



Differential Diagnosis of Polyuria-Polydipsia Syndrome with Copeptin

Polyuria-polydipsia syndrome (suspected diabetes insipidus)

- excessive fluid intake and excessive urine volume
- urine osmolality low, serum osmolality high

Baseline Copeptin
(without prior fluid restriction)

<21.4 pmol/L

Sodium <147 mmol/L

Fluid deprivation

**Sodium after 5h still
<147 mmol/L**

**Until sodium
≥147 mmol/L**

3% saline infusion

**Until sodium
≥147 mmol/L**

≥21.4 pmol/L

2nd Copeptin

<4.9 pmol/L

≥4.9 pmol/L

**Complete or partial
central DI**

96% Sensitivity
94% Specificity

Primary polydipsia

94% Sensitivity
96% Specificity

Nephrogenic DI

100% Sensitivity
100% Specificity

Copeptin reference values in relation to plasma osmolality*

Osmolality [mmol/kg]	Copeptin [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: Balanescu S et al., J Clin Endocrinol Metab 2011; 96(4): 1046-52; Fenske W et al., J Clin Endocrinol Metab 2011; 96(5): 1506-15; Szinnai G et al., J Clin Endocrinol Metab 2007; 92(10): 3973-8

Fast, precise, and smart

Copeptin – the better vasopressin



- Better correlation to plasma osmolality
- Highest diagnostic accuracy
- Confident decisions for differential diagnosis
- Optimized patient management
- Fewer blood-draws
- Reduced stress for patients
- Reduced burden of the water deprivation test

Your options to replace vasopressin (AVP) assays with easy and precise Copeptin (CT-proAVP) assays

- **B-R-A-H-M-S™ Copeptin proAVP KRYPTOR™** (Automated immunofluorescent assay)
- **B-R-A-H-M-S CT-proAVP LIA** (Immunoluminometric assay)

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Clinical Diagnostics

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