Supplementary Table 1. Main characteristics of selected epidemiological studies across geographical regions

| First author [reference] | Study source | Setting | Population | Period | Basic baseline characteristics | EF cut-offs | Epidemiological data |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| North America |  |  |  |  |  |  |  |
| Lee et al. [21] | Observational cohort - <br> Medicare claims data linked to EHR | Inpatient | $\mathrm{N}=138,388$ <br> individuals aged >65 years | 2007-14 | Age 72 years* <br> Male 38\% <br> White 90\% | $\begin{aligned} & r E F<45 \% \\ & p E F \geq 45 \% \end{aligned}$ | Incidence rate (FU 3.4 years) <br> - overall: 20.9/1000 py <br> - pEF: 6.1/1000 py <br> - rEF: 2.0/1000 py <br> - uncertain EF: <br> 12.9/1000 py |
| Tsao et al. [22] | Framingham Heart Study and Cardiovascular Health Study | Inpatient and outpatient | Individuals $\geq 60$ years and free of HF at the beginning of each decade ( $\mathrm{N}=8,762$ for the $1^{\text {st }}$ and 6,455 for the $2^{\text {nd }}$ ) | $\begin{aligned} & 1990-99 \\ & \text { and 2000- } \\ & 09 \end{aligned}$ | For the period 1990-9: <br> Age 75 years $(\mathrm{rEF}) / 76$ years (pEF) <br> Male 57\% (rEF)/ <br> 38\% (pEF) <br> White 91\% <br> (rEF)/91\% (pEF) <br> For the period 2000-09: <br> Age 80 years (rEF)/81 years (pEF) <br> Male 52\% (rEF)/ <br> 38\% (pEF) <br> White 90\% <br> (rEF)/92\% (pEF) | $\begin{aligned} & \mathrm{rEF}<50 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Incidence rate (FU <br> 70,548 person-years for 1990-9) <br> - overall: 19.7/1000 py <br> -pEF: 4.7/1000 py <br> - rEF: 6.6/1000 py <br> Incidence rate (FU <br> 45,155 person-years for 2000-09) <br> - overall: 18.9/1000 py <br> - pEF: 6.8/1000 py <br> - rEF: 6.2/1000 py |
| Vasan et al. [24] | Framingham Heart Study | Inpatient and outpatient | Participants free of HF | $\begin{aligned} & 1985- \\ & 2015 \end{aligned}$ | For the period 1985-94: <br> Age 64 years ( rEF )/58 years (mrEF)/55 years (pEF) | $\begin{aligned} & \text { rEF }<40 \% \\ & \text { mrEF 40-49\% } \\ & \text { pEF } \geq 50 \% \end{aligned}$ | Proportion of patients with rEF/pEF among patients with newonset HF <br> - 1985-94: 44\%/41\% |


|  |  |  |  |  | Male 81\% <br> (rEF)/75\% (mrEF)/ <br> 43\% (pEF) <br> For the period <br> 1995-2004: <br> Age 64 years <br> (rEF)/62 years <br> (mrEF)/47 years <br> (pEF) <br> Male 87\% <br> (rEF)/82\% (mrEF)/ <br> 45\% (pEF) <br> For the period 2005-14: <br> Age 74 years (rEF)/70 years (mrEF)/66 years (pEF) <br> Male 79\% (rEF)/90\% (mrEF)/ <br> 44\% (pEF) |  | -1995-2004: 44\%/43\% <br> -2005-14: 31\%/56\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Shah et al. [27] | Get With The <br> Guidelines-HF <br> (GWTG) <br> Registry <br> merged with <br> claims from the <br> US Centers for <br> Medicare and <br> Medicaid <br> Services | Inpatient | $\mathrm{N}=39,982$ <br> fee-for-service <br> Medicare beneficiaries age $\geq 65$ years hospitalised with a diagnosis of HF | 2005-09 | Age 79 years <br> (rEF)/81 years <br> (mrEF)/82 years (pEF) <br> Male 59\% (rEF)/ <br> 48\% (mrEF)/ 32\% <br> (pEF) <br> White 81\% <br> (rEF)/82\% (mrEF)/ <br> 82\% (pEF) | $\begin{aligned} & \hline r E F \leq 40 \% \\ & m r E F 41-49 \% \\ & p E F \geq 50 \% \end{aligned}$ | Proportion of patients: <br> 46\% rEF <br> 8\% mrEF <br> 46\% pEF |
| Owan et al. [28] | Olmsted County | Inpatient | $\mathrm{N}=4,596$ <br> consecutive patients hospitalised with HF at Mayo Clinic Hospitals | $\begin{aligned} & 1987- \\ & 2001 \end{aligned}$ | $\begin{aligned} & \text { Age } 72 \text { years (rEF)/ } \\ & 74 \text { years (pEF) } \\ & \text { Male } 65 \%(r E F) / \\ & 44 \%(p E F) \end{aligned}$ | $\begin{aligned} & r E F<50 \% \\ & p E F \geq 50 \% \end{aligned}$ | Proportion of patients with pEF <br> - 1987-1991: 38\% <br> -1992-1996: 47\% <br> -1997-2001: 54\% |


|  |  |  | with available echo data |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Bhatia et al. [29] | Enhanced <br> Feedback for <br> Effective <br> Cardiac <br> Treatment <br> (EFFECT) study <br> from 103 <br> hospitals in the province of Ontario, <br> Canada | Inpatient | $\begin{aligned} & \mathrm{N}=2,802 \text { newly } \\ & \text { admitted } \\ & \text { patients with a } \\ & \text { primary } \\ & \text { discharge } \\ & \text { diagnosis of } \mathrm{HF} \end{aligned}$ | $\begin{aligned} & \hline 4 / 1999- \\ & 3 / 2001 \end{aligned}$ | ```Age 72 years (rEF)/ 75 years (pEF) Male 63% (rEF)/ 34% (pEF)``` | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{pEF}>50 \% \end{aligned}$ | Proportion of patients: <br> - 56\% rEF <br> - $31 \%$ pEF |
| Europe |  |  |  |  |  |  |  |
| Gavina et al. [32] | Health Local Unit of Matosinhos, a regional health system in the north of Portugal | Outpatient | All individuals $\geq 18$ years who attended healthcare units at least once in the 3 years before the index date $(N=126,636)$ | 2019-21 | Age 74 years Male 48\% | $\begin{aligned} & \mathrm{rEF} \leq 40 \% \\ & \text { mrEF 41-49\% } \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Prevalence of HF 2.1\% <br> Proportion of patients: <br> - 16\% rEF <br> - 16\% mrEF <br> - 65\% pEF |
| Escobar et al. [36] | BIG-PAC <br> database <br> (nationally representative, longitudinal database across seven Spanish Autonomous Communities) | Outpatient and inpatient | All adults with $\geq 1$ inpatient or outpatient HF diagnosis and $\geq 1$ year of continuous enrollment before the corresponding index date | $\begin{aligned} & \hline 01 / 2013- \\ & 09 / 2019 \end{aligned}$ | In 01/2019: <br> Age 74 years <br> (rEF)/81 years <br> (mrEF)/84 years (pEF) <br> Male 66\% (rEF)/ 51\% (mrEF)/ 39\% (pEF) | $\begin{aligned} & \mathrm{rEF} \leq 40 \% \\ & \mathrm{mrEF} 41-49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | In 2019: <br> Incidence rates (per 100 py ) <br> $\bullet 0.15 \mathrm{rEF}$ <br> - 0.02 mrEF <br> $\bullet 0.10 \mathrm{pEF}$ <br> Prevalence rates (\%) <br> - 1.17 rEF <br> - 0.10 mrEF <br> $\bullet 0.90$ pEF |
| Stolfo et al. [38] | Swedish HF Registry | Outpatient and inpatient | $\begin{aligned} & \mathrm{N}=76,453 \mathrm{HF} \\ & \text { patients } \\ & \text { registered } \\ & \text { within the study } \end{aligned}$ | $\begin{aligned} & \hline 12 / 2005- \\ & 12 / 2018 \end{aligned}$ | Age 76 years Male 63\% | $\begin{aligned} & \text { rEF }<40 \% \\ & \text { mrEF 40-49\% } \\ & \text { pEF } \geq 50 \% \end{aligned}$ | Proportion of patients: <br> - 53\% rEF <br> - $23 \% \mathrm{mrEF}$ <br> - 24\% pEF |


|  |  |  | period. Patients who died during index hospitalization were excluded. For patients with >1 registration, the first was selected |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Brouwers et al. [41] | PREVEND <br> study, a communitybased, middleaged cohort study from the Netherlands | Outpatient and inpatient | $\mathrm{N}=8,592 \text { in }$ <br> PREVEND, who had UAE >10 $\mathrm{mg} / \mathrm{L}$ in their morning urine or were randomly selected with a UAE <10 mg/I, who attended the index outpatient clinic visit (1997-98) and did not have IDDM, were not pregnant and were able and willing to participate | $\begin{aligned} & 1997- \\ & 1 / 2010 \end{aligned}$ | Age 62 years (rEF)/ <br> 63 years (pEF) <br> Male 73\% (rEF)/ <br> 48\% (pEF) <br> White 98\% (rEF)/ <br> 98\% (pEF) | $\begin{aligned} & r E F \leq 40 \% \\ & p E F \geq 50 \% \end{aligned}$ | At median FU 11.5 years 4.4\% were diagnosed with new HF, of whom $66 \%$ were rEF and $34 \%$ were pEF |
| Asia |  |  |  |  |  |  |  |
| Hao et al. [44] | China <br> Hypertension <br> Survey (CHS) | Outpatient | $N=22,158$ <br> individuals who completed the survey and had available data on echocardiogram, education attainment, smoking status, | $\begin{aligned} & 10 / 2012- \\ & 12 / 2015 \end{aligned}$ | Age 52 years (rEF)/60 years (mrEF)/65 years (pEF) <br> Male 50\% (rEF)/ <br> 74\% (mrEF)/44\% <br> (pEF) | $\begin{aligned} & \hline \text { rEF }<40 \% \\ & \text { mrEF 40-49\% } \\ & \text { pEF } \geq 50 \% \end{aligned}$ | Among participants aged $\geq 35$ years the weighted prevalence was <br> $\bullet 0.7 \%$ rEF <br> - 0.3\% mrEF <br> - 0.3\% pEF |


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*Characteristics of the total study cohort.
**ADHF: acute decompensated heart failure; EHR: electronic health records; FU: follow-up; HF: heart failure; IDDM: insulin-dependent diabetes mellitus; mrEF: mildly reduced ejection fraction; pEF: preserved ejection fraction; py: person years; rEF: reduced ejection fraction; UAE: urinary albumin excretion.

| First author [reference] | Study typesource | Setting | Population | Period | Basic baseline characteristics | EF cut-offs | Mortality data |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| North America |  |  |  |  |  |  |  |
| Steinberg et al. [15] | Get With The Guidelines-HF (GWTG) Registry | Inpatient | $\mathrm{N}=110,621$ <br> consecutive patients with new or worsening HF and those who developed significant symptoms of HF in the hospital | $\begin{aligned} & \hline 1 / 2005- \\ & 10 / 2010 \end{aligned}$ | Age 70 years <br> (rEF)/76 years <br> (mrEF)/78 years <br> (pEF) <br> Male 64\% (rEF)/ <br> 53\% (mrEF)/ 37\% <br> (pEF) <br> White 62\% <br> (rEF)/70\% (mrEF)/ <br> 71\% (pEF) | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 40- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | In-hospital mortality between 2005- $>2010$ <br> - rEF: 3.03\%->2.83\% <br> - mrEF: $2.69 \%->2.88 \%$ <br> -pEF: 3.32\%->2.35\%* |
| Tsao et al. [22] | Framingham Heart Study and Cardiovascular Health Study | Inpatient and outpatient | Individuals $\geq 60$ years and free of HF at the beginning of each decade ( $\mathrm{N}=8,762$ for the $1^{\text {st }}$ and 6,455 for the $2^{\text {nd }}$ ) | $\begin{aligned} & 1990-99 \\ & \text { and 2000- } \\ & 09 \end{aligned}$ | For the period 1990-9: <br> Age 75 years (rEF)/76 years (pEF) <br> Male 57\% (rEF)/ <br> 38\% (pEF) <br> White 91\% <br> (rEF)/91\% (pEF) <br> For the period 2000-9: <br> Age 80 years (rEF)/81 years (pEF) <br> Male 52\% (rEF)/ <br> 38\% (pEF) <br> White 90\% <br> (rEF)/92\% (pEF) | $\begin{aligned} & r E F<50 \% \\ & p E F \geq 50 \% \end{aligned}$ | 5-year mortality rates <br> (FU $2.75 \pm 2.03$ years) <br> -pEF: 64.1\% <br> -rEF: 66\% <br> Similar mortality between HFrEF and HFpEF within 1990-99 and 2000-09 <br> Similar mortality for both rEF and pEF between 1990-99 and 2000-09 |
| Shah et al. [27] | GWTG Registry merged with claims from the US Centers for | Inpatient | $\mathrm{N}=39,982$ fee-for-service Medicare beneficiaries age $\geq 65$ years hospitalized | 2005-09 | Age 79 years (rEF)/81 years (mrEF)/82 years (pEF) | $\begin{aligned} & \mathrm{rEF} \leq 40 \% \\ & \mathrm{mrEF} 41- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Similar mortality rates at 5 years ( pEF <br> reference) <br> Unadjusted HRs <br> - rEF: 1.01 <br> - mrEF: 1.01 |


|  | Medicare and Medicaid Services |  | with a diagnosis of HF |  | Male 59\% (rEF)/ <br> 48\% (mrEF)/ 32\% <br> (pEF) <br> White 81\% <br> (rEF)/82\% (mrEF)/ <br> 82\% (pEF) |  | Adjusted HRs <br> - rEF: 0.99 <br> -mrEF: 1.00 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Owan et al. [28] | Olmsted County | Inpatient | $N=4,596$ <br> consecutive patients hospitalised with HF at Mayo Clinic Hospitals with available echo data | $\begin{aligned} & 1987- \\ & 2001 \end{aligned}$ | Age 72 years (rEF)/ 74 years (pEF) <br> Male 65\% (rEF)/ 44\% (pEF) | $\begin{aligned} & r E F<50 \% \\ & p E F \geq 50 \% \end{aligned}$ | Mortality rates (FU 10 $\pm 4.2$ years) at <br> - 1 year* <br> - rEF: 32\% <br> - pEF: 29\% <br> - 5 years* <br> -rEF: 68\% <br> -pEF: 65\% <br> Adj. HR for death for pEF vs rEF: 0.96; 95\%Cl: 0.92-1.00* |
| Bhatia et al. [29] | Enhanced <br> Feedback for <br> Effective Cardiac <br> Treatment <br> (EFFECT) study <br> from 103 <br> hospitals in the province of Ontario, Canada | Inpatient | Newly admitted patients with a primary discharge diagnosis of HF | $\begin{aligned} & 4 / 1999- \\ & 3 / 2001 \end{aligned}$ | Age 72 years (rEF)/ 75 years (pEF) <br> Male 63\% (rEF)/ <br> $34 \%$ (pEF) | $\begin{aligned} & \text { rEF }<40 \% \\ & \text { pEF>50\% } \end{aligned}$ | Similar mortality rates at <br> -30 days <br> - rEF: 7.1\% <br> - pEF: 5.3\% <br> -1 year <br> - rEF: 25.5\% <br> - pEF: 22.2\% |
| Fonarow et al. [56] | Organized <br> Program to Initiate Lifesaving Treatment in Hospitalized Patients with Heart Failure (OPTIMIZE-HF) registry | Inpatient | $\mathrm{N}=41,267$ <br> patients with <br> new or <br> worsening HF <br> and those who <br> developed <br> significant <br> symptoms of HF <br> in the hospital | $\begin{aligned} & \hline 3 / 2003- \\ & 12 / 2004 \end{aligned}$ | Age 70 years <br> (rEF)/ 75 years <br> (pEF) <br> Male 62\% (rEF)/ <br> 38\% (pEF) <br> White 71\% (rEF)/ <br> 77\% (pEF) | $\begin{aligned} & r E F<40 \% \\ & p E F \geq 40 \% \end{aligned}$ | Unadj. in-hospital mortality* <br> - rEF: 3.9\% <br> - pEF: 2.9\% <br> (unadj. OR: 1.34; <br> 95\% CI: 1.19-1.50) <br> Unadj. mortality at 60-90 days <br> - rEF: 9.8\% <br> - pEF: 9.5\% |


| Europe |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Brouwers et al. [41] | PREVEND study, a communitybased, middleaged cohort study from the Netherlands | Outpatient and inpatient | $\begin{aligned} & \hline \mathrm{N}=8,592 \text { in } \\ & \text { PREVEND, who } \\ & \text { had UAE >10 } \\ & \mathrm{mg} / \mathrm{L} \text { in their } \\ & \mathrm{morning} \text { urine } \\ & \text { or were } \\ & \text { randomly } \\ & \text { selected with a } \\ & \text { UAE <10 mg/L, } \\ & \text { who attended } \\ & \text { the index } \\ & \text { outpatient clinic } \\ & \text { visit (1997-98) } \\ & \text { and did not } \\ & \text { have IDDM, } \\ & \text { were not } \\ & \text { pregnant and } \\ & \text { were able and } \\ & \text { willing to } \\ & \text { participate. } \\ & \hline \end{aligned}$ | $\begin{aligned} & \text { 1997- } \\ & 1 / 2010 \end{aligned}$ | Age 62 years <br> (rEF)/ 63 years <br> (pEF) <br> Male 73\% (rEF)/ <br> 48\% (pEF) <br> White 98\% (rEF)/ <br> 98\% (pEF) | $\begin{aligned} & r E F \leq 40 \% \\ & p E F \geq 50 \% \end{aligned}$ | 5-year all-cause mortality significantly higher for new onset rEF compared with new onset pEF |
| Koh et al. [57] | Swedish HF Registry | Outpatient and inpatient | ```N=42,061 HF patients registered within the study period for who EF data were available. Patients who died during index hospitalization were excluded. For patients with >1 registration, the first was selected.``` | 2000-12 | Age 72 years (rEF)/74 years (mrEF)/77 years (pEF) <br> Male 71\% (rEF)/ 61\% (mrEF)/ 45\% (pEF) | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 40- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Crude mortality rates (per 1,000 py) <br> - rEF: 146.6 <br> - mrEF: 140.7 <br> - pEF: 175.8 <br> Adj. HRs for mortality at ( pEF reference) <br> -30 days <br> - mrEF: 1.06 <br> - rEF: 1.35* <br> -1 year <br> - mrEF: 1.08 <br> - rEF: 1.26* <br> -3 years |


|  |  |  |  |  |  |  | - mrEF: 1.06 <br> - rEF: 1.20* |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Vergaro et al. [58] | Fondazione Toscana Gabriele Monasterio in Pisa, Italy | Outpatient | $\mathrm{N}=2,791$ <br> patients referred for HF management and had stable HF symptoms and therapy $\geq 1$ month. Those with ACS or cardiac surgery $\leq 3$ months were excluded. | 2000-16 | Age 68 years (rEF)/69 years (mrEF)/71 years (pEF) Male 76\% (rEF)/ 72\% (mrEF)/ 52\% (pEF) | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 40- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Mortality rates at -1 year* <br> - rEF: 11\% <br> - mrEF: 8\% <br> - pEF: 5\% <br> -5 years* <br> - rEF: 31\% <br> - mrEF: 20\% <br> - pEF: 17\% <br> -10 years* <br> -rEF: 39\% <br> - mrEF: 25\% <br> - pEF: 22\% <br> Cardiac mortality rates at <br> -1 year* <br> - rEF: 8\% <br> - mrEF: 4\% <br> - pEF: 2\% <br> -5 years* <br> -rEF: 21\% <br> - mrEF: 9\% <br> - pEF: 7\% <br> -10 years* <br> - rEF: 25\% <br> - mrEF: $11 \%$ <br> - pEF: 8\% <br> Rates of non-cardiac death were similar among patients with rEF, mrEF and pEF |


| Kapłon-Cieślicka et <br> al. [62] | ESC-HFA EORP HF <br> Long-Term <br> Registry | Inpatient | $\mathrm{N}=5,951$ <br> patients with <br> AHF and available data on EF. Patients with ACS and moderate to severe aortic stenosis were excluded | $\begin{aligned} & \hline \text { 3/2011- } \\ & 9 / 2018 \end{aligned}$ | Age 66 years (rEF)/71 years (mrEF)/74 years (pEF) Male 75\% (rEF)/ 60\% (mrEF)/44\% (pEF) | $\begin{aligned} & \hline \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 40- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | In-hospital mortality was higher in rEF <br> - rEF: 3.4\%* <br> - mrEF: 2.1\% <br> - pEF: 2.2\% <br> Crude HRs for 1-year ( pEF reference) <br> - all-cause mortality <br> - mrEF: 1.0 <br> -rEF: 1.2* <br> - non-CV mortality <br> - mrEF: 0.7 <br> - rEF: 0.5* <br> Adj. HRs for 1-year ( pEF reference) <br> - all-cause mortality <br> - mrEF: 1.0 <br> - rEF: 1.2* <br> - non-CV mortality <br> - mrEF: 0.8 <br> - rEF: 0.6 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Asia |  |  |  |  |  |  |  |
| Harikrishnan et al. [47] | Indian National Heart Failure Registry (facilitybased registry from 53 hospitals in 21 states and four union territories in India) | Inpatient | $\mathrm{N}=10,851$ <br> consecutive patients with ADHF | $\begin{aligned} & \hline 01 / 2019- \\ & 07 / 2020 \end{aligned}$ | Age 60 years (rEF)/60 years (mrEF)/59 years (pEF) Male 72\% (rEF)/ 69\% (mrEF)/ 52\% (pEF) | $\begin{aligned} & \hline \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 41- \\ & 49 \% \\ & \mathrm{pEF}>50 \% \end{aligned}$ | In-hospital mortality (P-value not provided) <br> - rEF: 7.5\% <br> - mrEF: 5.1\% <br> - pEF: 5.5\% <br> Adj. HRs for mortality at 90 -day (rEF reference) <br> -mrEF: 0.95 <br> -pEF: 0.77* |


| Tsuchihashi- <br> Makaya et al. [65] | Japanese Cardiac <br> Registry of Heart <br> Failure in <br> Cardiology <br> (JCARE-CARD) | Inpatient | $\mathrm{N}=2,675$ <br> patients hospitalised due to worsening of HF symptoms | $\begin{aligned} & \hline 01 / 2004- \\ & 06 / 2005 \end{aligned}$ | Age 67 years (rEF)/74 years (pEF) <br> Male 72\% (rEF)/53\% (pEF) | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | In-hospital mortality* <br> - rEF: 3.9\% <br> - pEF: 6.5\% <br> Unadj. HR (rEF <br> reference): 1.74; <br> 95\%CI: 1.05-2.87* <br> Adj. HR: 2.94; 95\%CI: <br> 0.89-9.72 <br> During 2.4 years of FU <br> -All-cause mortality <br> - rEF:17.8\% <br> - pEF: 22.7\% <br> Unadj. HR: 1.30; <br> 95\%CI: 0.99-1.70 <br> Adj. HR: 0.93; 95\%CI: <br> 0.66-1.30 <br> -Cardiac mortality <br> - rEF:11.8\% <br> - pEF: 13.5\% <br> Unadj. HR: 1.15; <br> 95\%CI: 0.82-1.62 <br> Adj. HR: 0.86; 95\%CI: <br> 0.56-1.32 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Kitai et al. [66] | Kyoto Congestive Heart Failure (KCHF) registry | Inpatient | ```N=3717 patients discharged after index hospitalization for ADHF``` | $\begin{aligned} & 10 / 2014- \\ & 3 / 2016 \end{aligned}$ | Age 74 years <br> (rEF)/78 years <br> (mrEF)/81 years <br> ( pEF ) <br> Male 67\% (rEF)/ <br> 60\% (mrEF)/43\% <br> (pEF) | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 40- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Crude rates (median FU of 470 days) were similar for 3 EF groups <br> - all-cause mortality <br> - rEF: 22\% <br> - mrEF: 23\% <br> - pEF: 24\% <br> - CV mortality <br> - rEF: 15\% <br> - mrEF: $14 \%$ <br> - pEF: 14\% <br> - non-CV mortality |


|  |  |  |  |  |  |  | - rEF: $6.8 \%$ <br> - mrEF: 8.7\% <br> - pEF: 10.2\% |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| Zhang et al. [67] | China HF Registry | Inpatient | $\begin{aligned} & \mathrm{N}=13,687 \\ & \text { patients with } \\ & \mathrm{HF} \end{aligned}$ | $\begin{aligned} & \text { 01/2012- } \\ & 09 / 2015 \end{aligned}$ | Age 60 years (rEF)/ 69 years (pEF) <br> Male 70\% (rEF)/ <br> 53\% (pEF) | rEF $\leq 40 \%$ pEF $\geq 50 \%$ | In-hospital mortality* <br> - rEF: 4.0\% <br> - pEF: 1.7\% |
| MacDonald et al. [68] | Asian Sudden Cardiac Death in Heart Failure (ASIAN-HF) Registry | Outpatient and inpatient | $\mathrm{N}=6480$ patients aged >18 years with symptomatic HF from 46 secondary care centers in 10 countries from 3 Asian regions: South, Southeast and Northeast Asia | $\begin{aligned} & 10 / 2012- \\ & 12 / 2015 \\ & \text { for rEF } \\ & \\ & 9 / 2013- \\ & 10 / 2016 \\ & \text { for } p E F \end{aligned}$ | South Asia: <br> Age 58 years <br> (rEF)/ 63 years <br> (pEF) <br> Male 76\% (rEF)/ <br> 53\% (pEF) <br> Southeast Asia: <br> Age 59 years <br> (rEF)/ 67 years <br> (pEF) <br> Male 82\% (rEF)/ <br> 50\% (pEF) <br> Northeast Asia: <br> Age 63 years <br> (rEF)/ 72 years <br> (pEF) <br> Male 75\% (rEF)/ <br> 49\% (pEF) | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | 1-year crude all-cause mortality* <br> - rEF: 10.6\% <br> - pEF: 5.4\% <br> In South Asia: <br> - rEF: 8.3\% <br> - pEF: 2.9\% <br> In Southeast Asia: <br> - rEF: 13.6\% <br> - pEF: 10.3\% <br> In Northeast Asia: <br> - rEF: 8.9\% <br> - pEF: 2.8\% |
| Australia |  |  |  |  |  |  |  |
| Tan et al. [69] | Victorian Cardiac Outcomes Registry-Heart Failure (VCOR-HF) snapshot | Inpatient | $\mathrm{N}=1,132$ <br> patients <br> hospitalised <br> with an <br> admission <br> diagnosis of AHF, which was also confirmed at discharge, | One month in each of the years 20142017 | Age 73 years (rEF)/81 years (pEF) Male 69\% (rEF)/ 41\% (pEF) | $\begin{aligned} & \hline \mathrm{rEF}<50 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | Similar in-hospital mortality <br> -rEF: $4.8 \%$ <br> - pEF: 4.2\% <br> Similar 30-day <br> mortality <br> - rEF: $8.0 \%$ <br> - pEF: 8.3\% |


|  |  |  | and aged $>18$ years. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| International |  |  |  |  |  |  |  |
| Tromp et al. [70] | The international registry to assess medical practice with longitudinal observation for treatment of heart failure (REPORT-HF) | Inpatient | $\mathrm{N}=18,102$ adults hospitalised with a primary diagnosis of AHF enrolled in 358 centers in 44 countries on six continents. Participants in a clinical trial with any investigational treatment were excluded | $\begin{aligned} & 07 / 2014- \\ & 03 / 2017 \end{aligned}$ | Age 67 years <br> Male 61\% <br> White 52\% | $\begin{aligned} & \mathrm{rEF}<40 \% \\ & \mathrm{mrEF} 40- \\ & 49 \% \\ & \mathrm{pEF} \geq 50 \% \end{aligned}$ | 1-year all-cause mortality (rEF reference) <br> - mrEF <br> -Unadj. HR: 0.83; <br> 95\%CI: 0.75-0.92* <br> -Adj. HR: 0.83; 95\%CI: <br> 0.74-0.92* <br> $\bullet p E F$ <br> -Unadj. HR: 0.72; <br> 95\%CI: 0.66-0.78* <br> -Adj. HR: 0.67; 95\%CI: <br> 0.61-0.74* |
| Dokainish et al. [73] | International Congestive Heart Failure (INTERCHF) study | Outpatient and inpatient | $\mathrm{N}=5,823$ <br> patients with HF <br> from 108 <br> centers in six <br> geographical <br> regions (Africa, <br> China, India, the <br> Middle East, <br> Southeast Asia <br> and South <br> America) | $\begin{aligned} & 09 / 2012- \\ & 02 / 2014 \end{aligned}$ | Age 59 years Male 61\% | rEF<40\% | 1-year all-cause mortality for rEF (vs EF $\geq 40 \%$ ) <br> -Unadj. HR: 1.3; <br> 95\%CI: 1.1-1.5* <br> -Adj. HR: 1.1; 95\%CI: <br> 0.9-1.4 |

* $P<0.05$.
**ACS: acute coronary syndrome; ADHF: acute decompensated heart failure; AHF: acute heart failure; CI: confidence interval; CV: cardiovascular; EF: ejection fraction; EHR: electronic health records; FU: follow-up; HF: heart failure; HR: hazard ratio; IDDM: insulin-dependent diabetes mellitus; mrEF: mildly reduced ejection fraction; OR: odds ratio; pEF: preserved ejection fraction; py: person years; rEF: reduced ejection fraction; UAE: urinary albumin excretion.

