

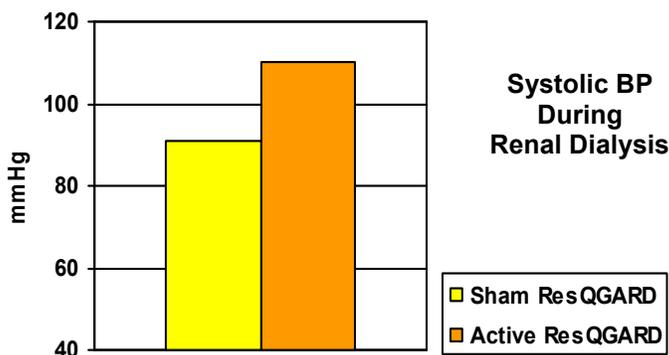


KEY STUDY SUMMARY

Studies have shown that hypotensive patients have a significantly higher morbidity and mortality.(31-32) Inspiration through therapeutic resistance (impedance) enhances blood flow by increasing blood return to the heart (preload). An impedance threshold device (ITD) harnesses these natural reflexes and can be used in a variety of clinical settings to enhance circulation when blood pressure is too low. Animal (12-15,17,21,25,27,29,30) and clinical (2,4-11,18-20,22-24,28) studies have shown that the ResQGARD™ ITD works rapidly and non-invasively to increase blood pressure during hypotension from a variety of causes (e.g. hypovolemia, orthostatic intolerance, heat shock, blood donation and dialysis). (References on back)

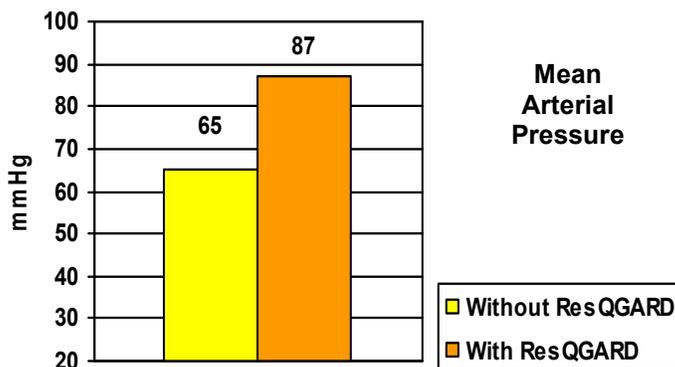
CLINICAL STUDY: INTRADIALYTIC HYPOTENSION

Approximately 25% of patients undergoing chronic renal dialysis develop intradialytic hypotension. One clinical study (3; Convertino et al. *J Grav Phys* 2005) demonstrated that when dialysis patients (n=12) became hypotensive, breathing through an active (functional) ITD for 5 - 10 minutes resulted in significant increases in systolic, diastolic and mean arterial pressures compared to a sham (placebo) ITD (p<0.001).



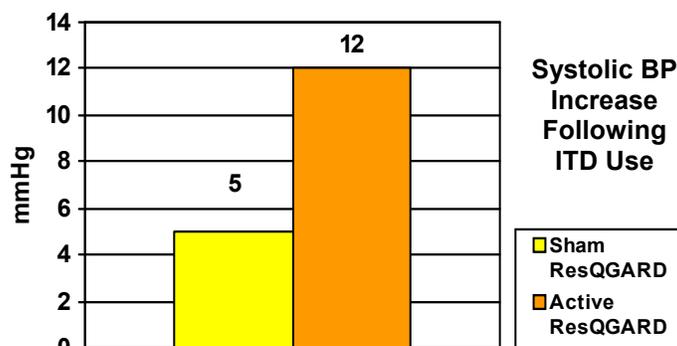
CLINICAL STUDY: HYPOVOLEMIA

Another study (8; Convertino et al. *Crit Care Med* 2007) showed that patients (n=9) subjected to lower body negative pressure (to simulate blood loss) benefited more from an active versus sham ITD. When patients experienced a simulated cardiovascular collapse condition, mean arterial pressures during treatment with an active ITD were 34% higher in patients being treated with an active ITD (p<0.02).



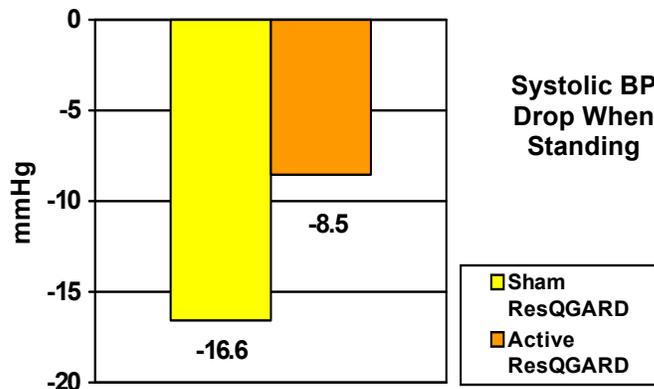
CLINICAL STUDY: HYPOTENSION IN THE EMERGENCY DEPARTMENT

In a third study (28; Smith et al. *Circulation* 2006) of patients presenting to the emergency department with hypotension (≈ 95 mmHg), those patients treated with an active ITD (n=15) had significant improvement in systolic BP when compared to those treated with a sham ITD (n=18) (p<0.01).



CLINICAL STUDY: OTHROSTATIC HYPOTENSION

Use of an ITD in hypotensive, spontaneously breathing humans increases blood pressure and cardiac output and can be used to prevent or delay the onset of hypotension in patients with orthostatic hypotension (OH). In one study (19; Melby et al. *Heart Rhythm* 2007), orthostatic-intolerant patients (n=22) went from a supine to upright position and were treated with both an active or sham ITD. Patients had less change in systolic BP when treated with an active vs. sham ITD (p=0.001).



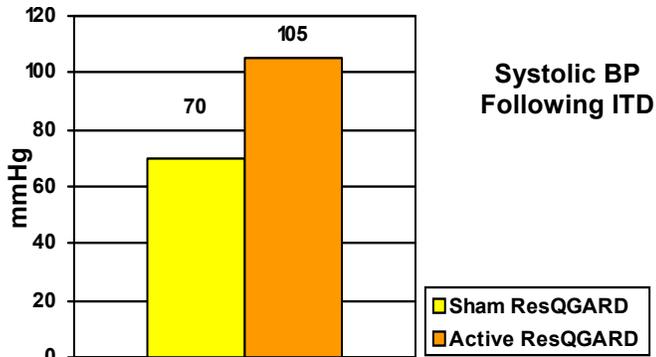
Other clinical trails have shown that the ITD helps prevent the hypotension that sometimes results following blood donations (3). NASA now uses the device to help maintain BP in astronauts who develop hypotension upon exposure to gravity after prolonged space flight (7,8). The ResQGARD is well-tolerated from the standpoint of work of breathing (11).



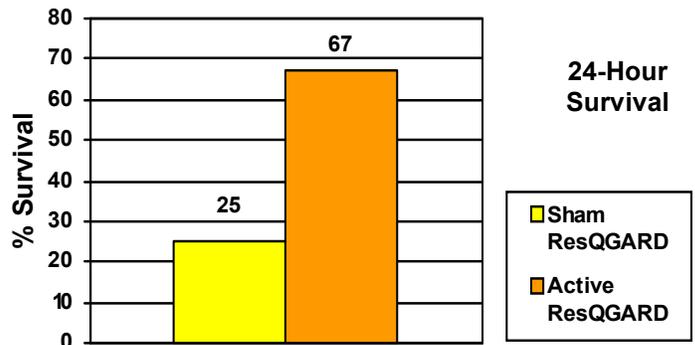
USE OF AN IMPEDANCE THRESHOLD DEVICE (E.G. RESQGARD™) FOR THE TREATMENT OF HYPOTENSION IN SPONTANEOUSLY BREATHING APPLICATIONS

ANIMAL STUDIES: HYPOVOLEMIC SHOCK

Animal studies have shown that inspiration through an ITD increases blood pressure, cardiac output and survival rates after hypotension induced by severe blood loss. In one randomized, blinded study (15; Lurie et al. *Crit Care Med* 2004), pigs were bled to a target blood pressure (BP) of 50-55 mmHg, then were treated for 30 min. with either a sham (placebo) or active (functional) ITD. Animals treated with an active ITD had a 50% higher systolic BP than animals treated with a sham ($p < 0.01$).



In another randomized, blinded study (21; Metzger et al. *Circulation* 2007), pigs were subjected to a 40% bleed and then randomized to receive either a sham or active ITD. Animals treated with an active ITD were 2.5 times more likely to survive to 24 hours compared to animals treated with a sham ITD ($p = 0.04$).



In an animal model, the ITD also helps to maintain BP during heat shock (14,29). Animal studies further show that inspiration through an ITD lowers intracranial pressures in normotensive or hypotensive animals (12,14,15,17,27,30).

- Aufferheide TP, et al. Vital organ blood flow with the impedance threshold device. *Crit Care Med* 2006;34(12 Suppl):S466-73.
- Convertino VA, et al. Inspiratory resistance as a potential treatment for orthostatic intolerance and hemorrhagic shock. *Aviat Space Environ Med* 2005;76(4):319-25.
- Convertino VA, et al. Restoration of central blood volume: application of a simple concept and simple device to counteract cardiovascular instability in syncope and hemorrhage. *J Gravit Physio* 2005;12(1):P55-60.
- Convertino VA, et al. Inspiratory impedance effects on hemodynamic responses to orthostasis in normal subjects. *Aviat Space Environ Med* 2006;77(5):486-93.
- Convertino VA, et al. Effects of inspiratory impedance on the carotid-cardiac baroreflex response in humans. *Clin Auton Res* 2004;14:240-8.
- Convertino VA, et al. Hemodynamic associated with breathing through an inspiratory impedance threshold device in human volunteers. *Crit Care Med* 2004;32(9):S381-6.
- Convertino VA, et al. Effects of inspiratory impedance on hemodynamic responses to a squat-stand test in human volunteers: implications for treatment of orthostatic hypotension. *Eur J Appl Physiol* 2005;94(4):392-9.
- Convertino VA, et al. Inspiratory resistance maintains arterial pressure during central hypovolemia: implications for treatment of patients with severe hemorrhage. *Crit Care Med* 2007;35(4):1145-52.
- Cooke WH, et al. Human autonomic and cerebrovascular responses to inspiratory impedance. *J Trauma* 2006;60(6):1275-83.
- Doerr DF, et al. Comparison of two methods of non-invasive determination of cardiac output during an orthostatic challenge. *Aviat Space Environ Med* 2004;75:B117.
- Idris AH, et al. Imposed power of breathing associated with use of an impedance threshold device. *Respir Care* 2007;52(2):177-83.
- Lurie KG, et al. Cardio-cranial interactions: reduction of elevated intracranial pressure with an inspiratory impedance threshold device in spontaneously breathing pigs after resuscitation from cardiac arrest. *Crit Care Med* 2003;31(12)Suppl:A10.
- Lurie K, et al. Use of an inspiratory impedance threshold valve for the rapid treatment of hemorrhagic shock in spontaneously breathing pigs. *Crit Care Med* 2001;29(12)Suppl:A13.
- Lurie KG, et al. Use of an inspiratory impedance threshold valve for rapid treatment of cardiovascular collapse secondary to heat shock in spontaneously breathing pigs. *Crit Care Med* 2001;29(12)Suppl:A55.
- Lurie KG, et al. Treatment of hypotension in pigs with an inspiratory impedance threshold device: a feasibility study. *Crit Care Med* 2004;32(7):1555-62.
- Lurie KG, et al. Augmentation of ventricular preload during treatment of cardiovascular collapse and cardiac arrest. *Crit Care Med* 2002;30(4 Suppl):S162-5.
- Marino BS, et al. Spontaneous breathing through an inspiratory impedance threshold device augments cardiac index and stroke volume index in a pediatric porcine model of hemorrhagic hypovolemia. *Crit Care Med* 2004;32(9 Suppl):S398-405.
- Melby DP, et al. An inspiratory impedance device improves hemodynamics during a squat-stand test: implications for treating orthostatic intolerance. *Heart Rhythm* 2004;1(18):S257.
- Melby DP, et al. Increased impedance to inspiration ameliorates hemodynamic changes associated with movement to upright posture in orthostatic hypotension: a randomized blinded pilot study. *Heart Rhythm* 2007;4(2):128-35.
- Melby D, et al. A novel inspiratory impedance threshold device may diminish orthostatic intolerance. *Heart Rhythm* 2004;1(18):S227.
- Metzger A, et al. An impedance threshold device improves 24-hour survival in a spontaneously breathing pediatric porcine model of hemorrhagic shock. *Circulation* 2007;Supplement II;116(16):II-632.
- Rickards CA, et al. Inspiratory resistance, cerebral blood flow velocity and symptoms of acute hypotension. *Av Sp Env Med* 2008;79(6):557-64.
- Rickards CA, et al. Inspiratory resistance delays the reporting of symptoms with central hypovolemia: association with cerebral blood flow. *Am J Physiol Regul Integr Comp Physiol* 2007;293(1):R243-50.
- Ryan KL, et al. Breathing through an inspiratory threshold device improves stroke volume during central hypovolemia in humans. *J Appl Physiol* 2008;104:1402-09.
- Sanniah N, et al. Feasibility and effects of transcutaneous phrenic nerve stimulation combined with an inspiratory impedance threshold in a pig model of hemorrhagic shock. *Crit Care Med* 2003;31(4):1197-1202.
- Sigurdsson G, et al. Cardiorespiratory interactions and blood flow generation during cardiac arrest and other states of low blood flow. *Curr Opin Crit Care* 2003;9:183-188.
- Sigurdsson G, et al. Effects of an inspiratory impedance threshold device on blood pressure and short term survival in spontaneously breathing hypovolemic pigs. *Resuscitation* 2006 Mar;68(3):399-404.
- Smith SW, et al. Use of an impedance threshold device in hypotensive patients in the emergency department. *Circulation* 2006;114(Suppl II):18.
- Voelckel WG, et al. Inspiratory impedance threshold device effects on hypotension in heat-stressed swine. *Av Sp Env Med* 2008;79(8):in press.
- Yannopoulos D, et al. Intrathoracic pressure regulation for intracranial pressure management in normovolemic and hypovolemic pigs. *Crit Care Med* 2006;34(12):S495-500.
- Jones et al. Emergency department hypotension predicts sudden unexpected in-hospital mortality. *Chest* 2006;130:941-946.
- Eastridge et al. Hypotension begins at 110 mmHg: redefining "hypotension" with data. *J Trauma* 2007;63:291-299.