sphingotest® bio-ADM
A Marker for Acute Heart Failure
Diagnosis of Incomplete Decongestion and Guidance of Diuretic Therapy

Reliable
• Worldwide validated in ten-thousands of patients
• Simple and robust cut-off
• Independent of comorbidities and inflammation

Practical
• Blood e.g. plasma as sample matrix
• Stable at room temperature
• 1 hour to result

Valuable
• Reflects severity of congestion
• Enables close monitoring of diuretic therapy
• Supports discharge decision by recognition of complete decongestion

For further information please contact:
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bio-ADM reflects the status of congestion in acute heart failure

sphingotest® bio-ADM is the only immunoassay to measure the plasma level of the biological active Adrenomedullin, a vasoactive hormone that regulates blood pressure and vascular integrity.

Serial measurement of bio-ADM supports close monitoring of diuretic therapy in acute heart failure and enables early diagnosis of incomplete decongestion.

Simple validated cut-off

<table>
<thead>
<tr>
<th>Congestion</th>
<th>bio-ADM concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete decongestion</td>
<td></td>
</tr>
<tr>
<td>70 pg/mL</td>
<td></td>
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</tbody>
</table>

Most patients with acute heart failure (AHF) suffer from symptoms of congestion. High level of bio-ADM at admission identifies patients who will benefit from a decongestion therapy e.g. by diuretic treatment.

bio-ADM level correlates with the severity of congestion. Thereby bio-ADM supports decisions on diuretic therapy to achieve the primary goal of complete decongestion.

To assess congestion status and monitor diuretic therapy, To ensure complete decongestion and improve hospital outcomes, Incomplete decongestion is the major reason forrehospitalization and post-discharge mortality in AHF patients. Diuretic therapy should be continued for patients with high bio-ADM plasma levels > 70 pg/mL. Decreasing bio-ADM levels show if a patient is responding to the diuretic therapy. A decrease in bio-ADM concentration below the cut-off indicates complete decongestion.
To assess congestion status and monitor diuretic therapy

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High level of bio-ADM at admission identifies patients who will benefit from a decongestion therapy e.g. by diuretic treatment.

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Admission

AHF patient requires diuretics

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Monitoring of diuretic therapy

Successful treatment

bio-ADM concentration

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70 pg/mL

Complete decongestion

bio-ADM in normal range

High risk of rehospitalization and mortality

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Low risk of rehospitalization

Successful treatment

Complete decongestion
To ensure complete decongestion and improve hospital outcomes

Incomplete decongestion is the major reason for rehospitalization and post-discharge mortality in AHF patients.

Diuretic therapy should be continued for patients with high bio-ADM plasma levels > 70 pg/mL.

Decreasing bio-ADM levels show if a patient is responding to the diuretic therapy.

A decrease in bio-ADM concentration below the cut-off indicates complete decongestion.

Discharge

Complete decongestion

high risk of rehospitalization and mortality

bio-ADM in normal range

low risk of rehospitalization and mortality
bio-ADM reflects the status of congestion in acute heart failure. sphingotest® bio-ADM is the only immunoassay to measure the plasma level of the biological active Adrenomedullin, a vasoactive hormone that regulates blood pressure and vascular integrity. Serial measurement of bio-ADM supports close monitoring of diuretic therapy in acute heart failure and enables early diagnosis of incomplete decongestion.

Simple validated cut-off

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To assess congestion status and monitor diuretic therapy

To ensure complete decongestion and improve hospital outcomes

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sphingotest® bio-ADM: A marker for incomplete decongestion

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sphingotest®

acute biomarkers

sphingotest® bio-ADM
Prediction, Diagnosis and Monitoring of Acute Circulatory Failure e.g. in Sepsis and Incomplete Decongestion in Acute Heart Failure

sphingotest® penKid
Prediction, Diagnosis and Monitoring of Acute Kidney Injury

Early prediction for early intervention

Close monitoring for discharge decision

Unaffected by comorbidities and inflammation

Simple and robust cut-off

Easy handling of blood samples

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