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Executive Summary

Problem: Warfarin levels are monitored either using a point of care device, conducting a PT test at the doctor's office, or scheduling a nurse to make an at-home visit. Many patients taking warfarin are elderly and have difficulty getting to the doctor's office or do not have the money to hire a visiting nurse. INR levels should be measured at least once a week to keep the patient in the therapeutic band (INR of 0.8 to 1.2). Recently, doctors have urged that a patient's INR should be tested more often than once a week because factors such as diet, exercise, metabolic rate, and gender can have a significant effect on how warfarin affects INR.

Solution: Combine an at-home INR meter with a pill dispenser. Both communicate with the doctor which prevents the patient from making frequent trips to the doctor's and ensures that the patient has normal warfarin levels at all times. The doctor will receive the patient's INR results almost instantaneously and can modify the patient's dosage and dispense it at the patient's home.

Clinical Need

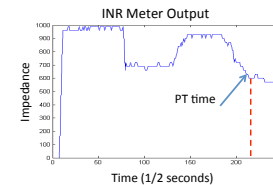
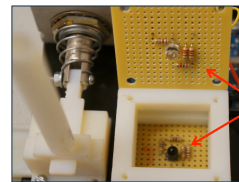
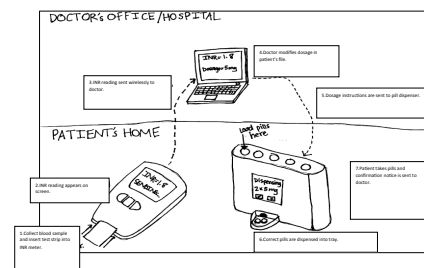
- Approximately **7 million** people in the United States monitor their warfarin levels on a weekly basis.
- **Too much warfarin:** Bruising, hemorrhage, uncontrolled internal bleeding.
- **Too little warfarin:** Clots form that cause stroke or heart attack.
- Warfarin levels should be tested at least once a week.
- Almost half of initial dosages prescribed to patients are inaccurate because the doctor can only make an initial guess at the appropriate dosage.

Description of Market

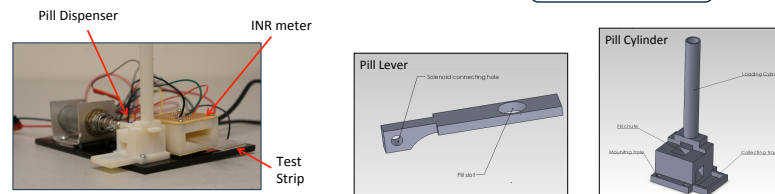
Less than 10 INR meters are currently on the market and only 5% of patients taking warfarin use at-home meters. Some of the companies that make these meters have a system set up where the patient can call a number and report their results to their doctor. However, this may be difficult for elderly patients to do on their own. There are also several automated pill dispensers that exist, but none are specifically for anti-coagulants and none involve wireless communication. Our device will target the 95% of patients who do not use at-home monitoring due to lack of comfort with the technology. The pill dispenser part of our device will also appeal to people who do not have the time or ability to go to the pharmacy.

Description of Design

- Step 1:** Collect blood sample and insert test strip into meter.
Step 2: INR reading appears on screen.
Step 3: INR reading is sent wirelessly to the doctor.
Step 4: Doctor modifies dosage (if needed) in patient's file.
Step 5: Dosage instructions are sent wirelessly to the pill dispenser.
Step 6: Correct pills are dispensed.
Step 7: Confirmation notice sent to doctor.



$$INR = (PT_{test}/PT_{normal})^{ISI}$$



Novelty of Concept

- Combination of pill dispenser, INR meter, and wireless communication is what is novel.
- The combination of steps makes monitoring easier for elderly patients and encourages them to check their levels more often.
- There are several INR meters on the market, but none automatically communicate data to the doctor.
- General purpose pill dispensers exist, but doctor can not program them to dispense pills from the office.

Estimation of Product Cost

Part Description	Required Quantity	Quantity Unit	Unit Cost (\$)	Total Cost (\$)
INR Measurements				
Test Strip	1	each	4	4
Diode (red)	1	each	2.24	2.24
Current IR LED (2840-nm)	1	each	2.18	2.18
Pin	1	each	25	25
Microcontroller with Wi-Fi	1	each	25	25
Display	1	each	4.50	4.50
LED Screen	1	each	1	1
Buttons	1	each	1	1
Dispenser Components with Software				
Open Source Software	1	license	0	0
Software Development Salary	1	hour	100000	100000
Pill Dispenser 2-Dimensional Components				
Loadcell Pin	0.015	each	75	1.125
IR LED	0.150	each	25	3.75
Pill Dispenser Cap	0.020	each	75	1.50
Pill Dispenser Air Gear	0.1	each	25	2.5
Pill Lever	0.005	each	75	0.375
Pill Lever	0.005	each	25	0.125
Microcontroller with Wi-Fi	1	each	25	25
Display	1	each	1	1
LED Display	1	each	1	1
TOTAL COST PER UNIT				\$111.64
ESTIMATED COST				\$111,640

Anticipated Regulatory Pathway

Our device is similar to existing INR meters and automatic pill dispensers. Both of these devices have been approved by the FDA and are Class II devices. We will utilize a 510(k) approval process for My-NR.

Acknowledgements

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