

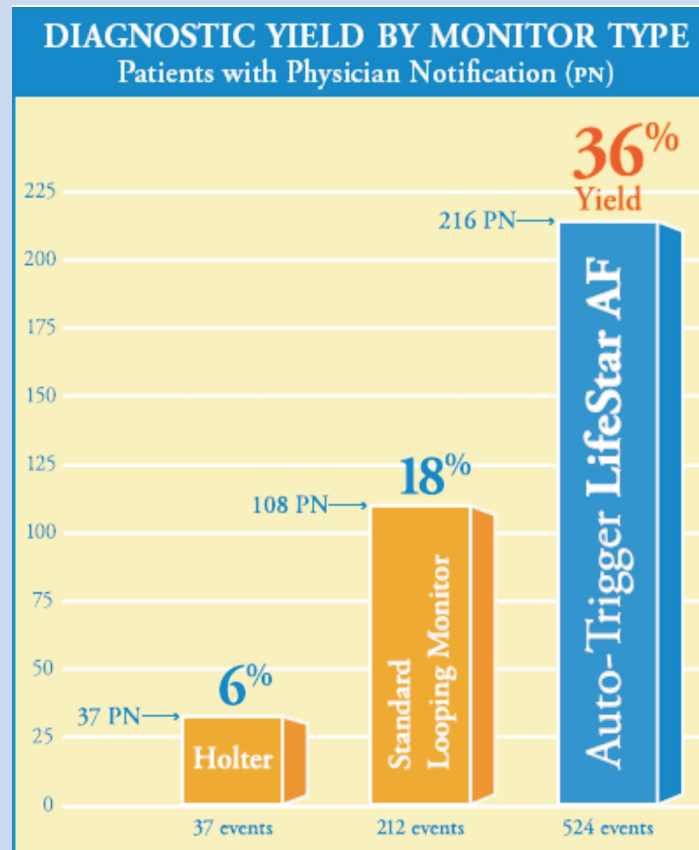
CLINICAL FINDINGS

Based on conclusions of a cardiac event monitor study published in the American Journal of Cardiology, May 1, 2006 Issue.

LifeStar AF Auto-Trigger Monitors Provide Earlier, More Complete Arrhythmia Detection

STUDY CONCLUSIONS

1. Programmable, auto-trigger monitors are a superior technique versus standard, patient-activated memory loop monitors or Holter devices for arrhythmia detection.
2. Holter offered the lowest yield, demonstrating the benefit of 30-day monitoring.
3. Auto-trigger monitors offer the highest yield, proving the enhanced benefit of programmable recording.
4. Asymptomatic AF is highly prevalent, as auto trigger monitors detected more than half as many asymptomatic AF episodes as standard monitors detected symptomatic episodes.
5. Auto-trigger monitors provided ECG documentation of Tachyarrhythmias at more than twice the rate of standard monitors and nearly nine times that of Holter, Bradyarrhythmias and Pauses were detected at nearly five times the rate of standard monitors and twice the rate of Holter.



This study of various ambulatory heart monitoring approaches concludes that autotrigger monitors are clinically superior to standard 30-day looping-memory monitors and Holter devices. Whether testing for arrhythmias in symptomatic or asymptomatic patients, the clinical yield of auto-trigger monitors is at least twice that of standard monitors.

Auto-trigger monitors, specifically the LifeWatch LifeStar AF, also lead to faster physician notification. Patients with an autotrigger device had a faster average time-to-first-event (7.5 days) than standard monitors (8.1 days). The study also demonstrated the value of extended monitoring versus 24-hour Holter recording since most arrhythmias are transient and asymptomatic.

STUDY METHODS

To determine the relative yield of auto-trigger monitors versus standard looping-memory recorders and Holter monitors, the authors queried the LifeWatch database and compared the results of each method. From about 100,000 patients, 600 were randomly chosen from each of the three different technique groups monitored during 2003.

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