Supplementary Online Content

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

eAppendix. Definitions, Analyses, and Trial Group Members

Definition of diastolic dysfunction

Diastolic dysfunction (DD) was prospectively identified and graded by an pre-specified algorithm defined in the study protocol with measurements of peak velocities of early (E), late (A) diastolic mitral inflow, peak early (e´) tissue Doppler velocity, and peak systolic (S) and diastolic (D) pulmonary venous flow velocity: normal diastolic function (E/A≥1 and at least two of the following criteria: E/e´<10, S/D≥1, E/A with Valsalva maneuver≥1), mild DD/ Grade I° (E/A<1), moderate DD/ Grade II° (1≤E/A<2 and at least two of the following: E/e´≥10, S/D<1, E/A Valsalva<1) and severe DD/ Grade III/IV° (E/A≥2 and et least one of the following: E/e´≥10, S/D<1). To further separate severe DD into reversible (Grade III°) and non-reversible (Grade IV°) restrictive filling pattern Valsalva maneuver was needed.[15]

Definition of diagnostic criteria of HF with normal EF

Among all included patients the diagnosis criteria of HF with normal EF were analyzed according to current ESC recommendations.[17] Criteria were met (Paulus positive) when E/e' was ≥15, or when 8<E/e'<15 and additional criteria were met (NT-proBNP>220pg/mL, LAVI≥40mL/m^2, E/A<0.5, E wave deceleration time>280msec, A wave duration minus duration of atrial reverse flow of the pulmonary venous flow>30ms, LV mass index >122g/m² in females and >149g/m² in males, or atrial fibrillation).

Sensitivity analysis by imputation for the missing values of the two primary endpoints

In order to analyze how missing values might have affected the effect estimates for the primary endpoints, the data were re-analyzed with several imputations for missing values. Table S4 first displays the effect estimates obtained from the pure non-missing 12-month follow-up data (no imputation).

Secondly, last observation carried forward (LOCF) was applied, inserting the 6-month follow-up values (as far as available) for missing values in the 12-month examination, thus

including cases who had at least one follow-up value but not those who had both follow-up values missing.

Finally, three analyses using multiple imputation (MI) were carried out, including all subjects who were randomized. The imputation was performed as follows. First, two analysis of covariance models were computed from the patients who took part in the final assessment, predicting the 12-month value (1) from the treatment group and the baseline value and (2) from the treatment group, the baseline and the 6-month value. Imputed values for missing 12-month values were then computed from model 1 for subjects who had no follow-up value and from model 2 for those who had the 6-month value (thus using the maximum amount of information available). Each particular imputed value was the sum of the (deterministic) predicted value for the individual subject and a randomly chosen residual of the respective model.

The first MI analysis assumed that missing values were independent of the prognosis for the respective endpoint ("non-informative MI"). The predicted values were computed using the randomized treatment, and the random components were selected from the set of all residuals.

The second MI analysis assumed that subjects who had no 12-month measurement might have skipped the study drug and thus, such patients performed like those in the placebo group ("placebo MI"). Predicted values were computed like for subjects in the placebo group, regardless of the randomized treatment, and a random selection from the set of all residuals was added.

The third MI analysis assumed that missing values in the spironolactone group might have been associated with poor performance, while no such relationship was assumed in the placebo group ("pessimistic MI"). Again, predicted values were computed like for subjects in the placebo group, regardless of the randomized treatment, and the random component was selected from the worst quartile of residuals in the spironolactone group, and from the set of all residuals in the placebo group.

Ten sets of imputed random values were generated in each of the three MI analyses. Computations were performed as outlined in Schafer JL, Multiple imputation: a primer, Stat Methods Med Res 1999; 8: 3-15.

Committees and Collaborators (AT: Austria; GE: Germany)

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eTable 1. Baseline Characteristics*

Variable	All patients	Placebo	Spironolactone
Number of subjects	422	209	213
History - no. (%)			
Smoking			
Never smoked	223 (53)	108 (52)	115 (54)
Former smoker	172 (41)	88 (42)	84 (39)
Current smoker	27 (6)	13 (6)	14 (7)
Previous myocardial infarction	67 (16)	29 (14)	38 (18)
Previous coronary artery bypass graft surgery	31 (7)	16 (8)	15 (7)
Stroke or TIA	45 (11)	22 (11)	23 (11)
Peripheral arterial disease	17 (4)	10 (5)	7 (3)
History of depression	47 (11)	25 (12)	22 (10)
Physical examination			
Mean arterial pressure- mmHg	98±12	98±12	98±11
Puls pressure - mmHg	56±15	56±16	56±15
Laboratory			
Total cholesterol - mg/dL	195±44	196±45	195±44
Uric acid - mg/dL	6.1±1.6	6.2±1.5	6.1±1.7
Echocardiography			
IV septum thickness – mm	12.2±1.8	12.2±2.0	12.1±1.7
Posterior wall thickness - mm	11.5±1.5	11.5±1.5	11.6±1.9
TEI index	0.44±0.23	0.43±0.18	0.44±0.25
Left ventricular volume (end-diastolic) – mL	77±29	77±28	77±30
Left ventricular volume (end-systolic) – mL	27±13	26±12	27±14
Left atrial area, 4-CH – cm^2	22.0±4.6	22.1±4.5	21.9±4.8
Left atrial area, 2-CH – cm^2	22.0±4.5	22.2±4.2	21.9±4.8
LA_{ES} – mm	44.2±5.7	44.3±5.4	44.1±6.0
A wave velocity - cm/s	83±18	83±18	83±18
A wave duration – ms	154±32	156±33	152±32
Medial a' wave velocity - cm/s	9.3±1.8	9.3±1.9	9.2±1.8
PVF systolic - cm/s	58±12	58±12	58±12
PVF diastolic - cm/s	46±14	47±15	46±13

eTable 1. Baseline Characteristics* (continued)

Variable	All patients	Placebo	Spironolactone
PVA velocity - cm/s	33±11	33±11	33±11
PVA duration – ms	125±30	122±31	127±30
Flow propagation time - cm/s	31±9	31±9	32±9
Maximal workload - W	100±29	101±29	99±29
BP systolic at rest - mmHg	122±18	123±18	121±18
BP systolic at maximal stress - mmHg	169±28	171±30	167±27
BP diastolic at rest – mmHg	79±12	80±12	79±12
BP diastolic at maximal stress - mmHg	85±18	86±18	85±17
Heart rate at rest – bpm	70±13	68±12	71±13
Heart rate at maximal stress - bpm	117±21	116±22	117±20
V_E at rest - L/min	8.4±2.4	8.3±2.4	8.4±2.4
V_E at maximal stress - L/min	45.7±12.9	46.5±13.4	44.9±12.4
Anaerobic threshold – W	64±25	63±23	65±27
RER at rest	0.84±0.07	0.84±0.07	0.84±0.08
RER_{max}	1.11±0.12	1.12±0.12	1.10±0.12
RER_{max} post exercise	1.38±0.19	1.39±0.18	1.37±0.19
Six-minute walk test			
Terminated before 6 min – n (%)	8 (2)	4 (2)	4 (2)
Borg scale	3.1±1.8	3.2±2.0	3.0±1.5
Current medication – no. (%)			
Anti-platelet agent	221 (52)	108 (52)	113 (53)
Anticoagulant	58 (14)	32 (15)	26 (12)
Lipid lowering drug	230 (55)	118 (56)	112 (53)
Allopurinol	40 (10)	21 (10)	19 (9)
Antidepressant	30 (7)	13 (6)	17 (8)

*Plus - minus values are means ± SD; TIA, transient ischemic attack; IV, interventricular; BMI, body-mass index (weight in kilograms divided by the square of the height in meters); $LA_{ES,}$ left atrial endsystolic; A, peak atrial transmitral ventricular filling velocity; E/A, peak early transmitral ventricular filling velocity to peak atrial transmitral ventricular filling velocity ratio; IVRT, isovolumetric relaxation time; a', atrial diastolic tissue Doppler velocity; PVF, pulmonary venous flow; PVA, pulmonary venous atrial reverse flow; BP, blood pressure; $V_{E,}$ minute ventilation; RER, respiratory exchange ratio.
Higher values indicate better performance: Flow propagation time; Maximal workload; V_E; Anaerobic threshold
Lower values indicate better performance: Puls pressure; Total cholesterol; Uric acid; LA_{ES}; PVA velocity; PVA duration; Borg Scale

eTable 2. Echocardiography, Cardiopulmonary Exercise Testing, and Clinical and Laboratory Results After 12 Months

Echocardiography[a]				
Variable	**Placebo**	**Spironolactone**	**Difference Spironolactone–Placebo**	
	(n=195)	**(n=203)**	**Difference (95% CI)**	**P-value**
IV septum thickness - mm	12.1 (11.8-12.4)	11.9 (11.9-12.1)	–0.2 (–0.4 to +0.1)	0.21
Posterior wall thickness - mm	11.4 (11.2-11.6)	11.3 (11.1-11.5)	–0.1 (–0.4 to +0.1)	0.29
TEI index	0.44 (0.40 to 0.47)	0.44 (0.41 to 0.48)	0.00 (–0.05 to +0.04)	0.84
Left ventricular volume (end-diastolic) – mL	79 (74 to 83)	73 (69 to 77)	–5 (–10 to 0)	0.06
Left ventricular volume (end-systolic) – mL	29 (27 to 32)	25 (23 to 27)	–4 (–7 to –1)	0.005
Left atrial area, 4-CH – cm^2	22.2 (21.5 to 22.8)	21.8 (21.0 to 22.5)	–0.2 (–0.9 to +0.5)	0.60
Left atrial area, 2-CH – cm^2	22.2 (21.6 to 22.8)	21.7 (21.0 to 22.4)	–0.3 (–1.0 to +0.5)	0.49
LA_{ES} - mm	43.9 (43.1-44.6)	43.2 (42.4-44.0)	–0.4 (–1.1 to +0.2)	0.17
A wave velocity - cm/s	82 (79-85)	80 (78-83)	–2 (–4 to +1)	0.25
A wave duration - ms	156 (152-161)	153 (148-158)	–2 (–9 to +4)	0.52
Medial a' wave velocity - cm/s	9.2 (8.9-9.5)	9.3 (9.0-9.5)	+0.2 (–0.1 to +0.5)	0.23
PVF systolic - cm/s	59 (57-61)	58 (57-60)	–1 (–3 to +2)	0.62
PVF diastolic - cm/s	47 (45-49)	46 (44-48)	0 (–3 to +2)	0.85
PVA velocity - cm/s	33 (32-35)	34 (32-36)	+1 (–2 to +3)	0.48
PVA duration - ms	123 (118-127)	123 (119-127)	–2 (–8 to +4)	0.45
Flow propagation time - cm/s	31 (30-32)	32 (30-33)	0 (–2 to +2)	0.74

eTable 2. Echocardiography, Cardiopulmonary Exercise Testing, and Clinical and Laboratory Results After 12 Months (continued)

Cardiopulmonary Exercise Testing[b]				
Variable	**Placebo**	**Spironolactone**	**Difference Spironolactone – Placebo**	
	(n=187)	**(n=187)**	**Difference (95% CI)**	**P-value**
Maximal workload – W	101 (97-106)	100 (95-105)	+2 (–2 to +5)	0.35
BP systolic at rest – mmHg	122 (120-124)	116 (114-118)	–5 (–8 to –2)	<0.001
BP systolic at maximal stress - mmHg	171 (167-175)	166 (162-170)	–3 (–8 to +2)	0.20
BP diastolic at rest – mmHg	76 (75-78)	74 (73-76)	–2 (–4 to 0)	0.09
BP diastolic at maximal stress - mmHg	84 (82-87)	82 (80-85)	–2 (–5 to +1)	0.20
Heart rate at rest – bpm	69±13	71±12	0 (–2 to +2)	0.80
Heart rate at maximal stress - bpm	118 (115-122)	120 (117-124)	+1 (–3 to +4)	0.64
V_E at rest - L/min	9.1 (8.7-9.4)	8.8 (8.4-9.2)	–0.2 (–0.7 to +0.2)	0.27
V_E at maximal stress - L/min	50.1 (47.8-52.4)	48.7 (46.5-50.9)	+0.6 (–1.7 to +3.0)	0.58
Anaerobic threshold – W	66 (62-69)	65 (61-69)	–1 (–5 to +4)	0.79
RER at rest	0.84 (0.82-0.85)	0.84 (0.82-0.85)	0 (–0.02 to +0.02)	0.97
RER_{max}	1.13 (1.11-1.15)	1.12 (1.10-1.14)	–0.01 (–0.03 to +0.02)	0.60
RER_{max} post exercise	1.38 (1.35-1.41)	1.38 (1.36-1.41)	+0.01 (–0.02 to +0.05)	0.52
Clinical/Laboratory[c]				
Variable	**Placebo**	**Spironolactone**	**Difference Spironolactone– Placebo**	
	(n=196)	**(n=204)**	**Difference (95% CI)**	**P-value**
Clinical variables				
Mean arterial pressure [mmHg] – mean±SD	99 (98-101)	94 (92-95)	–5 (–7 to –3)	<0.001

eTable 2. Echocardiography, Cardiopulmonary Exercise Testing, and Clinical and Laboratory Results After 12 Months (continued)

Variable	Placebo (n=196)	Spironolactone (n=204)	Difference Spironolactone–Placebo Difference (95% CI)	P-value
Clinical variables (continued)				
Pulse pressure [mmHg] – mean±SD	56 (54-58)	52 (50-54)	–5 (–7 to –2)	<0.001
Heart rate on ECG – mean±SD	65 (63-66)	66 (65-68)	+1 (–1 to +3)	0.56
Laboratory variables				
Total cholesterol [mg/dL] – mean±SD	197 (191-202)	196 (190-202)	–1 (–7 to +5)	0.85
Uric acid [mg/dL] – mean±SD	6.1 (5.9-6.3)	6.2 (6.0-6.5)	+0.2 (0 to +0.4)	0.10

[a]Quantitative variables are presented by group-wise means and 95% CI. Between-group differences are from ANCOVA, adjusting for baseline. IV, interventricular; $LA_{ES,}$ left atrial endsystolic; A, peak atrial transmitral ventricular filling velocity; E/A, peak early transmitral ventricular filling velocity to peak atrial transmitral ventricular filling velocity ratio; IVRT, isovolumetric relaxation time; a', atrial diastolic tissue Doppler velocity; PVF, pulmonary venous flow; PVA, means pulmonary venous atrial reverse flow. Higher values indicate better performance: A wave duration; Flow propagation time
Lower values indicate better performance: TEI index; Left atrial area; LA_{ES}; PVA velocity; PVA duration
[b]Quantitative variables are presented by group-wise means and 95% CI (exception: NT-proBNP is described by median and inter-quartile range). Between-group differences are from ANCOVA, adjusting for baseline. BP, blood pressure; $V_{E,}$ minute ventilation; RER, respiratory exchange ratio. Higher values indicate better performance: Maximal workload; V_E; Anaerobic threshold
[c]Quantitative variables are presented by group-wise means and 95% CI. Between-group differences are from ANCOVA, adjusting for baseline. Lower values indicate better performance: Puls pressure; Total Cholesterol; Uric acid

eTable 3. Effect of Spironolactone Treatment on E/e' and peak VO_2 in Subgroups

	E/e'[a]		
Subgroups **Subgroup #1** **Subgroup #2**	**N in subgroup** **Placebo / Spironolactone** **Placebo / Spironolactone**	**Treatment effect (95% CI) in subgroups**	**Interaction P-value**
Age			
<67 years	84 / 93	–1.73 (–2.57 to –0.89)	0.42
≥67 years	111 / 110	–1.27 (–2.02 to –0.52)	
Gender			
Men	95 / 93	–1.42 (–2.24 to –0.61)	0.82
Women	100 / 110	–1.55 (–2.32 to –0.78)	
Body mass index			
<29 kg/m^2	96 / 99	–1.08 (–1.88 to –0.28)	0.17
≥29 kg/m^2	99 / 104	–1.87 (–2.65 to –1.08)	
Systolic blood pressure			
<134 mmHg	87 / 108	–1.41 (–2.21 to –0.60)	0.84
≥134 mmHg	108 / 95	–1.53 (–2.31 to –0.74)	
Heart rate			
<63 bpm	92 / 84	–1.43 (–2.27 to –0.58)	0.95
≥63 bpm	103 / 119	–1.46 (–2.21 to –0.71)	
NYHA class			
II	170 / 171	–1.48 (–2.09 to –0.88)	0.91
III	25 / 32	–1.39 (–2.89 to –0.10)	
Grade of diastolic dysfunction			
I°	139 / 148	–1.54 (–2.20 to –0.88)	0.78
II-III° or atrial frbrillation	56 / 55	–1.37 (–2.42 to –0.31)	
Paulus criteria			
Negative	92 / 97	–1.72 (–2.54 to –0.91)	0.41
Positive	103 / 106	–1.25 (–2.03 to –0.48)	
Estimated glomerular filtration rate			
<73 mL/min/1.73m^2	92 / 104	–1.53 (–2.33 to –0.73)	0.88
≥73 mL/min/1.73m^2	103 / 99	–1.44 (–2.23 to –0.66)	

eTable 3. Effect of Spironolactone Treatment on E/e' and peak VO_2 in Subgroups (continued)

Peak VO_2[b]			
Subgroups **Subgroup #1** **Subgroup #2**	**N in subgroup** **Placebo / Spironolactone** **Placebo / Spironolactone**	**Treatment effect (95% CI) in subgroups [mL/min/kg]**	**Interaction P-value**
Age			
<67 years	80 / 86	–0.02 (–1.08 to +1.04)	0.82
≥67 years	107 /101	+0.15 (–0.80 to +1.10)	
Gender			
Men	93 / 88	–0.32 (–1.33 to +0.70)	0.26
Women	94 / 99	+0.49 (–0.49 to +1.47)	
Body mass index			
<29 kg/m^2	93 / 92	–0.10 (–1.10 to +0.91)	0.62
≥29 kg/m^2	94 / 95	+0.26 (–0.73 to +1.25)	
Systolic blood pressure			
<134 mmHg	82 / 97	–0.24 (–1.26 to +0.78)	0.49
≥134 mmHg	105 / 90	+0.25 (–0.72 to +1.23)	
Heart rate			
<63 bpm	90 / 81	+0.74 (–0.30 to +1.79)	0.10
≥63 bpm	97 / 106	–0.44 (–1.39 to +0.52)	
NYHA class			
II	163 / 157	+0.26 (–0.50 to +1.01)	0.36
III	24 / 30	–0.69 (–2.55 to +1.17)	
Grade of diastolic dysfunction			
I°	132 / 134	+0.08 (–0.76 to +0.91)	0.96
II-III° or atrial frbrillation	55 / 53	+0.12 (–1.20 to +1.43)	
Paulus criteria			
Negative	88 / 89	–0.16 (–1.19 to +0.86)	0.52
Positive	99 / 98	+0.30 (–0.67 to +1.28)	
Estimated glomerular filtration rate			
<73 mL/min/1.73m^2	88 / 95	+0.43 (–0.58 to +1.44)	0.36
≥73 mL/min/1.73m^2	98 / 92	–0.23 (–1.22 to +0.76)	

[a]The treatment effect is the mean difference in E/e' at 12-month follow-up between the spironolactone and the placebo arm in the respective subgroups, adjusted for baseline. The interaction P-value is for the test of the null hypothesis that the treatment effects in the respective two subgroups is the same. Treatment effects and interaction P-values were computed from analysis of covariance.

[b]The treatment effect is the mean difference in peak VO_2 at 12-month follow-up between the spironolactone and the placebo arm in the respective subgroups, adjusted for baseline. The interaction P-value is for the test of the null hypothesis that the treatment effects in the respective two subgroups is the same. Treatment effects and interaction P-values were computed from analysis of covariance.

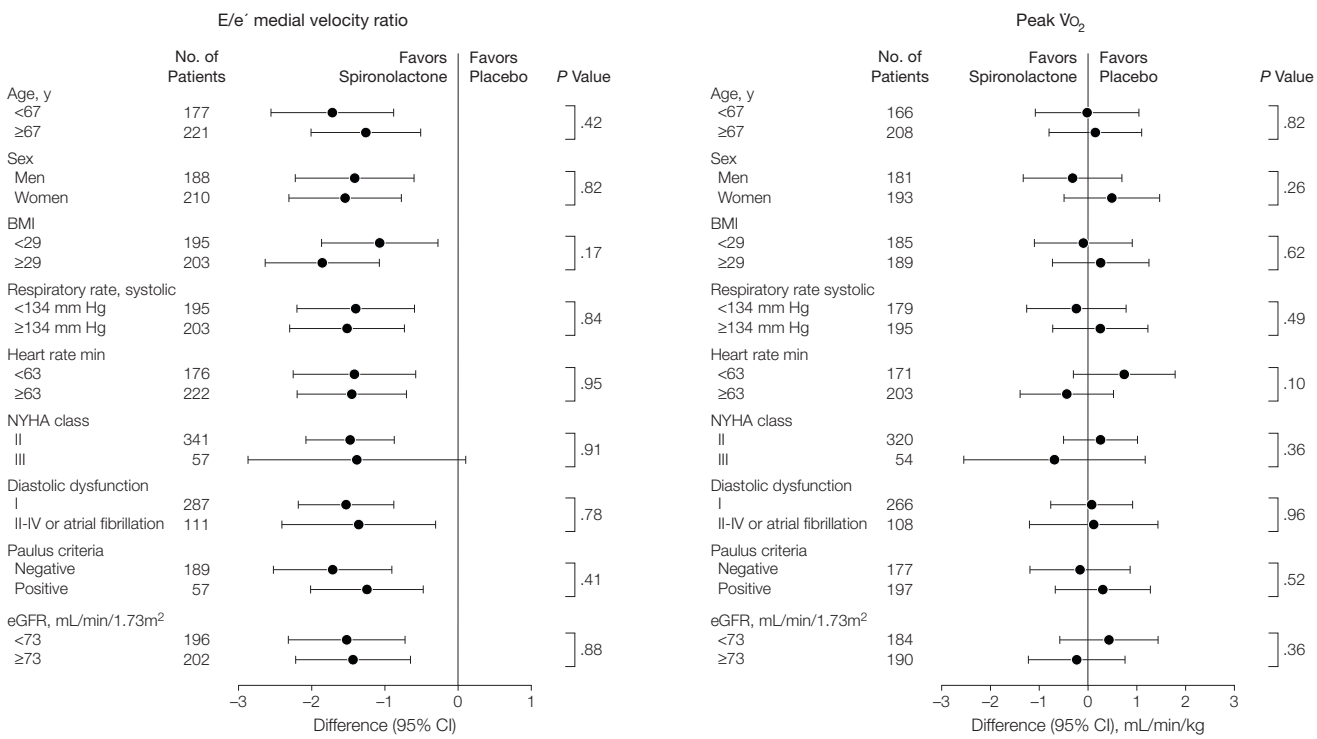
eTable 4. Estimates for the Treatment Effect on the Primary Endpoints When Different Imputation Methods for Missing Values are Applied

Endpoint	Imputation	Effect estimate (95% CI)	P-value
E/e'	None	–1.48 (–2.04 to –0.92)	<0.001
	LOCF	–1.53 (–2.09 to –0.96)	<0.001
	Non-informative MI	–1.53 (–2.08 to –0.98)	<0.001
	Placebo MI	–1.47 (–2.02 to –0.92)	<0.001
	Pessimistic MI	–1.30 (–1.86 to –0.74)	<0.001
Peak VO_2 [mL/min/kg]	None	+0.08 (–0.62 to +0.79)	0.81
	LOCF	–0.02 (–0.70 to +0.67)	0.96
	Non-informative MI	+0.06 (–0.63 to +0.75)	0.86
	Placebo MI	+0.04 (–0.65 to +0.73)	0.91
	Pessimistic MI	–0.46 (–1.15 to +0.24)	0.20

LOCF- last observation carried forward; MI- multiple imputation

According to these results, the effect estimates are not materially changed when interim follow-up observations were carried forward or MI was applied, assuming that missing data were not related with the outcome or were associated with the absence of an intervention effect. In addition, a substantial effect remained in E/e' and no significant effect occurred in peak VO_2 when MI was applied with the pessimistic assumption that missing data were associated with unfavorable outcome in the spironolactone group but not in the placebo group. We conclude that missing values had no material impact on the primary results of this study.

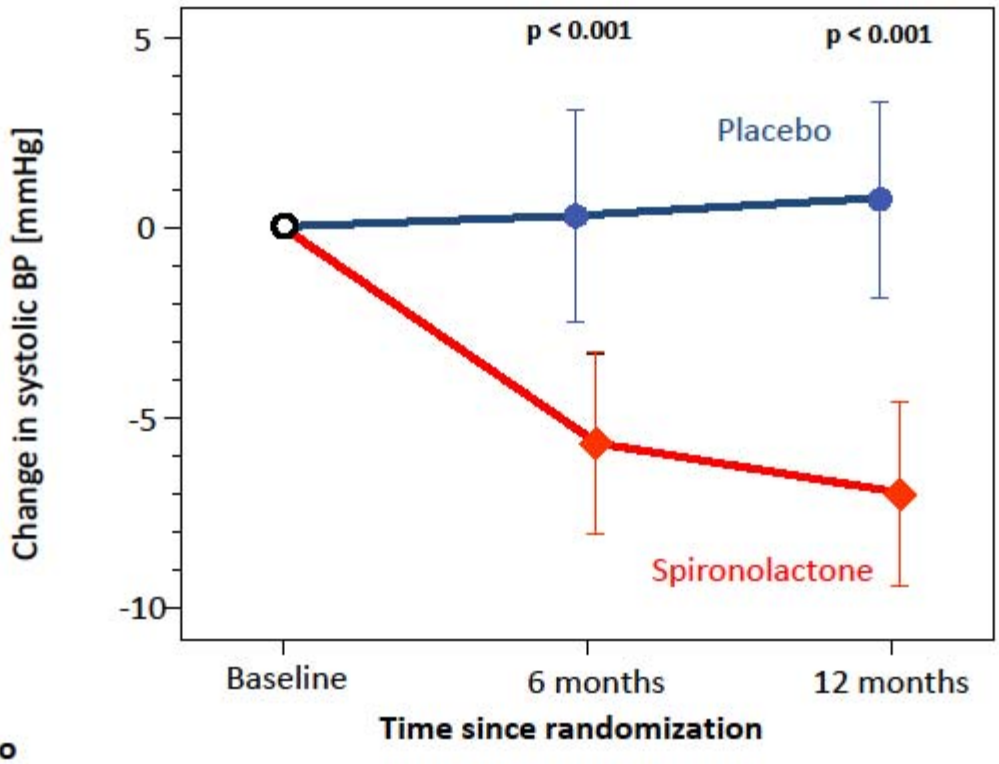
eFigure 1. Predefined Subgroup Analysis of Ratio of Peak Early Transmitral Ventricular Filling Velocity to Early Diastolic Tissue Doppler Velocity (E/e′) and Peak Oxygen Consumption (Peak o_2) According to Assigned Study Treatment



Differences are given in absolute values with 95% CIs for the spironolactone group compared with the placebo group. Body mass index (BMI) is defined as weight in kilograms divided by height in meters squared. eGFR indicates estimated glomerular filtration rate; NYHA, New York Heart Association; Paulus positive/negative, fulfillment/nonfulfillment of criteria for diagnosis of heart failure with preserved ejection fraction proposed by Paulus et al.[17] All values and subgroup numbers shown in Figure 3 are provided in eTable 3A (E/e′) and eTable 3B (peak o_2).

eFigure 2. Main Clinical Endpoint, According to the Assigned Study Treatment

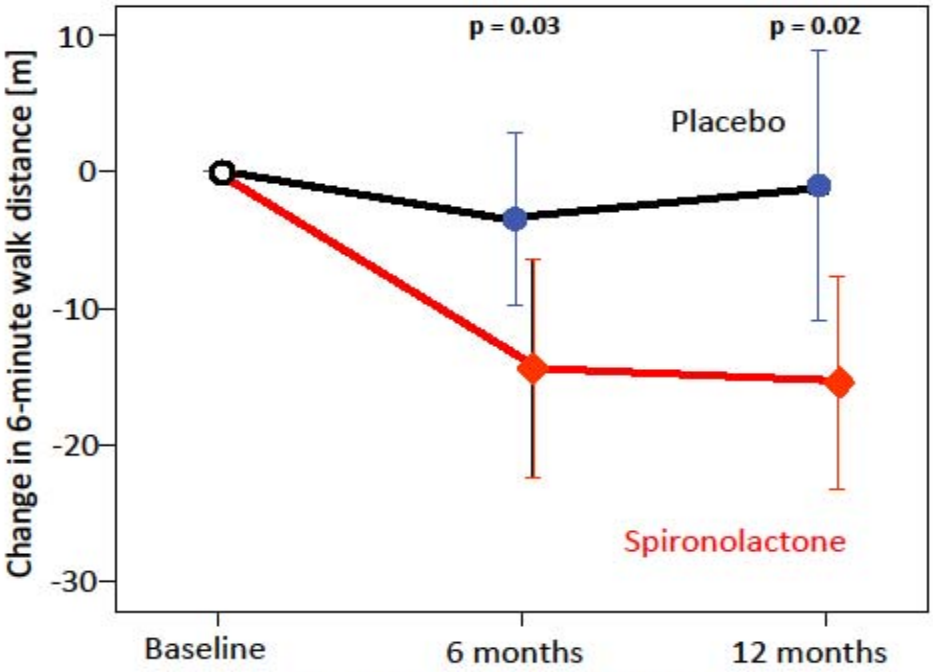
Shown are the changes after 6 and 12 months in systolic blood pressure. The bars represent the analysis of covariance estimates of treatment effects within subgroups. P-values describe comparisons of the changes of placebo or spironolactone at the respective time-point vs. Baseline. All values are means (95 % confidence interval).



Placebo			
Number of patients	209	198	195
Systolic BP (mmHg)	135 (133-138)	136 (134-139)	137 (135-139)
Spironolactone			
Number of patients	213	206	202
Systolic BP (mmHg)	135 (132-137)	129 (127-131)	128 (126-130)

eFigure 3. Main Secondary Endpoint, According to the Assigned Study Treatment

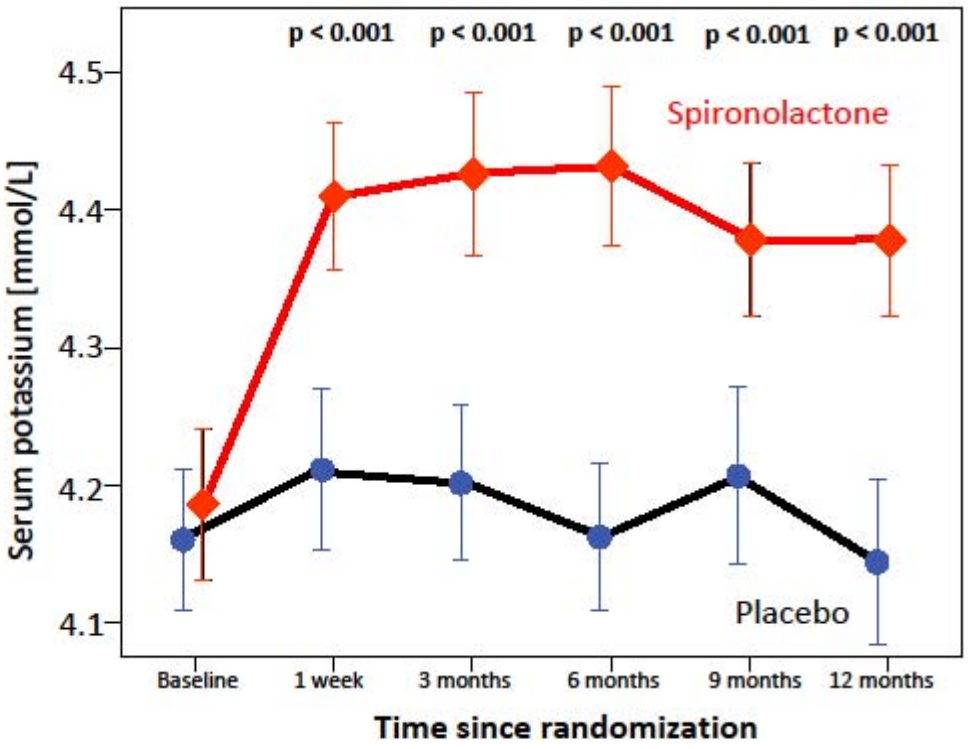
Shown are the changes after 6 and 12 months in 6-minute-walking distance. The bars represent the analysis of covariance estimates of treatment effects within subgroups. P-values describe comparisons of the changes of placebo or spironolactone at the respective time-point vs. Baseline. All values are means (95 % confidence interval).



Placebo			
Number of patients	207	189	185
Six-minute walk distance (m)	531 (520-543)	530 (517-543)	536 (521-550)
Spironolactone			
Number of patients	213	199	186
Six-minute walk distance (m)	529 (517-541)	517 (503-531)	517 (504-531)

eFigure 4. Main Safety Endpoint, According to the Assigned Study Treatment

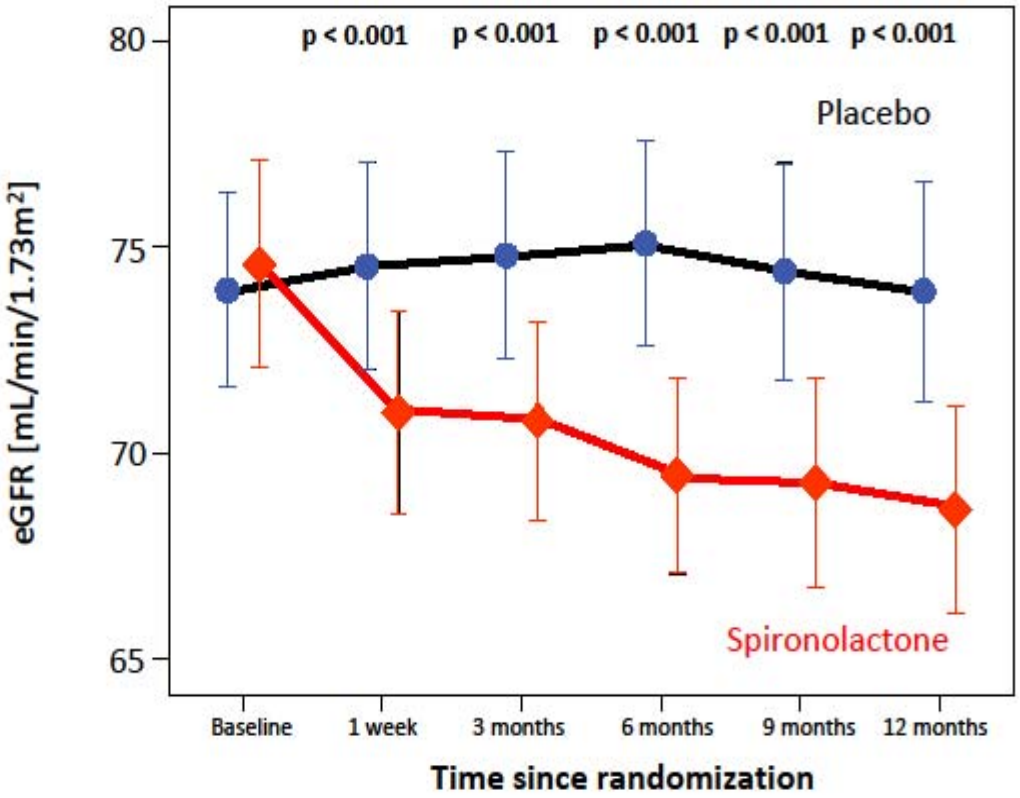
Shown are the potassium values at baseline, after 1 week, and after 3, 6, 9 and 12 monthsThe bars represent the analysis of covariance estimates of treatment effects within subgroups. P-Values describe comparisons between placebo and spironolactone at the respective time-point, and the bars denote the 95 % confidence interval. All values are means (95 % confidence interval).



Placebo						
Number of patients	209	206	202	197	190	195
Potassium (mmol/L)	4.16 (4.11-4.21)	4.21 (4.15-4.27)	4.20 (4.15-4.26)	4.16 (4.11-4.22)	4.21 (4.14-4.27)	4.14 (4.08-4.20)
Spironolactone						
Number of patients	211	210	207	204	195	203
Potassium (mmol/L)	4.19 (4.13-4.24)	4.41 (4.36-4.46)	4.43 (4.37-4.49)	4.43 (4.37-4.49)	4.38 (4.32-4.43)	4.38 (4.32-4.43)

eFigure 5. Main Safety Endpoint, According to the Assigned Study Treatment

Shown are the estimated glomerular filtration rate values at baseline, after 1 week, and after 3, 6, 9 and 12 months. The bars represent the analysis of covariance estimates of treatment effects within subgroups. P-Values describe comparisons between placebo and spironolactone at the respective time-point, and the bars denote the 95 % confidence interval. All values are means (95 % confidence interval).



Placebo						
Number of patients	206	205	202	197	190	194
eGFR (mL/min/1.73 m²)	74 (72-76)	75 (72-77)	75 (72-77)	75 (73-78)	74 (72-77)	74 (71-77)
Spironolactone						
Number of patients	210	210	207	204	195	203
eGFR (mL/min/1.73 m²)	75 (72-77)	71 (69-73)	71 (68-73)	69 (67-72)	69 (67-72)	69 (66-71)