

SUPPLEMENTAL DATA

Title: Resting Heart Rate and Chronotropic Response to Exercise: Prognostic Implications in Heart Failure Across Left Ventricular Ejection Fraction Spectrum.

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Supplemental table 1 – Maximum guideline directed dose of beta-blocker.

Beta-blocker	Maximum recommended dose
Bisoprolol	10 mg daily
Carvedilol	25 mg bid
Metoprolol	200 mg daily
Nebivolol	10 mg daily

Legend: bid, twice a day. For those patients on a different beta-blocker (e.g.: atenolol, propranolol) their metoprolol equivalent dose was estimated using the following online conversion calculator: www.globalrph.com/beta_blockers.htm

Supplemental table 2 - Multivariable adjusted hazard ratios for incident all-cause death or composite outcome associated with resting heart rate after forcing into the model the eGFR.

	Hazard Ratio (95% CI)	Hazard Ratio per 5 bpm increase (95% CI)
Death Resting HR ≤ 70 bpm Resting HR > 70 bpm	Reference 1.59 (1.02-2.49)	1.07 (1.00-1.14)
Composite Outcome Resting HR ≤ 70 bpm Resting HR > 70 bpm	Reference 1.58 (1.09-2.30)	1.06 (1.00-1.12)
*all analyses adjusted for age, sex, cardiomyopathy etiology, diabetes, LVEF, B-blocker use, presence of CRT/ICD, peak VO ₂		

Supplemental table 3 - Multivariable adjusted hazard ratios for incident death or cardiovascular events associated with resting heart rate and CIx, by peak RER.

	RER <1.0	RER ≥1.0
Resting heart rate	HR 1.08, 95% CI 0.90-1.30	HR 1.04, 95% CI 0.99-1.10
CIx	HR 0.59, 95% CI 0.20-1.76	HR 0.70, 95% CI 0.57-0.86

Analyses adjusted for age, LVEF, and peak VO₂