Figure 1: Summary of the four pivotal randomised controlled trials with SGLT2 inhibitors in patients with heart failure across the EF phenotypes.

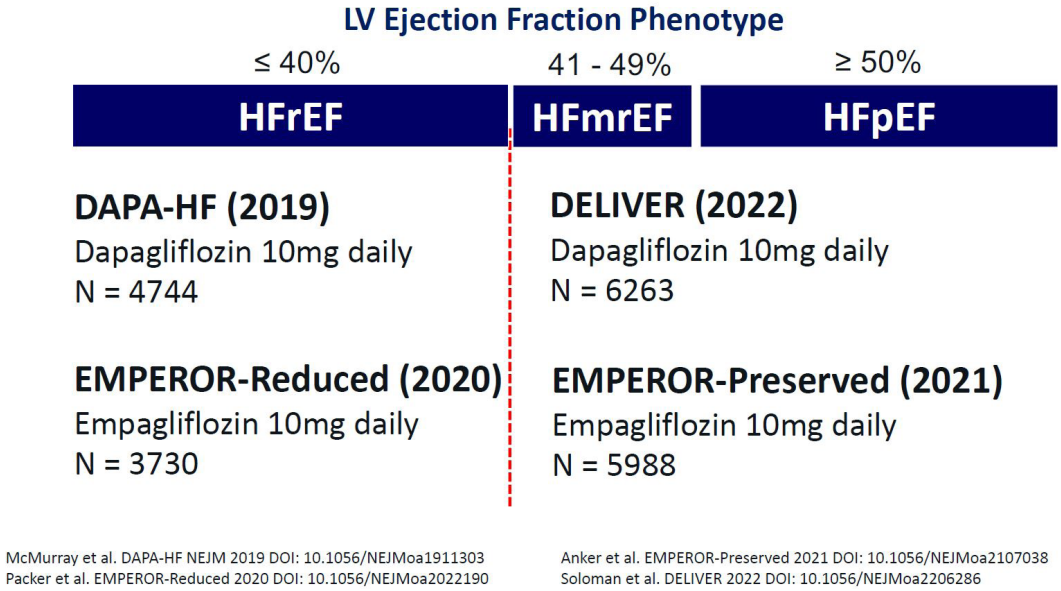

Table 1: Summary evidence tables for the key trials of SGLT2 inhibitors in patients with HFpEF.

	EMPEROR-Preserved trial[12]		**DELIVER trial[13]**	
Year published	2021		2022	
SGLT2 inhibitor	Empagliflozin 10mg daily		Dapagliflozin 10mg daily	
N	5,988		6,263	
NYHA functional class	II-IV		II-IV	
LVEF inclusion criteria	LVEF >40%		LVEF >40%	
Type II diabetes	49%		48%	
Primary end point	CV death or HF hospitalisation		Worsening HF or CV death	
	Placebo	**Empagliflozin**	**Placebo**	**Dapagliflozin**
Primary end-point events	511 (17.1%)	415 (13.8%)	610 (19.5%)	512 (16.4%)
HR (95% CI) Absolute risk reduction NNT	0.79 (0.69–0.90) 3.3% 31 over 26 months		0.82 (0.73–0.92) 3.1% 32 over 2.3 years	
Primary end-point composites				
Heart failure hospitalisations	541 (%)	407 (%)	455 (14.5%)	368 (11.8%)
HR (95% CI)	0.73 (95% CI 0.61–0.88)		0.79 (95% CI 0.69–0.91)	
CV death	244 (8.2%)	219 (7.3%)	261 (8.3%)	231 (7.4%)
HR (95% CI)	0.91 (95% CI 0.76–1.09)		0.88 (95% CI 0.74–1.05)	

SGLT2 inhibitor = sodium-glucose-cotransporter-2 inhibitor; NYHA = New York Heart Association function class; LVEF = left ventricle ejection fraction; CV = cardiovascular; HF = heart failure; HR = hazard ratio; CI = confidence interval; NNT = number needed to treat.