Appendix 1. Treatment algorithm.

Tolerance Parameter	Current Dose	Action
≤6 mEq/L	Study medication on hold	Start 1 tablet 3 times per week
	1 tablet 3 times per week	Increase to 1 tablet per day
	1 tablet per day	Increase to 2 tablets per day
	2 tablets per day	Continue 2 tablets per day
6.1 to 6.5 mEq/L *or* clinically important hypotension	Study medication on hold	Continue to hold study medication
	1 tablet 3 times per week	Hold study medication
	1 tablet per day	Reduce to 1 tablet 3 times per week
	2 tablets per day	Reduce to 1 tablet per day
>6.5 mEq/L	Any dose	Hold study medication

Appendix 2. Outcome definitions.

Discontinuation for hyperkalemia or hypotension

Patients will be considered to have discontinued the study medication for hyperkalemia or clinically significant hypotension if the patient, investigator or clinical care provider decides that the study medication must be permanently stopped due to high serum potassium concentrations, low blood pressures or symptoms of low blood pressure.

Permanent Discontinuation

Patients will be considered to have permanently discontinued the study medication if it is stopped for any reason without the intent to reintroduce the medication before the end of the trial.

Adherence with Study Treatment

Patients will be considered adherent if, on self-report, they state they have taken at least 80% of the study medication (i.e. 80% of all prescribed study tablets) at every visit.

Hospitalization for Vascular Reasons

Hospitalization for vascular reasons is defined as hospitalization for MI, cardiac arrest, stroke, congestive heart failure, ischemic symptoms with ST or T wave changes on an ECG, cardiac arrhythmia, cardiac revascularization procedure, or any vascular surgery including amputation (see below for individual definitions).

Myocardial infarction

The diagnosis of MI requires any one of the following criterion:

1. A typical rise of troponin or a typical fall of an elevated troponin in a patient without a documented alternative explanation for an elevated troponin (e.g., pulmonary embolism). This criterion also requires that 1 of the following must also exist:

    A. ischemic signs or symptoms (i.e., chest, arm, neck, or jaw discomfort; shortness of breath, pulmonary edema)

    B. development of pathologic Q waves present in any two contiguous leads that are $\geq$30 milliseconds

    C. ECG changes indicative of ischemia (i.e., ST segment elevation [$\geq$2 mm in leads V_1, V_2, or V_3 OR $\geq$1 mm in the other leads], ST segment depression [$\geq$1 mm], or symmetric inversion of T waves $\geq$1 mm) in at least two contiguous leads

    D. coronary artery intervention (i.e., PCI or CABG surgery)

    E. new or presumed new cardiac wall motion abnormality on echocardiography or new or presumed new fixed defect on radionuclide imaging

2. Pathologic findings of an acute or healing myocardial infarction

3. Development of new pathological Q waves on an ECG if troponin levels were not obtained or were obtained at times that could have missed the clinical event

Nonfatal cardiac arrest

Nonfatal cardiac arrest is defined as successful resuscitation from either documented or presumed ventricular fibrillation, sustained ventricular tachycardia, asystole, or pulseless electrical activity requiring cardiopulmonary resuscitation, pharmacological therapy, or cardiac defibrillation.

Cardiac Revascularization Procedures

Cardiac revascularization procedures include PCI and CABG surgery.

Stroke

Stroke is defined as a new focal neurological deficit thought to be vascular in origin with signs or symptoms lasting more than 24 hours or leading to death.

Clinically important hypotension

Clinically important hypotension is defined as a systolic blood pressure <90 mm Hg requiring fluid resuscitation, a reduction in antihypertensive medications, or an increase in post-dialysis target weight.

Congestive heart failure

The definition of congestive heart failure requires at least one of the following clinical signs (i.e. any of the following signs: elevated jugular venous pressure, respiratory rales/crackles, crepitations, or presence of S3) and at least one of the following radiographic findings (i.e., vascular redistribution, interstitial pulmonary edema, or frank alveolar pulmonary edema).

Sub-classification of death

Outcome assessors will classify all deaths as either vascular or non-vascular. Vascular death is defined as any death with a vascular cause and includes those deaths following a myocardial infarction, cardiac arrest, stroke, cardiac revascularization procedure (i.e., percutaneous coronary intervention [PCI] or coronary artery bypass graft [CABG] surgery), or deaths due to an unknown cause. Non-vascular death is defined as any death due to a clearly documented non-vascular cause (e.g. trauma, infection, malignancy, withdrawal of dialysis).

Appendix 3. Details of dosing by group at each study follow-up.

	Placebo		Eplerenone	
	n	Percent	n	Percent
Week 1				
2 tabs/day	0	0.00%	0	0.00%
1 tab/day	71	92.2%	75	97.4%
3 tabs/week	0	0.00%	0	0.00%
Off drug	6	7.79%	2	2.60%
Week 2				
2 tabs/day	50	64.9%	54	70.1%
1 tab/day	9	11.7%	4	5.19%
3 tabs/week	12	15.6%	11	14.3%
Off drug	6	7.79%	8	10.4%
Week 3				
2 tabs/day	49	63.6%	52	68.4%
1 tab/day	16	20.8%	12	15.8%
3 tabs/week	1	1.30%	0	0.00%
Off drug	11	14.3%	12	15.8%
Week 7				
2 tabs/day	44	57.1%	53	69.7%
1 tab/day	13	16.9%	11	14.5%
3 tabs/week	5	6.49%	0	0.00%
Off drug	15	19.5%	12	15.8%
Week 13				
2 tabs/day	53	69.7%	49	64.5%
1 tab/day	5	6.58%	9	11.8%
3 tabs/week	3	3.95%	2	2.63%

	Placebo		Eplerenone	
	n	Percent	n	Percent
Off drug	15	19.7%	16	21.1%