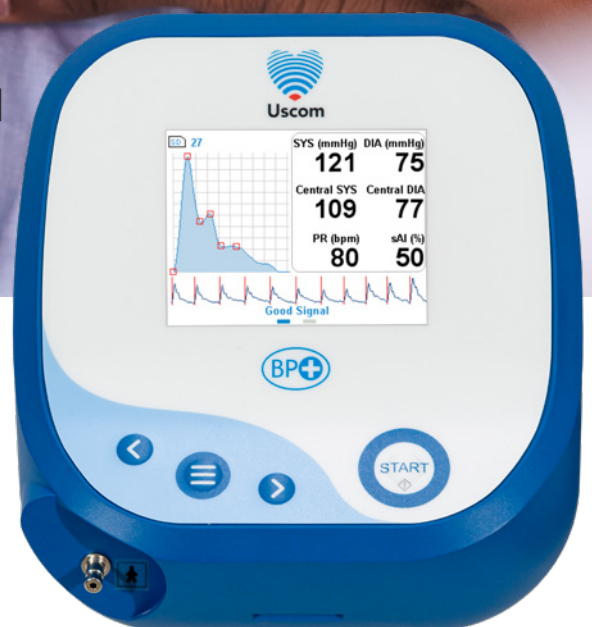




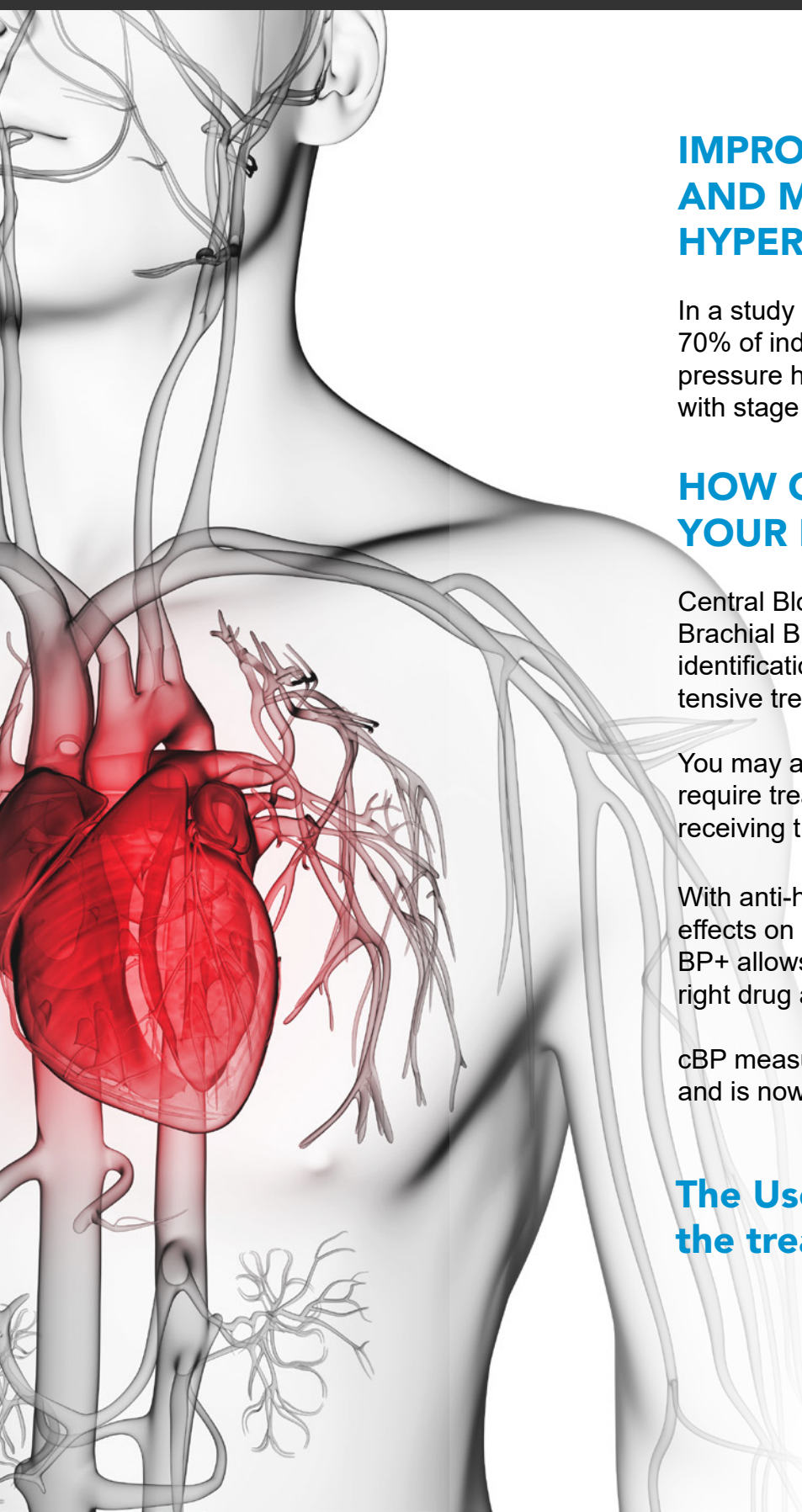
# REVOLUTIONIZING HYPERTENSION



CENTRAL BLOOD PRESSURE MONITOR



**“We conclude that guidance of hypertension management with cBP results in a significantly different therapeutic pathway than conventional cuff BP”<sup>(2)</sup>**



## **IMPROVING THE ASSESSMENT AND MANAGEMENT OF HYPERTENSION**

In a study of over 10,000 patients, greater than 70% of individuals with high-normal brachial pressure had similar aortic pressures to those with stage 1 hypertension.<sup>(1)</sup>

## **HOW CAN cBP IMPROVE YOUR PRACTICE?**

Central Blood Pressure (cBP) is different to Brachial Blood pressure (bBP) and can improve identification of patients that require anti-hypertensive treatment.

You may also identify patients who do not require treatment, but who are inappropriately receiving treatment on the basis of bBP alone.

With anti-hypertensive drugs exerting different effects on brachial and central pressures, the BP+ allows clinicians to better determine the right drug and dosage.

cBP measurement has recently been recognized and is now re-imbursed in the USA.

**The Uscom BP+ is revolutionizing the treatment of hypertension**



“The Uscom BP+ provides a simple and easy method to noninvasively measure central BP accurately”



## CHANGING THE WAY WE UNDERSTAND HYPERTENSION

### NON-INVASIVE CENTRAL BP

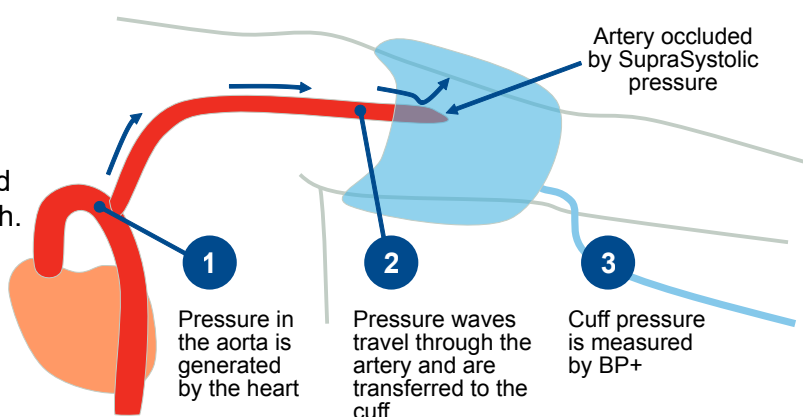
The Uscom BP+ is a Supra-systolic oscillometric central blood pressure (cBP) monitoring device which measures blood pressure and blood pressure waveforms at the heart, as well as in the arm; information only previously available using invasive cardiac catheterization. The Uscom BP+ improves on conventional sub-systolic brachial blood pressure (bBP) devices, and is the emerging standard of care of measurement in hypertension, heart failure and vascular health. BP+ provides a highly accurate and repeatable measurement of cBP and bBP and pulse pressure waveforms using a familiar upper arm cuff. The BP+ is simple to use and does not require complex training.

### PULSE WAVE ANALYSIS

The Uscom BP+ generates unique central pulse pressure waveforms that can be used to calculate novel indices of vascular health. These new indices are the foundations of an evolving science likely to lead improved understanding and management of cardiovascular disease in hypertension, heart failure, critical care, general practice and home care.

### SUPRASYSTOLIC TECHNOLOGY

The BP+ occludes the brachial artery allowing pressure measurements in the ascending aorta at the heart. While some devices use simple algorithms to convert arm pressure to pressure at the heart, only BP+ uses patent protected methodology to measure pressure directly at the heart. BP+ measurements have been validated as equivalent to cardiac catheter measurements in adults. With the BP+, diagnosis and management of hypertension and cardiovascular risk can be guided non-invasively by data equivalent to that provided by a cardiac catheter. Uscom's BP+ is the new standard in direct measurement of cBP and central blood pressure waveforms.





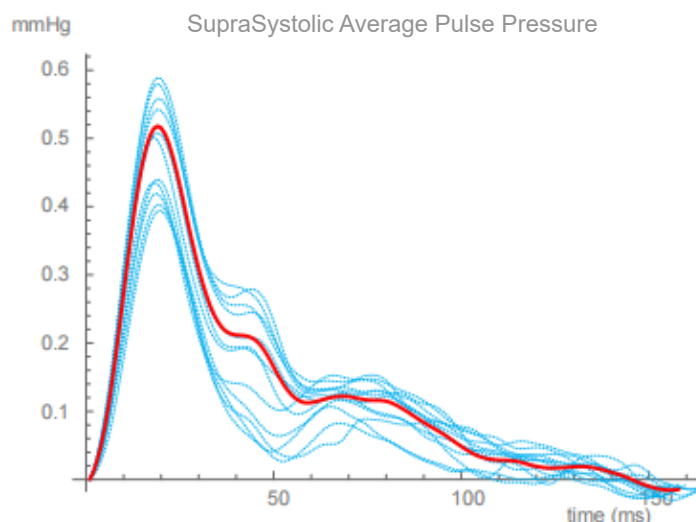
# BP+ Reporter

## Digital software solution

## BP+ DIGITAL REPORTING AND ARCHIVING SYSTEM

The Uscom BP+ solution can be enhanced by the BP+ Reporter, an advanced software solution that provides:

- Analysis of brachial and central blood pressure and associated waveforms
- Observe and track response to therapy
- A digital platform to archive patient BP+ examinations and pulse pressure waves
- Patient database with trend display of measurements
- Customizable patient reports



### References:

1. McEniery, et al, Central Pressure: Variability and Impact of Cardiovascular Risk Factors. The Anglo-Cardiff Collaborative Trial II. 2008
2. Sharman, et al, Randomized Trial of Guiding Hypertension Management Using Central Aortic Blood Pressure compared with Best Practice Care: Principal Findings of the BP GUIDE Study. 2013
3. Lin ACW, et al, Evaluation of a novel sphygmomanometer, which estimates central aortic blood pressure from analysis of brachial artery suprasystolic pressure waves. Journal of Hypertension 2012, 30:000–000

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