



DCA 2000+
Analyzer

Your Conversations about Diabetes-management make a real difference

Talk about tight glycemic control to reduce risks.

Use HbA1c results to achieve therapeutic goals

- The management goal for most patients with diabetes is an HbA1c result between 6% and 7%(1)
- Any improvement in HbA1c levels can be significant(2,3)
- "The predictive value of HbA1c for total mortality was stronger than that documented for cholesterol concentration, body mass index, and blood pressure."(4)

What an HbA1c value means in terms of average blood glucose levels.

% HbA _{1c}	Level of Control	Average Blood Glucose	
		mg/dL	mmol/L
14.0	Poor Control	360	20
13.0		330	18.3
12.0		300	16.7
11.0		270	15
10.0		240	13.3
9.0	Additional Action Suggested	210	11.7
8.0		180	10
7.0		150	8.3
6.0	Goal	120	6.7
5.0	Normal	90	5
4.0		60	

• With a CV of 2.6%, the DCA 2000 is precise enough to detect even the smallest changes in glycemic control

• DCCT results say:(2)
Tight glycemic control (~7%) leads to reductions in:
Eye disease -76%
Nerve disease -60%
Cardiovascular disease -41%
Kidney disease -39%

• UKPDS results say:(3)
1% decrease in HbA1c leads to 35% reduction in risk of microvascular complications

Use microalbuminuria results for telling signs of diabetic nephropathy

- Unique in-office quantitative albumin:creatinine assay compensates for variations in urine concentration
- Allows for early detection, close monitoring and timely interventions in nephropathy

Your patients without diabetes may also want to talk results

- HbA1c testing may give you insight into mortality risks for your non-diabetic patients:(4) "Glycated hemoglobin seems to resemble blood pressure and blood cholesterol in terms of the continuous relation with cardiovascular risk."
- As well, a recent study on urinary albumin levels showed a significant link between future cardiovascular mortality in postmenopausal women:(5) "Microalbuminuria is a reflection of vascular damage and a marker of early arterial disease in women from the general population."

HbA1c – the most accepted metabolic indicator in diabetes

- HbA1c testing should be performed routinely in all patients with diabetes(1). Measure every 3 months to determine whether a patient's metabolic control has remained continuously within the target range

Microalbuminuria – the standard metabolic indicator for renal disease

- Annual screening for microalbuminuria should begin at diagnosis in patients with type 2 diabetes and after 5 years' disease duration in type 1 diabetes(1)
- "Analyte (albumin) / creatinine ratios should always be measured as part of quantitative measurements if timed collections; overnight or 24-hour (samples) are to be avoided."(6)

HbA1c Testing

- Monoclonal antibody method for HbA1c provides outstanding accuracy and precision
- Correlation study shows 99% agreement with the HPLC method(7)
- Near-patient results you can count on – a CV of 2.6%* means your results are reliable(8)
- National Glycohemoglobin Standardization Program (NGSP) certified method, as recommended by the ADA**

Microalbuminuria Testing

- Microalbuminuria cartridge provides results for both albumin and creatinine
- Instrument automatically calculates the A:C ratio, so you can use any specimen at any time

User-friendly operation makes testing simple for you and your patients

- HbA1c results in just 6 minutes
- Microalbuminuria results in just 7 minutes
- Requires only 1µL of capillary/venous whole blood, or 40µL of urine for a test
- Totally self-contained reagent cartridges mean no reagent preparation, mixing or handling

Immediate results allow immediate interventions

- A recent study indicated that "the immediate feedback provided by the [DCA 2000+ Analyzer] resulted in a significant decrease in HbA1c at 6- and 12-month follow-up..."(7)
- "Immediate access to HbA1c results meant that [healthcare professionals] could make more informed decisions about what changes in management should be implemented. Without immediate access to test results, changes in patient management might be sub-optimal."(8)
- With in-office results, you can discuss next steps with your patients right away - Encourage your patients to continue their successful regimen, or motivate them to begin better managing their diabetes

Make tight diabetes control your focus

- Tighter glycemic control is essential to the effective management of diabetes and its complications
- The precision and accuracy of DCA 2000 HbA1c tests allow you to confidently benchmark your patients, and detect minor changes in their HbA1c levels - Providing your patients with immediate feedback will improve your therapeutic adjustments, and may enhance patient compliance
- The DCA 2000 albumin:creatinine test is accurate enough for you to detect the earliest stages of nephropathy - In-office microalbuminuria results let you monitor your patients' disease management and react quickly
- Using the DCA 2000+, you can provide patients with immediate feedback to improve outcomes

1. American Diabetes Association. Clinical Practice Recommendations 2001. Diabetes Care; Vol. 24, Suppl. 1:January 2001.
 2. American Diabetes Association. Implications of the Diabetes Control and Complications Trial. Diabetes Care; Vol. 24, S25-27:January 2001.
 3. American Diabetes Association. Implications of the United Kingdom Prospective Diabetes Study. Diabetes Care; Vol. 24, S28-32:January 2001.
 4. Shaw K. et al. Glycated haemoglobin, diabetes, and mortality in men in Norfolk cohort of European Prospective Investigation of Cancer and Nutrition. BMJ 2001;322;15.
 5. Mark R. et al. Excessive Urinary Albumin Levels Are Associated With Future Cardiovascular Mortality in Postmenopausal Women. JAMA: Circ.103 :3057-61;June 26, 2001.
 6. European Urinalysis Guidelines. Scandinavian Journal of Clinical and Laboratory Investigation: Vol.60, Suppl. 231; 2000.
 7. Cagliero E. et al. Immediate feedback of HbA1c levels improves glycemic control in Type 1 and insulin-treated Type 2 diabetic patients. Diabetes Care:Vol. 22, No. 11;November 1999.
 8. Grieve R. et al. Health Technology Assessment. 1999:Vol.3;9 (15).
 9. Product Insert.
- * Average percent CV in normal range
** Most recent certification: as of June, 2001.
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