

Stressed out?

Even healthy people should take a stress test every year... and you've taken maybe one in your lifetime?

HeartTrends® -
the effortless stress test
alternative for early
detection of Myocardial
Ischemia



The **Effortless** Stress Test Alternative

HeartTrends® is CE-approved and FDA pending
A product of Lev-El Diagnostics Ltd.

Early cardiac screening for healthy individuals



Cardiac Stress Testing with ut Stress

Taking the test

Record

20 minutes of your heart's activity while connected to a simple heart rate recorder

HeartTrends® at-a-Glance

- Cardiac screening as reliable as Exercise Stress Testing
- Wear heart rate recorder 20 minutes
- No stressful maneuvers
- Normal activity - Sit, eat, walk, talk, shop
- Clinically proven
- Cloud-analyzed... instant results
- Ideal for impaired, elderly, overweight

Enjoy

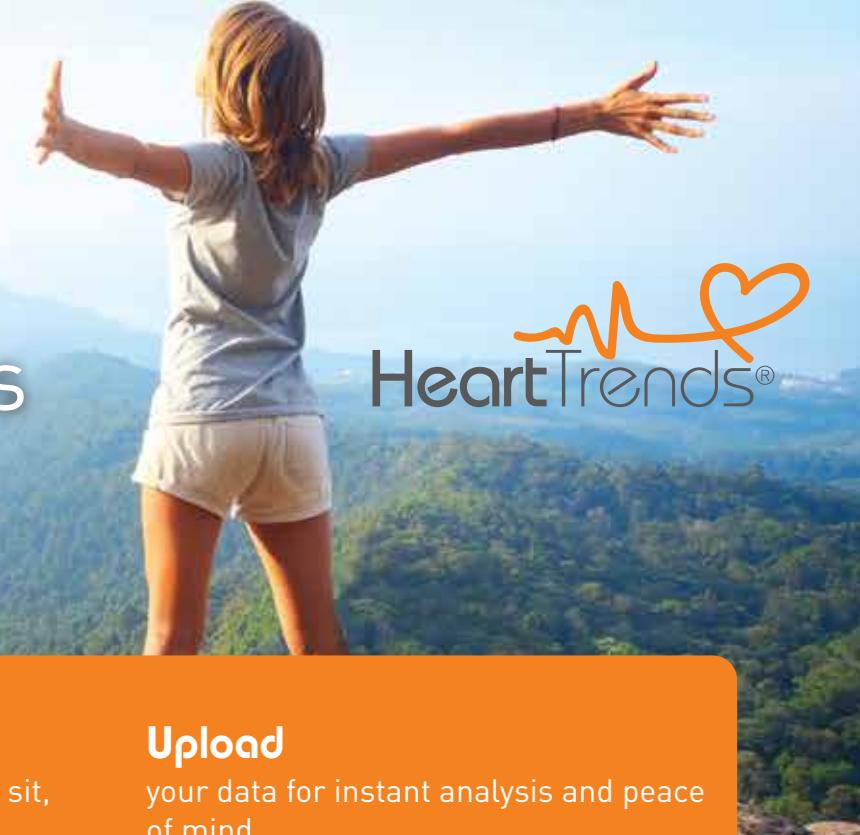
your normal daily activity during the test – sit, eat, walk, talk, shop

How it works

Heart rate variability, a window on your autonomic nervous system, is associated with coronary artery disease likely for early detection of myocardial ischemia. HeartTrends analyzes heart rate (R-R) intervals captured using off-the-shelf heart rate recorders (such as jogging straps) during a short heart-test-at-rest procedure.

Clinical studies show that HeartTrends is a superior alternative to standard exercise stress testing – no effort, no radiation, no stressful maneuvers.

Make HeartTrends part of your standard annual checkup for early detection and treatment without the risk or bother.



Upload

your data for instant analysis and peace of mind

Who is it for

Healthy people with one or more risk factors:
Over 40 years | smoking | family history | high blood pressure, diabetes, or cholesterol

Unable to perform a treadmill test:
Impaired | elderly | overweight | Chest Pain Syndrome (heartburn, etc.)

Where

Check-up Facilities | Family Physicians | Urgent Care Centers | Life Insurance Providers | Pharmacy Clinics | Shopping Malls | Hospitals

Learn more: www.HeartTrends.com

For Physicians

Test description:

Heart rate variability (HRV) is a well-established marker of mortality and sudden death shown to be attenuated in patients with coronary artery disease (CAD) even at rest. Based on this information, HeartTrends was developed to provide an innovative, evidence-based test with high sensitivity for early detection of myocardial ischemia at rest [Am. J. Cardiol. 115:1518, 2015 and J. Am. Heart Assoc. 8:e014540, 2019]. Clinical studies show high sensitivity (77%) compared to standard exercise stress testing when relating both to subsequent coronary angiography. The negative predictive value for ruling out myocardial ischemia was 98%. While your results may differ, or may even be lower, HeartTrends offers a new additional “risk factor” for enhanced patient diagnosis.

HeartTrends score:

HeartTrends reports a singular DyDx indicator value to evaluate your patient in conjunction with their clinical history, symptoms, risk factors, blood tests, along with your clinical judgment. The value may be used as a prognostic score to supplement the diagnosis of coronary artery disease. HeartTrends does not offer a diagnostic opinion to the patient.

Recommendations for clinical practice:

For screening of at-risk populations without known CAD exhibiting one or more of the following: men over 40, women over 50, diabetes mellitus, smoking, family history, dyslipidemia, or other known cardiovascular risk factors. Asymptomatic subjects may also be tested as part of their cardiovascular risk assessment as well as persons with non-cardiac Chest Pain Syndrome.

Clinical exclusion criteria:

Because the accuracy of HeartTrends relies on analysis of a normal heart rate unaffected by arrhythmias, good clinical practice recommends not applying the test on the following subjects: presence of a cardiac pacemaker or arrhythmias, established CAD, atrial fibrillation or flutter, diagnosis of an acute coronary syndrome or typical angina, clinical diagnosis of heart failure, moderate or severe pulmonary disease, acute myocarditis or any presence of cardiomyopathy, known drug or alcohol dependence, presence of left bundle branch block, significant intra-ventricular conduction delay or significant (>1mm) ST deviations at baseline. Beta-blockers should be withheld for at least 24 hours prior to test. Athletes should use a treadmill to attain true target heart rate measurements.

Disclosure:

Similar to results of any other noninvasive test for the detection of ischemia, results should be interpreted within the clinical setting of the individual being tested. For example, low risk asymptomatic individuals with a positive HeartTrends result may be referred for more specific noninvasive evaluation and risk stratification, while high risk individuals with typical coronary symptoms should be referred for further coronary evaluation regardless of the HeartTrends results.