Hillrom™

SEVEN DAYS TO IMPROVED A-FIB DETECTION

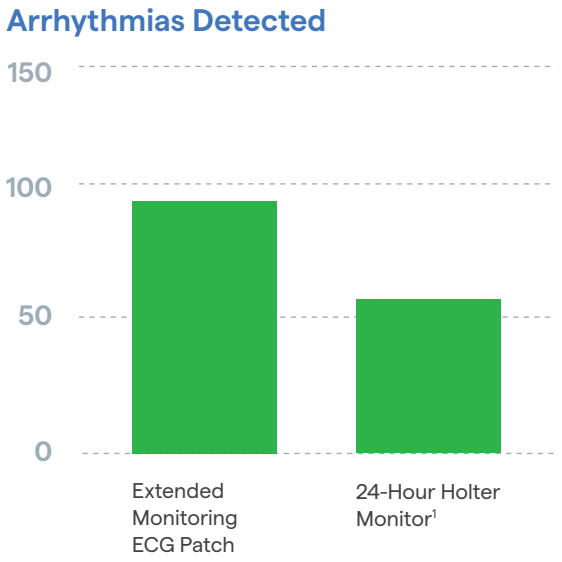
INTRODUCTION

Atrial Fibrillation (A-Fib) is notoriously difficult to diagnose. Its transient nature makes it challenging to detect in patients by conducting a 10-second resting ECG during office visits. Long-term continuous ECG monitoring for 24 hours and up to 30 days with a Holter or other event recorder is commonly used to detect A-Fib with varying levels of effectiveness, and can be both expensive for practices and uncomfortable for patients.

So, what's the right balance? According to multiple studies that compare length of monitoring to diagnostic yield, seven to eight days is the optimal monitoring period to detect A-Fib.[1,2]

IMPROVING ARRHYTHMIA DETECTION

Early detection of A-Fib and other cardiac arrhythmias can be critical for successful patient outcomes. Studies comparing the detection of arrhythmia events over the total device wear time have new light to shed on the tools you use to uncover arrhythmias. Data indicates that seven to eight days of lead-free continuous ambulatory ECG monitoring with an extended ECG patch can provide better diagnostic results and arrhythmia detection compared to a 24-hour Holter monitor.[1] Further findings show that this type of monitoring is more likely to detect important intermittent cardiac arrhythmias such as asymptomatic A-Fib.[2]



96

An adhesive patch monitor detected 96 arrhythmia events via extended monitoring, compared to 61 arrhythmia events by a 24-hour Holter monitor.[1]

93%

93% of patients found a patch monitor comfortable, compared to 51% for a Holter monitor.[1]

90%

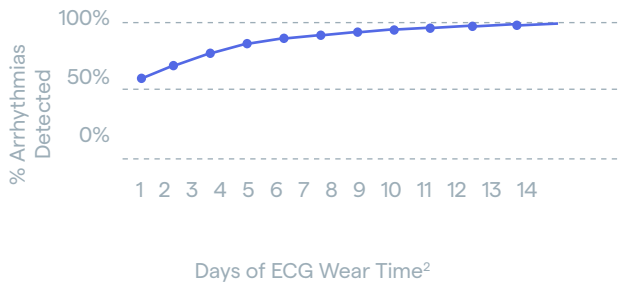
90% of patients reported an adhesive patch did not impact their daily lives, compared to 34% for a Holter monitor.[1]

90%

90% of physicians surveyed thought a definitive diagnosis was achieved using data from an adhesive patch monitor, compared to 64% using data from a Holter monitor.[1]

SEVEN VS. 14-DAY MONITORING

Interestingly, another study comparing diagnostic yield and patient compliance over a 14-day period found that the best results also came within the first seven days.[2]



8 DAYS

Monitoring beyond eight days yielded comparatively low incremental diagnostic value (2.3%), and may have impacted patient and physician compliance.[3]

97.6%

97.6% of all detected arrhythmias were identified within seven to eight days, after which the rate of cumulative yield slowed significantly.[2]

EXPERIENCE THE SEVEN-DAY DIFFERENCE

The Welch Allyn® TAGecg® Sensor is a seven-day wearable continuous ECG recorder that enhances arrhythmia detection and management at the point of care.

IMPROVED FINANCIAL OUTCOME HELP

The TAGecg Sensor offers healthcare providers a simple, reimbursable test for early A-Fib detection.

ACCURATE A-FIB AND FLUTTER DETECTION

The TAGecg Sensor's proprietary algorithm has greater than 98% positive predictive value (PPV) for recognition of A-Fib and Flutter with a sensitivity of 96%.[4]

HELPS ENHANCE PATIENT OUTCOME AND EXPERIENCE

Wearable lead- and wire-free technology may help increase patient compliance. It offers in-office processing of ECG data that can help you reduce time to diagnose and treat.

CONCLUSION

With the TAGecg Sensor from Hillrom, you could be just seven days away from improved A-Fib detection.[1,2] Start today at hillrom.com/TAGecg.

Hillrom™

For more information, please contact your local distributor or Hillrom sales representative at 1-800-535-6663.

hillrom.com

[1] Barrett, P M, et al. Comparison of 24-hour Holter Monitoring with 14-day Novel Adhesive Path Electrocardiographic Monitoring. JACC. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3882198/

[2] Turakhia, M P, et al. 2013. "Diagnostic Utility of a Novel Leadless Arrhythmia Monitoring Device." American Journal of Cardiology 112(4):520–24.

[3] According to the discussion data concerning variations in patient wear time acceptance and physician directives within Turakhia, M P, et al. 2013. "Diagnostic Utility of a Novel Leadless Arrhythmia Monitoring Device." American Journal of Cardiology 112(4):520–24.

[4] TAGconnect™ Software algorithm accuracy is based on tests conducted on databases available through PhysioNet (https://www.physionet.org/), following guidelines provided by ANSI/AAMI EC57: 2012.