

Digital Personalized Cardiovascular Care

Optimize CV treatment and outcomes with OptiCor™



Individual risk prediction



Fits within current clinical practice workflow



EHR integration and compatibility

recommendations for

Personalized, guideline-based

treatments and interventions

Your risk profile for: 5/17/2022

CHA2DS2-VASc: 4

Individual risk profile

I-year risk in 90

Mortality risk

Reduction in risk: - 50% ↓ Current 9.5 Adjusted 4.7 Stroke risk Reduction in risk: - 51% ↓ Current 2.0 Adjusted 1.0

Bleeding risk

Reduction in risk: - 31% 🗸

Adjusted 1.3

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Recommendations

Uncheck boxes below to view effect on adjusted risk 🌘

🗹 Anticoagulation

Oral anticoagulation is recommended. Consider switching from VKA to a non-vitamin K antagonist (NOAC). If no contraindications. Renal and hepatic function should be evaluated before initiation of a NOAC and should be reevaluated at least annually

🗉 Catheter Ablation 🌘

Your patient meets the eligibility criteria for a primary catheter ablation or antiarrythmic therapy. Consider referral to electrophysiologist.

Diabetes medication

Because of your patient's diabetes and high cardiovascular risk, consider starting an SGLT2-inhibitor or GLP-1RA with proven cardiovascular benefit depending on patient-specific factors and co-morbidities

🗹 Smoking cessation

Smoking cessation counseling is recommended for your patient

tenac.io 52,000 patient study published in European Heart Journal Digital Health Read here!



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