

BR-102 PLUS PWA

SCHILLER's Pulse Wave Analysis (PWA):
circadian central haemodynamics and blood pressure measurement in one

SCHILLER
Diagnostics

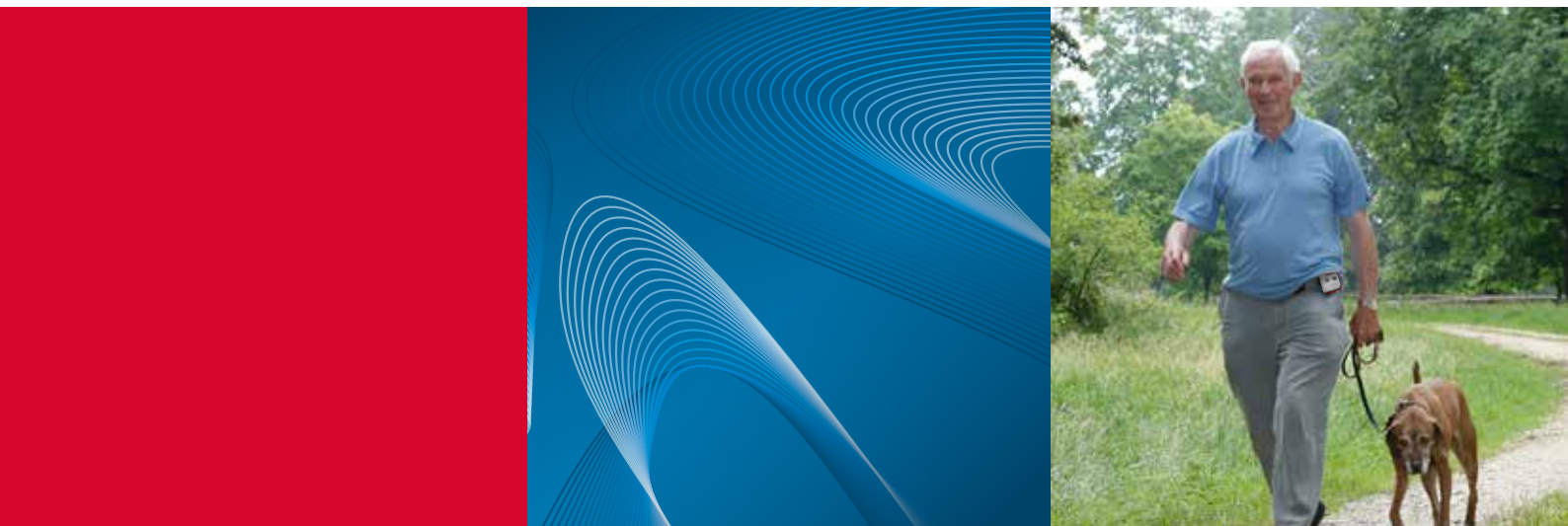


SCHILLER
BR-102 plus PWA



SCHILLER
The Art of Diagnostics

BR-102 PLUS PWA



BLOOD PRESSURE ALL-ROUNDER

SCHILLER introduces the first solution that combines the non-invasive, cuff-based precise auscultatoric and the reliable oscillometric measurement to generate a 24-hour profile of stiffness parameters like pulse wave velocity and central and peripheral blood pressure.

Based on individual arterial behaviour, it is now possible to evaluate the risk of developing a cardiovascular disease.

PROVEN QUALITY

This algorithm has been fully validated in several studies, even comparisons with the gold standard: invasive catheter BP measurement.

“... algorithm, using brachial cuff-based waveform recordings, is suited to provide a realistic estimation of central systolic pressure.”¹

“The results agree with common accepted tonometric measurements. Its application is easy and for widespread use.”²

SCHILLER ...

- ❖ keeps the cuff pressure as low as possible for increased patient comfort. PWA is performed on diastolic level.
- ❖ provides a 48-hour profile and not just spot measurements (tonometric method).
- ❖ includes the auscultatoric measurement which is much more reliable.
- ❖ has comprehensive validation studies.
- ❖ offers a blood pressure measurement device fully integrated in the wide range of SCHILLER diagnostic products, with seamless connectivity to SEMA data management systems and to HIS.
- ❖ has a user-friendly interface with colour display.

HOW IT WORKS

The analysis is based on the combination of auscultatoric/oscillometric blood pressure measurement and pulse contour analysis, and provides information about arterial behaviour as well as pulse wave velocity. The stiffer the arteries, the quicker the pulse wave, which increases the risk for cardiovascular disease. The age of the small blood vessels is determined using the augmentation index, an indicator of alterations.

¹ Validation of a Brachial Cuff-Based Method for Estimating Central Systolic Blood Pressure, T. Weber et al / Hypertension / 2011.

² A new oscillometric method for pulse wave analysis: comparison with a common tonometric method, S. Wassertheurer et al / Journal of Human Hypertension / 2010.



Since guidelines recommend using PWA for risk stratification but provide no critical value, SCHILLER has a proactive solution: the patients' readings of PWV, AIx and pRes are matched with other patients based on population studies¹. This gives an idea of how the values perform compared to other people.

¹ PWV: Determinants of pulse wave velocity in healthy people and in the presence of cardiovascular risk factors: 'establishing normal and reference values'

Author: The Reference Values for Arterial Stiffness' Collaboration
published in: European Heart Journal 2010

AIx: Assessment of central haemodynamics from a brachial cuff in a community setting Nunan et al. BMC Cardiovascular Disorders 2012

WHY SCHILLER PWA

Medical point of view

- ❖ Significantly improve cardiovascular (CV) risk assessment
- ❖ Close correlation between stiffness parameters and coronary heart disease
- ❖ Prevent end organ damage due to hypertension
- ❖ More effective and more specific therapy – some hypotensive drugs may also increase arterial stiffness
- ❖ Differential diagnosis (peripheral resistance increased, stiff arteries or increased cardiac preload)

Both the ESH (European Society of Hypertension) and the ESC (European Society of Cardiology) are convinced of the huge potential of PWA and have recommended its use in their guidelines since 2007.

Economic point of view

- ❖ Increase in diagnostic precision
- ❖ No additional effort – part of a standard Ambulatory Blood Pressure Monitoring (ABPM)
- ❖ Emerging scientific publication possibilities
- ❖ No specially trained operator needed
- ❖ Reimbursement in several countries available, more and more countries joining



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Americas
SCHILLER Americas Inc.
Doral, Florida 33172

North America:
Phone +1 786 845 06 20
Fax +1 786 845 06 02
sales@schilleramerica.com
www.schilleramerica.com

Latin America & Caribbean
Phone +1 305 591 11 21
Fax +1 786 845 06 02
sales@schillerla.ch
www.schillerla.ch



Asia
SCHILLER Asia-Pacific / Malaysia
52200 Kuala Lumpur, Malaysia
Phone +603 6272 3033
Fax +603 6272 2030
sales@schiller.com.my
www.schiller-asia.com



Austria
SCHILLER Handelsgesellschaft m.b.H.
A-4040 Linz
Phone +43 732 70 99
Fax +43 732 757 000
sales@schiller.at
www.schiller.at



China
Alfred Schiller (Beijing) Medical Equipment
Co.,Ltd.
100015 Beijing, China
Phone +86 010 52007020
Fax +86 010 52007020-8016
info@schillerchina.com
www.schillermedical.cn



Croatia
Schiller medicinski instrumenti d.o.o.
10000 Zagreb
Phone +385 1 309 66 59
Fax +385 1 309 66 60
info@schillerzg.hr
www.schiller.hr



France
SCHILLER Médical S.A.S.
F-67162 Wissembourg
Phone +33 3 88 63 36 00
Fax +33 3 88 63 36 49
info@schiller.fr
www.schiller-medical.com



France (distribution France)
SCHILLER France S.A.S.
F-77608 Bussy St Georges
Phone +33 1 64 66 50 00
Fax +33 1 64 66 50 10
adv@schillerfrance.fr
www.schiller-france.com



Germany
SCHILLER Medizintechnik GmbH
D-85622 Feldkirchen b. München
Phone +49 89 62 99 81 0
Fax +49 89 609 50 90
info@schillermed.de
www.schillermed.de



Hungary
SCHILLER Diamed Ltd.
H-1141 Budapest
Phone +36 1 383 4780 / +36 1 460 9491
Fax +36 1 383 4778
info@schillerhungary.hu
www.schillerhungary.hu



India
SCHILLER Healthcare India Pvt. Ltd.
Mumbai - 400 001, India
Phone +91 22 6152 3333 / 2920 9141
Fax +91 22 2920 9142
sales@schillerindia.com
www.schillerindia.com



Poland
SCHILLER Poland Sp. z o.o.
PL-02-729 Warszawa
Phone +48 22 843 20 89 / +48 22 647 35 90
Fax +48 22 843 20 89
schiller@schiller.pl
www.schiller.pl



Russia & C.I.S.
AO SCHILLER.RU
125124 Moscow, Russia
Phone +7 (495) 970 11 33
Fax +7 (495) 956 29 10
mail@schiller.ru
www.schiller.ru
www.schiller-cis.com



Serbia
SCHILLER d.o.o.
11010 Beograd
Phone +381 11 39 79 508
Fax +381 11 39 79 518
info@schiller.rs
www.schiller.rs



Slovenia
SCHILLER d.o.o.
2310 Slovenska Bistrica
Phone +386 2 843 00 56
Fax +386 2 843 00 57
info@schiller.si
www.schiller.si



Spain
SCHILLER ESPAÑA, S.A.
ES-28232 Las Rozas/Madrid
Phone +34 91 713 01 76
Fax +34 91 355 79 33
schiller@schiller.es
www.schiller.es



Switzerland
SCHILLER-Reomed AG
CH-8953 Dietikon
Phone +41 44 744 30 00
Fax +41 44 740 37 10
sales@schiller-reomed.ch
www.schiller-reomed.ch



Turkey
SCHILLER TÜRKİYE
Okmeydanı-Sisli - Istanbul
Phone +90 212 210 8681 (pbx)
Fax +90 212 210 8684
info@schiller.com.tr
www.schiller-turkiye.com



United Kingdom
SCHILLER UK
Bellshill, ML4 3PR
Phone +44 1698 744 505
Fax +44 1698 744 474
sales@schilleruk.com
www.schilleruk.com

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