



Changes to Laboratory Reports at MDS Metro

In the next few months, you will see some changes to the appearance of our reports. We are planning to improve and standardize our report format in order to make the information clearer and easier to read.

Test names will employ internationally recognized prefixes to denote sample type. These prefixes will be as follows:

B-	Blood
Br-	Breath
F-	Faeces
P-	Plasma
S-	Serum
Semf-	Seminal Fluid
Sp-	Sputum
Synf-	Synovial Fluid
T-	Tissue
U-	Urine
RBC-	Red Blood Cell
WBC-	White Blood Cell

For example, a serum sodium will be: S-Sodium, and a 24 hour urine sodium will be: U-Sodium 24h. Changes will be implemented gradually.

If you have any concerns about format changes, or wish to make comments or suggestions, please contact Pat O'Brien at this email address: pobrien@mdsmetro.com.

Microalbumin

There will be a significant change to the way Microalbumin is reported. We will follow CDA guidelines to report albumin and albumin to creatinine ratio (ACR) in urine.

Ambulatory Blood Pressure Monitoring

MDS Metro Laboratory Services is pleased to announce the introduction of ambulatory blood pressure measurement (ABPM) for assessment of patients with hypertension. It is recognized that elevated blood pressure is common, often unrecognized, and is a major risk factor for stroke, congestive heart failure and death. ABPM provides multiple readings of blood pressure over a 24-hour period, including sleep, thereby providing a better assessment of the "blood pressure burden"¹ than periodic office measurements.

Current recommendations for the use of ambulatory blood pressure measurement include the following:^{1,2}

- Suspected office-induced (white coat) hypertension. This applies to untreated patients with mild to moderate BP increases and no evidence of damage to target organs. As many of these patients will develop established hypertension, periodic monitoring is suggested.

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Ambulatory Blood Pressure Monitoring - Cont'd

- Treated patients not responding appropriately to therapy. A recent research study in Belgium³ showed that after adjustment for classic cardiac risk factors including office blood pressure, the APBM in treated patients provided additional information for cardiovascular risk, including myocardial infarction and stroke.
- ABPM has also been recommended for assessing treated patients with symptoms suggestive of hypotension or variable office readings.²

Technical information

MDS Metro uses the Telemed ABP system, consisting of a computer running the Welch Allyn Cardio Perfect Software and a Mobil-graph 24-hour ABP control unit. During the 24-hour period of the recording, BP measurements are taken twice an hour during the day and once an hour at night. All information is transmitted electronically to our head office in Burnaby and is converted into a report for the ordering physician that includes:

- average BP readings for the 24 hour period, including average day and night-time readings and an assessment of the nocturnal dip
- mean systolic and diastolic readings
- mean heart rate
- graphical displays of systolic and diastolic BP readings and heart rate.



How to order ABPM

ABPM is not an MSP-insured service and the cost to the patient is \$45.00. ABPM is done only by appointment.

For appointments for the greater Vancouver area call [604-412-4495](tel:604-412-4495).

For Victoria and the south Vancouver Island area call [250-881-3113](tel:250-881-3113).

For Nanaimo and northern Vancouver Island call the Wellington lab at [1-250-758-1811](tel:1-250-758-1811).

For further information, feel free to contact Cathy Dockx, coordinator of cardiac services at 604-412-4503.

References:

1. White WB. Ambulatory blood-pressure monitoring in clinical practice. N Eng J Med 2003;348:2377-78.
2. Hemmegarn BR, Zarnke KB, Campbell N et al. The 2004 Canadian Hypertension Education Program recommendations for the management of hypertension: Part I – Blood pressure measurement, diagnosis and assessment of risk. Can J Cardiol 2004;20:31-40.
3. Clement DL, De Buyzere ML, De Bacquer DA, et al. Prognostic value of ambulatory blood-pressure recordings in patients with treated hypertension. N Eng J Med 2003;348:2407-15.

For More Information Contact:

MDS Metro Laboratory Services
3680 Gilmore Way, Burnaby, BC V5G 4V8
Tel: 604-431-5005 Fax: 604-412-4443
Web: www.mdsintl.com or www.mdsmetro.com


MDS Metro
Laboratory Services