ultra sound; Ultra Sound is commonly used to generate deep heat in physical therapy and as an adjunct to wound healing by promoting blood flow to the injured tissue. Another method for achieving local heating is high frequency vibration.

Current application; Monopolar current applications are often used to increase the migration of vasoactive drugs through the skin, a technique known as iontophoresis. It has been reported that in

parallel to the `specific' vasomotor physiological effect resulting from the diffused drug, a `non-specific' vasodilatation occurs as a result of the current application itself. The amplitude of this current-induced vasodilatation depends on the electrical charge (Journal of Physiology 2002, 540(1), 261-269). The 'non-specific' vasodilatory effect can be applied intentionally to achieve enhanced subcutaneous blood flow.

UV light; Increased blood flow after low dose irradiation of the human skin with UV at 250 and 300 nm has been demonstrated (British Journal of Dermatology 1976 94 (5) 487-493).

Pharmacologic agents; Agents such as nitroglycerin, nitroprusside, histamine, PDE5 inhibitors (e.g., sildenafil), and papaverine are vasodilating agents known in the art.

[0013] In order to achieve an accelerated insulin absorption rate and thus a more rapid glucose lowering effect, it is desirable to provide an insulin pump for accelerating insulin absorption by promoting a vasodilatory effect on the subcutaneous blood vessels.

[0014] It is also desirable to provide a device that delivers insulin into the body and can concomitantly monitor body glucose (e.g., blood, ISF) levels. More specifically, it is advantageous to provide an improved semi-invasive closed loop drug delivery system (i.e., sensor and delivery systems located in the subcutaneous tissue) wherein the lag time between delivery of the drug (e.g., insulin) and peak pharmaceutical effect (e.g., glucose lowering), which comprises a mechanism for increasing drug absorption from the subcutaneous tissue.

[0015] It is also desirable to provide a device which is miniature, discreet, economical for the users and highly cost effective for promoting a vasodilatory effect on the subcutaneous blood vessels.

[0016] It is also desirable to provide a device that contains a miniature skin securable dispensing patch unit that can continuously dispense insulin and a method for promoting a vasodilatory effect on the subcutaneous blood vessels.

[0017] It is also desirable to provide a device that comprises an insulin dispensing patch unit that can be remotely controlled.

[0018] It is also desirable to provide a device that contains a miniature skin securable patch that can continuously dispense insulin and monitor body glucose concentration levels and a method for promoting a vasodilatory effect on the subcutaneous blood vessels.

[0019] It is also desirable to provide a miniature skin securable patch that can continuously dispense

insulin and continuously monitor body glucose concentration levels and capable of promoting a vasodilatory effect on the subcutaneous blood vessels.

[0020] It is also desirable to provide a device that includes a closed or semi-closed loop system that is capable of monitoring glucose levels and dispensing insulin according to the sensed glucose levels capable of promoting a vasodilatory effect on the subcutaneous blood vessels.

[0021] US 2004/220456 discloses a system for delivering therapeutic fluid to a body of a patient, in accordance with the pre-characterising portion of claim 1.

SUMMARY

[0022] In accordance with the present invention, there is provided a system for delivering therapeutic fluid to a body of a patient, as defined in appended claim 1. Embodiments of the system are defined in appended claims which depend from appended claim 1.

BRIEF DESCRIPTION OF THE DRAWINGS

[0023]

FIG. 1 shows curves of blood glucose and insulin levels over time after a meal intake and an insulin bolus, and the lag period between glucose and insulin blood levels peaks.

FIG. 2 illustrates an exemplary fluid delivery device according to some embodiments of the present disclosure. The device is composed of dispensing unit and remote control unit.

FIG. 3 shows the insulin infusion device comprising a dispensing unit and a remote control unit. The dispensing unit contains a means for enhancing therapeutic fluid absorption according to some embodiments of the invention.

FIGs. 4a-4c illustrate the attachment of the dispensing unit to a skin securable cradle unit.

FIG. 5 is a block diagram representing the rationale behind incorporating a vasodilatation means in an insulin infusion device.

FIG. 6 shows a dispensing patch unit comprising a means for enhancing subcutaneous insulin absorption by local heating of the injection site with electrodes disposed on the surface of the subcutaneously inserted cannula.

FIGs. 7a-7c illustrate the inferolateral aspect of the dispensing patch unit connected to the cradle unit, and the cannula coated with a heating electrode.

FIGs. 8a-8c illustrate another embodiment of the inferolateral aspect of the dispensing patch unit connected to the cradle unit, and the cannula coated with a heating electrode.

FIG. 9 shows a dispensing patch unit comprising a means for enhancing subcutaneous insulin absorption by local heating of the injection site by electrode/electrodes disposed on a designated subcutaneous element.

FIGs. 10a-10b illustrate the inferolateral aspect of a dispensing patch unit connected to a cradle unit, a drug delivery cannula, and a subcutaneous element with a heating electrode.

FIGs. 11a-11b show two embodiments of a dispensing patch unit comprising a means for enhancing subcutaneous insulin absorption by local transdermal heating of the injection site.

FIGs. 12a - 12b illustrate the inferolateral aspect of a cradle unit comprising a heating electrode which serves as a means for enhancing subcutaneous insulin absorption by local transdermal heating of the injection site.

FIGs. 13a-13b illustrate inferolateral aspect of a dispensing patch unit comprising a heating plate in the Reusable Part of the dispensing patch (RP), and a cradle unit 20 with an opening aligned with the RP heating plate.

FIG. 14 illustrates another embodiment of a dispensing patch unit comprising a means for enhancing subcutaneous insulin absorption by local transdermal heating of the injection site.

FIGs. 15a-15b show the inferolateral aspect of the patch unit that contains an annular heating plate, and a cradle unit with an opening aligned with the patch unit heating plate.

FIGs. 16a - 16b show two different embodiments of a dispensing patch unit provided with means for enhancing subcutaneous insulin absorption by administration of a vasodilating pharmacologic agent.

FIGs. 17a - 17b illustrate the inferolateral aspect of the dispensing patch unit connected to the cradle unit, the cannula through which insulin is delivered , and the cannula through which a vasodilatory agent is delivered.

FIGs. 18a- 18b illustrate another embodiment in which the insulin and the vasodilatory agent are delivered through one double lumen cannula.

FIG. 19 shows a dispensing patch unit provided with means for enhancing subcutaneous insulin absorption by administration of a vasodilating pharmacologic agent via a dedicated array of microneedles.

FIGs. 20a - 20b show the inferolateral aspect of the patch unit with an array of micro-needles arranged around the outlet port, and a cradle unit that contains dedicated openings aligned with the microneedles in the patch unit.

FIG. 21 shows the remote control unit with GUI showing data of insulin dose administration and vasodilatory agent administration.

FIG. 22 shows the remote control unit with GUI indicating vibration as a means for achieving local heating for enhancement of therapeutic fluid absorption.

FIGs. 23a - 23b illustrate a transdermal patch unit that can deliver at least one local vasodilator agent.

FIGs. 24a-24d illustrate topical administration of a vasodilatory agent as a means for enhancing insulin absorption.

FIGs. 25a-25d show four different embodiments of a dispensing patch unit 10 comprising a component capable of enhancing subcutaneous insulin absorption by electrical current application.

FIGs. 26a-26d show four different embodiments of a dispensing patch unit comprising means for enhancing subcutaneous insulin absorption by laser that emits light in the UV range.

DETAILED DESCRIPTION

[0024] FIG. 2 illustrates a fluid delivery device 1000 for medical infusion of therapeutic fluid(s) (for example-insulin), into a body of a patient. The device 1000 comprises a dispensing unit 10 and a remote control unit 900. The dispensing unit 10 comprises a means for enhancing subcutaneous absorption of the delivered fluid 70.

[0025] FIG. 3 shows an insulin infusion device 1000 according to some embodiments of the invention comprising a dispensing patch unit 10, which can be secured to the user's skin 5, and a remote control unit 900, which communicates with the dispensing patch unit 10, allowing programming, user inputs and data acquisition.

[0026] The patch unit 10 can be connected to a cannula 6 that penetrates the skin 5 to allow delivery of insulin to a patient. The patch unit 10 can be attached to a dedicated cradle unit 20 that is a flat sheet adhered to the user's skin 5 and allows connection/disconnection of the patch unit 10. An exemplary embodiment of this arrangement is discussed in a co-owned, co-pending U.S Provisional Patent Application No. 12/004,837 (WO 2008 078318).

[0027] Manual inputs can be carried out by one or more buttons 1011 located on the dispensing patch unit 10. The dispensing patch unit 10 can be composed of one housing or two housings comprising reusable 100 and disposable 200 parts as shown in our previous patent application USSN 11/397,115 (US 2007106218) and International Patent Application PCT/IL09/000388 (WO 2009125398).

[0028] In accordance with the invention, a means for enhancing subcutaneous insulin absorption 70 is incorporated within the patch unit 10. The absorption enhancing means 70 can be incorporated in the disposable part 200, reusable part 100, cradle unit 20, cannula 6, or any combination of the abovementioned parts and/or units.

[0029] FIGs. 4a-4c illustrate a fluid delivery device that includes a cradle unit 20 that can be adhered to the skin 5 of the user. The dispensing unit 10 can then be connected to and disconnected from the cradle unit 20 upon patient's discretion. FIG. 4a illustrates the cradle unit 20 adhered to the skin 5. FIG. 4b illustrates the connection of the dispensing unit 10 to the cradle unit 20. FIG. 4c illustrates the dispensing unit 10 connected to the cradle unit 20 and ready for operation.

[0030] In accordance with the invention, a means for enhancing subcutaneous insulin absorption 70 is incorporated in the dispensing patch unit 10.

[0031] FIG 5 is a block diagram representing the rationale behind incorporating a vasodilatation means in an insulin infusion device. The initial step 400 of local vasodilatation (also referred-to as "vasodilation"), which can be achieved in a variety of methods as detailed in the following figures, is followed by insulin delivery, at step 401, to a locally vasodilated subcutaneous tissue. At step 402, enhanced insulin absorption is obtained, consequently leading to a faster reduction of high blood glucose at step 403, and to better glycemic control immediately and in the long run 404. An optional mechanism for the enhanced insulin absorption is that the increased blood flow obtained by the vasodilatation in step 400 raises the concentration gradient across the blood vessel and therefore enhances absorption by passive diffusion. Vasodilatation achieved by local heat generation may also cause enhanced absorption by increasing vessel wall permeability and drug solubility.

[0032] FIG 6 shows a dispensing patch unit 10 comprising a means for enhancing subcutaneous insulin absorption by local heating of the injection site by heating at least one electrode 15 disposed on the surface of the subcutaneously inserted cannula 6 through which insulin is delivered. The heating electrode/electrodes 15 serve as electrical heaters. Electrical energy is provided by a power supply 240, located in the DP 200, and transmitted via wires and connectors 155, located in the DP 200 and cradle unit 20, to at least one heating electrode 15 which converts the electrical energy to heat. The power supply 240 may alternatively be located in the RP (not shown). Temperature can be controlled using variable resistors, and duration and quantity of the power supplied.

[0033] FIG 7a illustrates the inferolateral aspect of the dispensing patch unit 10 connected to the cradle unit 20, and the cannula 6, coated with at least one heating electrode 15, that penetrates through a "well" 210 of the cradle unit. The well 210 is a protrusion that encircles a passageway enabling the insertion and placement of the cannula in a subcutaneous compartment of the user's body and rigidly anchoring the cannula. FIG 7b is a magnification of the portion of FIG 7a depicting the electrode 15 coated cannula 6 protruded through the well 210 of the cradle unit 20. FIG 7c illustrates a transverse section of the cannula 6 and heating electrode 15. The electrode 15 in FIGs 6a-c is limited to a partial length and circumference of the cannula.

[0034] FIG 8a illustrates the inferolateral aspect of another embodiment of the dispensing patch unit 10 connected to the cradle unit 20, and the cannula 6, coated with a heating electrode 15, penetrating through a well 210 of the cradle unit. FIG 8b is a magnification of the portion of FIG 8a depicting the electrode 15 coated cannula 6 protruded through the well 210 of the cradle unit 20. FIG 8c illustrates a transverse section of the cannula 6 and circumferential heating electrode 15. The electrode 15 in FIGS 7a-c covers the entire length and circumference of the cannula, thus allowing smoother insertion of the cannula through the well, and a larger and more symmetric area of local heating.

[0035] FIG 9 shows a dispensing patch unit 10 comprising a means for enhancing subcutaneous insulin absorption by local heating of the injection site, wherein local heating is achieved by heating of at least one electrode 15 disposed on a designated subcutaneously located element 67. The dispensing patch unit 10 comprises proximal, subcutaneously located cannula for insulin delivery 6 and element 67 for mounting the heating electrode/electrodes 15 used for enhancing insulin absorption.
Electrical energy is provided by a power supply 240, located in the DP 200, and transmitted via wires and connector 155 to the heating electrodes 15 which serve as electrical heaters which convert the electrical energy to heat. The power supply 240 may alternatively be located in the RP (not shown).

[0036] FIG 10a illustrates the inferolateral aspect of the dispensing patch unit 10 connected to the cradle unit 20, the cannula 6 through which insulin is delivered, and the element 67 coated with at least one heating electrode 15. Both cannula 6 and element 67 penetrate through dedicated wells, 210 and 210' respectively. FIG 10b is a magnification of the portion of FIG 10a depicting electrode covered element 67 and cannula 6 penetrating through the bottom of the cradle unit.

[0037] FIGs 11a-b show two embodiments of a dispensing patch unit 10 comprising a means for enhancing subcutaneous insulin absorption by local transdermal heating of the injection site.

[0038] In FIG 11a electrical energy is provided by a power supply 240, located in the DP 200, and transmitted via wires and connectors 51 to at least one heating plate 45 located in the cradle unit 20. The skin 5 located directly beneath the cradle unit is thus exposed to the heat generated by the heating plate 45.

[0039] The power supply 240 may alternatively be located in the RP (not shown).
In FIG 11b the heating plate 45 is located in the RP 100. A cavity 28 in the cradle unit 20 located directly beneath the heating plate 47 provides better heat transfer from the heating plate 47 in the RP to the underlying skin 5. Wires and connectors 52 located in the RP 100 and in the DP 200 allow electrical energy transfer from the power supply 240 in the DP 100 to the heating plate 47 in the RP 100. Alternatively (not shown), the power supply is located in the RP. Alternatively (not shown) the heating plate is located in the DP 200 and the cavity in the cradle unit is aligned with the location of the heating plate in the DP.

[0040] FIGs 12a-b illustrate the inferolateral aspect of a cradle unit 20 comprising a heating electrode 45 which serves as a means for enhancing subcutaneous insulin absorption by local transdermal heating of the injection site. In FIG 12a the heating plate covers a relatively large proportion of the bottom surface of the cradle unit. In FIG 12b, the heating plate 46 is circumferential to the cannula 6 that penetrates through the well of the cradle unit 20. Such a rounded heating plate provides annular, symmetrical heat distribution around the cannula 6.

[0041] FIG 13a illustrates the inferolateral aspect of a dispensing patch unit 10 comprising a heating plate 47in the RP 100. FIG 13b illustrates the cradle unit 20 with a opening 28 aligned with the expected location of the heating plate in the RP, once the patch unit is connected to the cradle unit.

[0042] FIG 14 illustrates another embodiment of a dispensing patch unit 10 comprising a means for enhancing subcutaneous insulin absorption by local transdermal heating of the injection site. The heating plate 44 in FIG 14 is arranged concentrically around the outlet port 213 of the DP 200. Such a rounded heating plate provides annular, symmetrical heat distribution around the cannula 6 through which the insulin is delivered. Electrical energy transfer from the power supply 240 in the DP 100 to the heating plate 44 by virtue of electrical wires. Alternatively (not shown), the power supply is located in the RP, and the electrical energy is transferred via wires and connectors between the RP and the DP.

[0043] An opening 24 in the cradle unit 20 located directly beneath the heating plate 44 provides better heat transfer from the RP to the underlying skin 5. The opening 24 in the cradle unit may be segmented as to hold the base of the cradle unit and the well in one piece.

[0044] FIGs 15 a-b show the inferolateral aspect of the patch unit 10 with the annular heating plate 44 around the outlet port 213, and the cradle unit 20 with the dedicated segmented opening 24 aligned with the heating plate in the patch unit 10. FIG 15a shows the cradle unit 20 and patch unit 10 disconnected. FIG 15b shows the two parts connected. The heating electrode 44 is exposed by virtue of the segmented opening 24 in the cradle unit 20 once the two parts are assembled.

[0045] FIGs 16a-b show two different embodiments of a dispensing patch unit 10 provided with the capability of enhancing subcutaneous insulin absorption by concomitant administration of a vasodilating pharmacologic agent (e.g. nitroglycerin, nitroprusside, histamine, PDE5 inhibitor). The vasodilating pharmacologic agent is alternatively delivered prior to, or immediately after, the administration of the therapeutic fluid (e.g. insulin). The insulin and the vasodilatory agent have different reservoirs 3 and 33 respectively, and different delivery tubes.

[0046] In FIG 16a the vasodilatory agent is delivered via a dedicated cannula 66, and the dispensing patch unit 10 comprises two proximal, subcutaneously located cannulae; one for insulin delivery 6 and one for vasodilatory agent delivery used for enhancing insulin absorption. In FIG 16b the vasodilatory agent and the insulin are delivered via the same cannula 6.The dose, rate, and timing of delivery of both pharmaceutical agents (i.e. insulin, vasodilator agent) can be controlled by the user.

[0047] FIG 17a illustrates the inferolateral aspect of the dispensing patch unit 10 connected to the cradle unit 20, the cannula 6 through which insulin is delivered , and the cannula 66 through which a vasodilatory agent is delivered. Both cannulae 6, 66 penetrate through dedicated wells, 210 and 210' respectively. FIG 17b is a magnification of the portion of FIG 17a depicting the two cannulae 6, 66 penetrating through the bottom of the cradle unit 20.

[0048] FIG 18a illustrates another embodiment in which the insulin and the vasodilatory agent are delivered through one double lumen cannula 6. One lumen 7 is dedicated for insulin delivery and the other lumen 8 is dedicated for delivery of a vasodilatory agent. FIG 18b is a cross section of the double lumen 7, 8 cannula 6.

[0049] FIG 19 shows a dispensing patch unit 10 provided with the capability of enhancing subcutaneous insulin absorption by administration of a vasodilating pharmacologic agent (e.g. nitroglycerin, nitroprusside, histamine, PDE5 inhibitor) via a dedicated array of microneedles. The therapeutic agent (e.g. insulin) and the vasodilatory agent have different reservoirs, 3 and 33 respectively, and different delivery tubes. The insulin reservoir 3 is connected to a cannula 6 and the reservoir containing the vasodilatory agent 33 is connected by a secondary reservoir 34 which is in direct connection with an array of microneedles 311. According to the embodiment, the microneedles are arranged concentrically around the cannula 6, and the secondary reservoir 34 is a ringed shape tube and the microneedles 311 extend downward therefrom. The cradle unit 20 comprises dedicated micro-openings 310 through which the microneedles 311 penetrate. According to another embodiment (not shown) the cradle unit comprises a segmented hollow opening through which the microneedles can easily penetrate (i.e., opening in the cradle unit for the entire array of microneedles rather than micro-openings for each microneedle).
The microneedles 311 penetrate only the outermost layer of skin 5 that contains no nerve endings, and

thus avoid causing pain during insertion and at the same time avoid the mechanical barrier presented by the outer layer of the epidermis the stratum corneum.

[0050] FIGs 20a- b show the inferolateral aspect of the patch unit 10 with the array of microneedles 311 arranged around the outlet port 213, and the cradle unit 20 with the dedicated openings 310 arranged around the well 210 and aligned with the microneedles 311 in the patch unit 10. FIG 20a shows the cradle unit 20 and patch unit 10 disconnected. FIG 20b shows the two parts connected. The microneedles 311 penetrate through the openings 310 once the two parts are assembled.

[0051] FIG 21 shows the remote control unit 900, with navigating buttons 904, showing data of insulin bolus dose administration 906 and vasodilatory agent administration 910 in an insulin delivery device (not shown) provided with the capability of enhancing subcutaneous insulin absorption by administration of a vasodilating pharmacologic agent.

[0052] According to one embodiment of the invention, local heating of the subcutaneous tissue can be obtained by local high frequency vibration, as can be seen in the GUI of the remote control unit 900 illustrated in FIG 22. The 'vibrate' option is indicated with numeral 902. According to one such embodiment, vibration can be achieved by ultrasound acoustic energy - a modality commonly used in physiotherapy to achieve deep tissue warming.

[0053] FIGs 23a and 23b illustrate a transdermal patch unit that can deliver at least one local vasodilator agent. Transdermal patches are commonly used to deliver pharmaceutical materials percutaneously. Transdermal patches are generally layered structures, with the skin-facing layer comprising an adhesive having microholes. Above this adhesive layer is a medication containing layer, and a waterproof cover layer is generally provided. The adhesive serves to attach the patch to the skin and the medication in the central layer is provided to the skin through the microholes in the adhesive layer. Slow and controlled release of the medication may be achieved by such transdermal patches.

[0054] FIG 23a shows the cradle unit 20 that comprises, at least in part, an adhesive layer 111 to securely attach the cradle unit 20 to the patient's skin. The adhesive 111 should be biocompatible (e.g. does not stimulate irritation) and comfortable to the patient without disturbing his/her diurnal routine. Before adhesion a protective peelable cover layer (not shown) should be removed from the adhesive. According to the embodiment, a vasodilator containing layer may be disposed on the adhesive layer 111. The adhesive layer 111 may contain microholes 201.The distribution of the microholes 201 on the adhesive layer may determine the skin area affected by the drug. According to one embodiment, the microholes can be located only in the immediate circumference of the cannula through which the insulin is delivered. The transdermally delivered vasodilator, contained in the patch unit, may be any one or more of the known in the art transdermally delivered vasodilators such as nitroglycerine, papaverine, and prostaglandin El.

According to one embodiment, transdermal vasodilatation using 10 milligrams of phentolamine mesylate dissolved in 0.23 mL of alcohol may be used, as detailed in US patent number 6,007,836 which describes a system for producing and maintaining male erection by transdermal administration of a vasodilating agent. FIG 23b illustrates the patch unit 10 connected to the cradle unit with vasodilator bound adhesives 111.

[0055] FIGs 24a-24d illustrate topical administration of a vasodilatory agent as a means for enhancing insulin absorption. In FIG 24a, the cradle unit 20 attached to the user's skin is shown to comprise a cavity 22 through which the skin is exposed.

FIG 24b shows wipes 26 comprising a topical vasodilatory agent. FIG 24c shows the user topically applying the vasodilatory agent 26 to the exposed skin, in the vicinity of the cannula, showing through the cradle unit 20. FIG 24d shows the patch unit 10 reconnected to the cradle unit 20 after topical application of a vasodilating agent. The user may disconnect the patch from the cradle unit 20 and apply the topical vasodilator agent (possibly using the wipes depicted in FIG 24b) only before a bolus is administered.

[0056] FIGs 25a-d shows four different embodiments of a dispensing patch unit 10 comprising a component capable of enhancing subcutaneous insulin absorption by current application. According to one such embodiment, an electrical charge of 2-15mC is applied. According to one embodiment, a segmented current application is applied. A segmented current application results in a peak vasodilatation superior to the one observed following a current of comparable total charge delivered all at once (Journal of Physiology 2002, 540(1), 261-269). The vascular response to galvanic current application is suggested to rely on an axon reflex and neurogenic inflammation with either anodal or cathodal current. The axon reflex-related cutaneous vasodilatation relies on the local release, from primary afferent fibers, of neural mediators such as calcitonin gene-related peptide, substance P, and prostaglandin (Am J Physiol Heart Circ Physiol 2005, 288:668-673)

[0057] In FIG 25a-b local vasodilation is achieved by applying the current directly in the subcutaneous tissue by virtue of at least two conduct electrodes 16 and 16' disposed on the surface of a subcutaneously inserted cannula or probe.

In FIG 25a the conductive electrodes 16 and 16' are disposed on the same cannula through which the therapeutic fluid is delivered 6. Electrical energy is provided by a power supply 240, located in the DP 200, and transmitted via wires and connectors 155 to at least two electrodes 16, 16' which generate a galvanic current in the subcutaneous tissue. In FIG 25b the electrodes 16, 16' are disposed on a designated subcutaneously located element 67.

[0058] In FIG 25c local vasodilation is achieved by transdermal current application. The electrodes 16 and 16' are located in the cradle unit 20. Connectors 155 located in the cradle unit 20 and in the DP 200 allow current supply from the power supply 240 in the DP 200 to the electrodes 16, 16' in the cradle unit 20 via wires.

[0059] In FIG 25d local vasodilation is achieved by transdermal current application wherein the electrodes 16, 16' are located in the RP 100 and openings 166 in the cradle unit 20 enable direct current transmission to the user's skin.

[0060] FIGs 26a-d shows four different embodiments of a dispensing patch unit 10 comprising a component capable of enhancing subcutaneous insulin absorption by application of laser that emits light in the UV range. Application of the UV laser beam may be either continuous or pulsed. Use of a pulsed laser reduces heat built-up and subsequent damage to the tissue. According to one such embodiment, the UV light is in the range of 150-400 nm.

[0061] In FIG 26a- 26b local vasodilation is achieved by application of laser that emits light in the UV range, wherein the light source is on the surface of a subcutaneously inserted cannula or probe. Electrical energy is provided by a power supply 240, located in the DP 200, and transmitted via wires and connectors 155 to at least at least one light source 17 which emits light in the UV range in the subcutaneous tissue.

[0062] In FIG 26a the light source 17 is located on the same cannula through which the therapeutic fluid is delivered 6.

[0063] In FIG 26b the light source 17 is located on a designated subcutaneously located element 67.

[0064] In FIG 26c local vasodilation is achieved by transdermal UV light application. The light source 17 is located in the cradle unit 20. Connectors 155 located in the cradle unit 20 and in the DP 200 allow current supply from the power supply 240 in the DP 200 to the electrode 16 in the cradle unit 20 via wires.

[0065] In FIG 26d local vasodilation is achieved by transdermal UV light application wherein he light source 17 is located in the RP 100 and an opening 177 in the cradle unit 20 enables direct light transmission to the user's skin.

[0066] Although a few variations have been described in detail above, other modifications are possible. For example, the logic flow depicted in the accompanying figures and described herein do not require the particular order shown, or sequential order, to achieve desirable results.

[0067] While the present invention has been described in terms of specific structures, and devices it is understood that these are example embodiments only and that variations and modifications will occur to those skilled in the art upon consideration of the present invention. As well, the features illustrated or described in connection with one embodiment can be combined with the features of other embodiments. Such modifications and variations are intended to be included within the scope of the present invention. Those skilled in the art will appreciate, or be able to ascertain using no more than routine experimentation,

further features and advantages of the invention based on the above-described embodiments. Accordingly, the invention is not to be limited by what has shown and particularly described, except as indicated by the appended claims particularly.

[0068] The terms "a" and "an" can be used interchangeably, and are equivalent to the phrase "one or more" as utilized in the present application. The terms "comprising," "having," "including," and "containing" are to be construed as openended terms (i.e., meaning "including, but not limited to,") unless otherwise noted. Recitation of ranges of values herein are merely intended to serve as a shorthand method of referring individually to each separate value falling within the range, unless otherwise indicated herein, and each separate value is incorporated into the specification as if it were individually recited herein. The use of any and all examples, or exemplary language (e.g., "such as") provided herein, is intended merely to better illuminate the invention and does not pose a limitation on the scope of the invention unless otherwise claimed. No language in the specification should be construed as indicating any non-claimed element as essential to the practice of the invention.

PATENTKRAV

1. System til indgivelse af terapeutisk fluid i en patients krop, hvilket system omfatter:

en dispenserenhed (10) med mindst ét hus, hvilken dispenserenhed (10) indbefatter:

en beholder til at rumme det terapeutiske fluid,

en drivmekanisme til at udlevere det terapeutiske fluid fra beholderen til patientens krop,

et styreorgan til, mindst delvis, at styre drivmekanismens funktion,

en energikilde (240) til at drive drivmekanismen og styreorganet, og en anordning (70) til øget absorption, der bevirker en stigning i hastigheden for absorption af det terapeutiske fluid i patientens krop,

kendetegnet ved, at anordningen (70) til øget absorption omfatter en varmeplade (44), (47), der er placeret på det mindst ene hus for at opvarme overfladen på patientens hud; og ved, at systemet endvidere omfatter:

en holder (20), der er konfigureret til at klæbe til huden på en patient, hvilken dispenserenhed (10) er konfigureret til at blive forbundet med og fjernet fra holderen (20), hvor holderen (10) indbefatter en åbning (24), (28), der i brug tilpasses efter varmepladen (44), (47), når dispenserenheden (10) er forbundet med holderen (20).

2. System ifølge system 1, hvilket system endvidere omfatter:

et første element (6), der kan indsættes subkutant, til indgivelse derigennem af det terapeutiske fluid i patientens krop.

3. System ifølge system 1 eller krav 2, hvori dispenserenheden (10) omfatter en genanvendelig del (100) og en engangsdel (200).

4. System ifølge system 3, hvori varmepladen er placeret i den genanvendelige del (100).

5. System ifølge system 3, hvori varmepladen er placeret i engangsdelen (200).

6. System ifølge et hvilket som helst af de foregående krav, hvori varmepladen (44), (47) drives af energikilden (240).

7. System ifølge system 2, hvori varmepladen (44) er ringformet og indrettet til at tilvejebringe en ringformet, symmetrisk varmefordeling omkring det første element (6), der kan indsættes subkutant.

8. System ifølge system 1, hvor anordningen til øget absorption endvidere omfatter en vibrationsmekanisme, der er i stand til at vibrere i en høj frekvens, hvilket bevirker en stigning i det terapeutiske fluids absorptionshastighed i kroppen.

9. System ifølge system 1, hvor anordningen til øget absorption endvidere omfatter en energiemissionskilde.

10. System ifølge system 9, hvor energiemissionskilden er i stand til at emittere energi udvalgt fra gruppen bestående af: UV-energi, IR-stråling og akustiske bølger.

11. System ifølge et hvilket som helst af de foregående krav, hvor anordningen (70) til øget absorption endvidere indbefatter en sensor til monitorering af vævsegenskaber svarende til ændringen i det terapeutiske fluids absorptionshastighed.

12. System ifølge system 11, hvor sensoren er udvalgt fra gruppen bestående af: et termometer til temperaturmåling, en strålingsdetektor, en trykføler, en akustisk sensor og en kemisk sensor, der måler koncentrationen af et middel.

13. System ifølge system 12, hvor styreorganet styrer funktionen for anordningen (70) til øget absorption baseret på et signal modtaget fra sensoren.

14. System ifølge system 1, hvor systemet omfatter en analytdetekteringsanordning, og hvor styreorganet styrer anordningen (70) til øget absorption baseret på et signal modtaget fra analytdetekteringsanordningen.

15. System ifølge et hvilket som helst af de foregående krav, hvor det terapeutiske fluid omfatter insulin.

Drawing

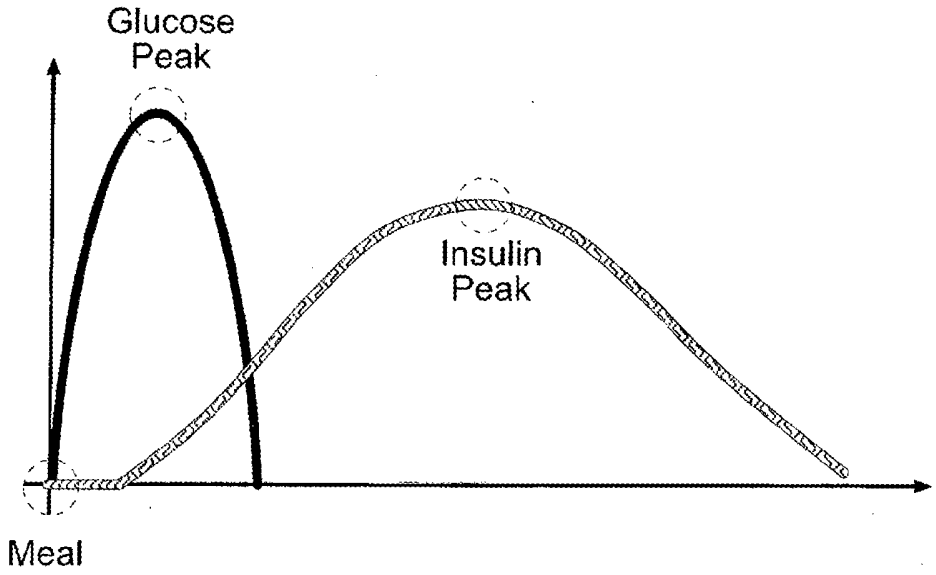

Fig. 1

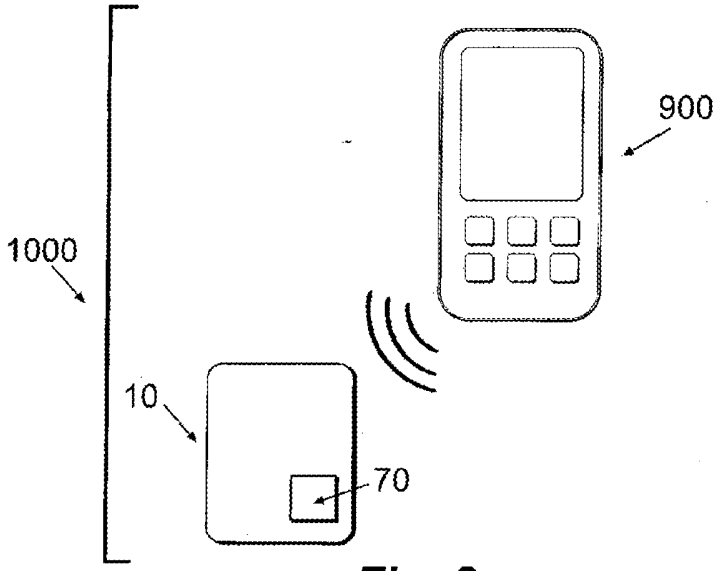

Fig. 2

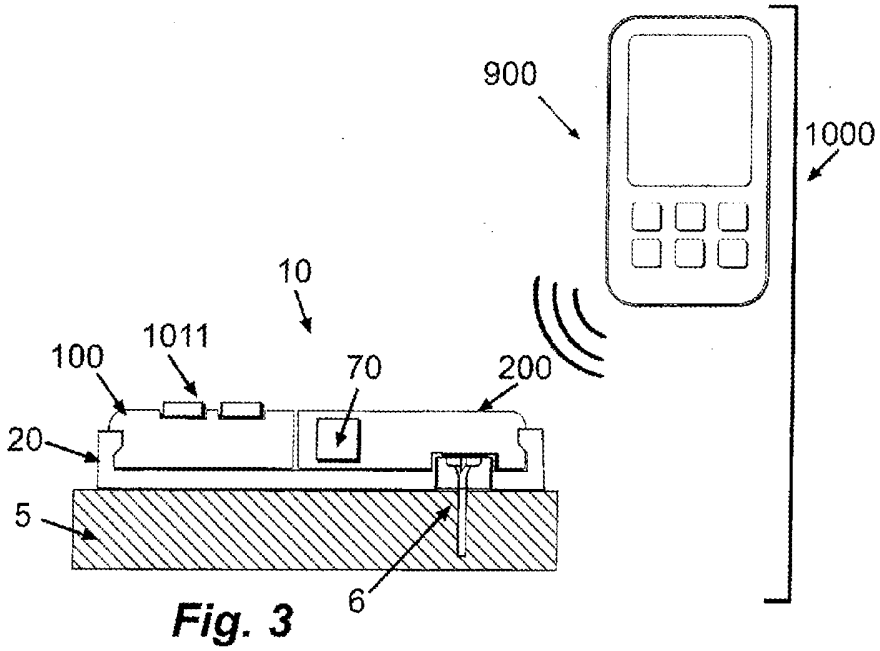

Fig. 3

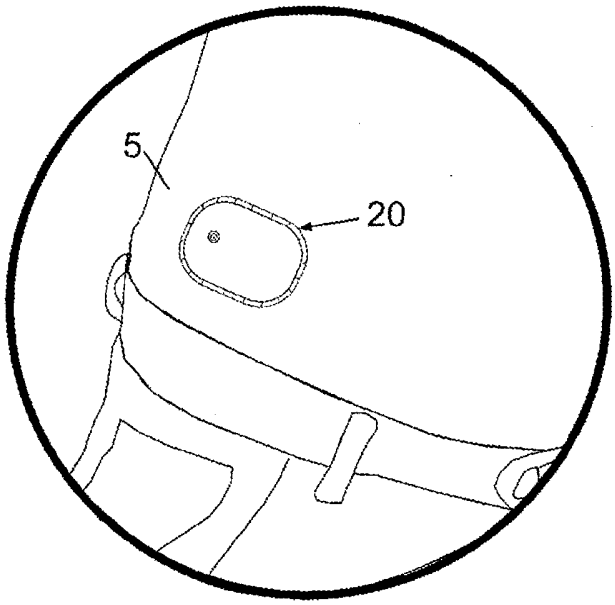

Fig. 4a

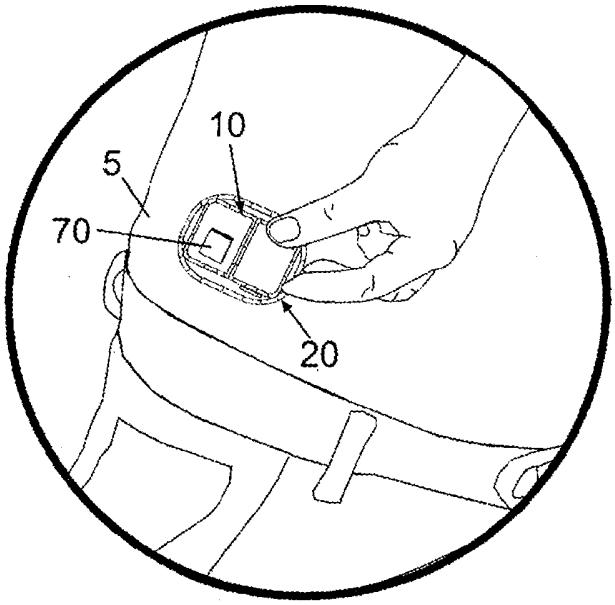

Fig. 4b

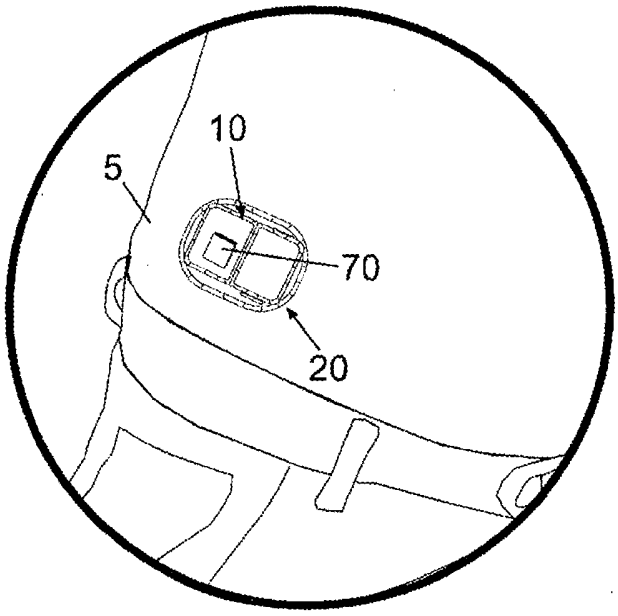

Fig. 4c

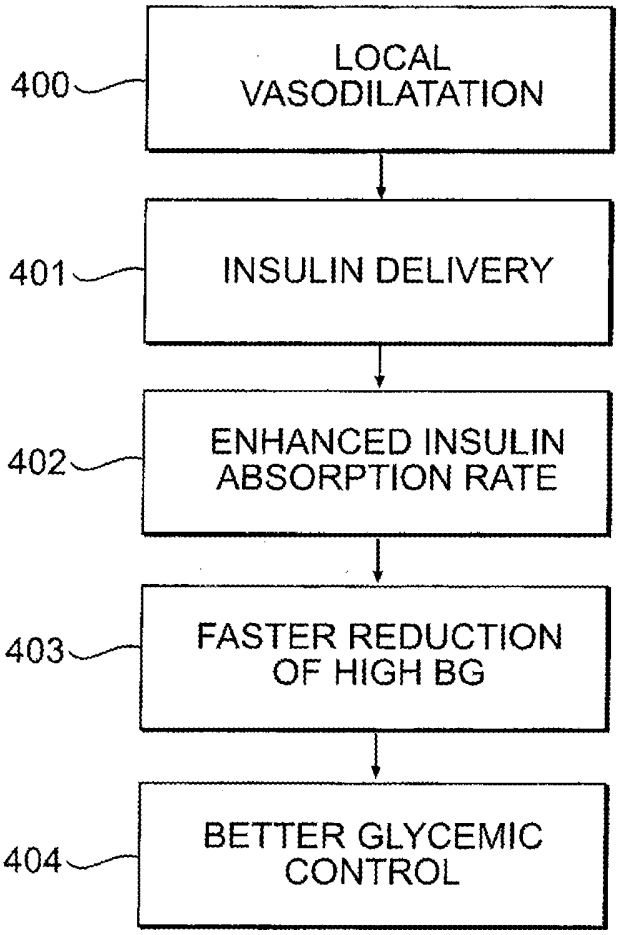
400
LOCAL VASODILATATION
401
INSULIN DELIVERY
402
ENHANCED INSULIN ABSORPTION RATE
403
FASTER REDUCTION OF HIGH BG
404
BETTER GLYCEMIC CONTROL

Fig. 5

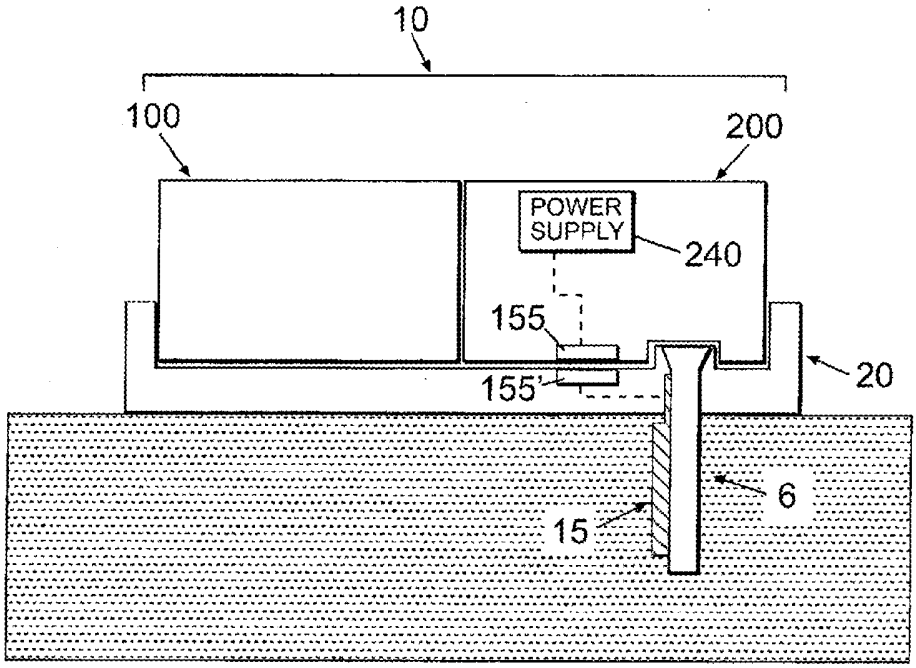

Fig. 6

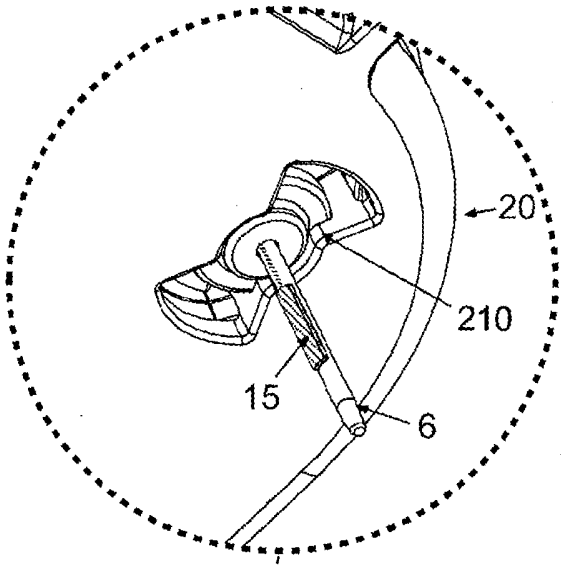

Fig. 7b

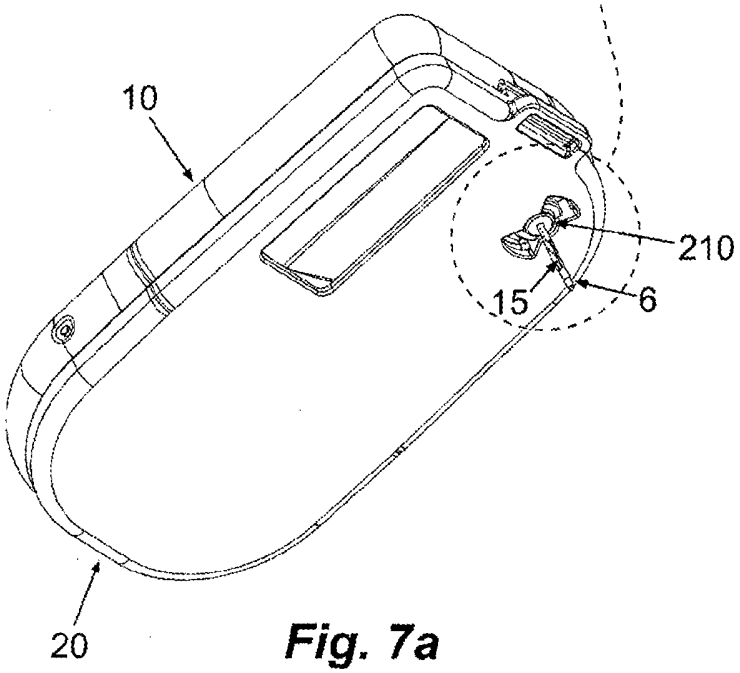

Fig. 7a

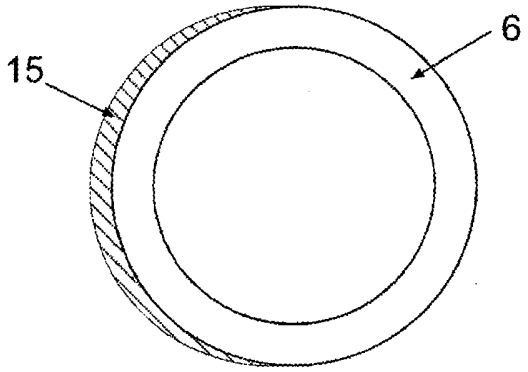

Fig. 7c

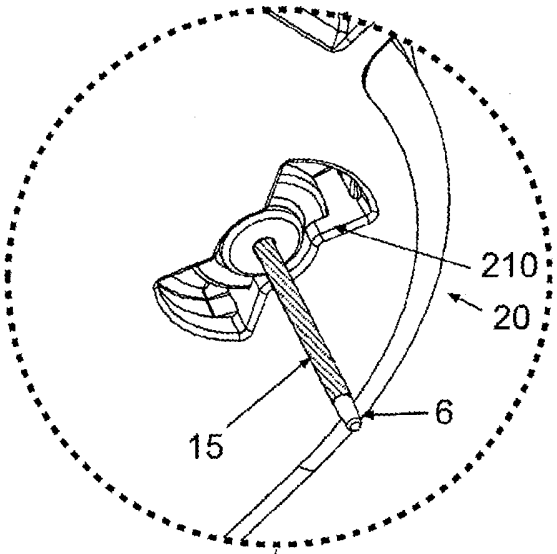

Fig. 8b

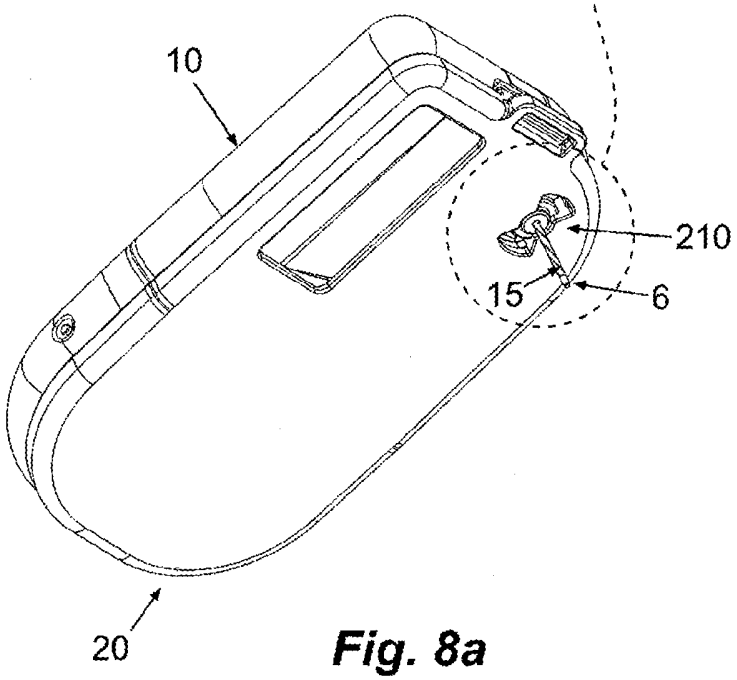

Fig. 8a

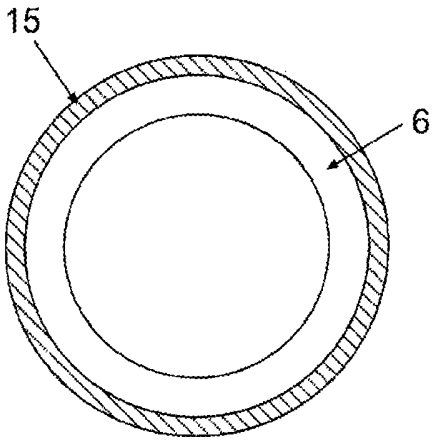

Fig. 8c

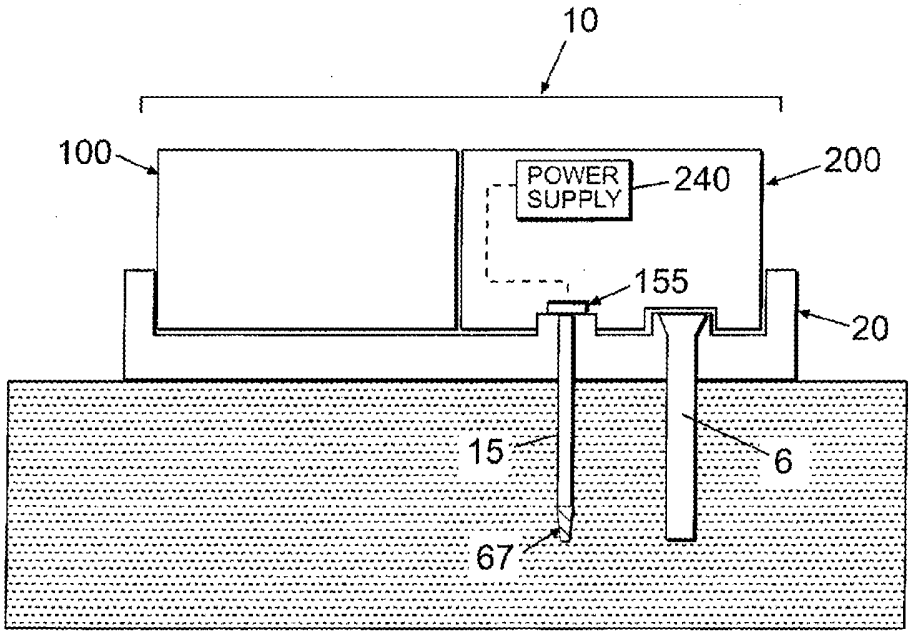

Fig. 9

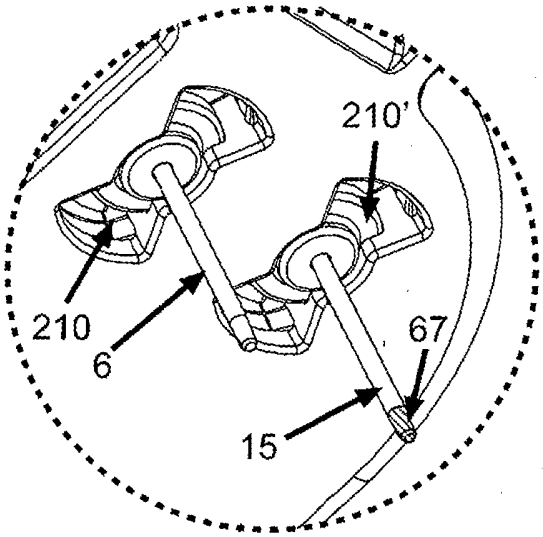

Fig. 10b

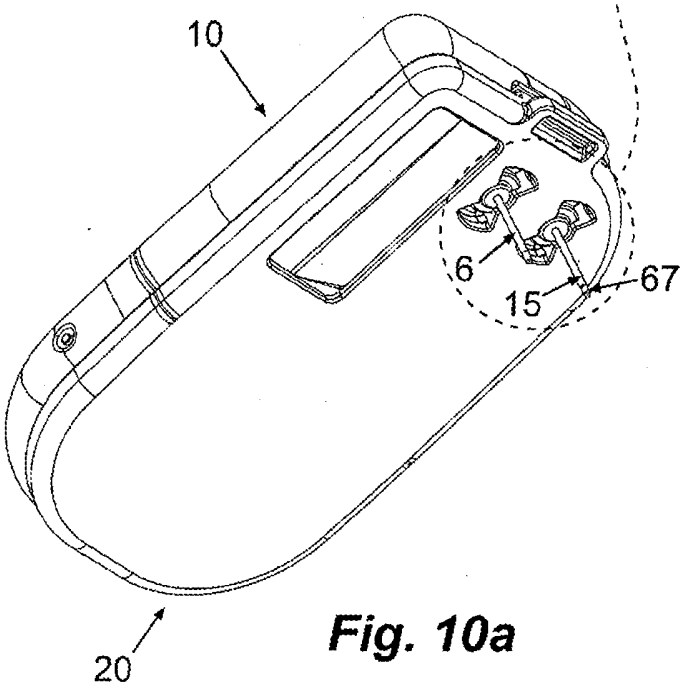

Fig. 10a

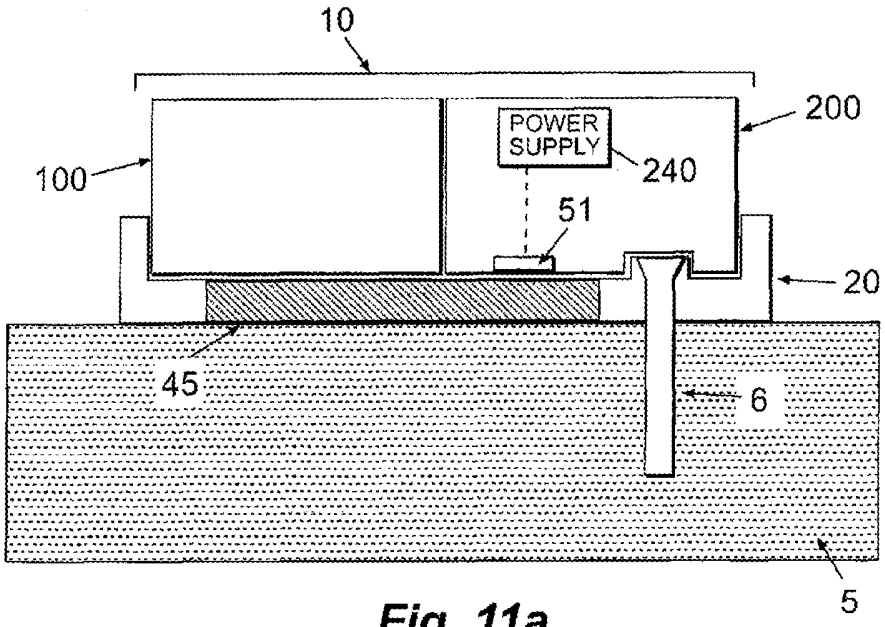

Fig. 11a

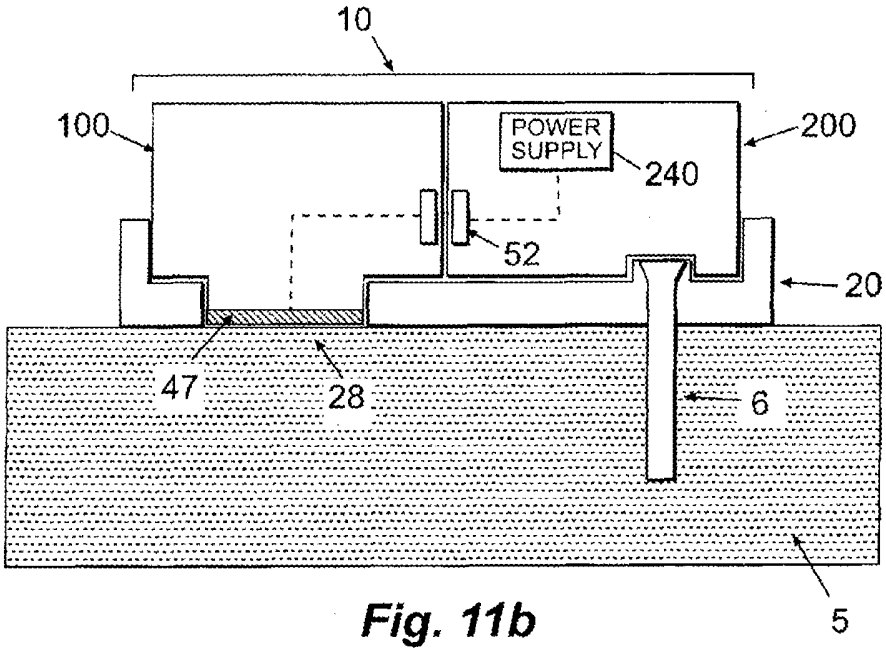

Fig. 11b

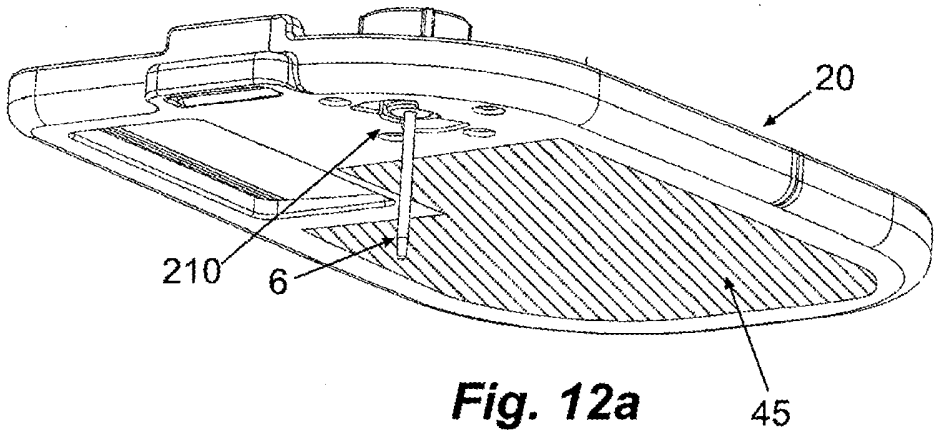

Fig. 12a

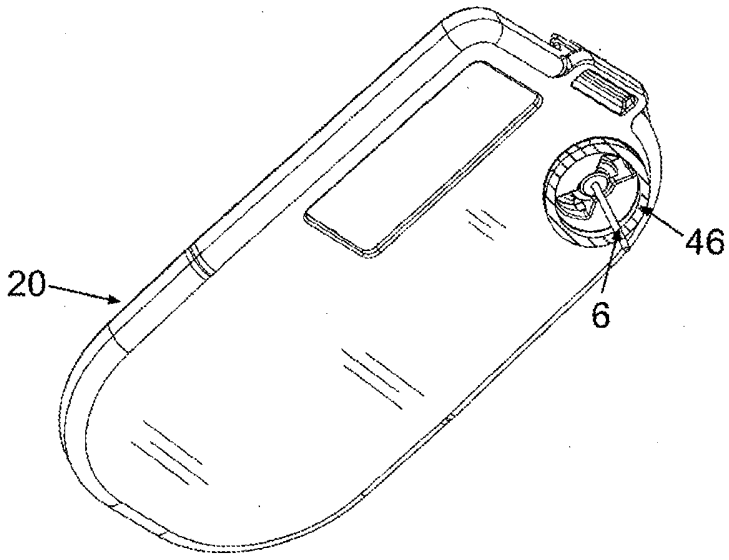

Fig. 12b

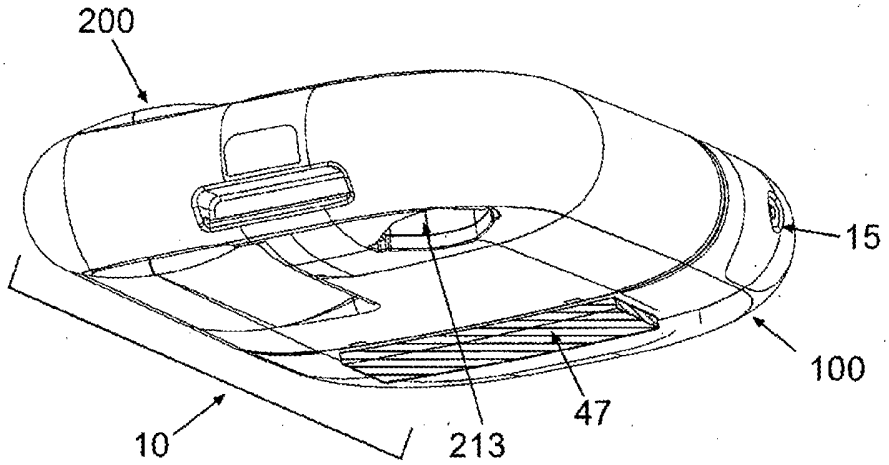

Fig. 13a

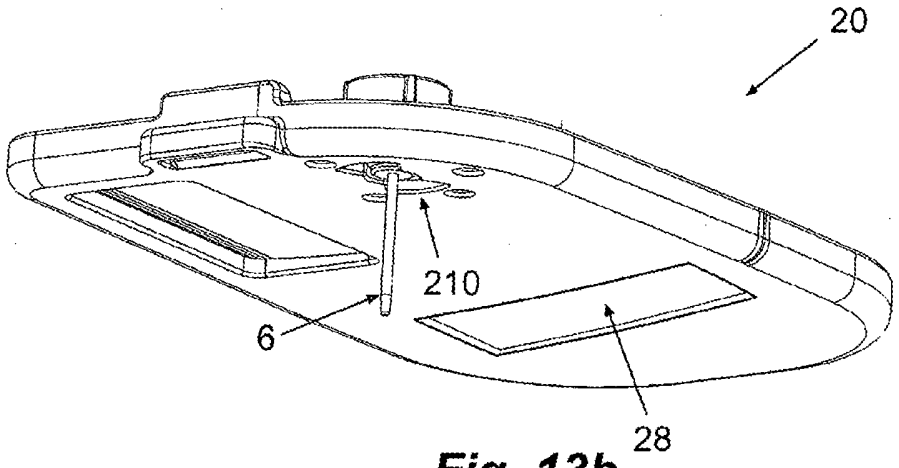

Fig. 13b

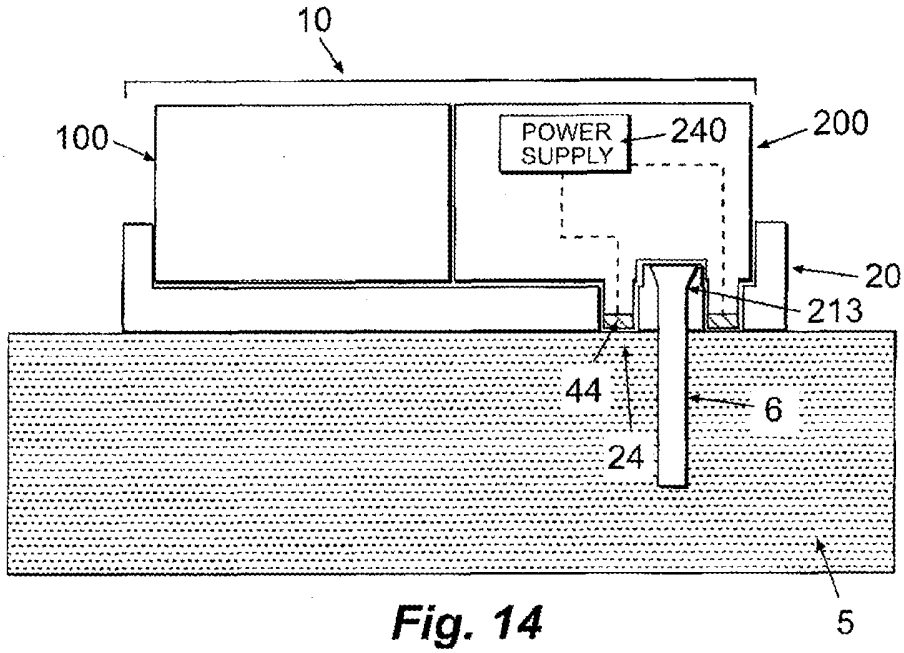

Fig. 14

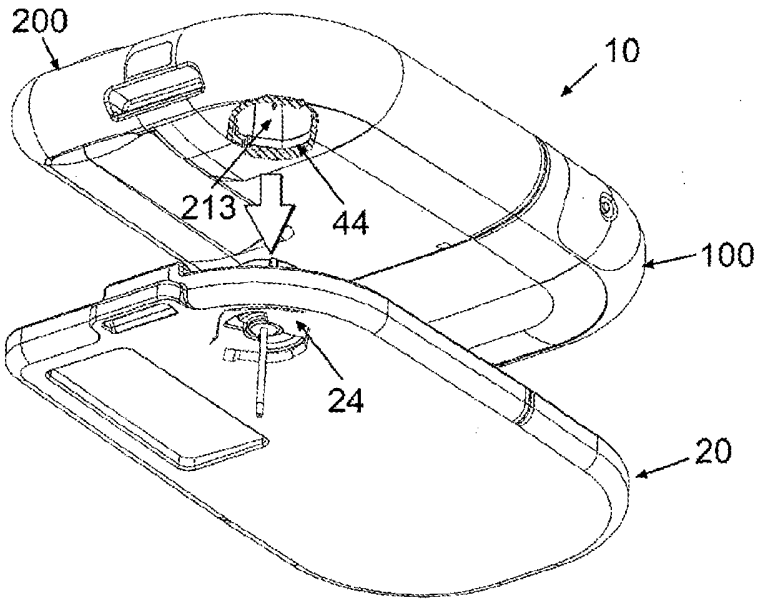

Fig. 15a

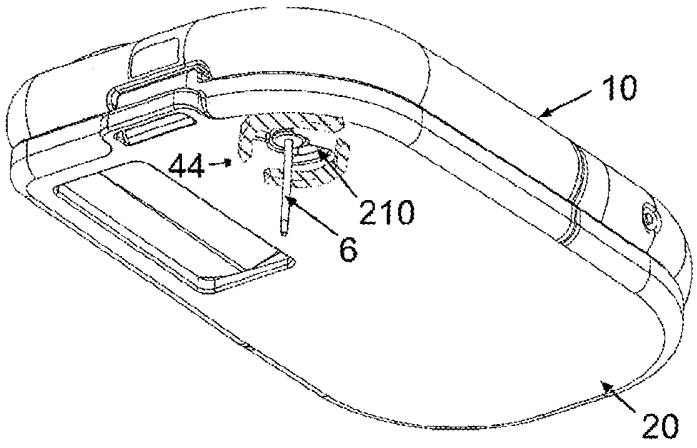

Fig. 15b

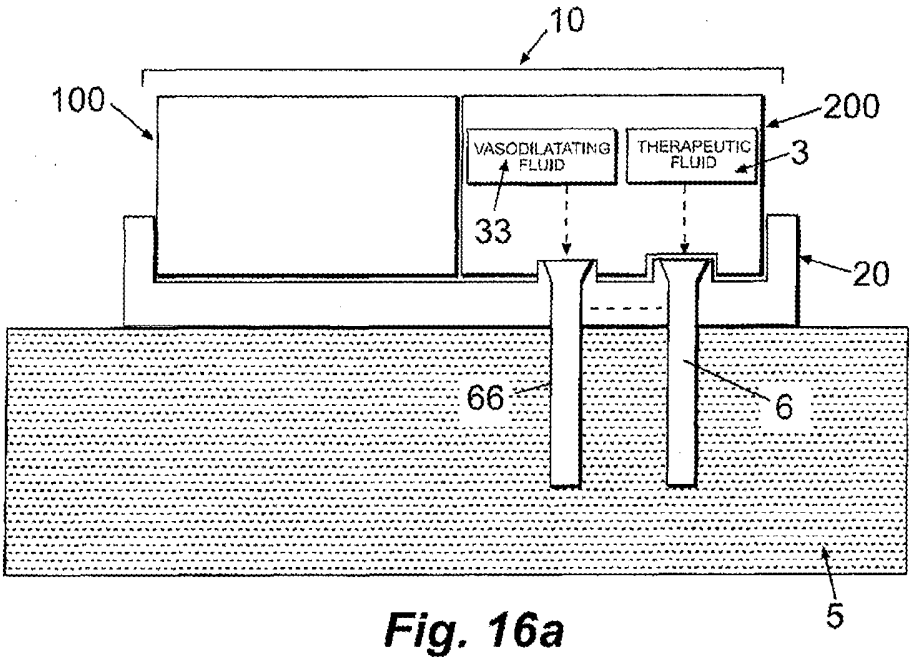

Fig. 16a

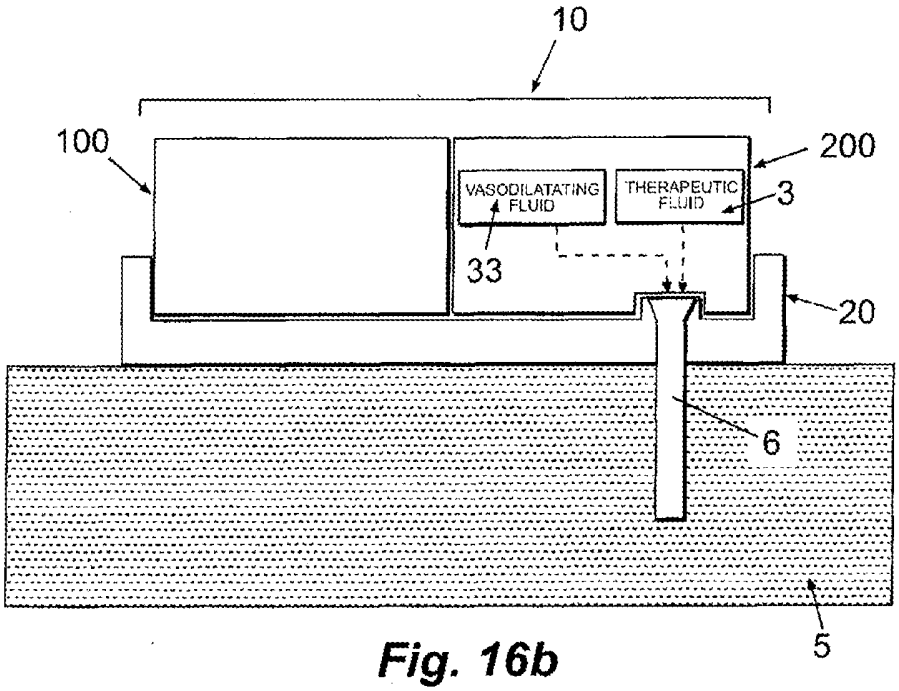
10
100
200
VASODILATATING FLUID
THERAPEUTIC FLUID
3
33
20
6
5

Fig. 16b

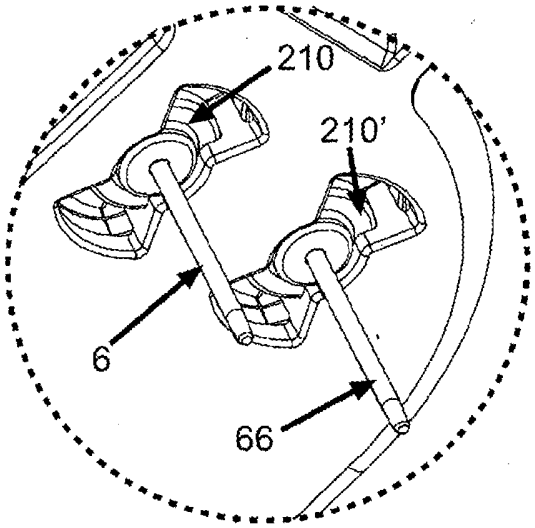

Fig. 17b

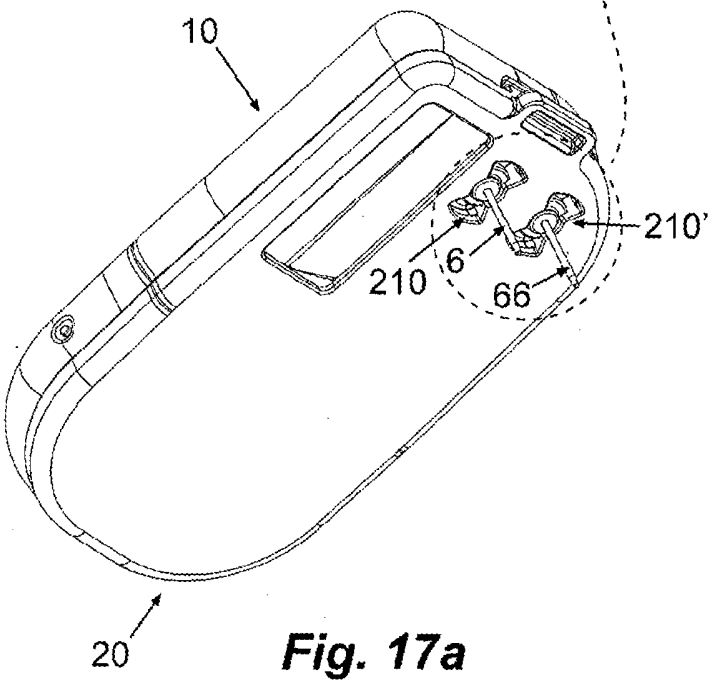

Fig. 17a

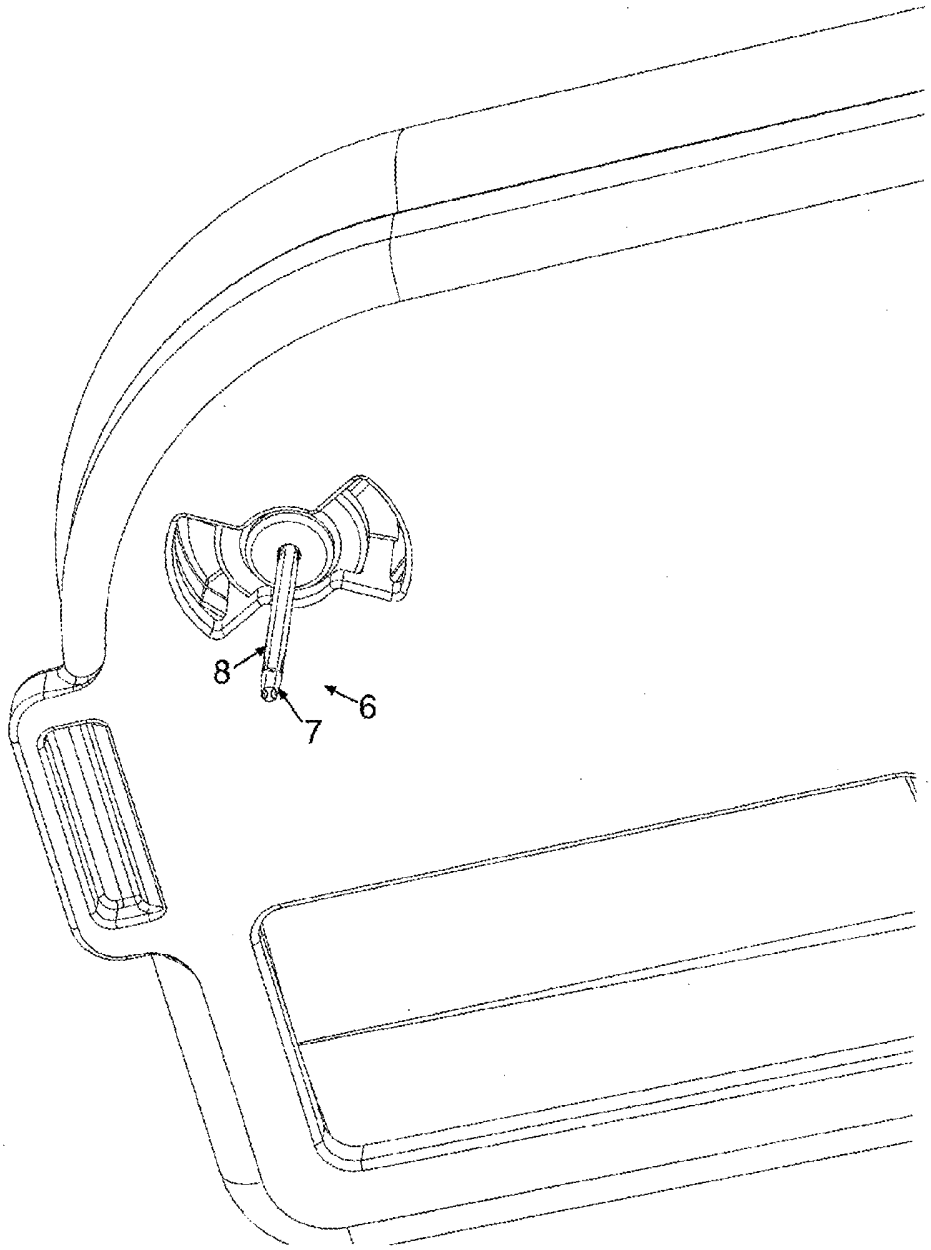

Fig. 18a

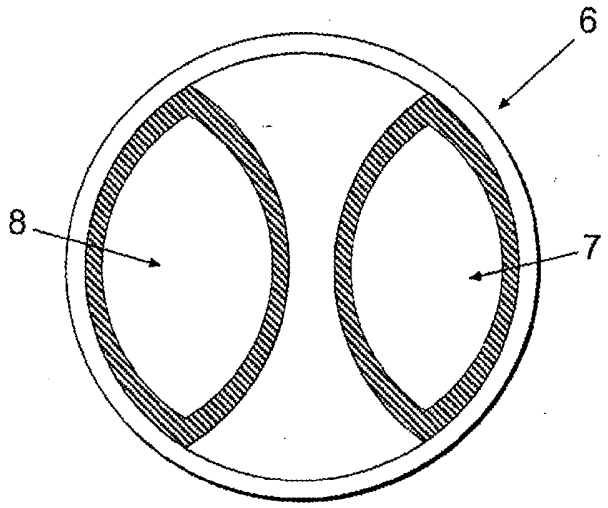

Fig. 18b

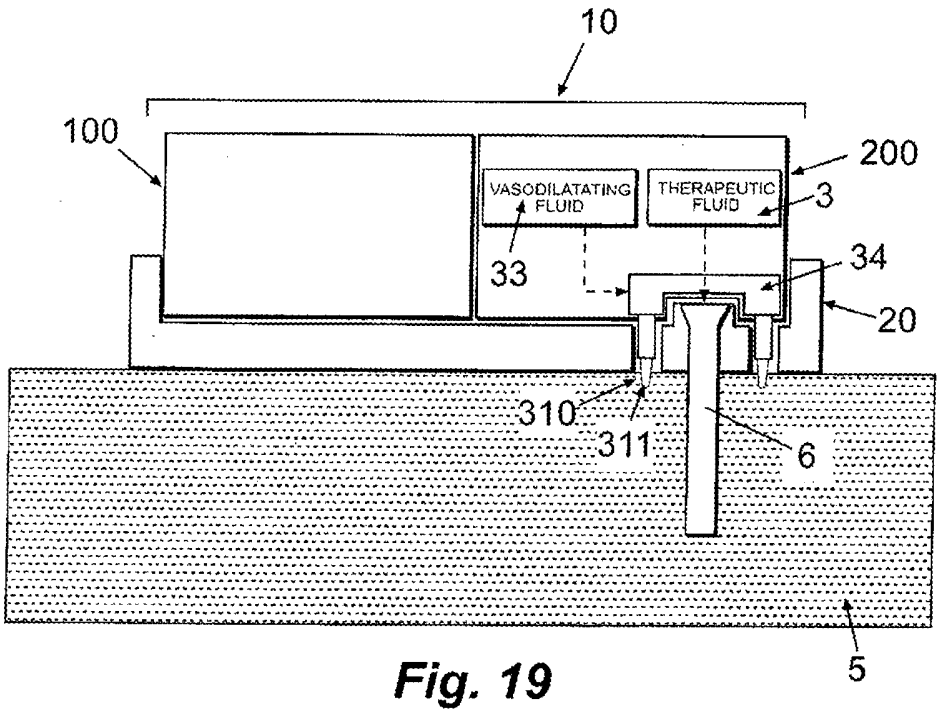

Fig. 19

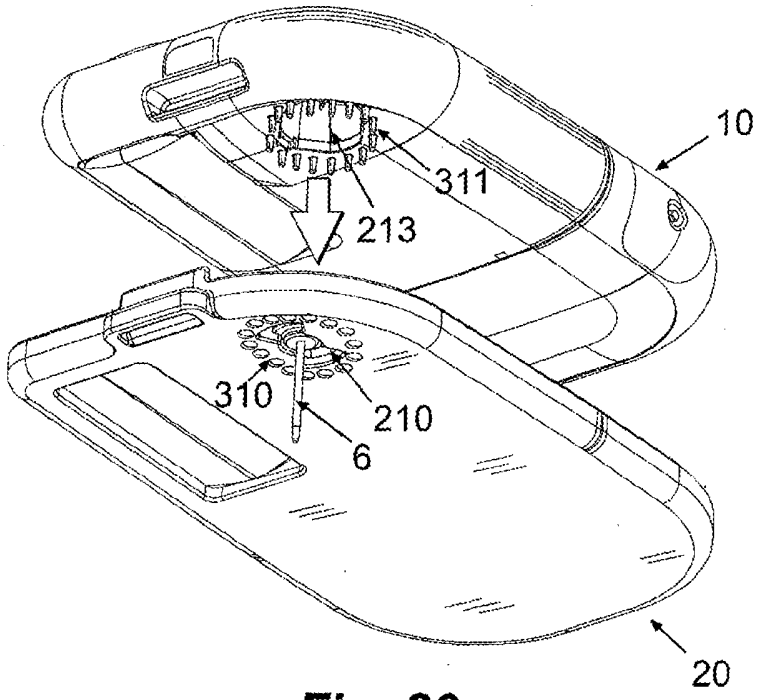

Fig. 20a

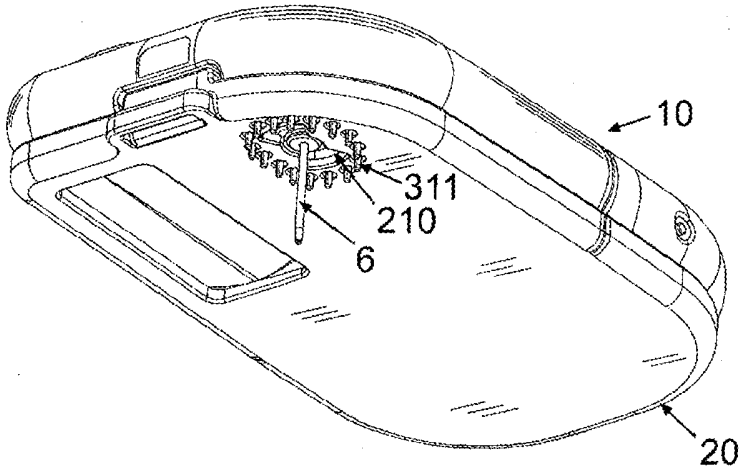

Fig. 20b

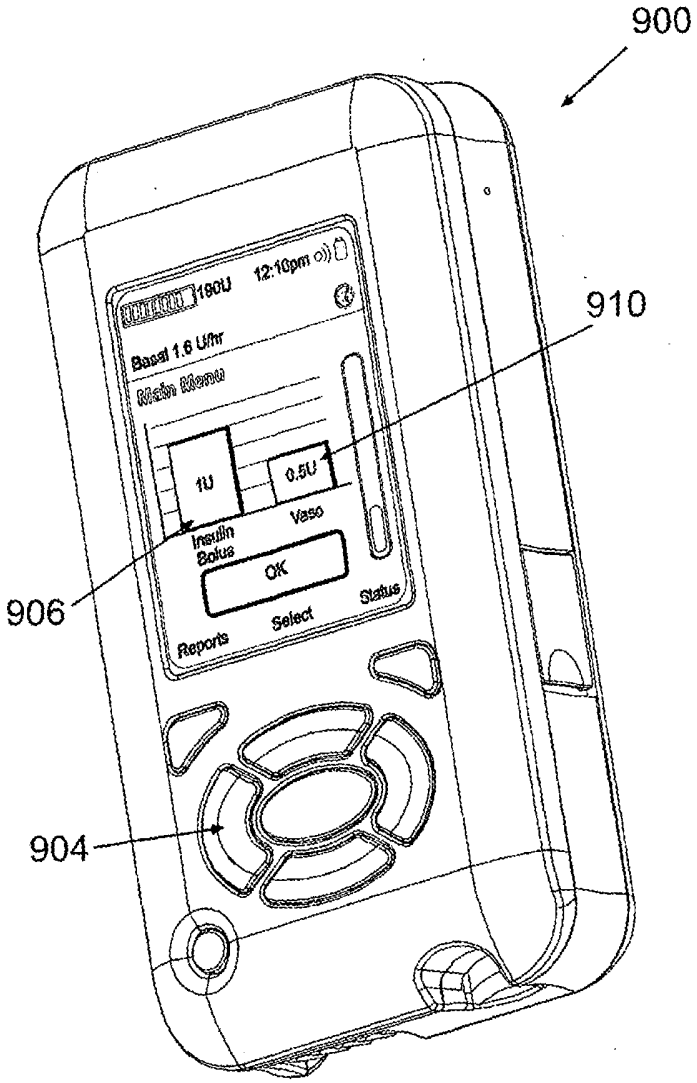
900
910
906
904
180U
12:10pm
Basal 1.6 U/hr
Main Menu
1U
0.5U
Insulin Bolus
Vaso
OK
Reports
Select
Status

Fig. 21

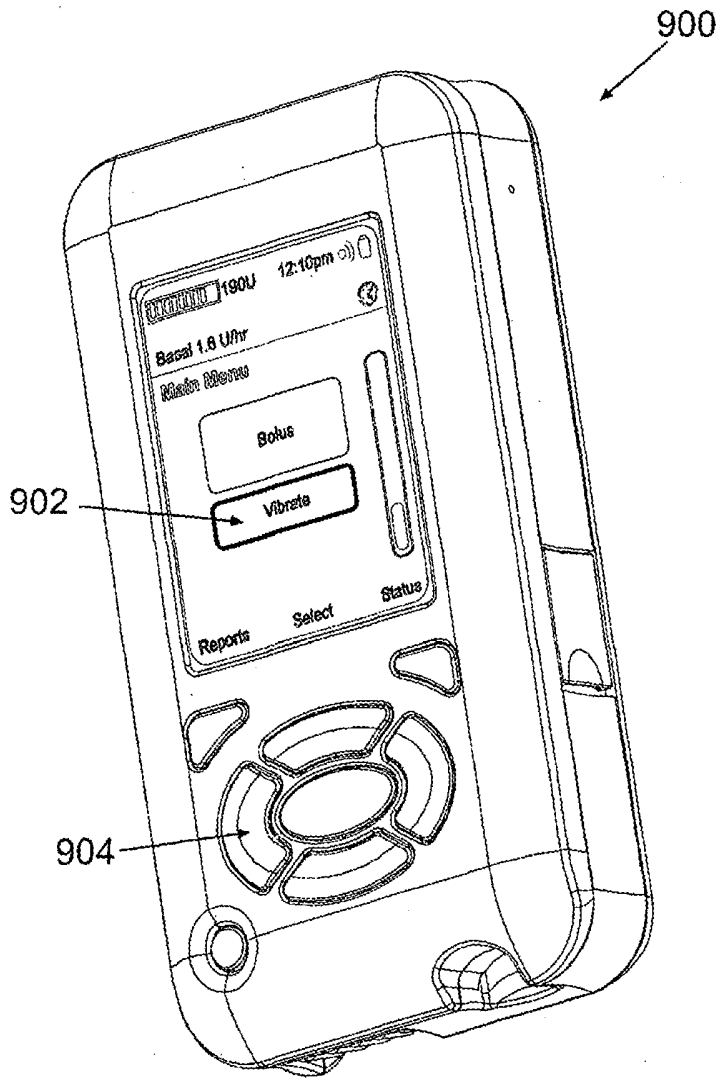
900
902
904
190U
12:10pm
Basal 1.6 U/hr
Main Menu
Bolus
Vibrate
Reports
Select
Status

Fig. 22

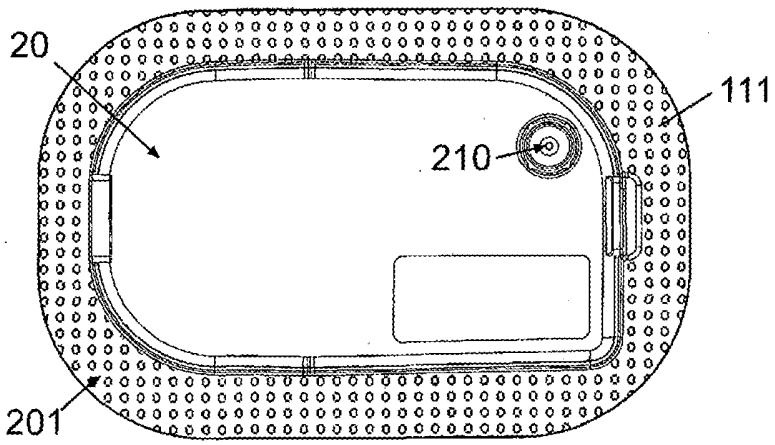

Fig. 23a

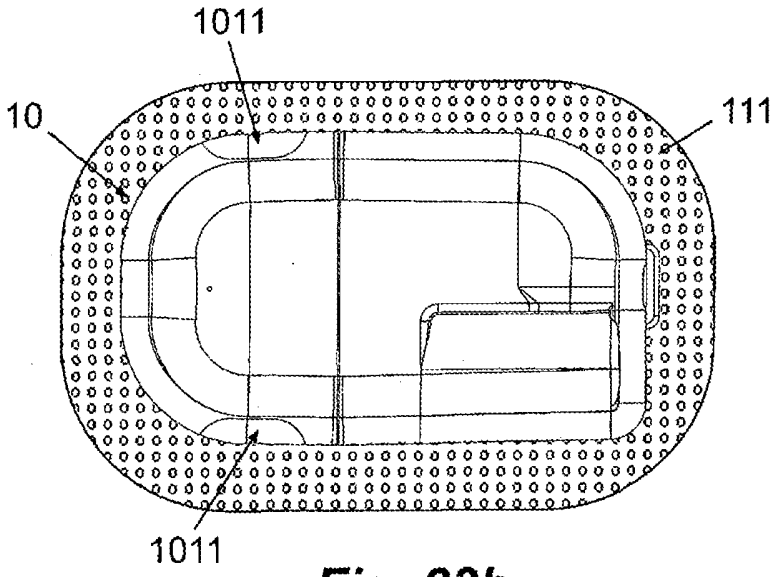

Fig. 23b

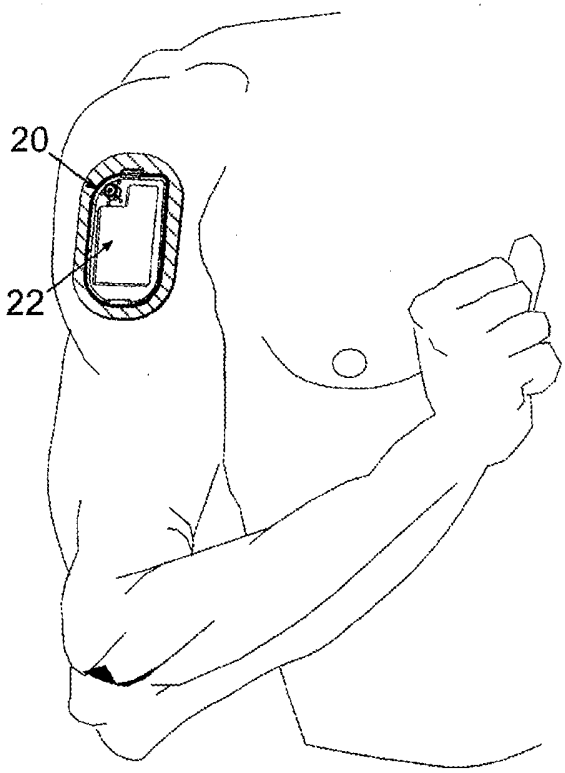

Fig. 24a

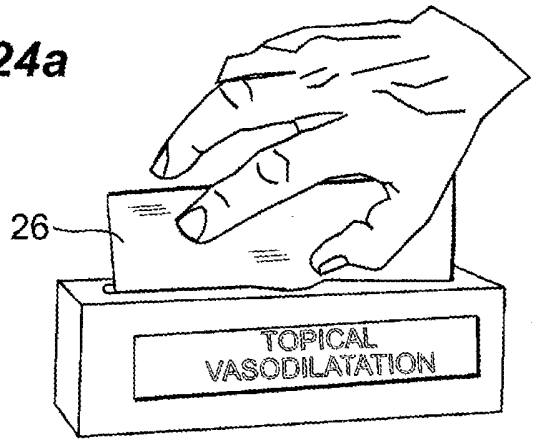

Fig. 24b

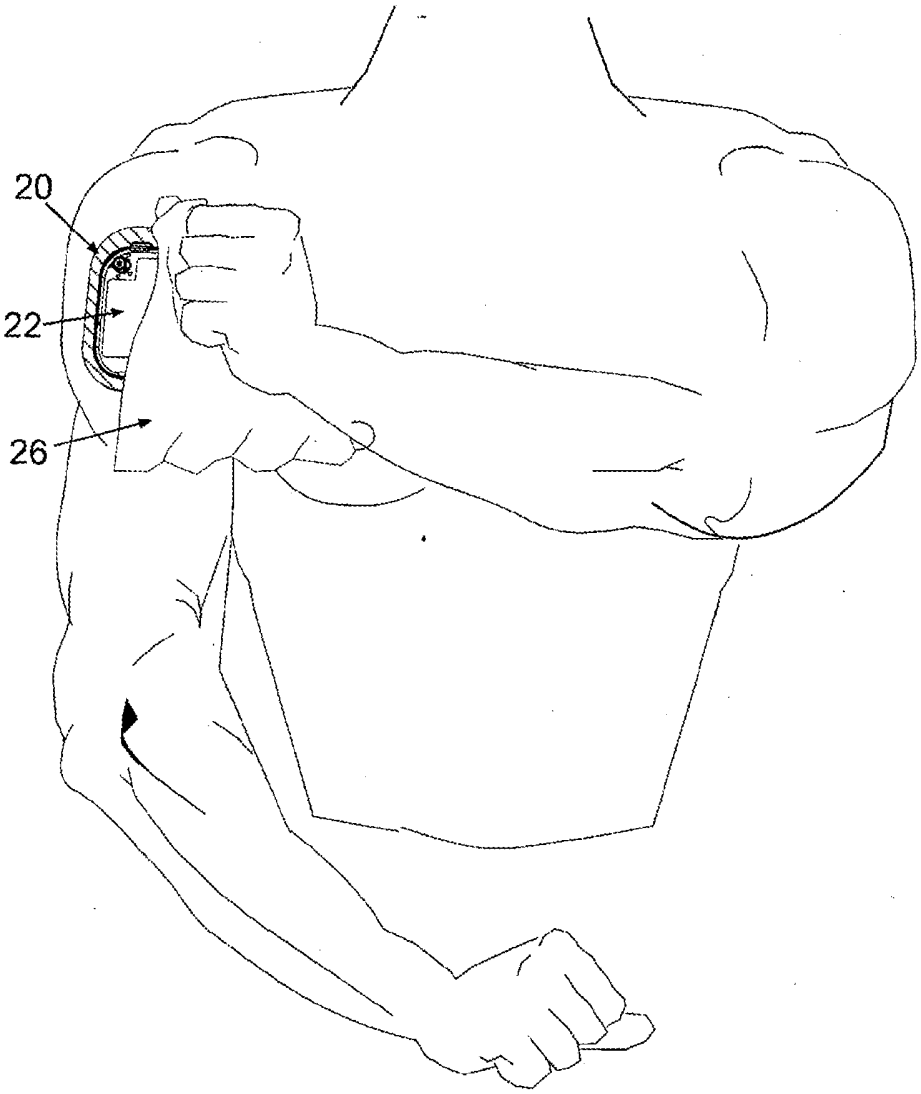

Fig. 24c

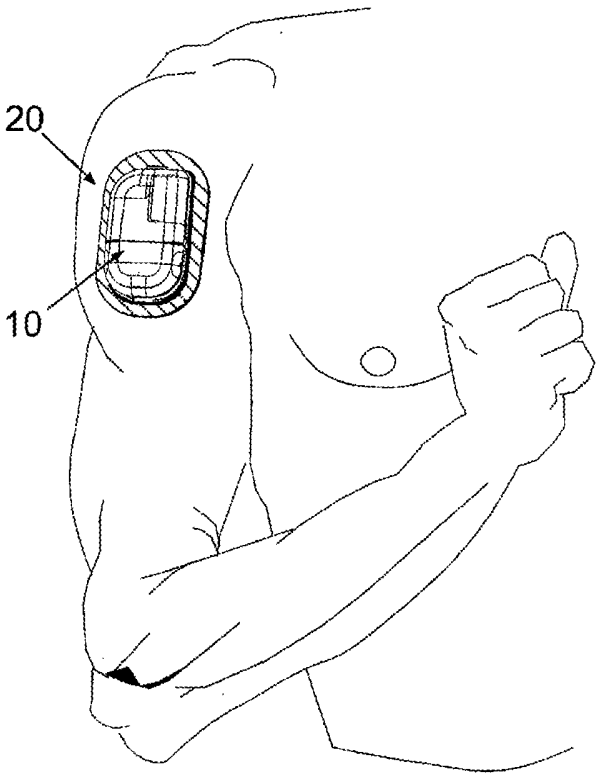

Fig. 24d

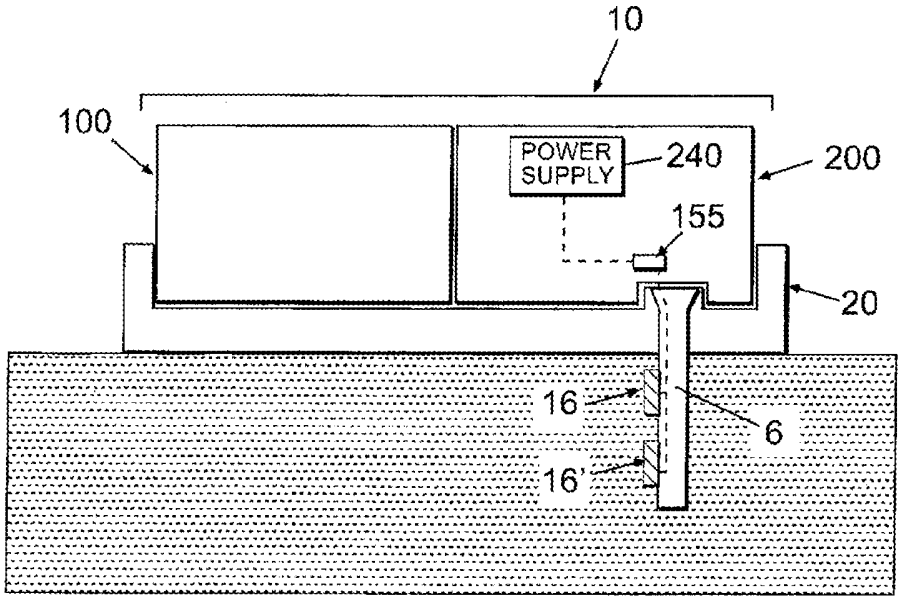

Fig. 25a

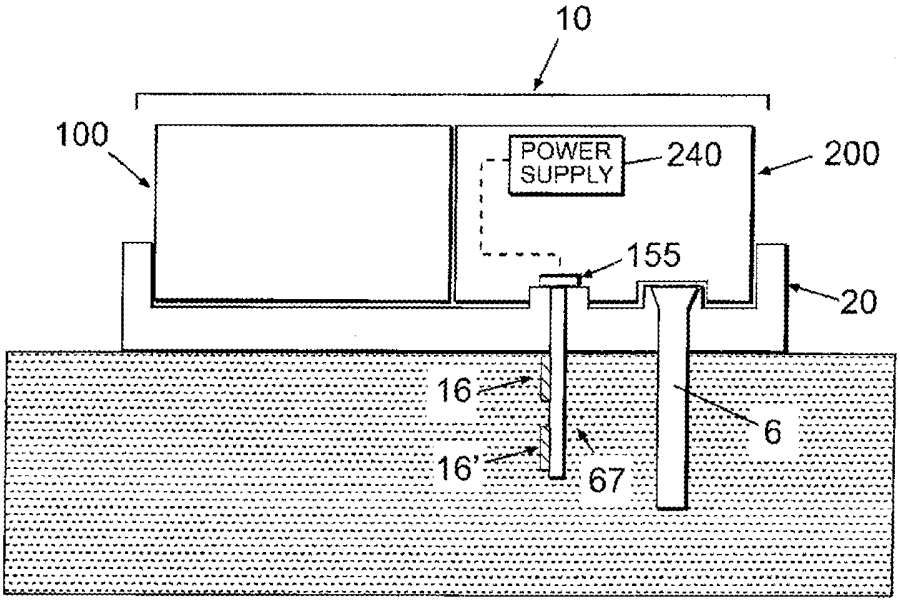

Fig. 25b

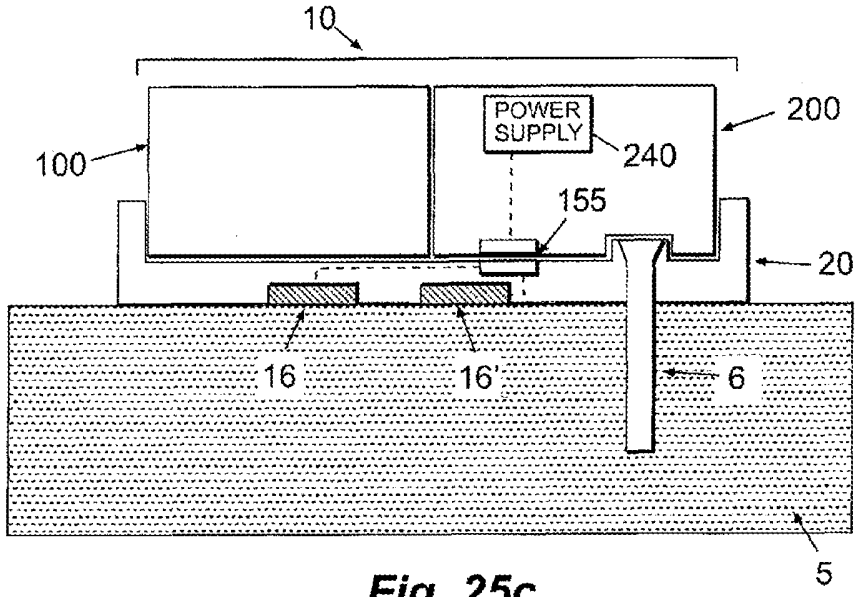

Fig. 25c

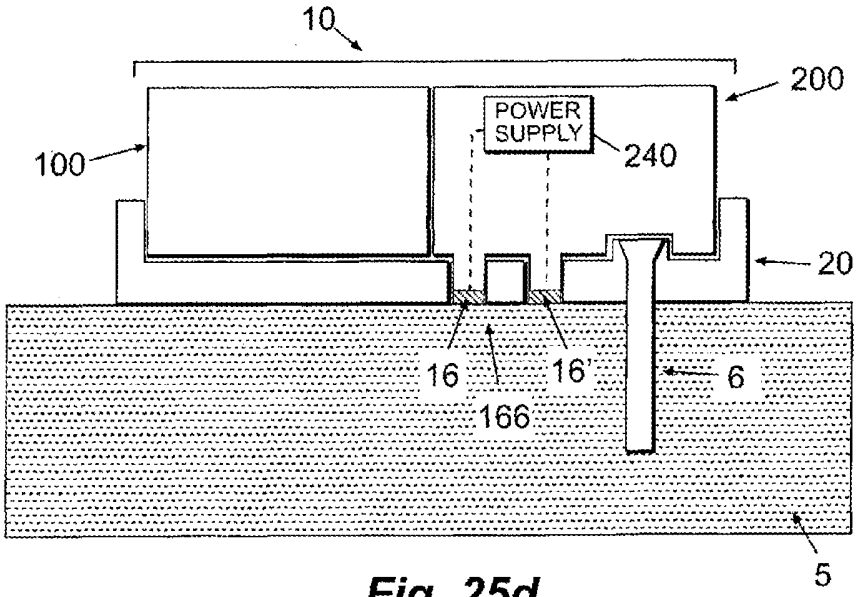

Fig. 25d

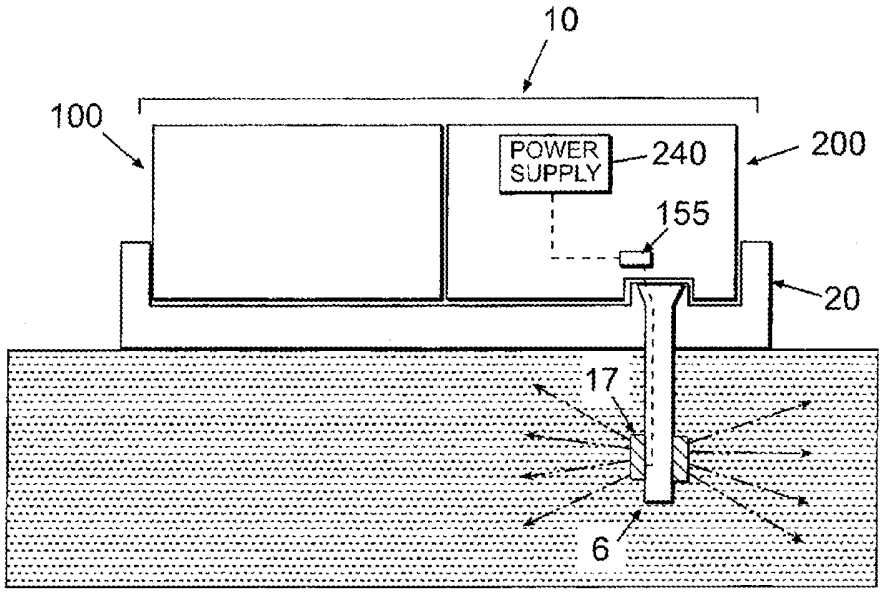

Fig. 26a

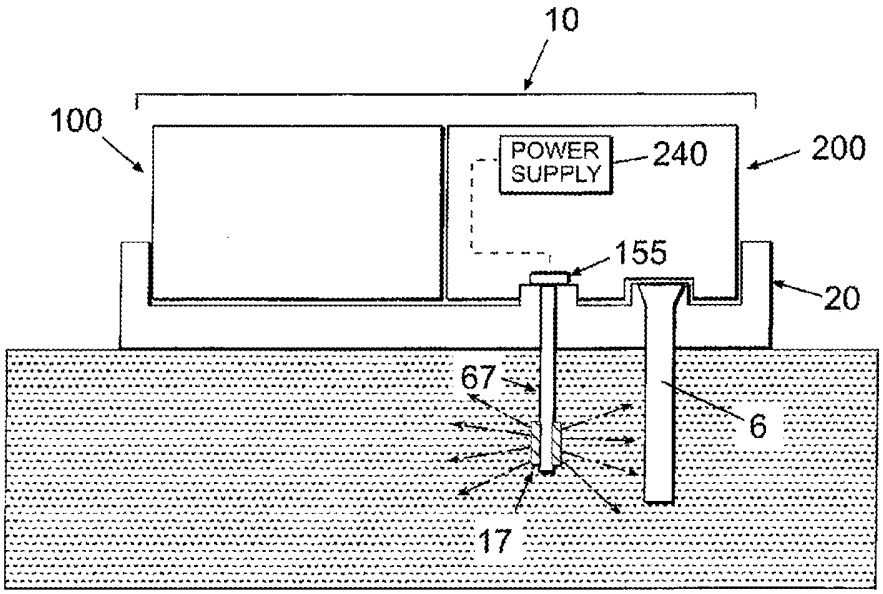

Fig. 26b

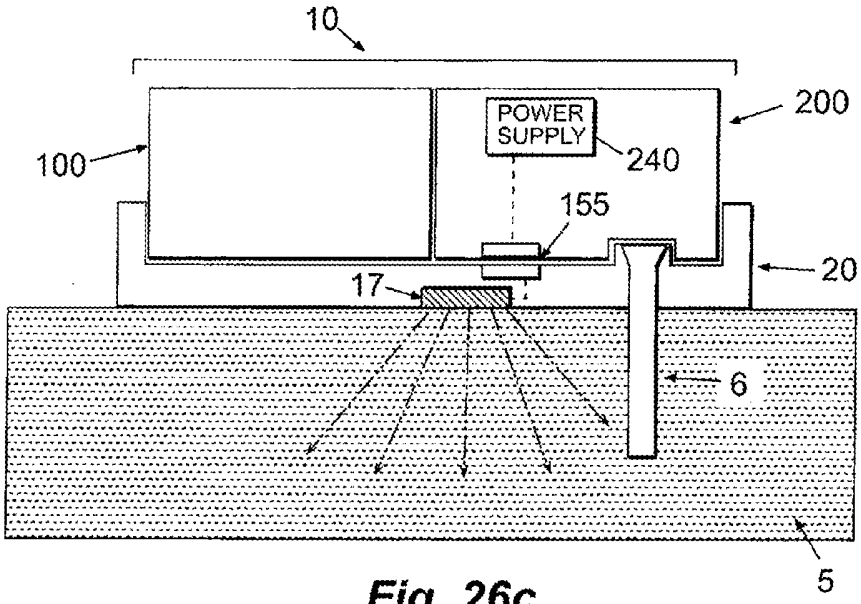

Fig. 26c

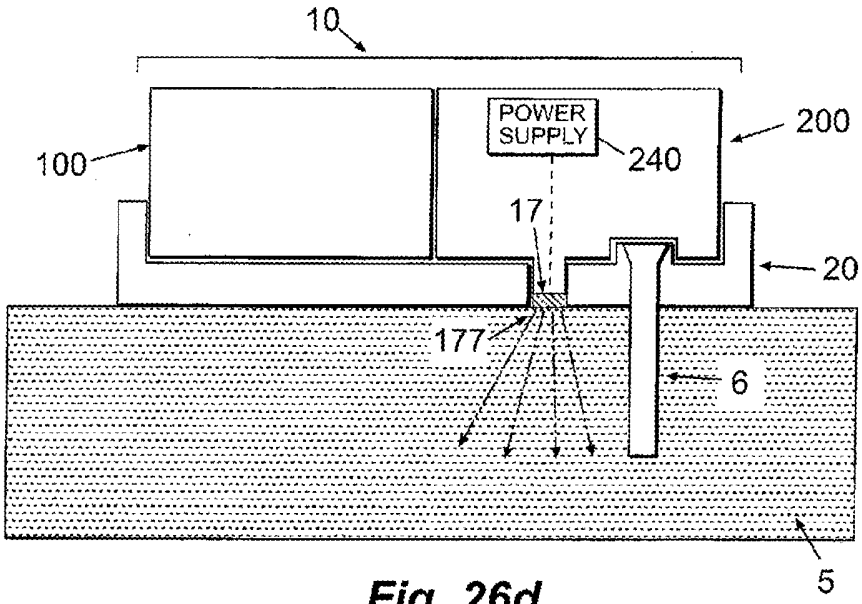

Fig. 26d