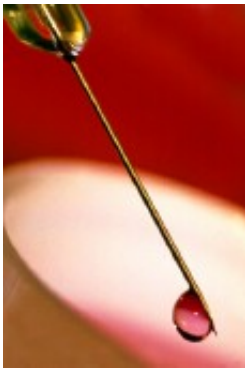


Peptide level ups diagnosis of heart failure in primary care

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(HealthDay) -- For patients presenting with dyspnea, the additional measurement of B-type natriuretic peptide (BNP) levels increases the certainty of diagnosis of heart failure and accelerates initiation of appropriate treatment, but does not reduce medical costs, according to a study published online May 2 in the *Journal of Internal Medicine*.

To evaluate the additional use of BNP levels to diagnose [heart failure](#) in the primary care setting, Emanuel Burri, M.D., of the University Hospital Basel in Switzerland, and colleagues conducted a randomized, controlled trial involving 323 patients with dyspnea treated by 29 [primary care physicians](#) in Germany and Switzerland. Participants were assigned in a 1:1 ratio to receive point-of-care measurement of BNP or standard assessment without BNP.

The researchers found that 34 percent of patients presenting with dyspnea to their primary care physicians were ultimately diagnosed with heart failure. Compared with standard assessment, addition of BNP measurement did not decrease the number of hospitalizations, functional status, or total medical costs at three months. However, the additional use of BNP significantly increased diagnostic certainty, indicated by a reduced need for further diagnostic work-up (33 versus 45 percent; $P = 0.02$), and sped up the initiation of appropriate treatment (13 versus 25 days; $P = 0.01$).

"The measurement of BNP levels in primary care did not reduce total medical cost, but improved some of the secondary endpoints including an increase in diagnostic certainty and more rapid initiation of appropriate treatment," the authors write.

One of the authors disclosed [financial ties](#) to the pharmaceutical industry.

More information: [Abstract](#)
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