B·R·A·H·M·S Copeptin proAVP

in your endocrine clinical practice

Arginine Vasopressin (AVP/ADH) is a well-known hormone but due to technical limitations it is difficult to measure in routine. With its stable surrogate copeptin (C-Terminal end of AVP precursor) you can now overcome the limitation of vasopressin measurement.[1]

"Quantification of AVP can be difficult, but copeptin is stable in plasma and can be easily measured with a sandwich immunoassay."
Christ-Crain M, Nature Reviews Endocrinology (2016)[2]

→ Copeptin shows superiority as a diagnostic tool for diabetes insipidus

"The direct measurement of hypertonic saline–stimulated plasma copeptin had greater diagnostic accuracy than the water-deprivation test in patients with hypotonic polyuria."

Fenske W, New England journal of Medicine (2018)[8]

Advantages of the B·R·A·H·M·S™ Copeptin proAVP KRYPTOR™:

- ✓ **Stable:** at room temperature for seven days[3]
- ✓ **Reliable:** correlates better with serum osmolality than vasopressin itself[5,6,7]
- ✓ **Quick:** results available in less than 30 minutes
- ✓ **Convenient:** reduces the burden of the water deprivation test for patients[2]
- ✓ **Easy to measure:** with the automated B·R·A·H·M·S™ KRYPTOR™ instrument
- ✓ **Precise:** sandwich immunoassay using Nobel Prize winning TRACE technology

→ No dependency on time of the day for its measurement in clinical routine[4]

B·R·A·H·M·S Copeptin proAVP reference values in relation to plasma osmolality[5,6,7]

Plasma osmolality [mmol/kg]	B·R·A·H·M·S Copeptin proAVP [pmol/L]
270 - 280	0.81 - 11.6
281 - 285	1.0 - 13.7
286 - 290	1.5 - 15.3
291 - 295	2.3 - 24.5
296 - 300	2.4 - 28.2

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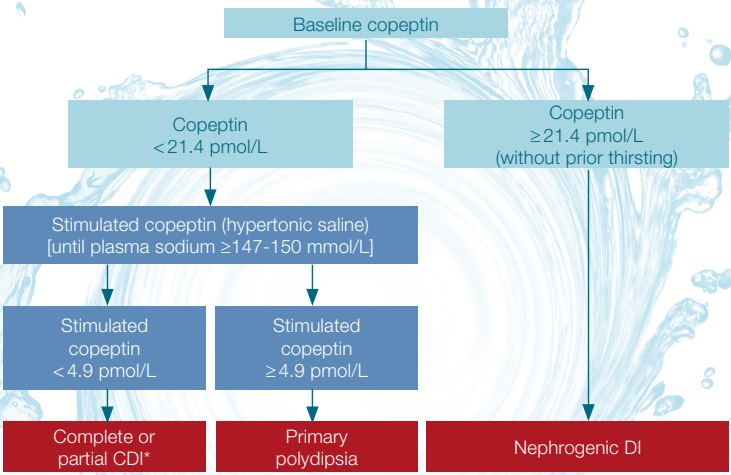
Copeptin – the better vasopressin

For the differential diagnosis of polyuria-polydipsia syndrome

- polyuria-polydipsia syndrome (suspected diabetes insipidus)
- excessive fluid intake and excessive urine volume
- urine osmolality low, serum osmolality high



A diagnostic workflow for the differential diagnosis of polyuria - polydipsia syndrome, modified from Christ-Crain M et al., Nat Rev Endocrinol. 2016;12(3):168-76[1]

* CDI (Central Diabetes Insipidus), Nephrogenic DI (Nephrogenic Diabetes Insipidus)

Sources:

1. Fenske W, 2018; 103(2): 505-513
2. Christ-Crain M, 2016;12(3):168-76
3. Morgenthaler NG, 2006; 52(1): 112-9
4. Beglinger S, 2017; 4737082
5. Balanescu S, 2011; 96(4): 1046-52
6. Fenske W, 2011; 96(5): 1506-15
7. Szinnai G, 2007; 92(10): 3973-8
8. Fenske W, N Engl J Med 2018; 379:428-439

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Find out more at **thermoscientific.com/copeptin**

Product is CE marked but not 510(k)-cleared and not [yet] available for sale in the U.S. Availability of product in each country depends on local regulatory marketing authorization status.

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