

# 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.<sup>1</sup>

**“Quantification of AVP can be difficult, but copeptin is stable in plasma and can be easily measured with a sandwich immunoassay. For this reason, copeptin has emerged as a promising marker for the diagnosis of AVP-dependent fluid disorders.”**

Christ-Crain M, Nature Reviews Endocrinology<sup>2</sup>

### Advantages of the Thermo Scientific™ B·R·A·H·M·S™

#### Copeptin proAVP KRYPTOR™ measurement:

- Extremely high stability of the analyte ex vivo<sup>3</sup>
- No dependency on time of the day for its measurement in clinical routine<sup>4</sup>
- Easy to measure with the automated Thermo Scientific™ B·R·A·H·M·S™ KRYPTOR™ instrument family
- Correlates better with serum osmolality than vasopressin itself<sup>5,6,7</sup>
- Fast turn around time: results available in less than 30 minutes
- Reduces the burden of the water deprivation test for patients with polyuria-polydipsia syndrome<sup>2</sup>

### B·R·A·H·M·S Copeptin proAVP reference values in relation to plasma osmolality<sup>5,6,7</sup>

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

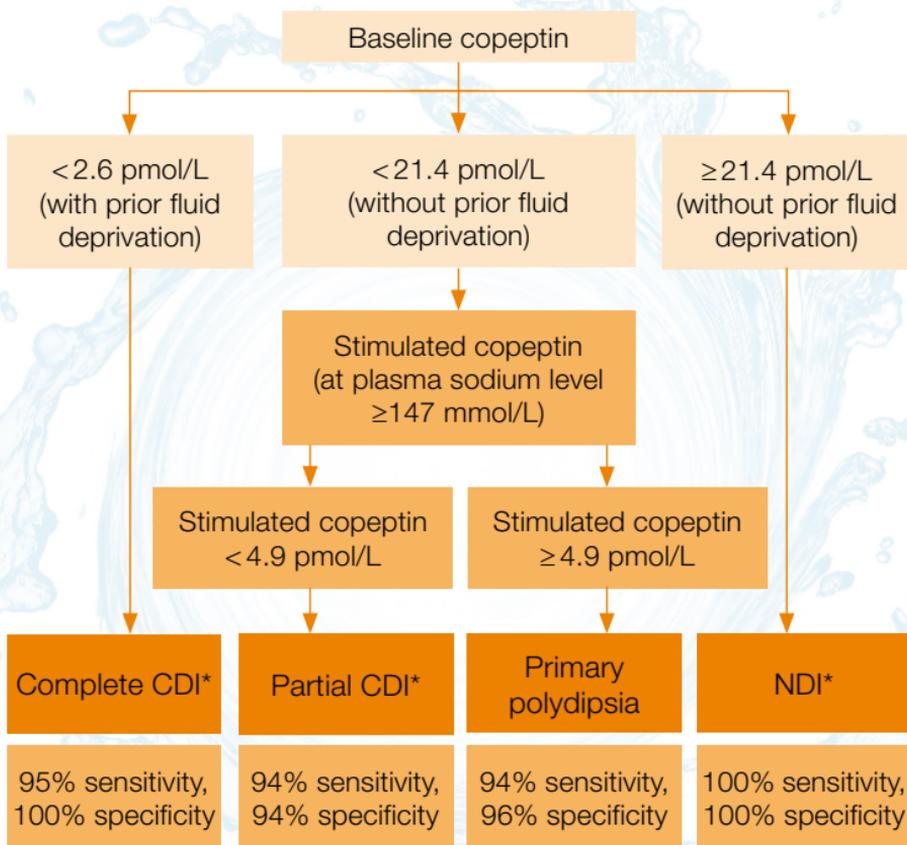
#### Sources:

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

B·R·A·H·M·S Copeptin proAVP in your clinical routine 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<sup>1</sup>

\* CDI (Central Diabetes Insipidus), NDI (Nephrogenic Diabetes Insipidus)

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