

## Supplemental Material

Supplemental Table 1. Parenteral Vasoactive Medications Used in the Management of Cardiogenic Shock in Older Patients									
Medication	Typical Dosage	Target Receptor				Pharmacologic Action			Additional Notes
		$\alpha 1$	$\beta 1$	$\beta 2$	Other	Chronotropy	SVR	Inotropy	
Norepinephrine	0.01-1 $\mu\text{g}/\text{kg}/\text{min}$	↑↑↑↑	↑↑	↑↑		↑	↑↑↑↑	↑↑	In a subgroup analysis of the SOAP II trial, CS patients on Dopamine had higher mortality than those on Norepinephrine.
Dopamine	1-5 $\mu\text{g}/\text{kg}/\text{min}$		↑		Dopamine Receptor	↑	↓	↑	
	5-20 $\mu\text{g}/\text{kg}/\text{min}$	↑	↑↑↑	↑		↑↑	↑↑	↑↑↑	
Epinephrine	0.01-0.03 $\mu\text{g}/\text{kg}/\text{min}$	↑	↑↑	↑↑		↑↑	↑	↑↑↑↑	Greater incidence of refractory shock compared with Norepinephrine among post-MI CS patients in Optima CC trial.
	0.04-0.5 $\mu\text{g}/\text{kg}/\text{min}$	↑↑↑↑	↑↑	↑↑		↑↑↑	↑↑↑↑	↑↑↑↑	
Vasopressin	0.01-0.04 U/min				V1 Receptor		↑		Preferentially increases SVR, while sparing PVR.
Dobutamine	2-20 $\mu\text{g}/\text{kg}/\text{min}$	↑	↑↑↑	↑↑		↑↑	↓↓	↑↑↑	In patients with CS from the DOREMI trial, no significant difference between Dobutamine and Milrinone was seen in the primary composite or secondary outcomes.
Milrinone	0.125-0.5 $\mu\text{g}/\text{kg}/\text{min}$				PDE-3 Inhibition	↑	↓↓	↑↑↑	Excreted primarily through kidney – caution when using in patients with renal dysfunction.

**Abbreviations:** CS, cardiogenic shock; kg, kilogram; min, minute; PDE, phosphodiesterase; PVR, pulmonary vascular resistance; SVR, systemic vascular resistance.