

SUPPLEMENTARY DATA

Table 1 of the supplementary data. STROBE statement.

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	Title page
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Title page
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Introduction
Objectives	3	State specific objectives, including any prespecified hypotheses	Introduction
Methods			
Study design	4	Present key elements of study design early in the paper	Methods
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Methods
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	Methods
		(b) For matched studies, give matching criteria and number of exposed and unexposed	NA
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Methods
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Methods
Bias	9	Describe any efforts to address potential sources of bias	Methods
Study size	10	Explain how the study size was arrived at	Methods
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Methods
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	Methods
		(b) Describe any methods used to examine subgroups and interactions	Methods
		(c) Explain how missing data were addressed	Methods
		(d) If applicable, explain how loss to follow-up was addressed	Methods
		(e) Describe any sensitivity analyses	Methods
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Results
		(b) Give reasons for non-participation at each stage	Supp.
		(c) Consider use of a flow diagram	Supp.
Descriptive data	14*	(a) Give characteristics of study participants (eg, demographic, clinical, social) and information on exposures and potential confounders	Results, Tables

		(b) Indicate number of participants with missing data for each variable of interest	Results
		(c) Summarise follow-up time (eg, average and total amount)	NA
Outcome data	15*	Report numbers of outcome events or summary measures over time	Results
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Results, Tables
		(b) Report category boundaries when continuous variables were categorized	Results
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	NA
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	NA
Discussion			
Key results	18	Summarise key results with reference to study objectives	Discussion
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	Discussion
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Funding

Table 2 of the supplementary data. Baseline characteristics of the studied population according to the time of in-hospital prescription of Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2i).

	Early SGLT2i (N=1275)	Late SGLT2i (N=346)	p value
Age (years)	68.0 (59.0, 76.0)	68.0 (59.0, 76.0)	.951
Female sex	384 (30.1)	84 (24.3)	.033
Height (m)	1.65 (1.58, 1.70)	1.65 (1.59, 1.70)	.301
Weight (kg)	64.0 (55.0, 74.0)	66.5 (58.0, 76.0)	.005
Dry weight (kg)	63.0 (55.0, 73.0)	66.0 (58.0, 76.0)	.003
BMI (kg/m ²)	23.6 (20.9, 26.8)	24.4 (21.6, 27.5)	.006
Heart rate (bpm)	76.0 (65.0, 88.0)	77.0 (67.0, 88.0)	.320
Diastolic BP (mmHg)	71.0 (62.0, 83.0)	73.0 (63.0, 84.0)	.225
Systolic BP (mmHg)	119.0 (104.0, 136.0)	123.0 (105.0, 139.0)	.072
NYHA Class			.009
I-II	420 (32.9)	140 (40.5)	
III-IV	855 (67.1)	206 (59.5)	
Current admission is readmission	75 (5.9)	13 (3.8)	.122
Medical History			
Hypertension	519 (40.7)	151 (43.6)	.325
Type 2 Diabetes Mellitus	222 (17.4)	63 (18.2)	.730
Dyslipidemia	120 (9.4)	48 (13.9)	.016
Coronary disease	248 (19.5)	75 (21.7)	.358
Chronic kidney disease	152 (11.9)	33 (9.5)	.216
Hypothyroidism	120 (9.4)	21 (6.1)	.050
Cerebrovascular disease	62 (4.9)	20 (5.8)	.490
COPD	129 (10.1)	33 (9.5)	.750
Liver disease	27 (2.1)	8 (2.3)	.825
Heart Failure Characteristics			
Chagas disease etiology	233 (18.3)	41 (11.8)	.005
Dilated cardiomyopathy	278 (21.8)	54 (15.6)	.011
Ischemic etiology	482 (37.8)	167 (48.3)	<.001
Atrial fibrillation	250 (19.6)	64 (18.5)	.643
Atrial flutter	24 (1.9)	1 (0.3)	.033
NSVT	89 (7.0)	20 (5.8)	.429
LVEF (%)	29.0 (20.0, 38.0)	33.0 (25.0, 40.0)	<.001
Implantable device therapy	186 (14.6)	59 (17.1)	.256
Laboratory Values			
Creatinine (mg/dL)	1.1 (0.9, 1.4)	1.1 (0.9, 1.4)	.809
eGFR (mL/min/1.73m ²)	64.2 (47.3, 83.7)	66.5 (47.5, 86.1)	.720
eGFR <30 mL/min/1.73m ²	80 (6.3)	29 (8.4)	.165
Potassium (mEq/L)	4.3 (3.9, 4.7)	4.3 (3.9, 4.7)	.941
NT-proBNP (pg/mL)	5476.7 (2017.5, 12314.8)	4696.2 (1695.1, 11513.5)	.170
Medications at Admission			
ACEI/ARB/ARNI	705 (55.3)	149 (43.1)	<.001
Beta-blockers	665 (52.2)	145 (41.9)	<.001
SGLT2i	568 (44.5)	106 (30.6)	<.001

MRA	593 (46.5)	118 (34.1)	<.001
In-hospital Medication Patterns			
ACEI/ARB/ARNI			<.001
Continued	626 (49.1)	134 (38.7)	
Initiated	518 (40.6)	176 (50.9)	
Not Initiated	52 (4.1)	21 (6.1)	
Withdrawn	79 (6.2)	15 (4.3)	
Beta-blockers			.005
Continued	643 (50.4)	142 (41.0)	
Initiated	591 (46.4)	197 (56.9)	
Not Initiated	19 (1.5)	4 (1.2)	
Withdrawn	22 (1.7)	3 (0.9)	
MRA			<.001
Continued	563 (44.2)	109 (31.5)	
Initiated	642 (50.4)	212 (61.3)	
Not Initiated	40 (3.1)	16 (4.6)	
Withdrawn	30 (2.4)	9 (2.6)	
Medications at Discharge			
ACEI/ARB/ARNI	1153 (90.4)	300 (86.7)	.044
Beta-blockers	1212 (95.1)	326 (94.2)	.530
MRA	1168 (91.6)	301 (87.0)	.009
SGLT2i	1196 (93.8)	318 (91.9)	.208
Clinical Scores			
MLHFQ baseline	37.0 (24.0, 48.0)	35.0 (25.0, 46.0)	.166
MLHFQ at 72h	12.0 (4.5, 26.0)	11.0 (3.0, 25.8)	.356
MLHFQ at 1 month	10.0 (5.0, 22.0)	9.0 (4.0, 18.8)	.034
FRAIL scale	3.0 (2.0, 3.0)	3.0 (1.0, 3.0)	.638
Zung scale	28.0 (25.0, 32.0)	29.0 (25.0, 33.0)	.643
Barthel index	80.0 (75.0, 90.0)	80.0 (70.0, 90.0)	.260

ACEi/ARB/ARNI, angiotensin-converting enzyme inhibitors/angiotensin receptor blockers/angiotensin receptor-neprilysin inhibitor; BMI, body mass index; BPM, beats per minute; eGFR, estimated glomerular filtration rate; MLHFQ, Minnesota Living with Heart Failure Questionnaire; MRA, aldosterone receptor antagonists; NYHA, New York Heart Association classification; SGLT2i, Sodium-Glucose Cotransporter 2 Inhibitors.

Methods of the supplementary data. Co-variables included in multivariate models.

- Multivariate models for in-hospital outcomes (all-cause mortality and length of stay):
 - Age
 - Sex
 - BMI
 - Dry weight
 - NYHA Functional Classification
 - MLHFQ score
 - Implantable devices
 - Admission represents a HF readmission
 - Ischemic HF etiology
 - Left ventricular ejection fraction (LVEF)
 - HF medications at admission (beta-blockers, ACEi/ARB/ARNI, MRA, and SGLT2i),
 - Comorbidities (atrial fibrillation, diabetes mellitus, hypertension, coronary artery disease, and chronic kidney disease)
 - Vital signs on admission (systolic blood pressure, diastolic blood pressure, and heart rate)
 - Estimated glomerular filtration rate (eGFR)
 - NT-proBNP levels at admission.
 - Inotropic use
- Multivariate models for follow-up outcomes (30-day all-cause mortality, rehospitalization and change in MLHFQ score):
 - Age
 - Sex
 - BMI
 - Dry weight

- NYHA Functional Classification
- MLHFQ score
- Implantable devices
- Admission represented a HF readmission
- Ischemic HF etiology
- Left ventricular ejection fraction (LVEF)
- Comorbidities (atrial fibrillation, diabetes mellitus, hypertension, coronary artery disease, chronic kidney disease)
- HF medications at discharge (beta-blockers, ACEi/ARB/ARNI, MRA, and SGLT2i),
- Estimated glomerular filtration rate (eGFR)
- NT-proBNP levels at admission.
- Length of hospital stay

Figure 1 of the supplementary data. Flow diagram of study patient selection.

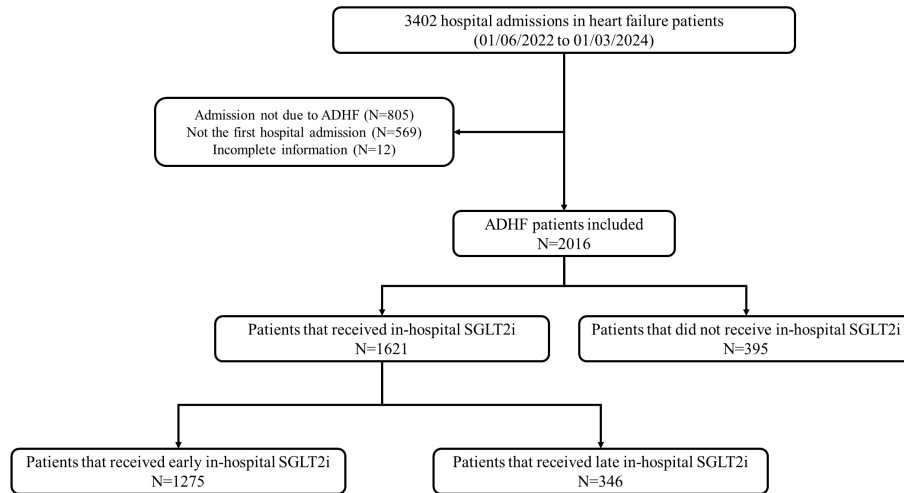


Figure 2 of the supplementary data. Flow diagram summarizing in-hospital SGLT2i prescription patterns.

