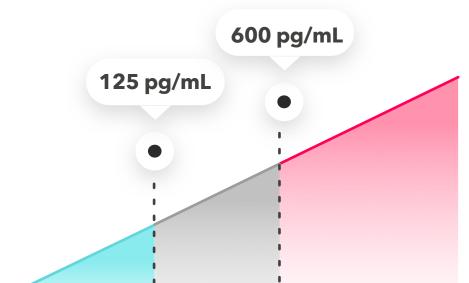


## Interpreting NT-proBNP test results

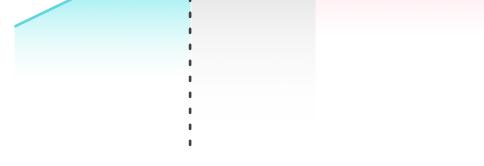
## Natriuretic peptides (NP) are useful to rule out heart failure<sup>1,2</sup>

NP cut-off levels differ for the diagnosis of patients seen in acute vs outpatient settings. They are best suited to assist in ruling out heart failure as a diagnosis, but should not be used independent of signs, symptoms and other diagnostic information<sup>3</sup>.



In a non-acute setting, a test result of  $\leq$  125 pg/ml suggests a strong possibility that heart failure can be excluded as a cause of symptoms<sup>2</sup>.

Elevated NPs help establish an initial working diagnosis, identifying those who require further cardiac investigation; patients with values below the cut-off point for the exclusion of important cardiac dysfunction do not require echocardiography<sup>3</sup>.



## RECOMMENDED NATRIURETIC PEPTIDE CUT-OFF LEVELS FOR NON-ACUTE SETTING<sup>1,2</sup> (pg/mL)

	NT-proBNP	BNP	NPV	PPV
HF unlikely	< 125	< 35	0.94-0.98	
'Grey zone'	125-600	35-150		
HF likely	> 600	> 150		0.44-0.57

- Below the cut-off points, HF can be excluded with high confidence (high NPV:0.94-0.98)<sup>1,2</sup>
- Positive predictive value lower (0.44–0.57): Natriuretic peptides recommended for ruling out HF (not for diagnosis)<sup>2</sup>



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## References

BNP: B-type natriuretic peptide; HF: heart failure; NPV: negative predictive value; NT-proBNP: N-terminal pro-B type natriuretic peptide; PPV: positive predictive value

- **1.** Mueller C, et al. Eur J Heart Fail 2019; 21: 715-31;
- 2. Ponikowski P, et al. Eur Heart J 2016; 37: 2129-200;
- **3.** Ezekowitz J, et al. Can J Cardiol 2017; 33: 1342-1433.



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