Supplementary Appendix

This appendix has been provided by the authors to give readers additional information about their work.

Supplement to: Pitt B, Remme W, Zannad F, et al. Eplerenone, a Selective Aldosterone Blocker, in Patients with Left Ventricular Dysfunction after Myocardial Infarction. N Engl J Med 2004;348:1309-21.

Supplementary Appendix 1. Definitions.*

Event	Defining Characteristics
Fatal Events	
Sudden death	Death occurring within 1 hr of new symptoms, unwitnessed death with no new symptoms within the previous 72 hr, or cardiac arrest with death within 28 days thereafter (even if there is a temporary recovery due to an intervention, unless a new event rules out cardiac arrest as the primary cause or the patient dies without intervention-related recovery)
MI	Death occurring <28 days after MI or death whose primary cause is confirmed by autopsy to be MI (when the occurrence of MI, the date of occurrence of MI, or both are uncertain); to avoid automatic categorization of all deaths occurring <28 days after the index MI as death due to MI, such deaths were only categorized as death due to MI if other definitions of fatal events did not apply
Progression of heart failure	Death due to increased heart failure or symptoms of progression supported by a change in medication for the treatment of heart failure, as indicated by any of the following: 50% increase in the dose of oral medication, addition of new class of medication, addition of IV medication, or introduction of medication for heart failure, if not present at the time of the event
Stroke	Neurologic symptoms compatible with the diagnosis as confirmed by a neurologist or with a focal neurologic defect that persists ≥24 hr and is confirmed by either a neurologist or by an imaging procedure or death whose primary cause is confirmed by autopsy to be stroke
Other cardiovascular event	Aortic dissection or aortic aneurysm, pulmonary embolism, or other
Noncardiovascular event	Sepsis, pneumonia, cancer, or other
Unknown	Death that cannot be categorized in any other way due to insufficient evidence
Unwitnessed	Death of a patient who was not seen by anyone for >72 hr
Nonfatal hospitalizations and nonhospitalization end points	
Progression of heart failure	Hospitalization of ≥24 hr, increased symptoms of heart failure, or change in medication for the treatment of heart failure, as described above
Cardiac arrhythmias (confirmed by ECG) necessitating hospitalization	Atrial fibrillation or flutter, supraventricular tachycardia, or ventricular arrhythmia
MI	
MI confirmed by 2 of 3 usual criteria	Changes on ECG including ST-segment elevation, new Q waves, or both (transmural infarction) or T-wave inversion, ST-segment depression, or both (subendocardial infarction); typical symptoms; or elevation of cardiac biochemical markers
Definite MI (including silent MI)	Unequivocal evidence on ECG of a new MI with or without a typical history; or a typical increase and decrease in biochemical markers of myocardial damage (e.g., CK or CK-MB) in which the maximal value reached is >2 times the upper limit of the hospital range for CK, or in which the CK-MB value is ≥10% of the CK value with either a typical history, new equivocal changes on ECG, or both, indicating the presence of ischemia; or elevation of troponin to >3 times the upper limit of the normal range of laboratory values
Acute MI related to a cardiac procedure	A typical increase and decrease in biochemical markers of myocardial damage (i.e., CK or CK-MB), in which the maximal value reached within 1 week is >3 times the upper limit of the hospital range for CK after catheterization or percutaneous transluminal coronary angioplasty or >5 times the upper limit of the hospital range for CK after cardiac surgery and there are unequivocal or new equivocal changes on ECG indicating ischemia; or elevation of troponin to >3 times the upper limit of the normal range of laboratory values
Angina necessitating hospitalization	Typical (exercise-dependent) anginal pain, without MI–ECG biochemical changes, or response to treatment of cardiac ischemia
Unstable angina pectoris	Principal presentations of unstable angina (angina at rest, new-onset angina, or worsening angina), plus new equivocal changes on ECG indicating the presence of ischemia (including transient ischemic changes in ST-T waves), without abnormalities on ECG consistent with an acute MI and without a typical increase in biochemical markers of myocardial damage and not attributable to another cause
Stroke	Neurologic symptoms compatible with the diagnosis, as confirmed by a neurologist, or with a focal neurologic defect that persists for ≥24 hr and is confirmed by either a neurologist or an imaging procedure
Resuscitation after cardiac arrest	Performance of physical act of cardioversion or evidence of ventricular fibrillation or asystole on ECG in a patient who remains alive 28 days later
Other cardiovascular event	Peripheral vascular disease, hypotension, performance of effective cardiovascular procedures, or other
Noncardiovascular event	Pneumonia, chronic obstructive pulmonary disease or chronic obstructive lung disease, other pulmonary disease, diabetes, elective surgery, or other
Nonhospitalization	New onset of atrial fibrillation verified by ECG

* MI denotes myocardial infarction, IV intravenous, ECG electrocardiography, CK creatine kinase, and CK-MB the MB isoenzyme of creatine kinase.