**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. For this reason, copeptin has emerged as a promising marker for the diagnosis of AVP-dependent fluid disorders.”

Christ-Crain M, Nature Reviews Endocrinology²

**Advantages of the Thermo Scientific™ B·R·A·H·M·S™ Copeptin proAVP KRYPTOR™ measurement:**

- Extremely high stability of the analyte ex vivo³
- No dependency on time of the day for its measurement in clinical routine⁴
- Easy to measure with the automated Thermo Scientific™ B·R·A·H·M·S™ KRYPTOR™ instrument family
- Correlates better with serum osmolality than vasopressin itself⁵,⁶,⁷
- Fast turn around time: results available in less than 30 minutes
- Reduces the burden of the water deprivation test for patients with polyuria-polydipsia syndrome²

**B·R·A·H·M·S Copeptin proAVP reference values in relation to plasma osmolality⁵,⁶,⁷**

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

**Sources:**
1. Fenske W, 2018; 103(2): 505-513
3. Morgenthaler NG, 2006; 52(1): 112-9
4. Beglinger S, 2017; 4737082
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


1. Baseline copeptin
   - < 2.6 pmol/L (with prior fluid deprivation)
   - ≥ 21.4 pmol/L (without prior fluid deprivation)

2. Stimulated copeptin (at plasma sodium level ≥ 147 mmol/L)
   - Stimulated copeptin < 4.9 pmol/L
   - Stimulated copeptin ≥ 4.9 pmol/L

3. Complete CDI*
   - 95% sensitivity, 100% specificity

4. Partial CDI*
   - 94% sensitivity, 94% specificity

5. Primary polydipsia
   - 94% sensitivity, 96% specificity

6. NDI*
   - 100% sensitivity, 100% specificity


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

Find out more at thermoscientific.com/copeptin