

## Supplementary Text. Search strategy in PubMed and Embase

### Search strategy in PubMed:

(diabetes OR diabetes[MeSH] OR glucose OR glucose[MeSH] OR "medical history" OR medical history[MeSH])

AND

("heart failure" OR heart failure[MeSH] OR "cardiac failure" OR cardiac failure[MeSH])

AND

"case-control" OR cohort OR prospective OR longitudinal OR retrospective OR "follow-up" OR "cross-sectional" OR "hazard ratio" OR "hazard ratios" OR "relative risk" OR "relative risks" OR "incidence rate ratio" OR "incidence rate ratios" OR "odds ratio" OR odds ratios OR incidence

### Search strategy in Embase:

((diabetes or glucose or medical history).ab,ti. or (diabetes/ or glucose/ or medical history/)) and ((heart failure).ab,ti. or (heart failure/)) and (case-control or cohort or prospective or longitudinal or retrospective or follow-up or cross-sectional or hazard ratio or hazard ratios or relative risk or relative risks or incidence rate ratio or incidence rate ratios or odds ratio or odds ratios or incidence).af.

Supplementary Table 1. List of excluded studies and exclusion reason

Exclusion reason	Reference number
Abstract	(1-32)
Case-control study	(33-37)
Case only study	(38;39)
Case report	(40-42)
Comment	(43-51)
Cross-sectional study	(52-73)
Duplicate	(74-101)
Editorial	(102-106)
Exposure was random glucose, not fasting blood glucose	(107)
HbA1c as exposure	(108)
Heart failure readmission	(109;110)
Insulin treated diabetes only as exposure	(111)
Less than three categories of blood glucose	(112;113)
Letter	(114-116)
No confidence intervals	(117;118)
Not relevant data	(119-189)
Not relevant exposure	(190-353)
Not relevant outcome	(354-436)
No risk estimates	(437-483)
Non-specific outcome	(484-488)
Patient populations	(489-557)
Protocol	(558)
Review	(559-682)
Severity of heart failure	(683)

Unadjusted risk estimates	(684)
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Supplementary Table 2. Prospective studies of diabetes mellitus and heart failure in the general population

First author, publication year, country	Study name or description	Study period	Number of participants, number of cases	Type of diabetes mellitus, subgroup	Comparison	Relative risk (95% confidence interval)	Adjustment for confounders
Alexander M et al, 1995, USA	Northern California Kaiser Permanente Medical Care Program - Oakland, San Francisco	1978-1984 - 1991, 9.5 years follow-up	64877 men and women, age ≥40 years: 1330 HF cases	Diabetes, uncontrolled, women age <60 years Diabetes, controlled Diabetes, unrecognized Diabetes, uncontrolled, men age <60 years Diabetes, controlled Diabetes, unrecognized Diabetes, age 60+ years Diabetes, controlled Diabetes, unrecognized	Yes vs. no Yes vs. no	3.78 (2.05-7.04) 3.03 (1.79-5.14) 2.52 (0.77-6.60) 7.62 (4.60-12.71) 2.57 (1.57-4.22) 3.94 (1.89-8.22) 4.63 (3.31-6.42) 1.65 (1.25-2.18) 1.89 (0.91-3.93)	Age, sex, race/ethnicity, education, hypertension, smoking, MI, chest pain, total cholesterol, BMI, creatinine, uric acid, urine protein, left ventricular hypertrophy, alcohol
Aronow WS et al, 1999, USA	New York	NA-NA, 3.6 years follow-up	2893 men and women in health care facility, age 60-103 years: 794 CHF cases	Diabetes	Yes vs. no	1.55 (1.34-1.80)	Age, sex, race/ethnicity, hypertension, coronary artery disease
Chae CU et al, 1999, USA	East Boston Senior Health Project	1988-1989 - 1992, 3.8 years follow-up	1621 men and women, age ≥65years: 208 HF cases	Diabetes mellitus	Yes vs. no	1.66 (1.24-2.23)	Age, sex, pulse pressure, mean arterial pressure, valvular heart disease, atrial fibrillation, antihypertensive medication, coronary heart disease
He J et al, 2001, USA	National Health and Nutrition Examination Survey (NHANES 1) - Epidemiologic Follow-up Study	1971-1975 - 1992, 19 years follow-up	13643 men and women, age 25-74 years: 1382 HF cases	Diabetes, all Diabetes, men Diabetes, women	Yes vs. no Yes vs. no Yes vs. no	1.85 (1.51-2.28) 1.83 (1.27-2.63) 1.83 (1.38-2.41)	Age, sex, race/ethnicity, education, physical activity, smoking, alcohol, overweight, hypertension, valvular heart disease, coronary heart disease
Wilhelmsen L et al, 2001, Sweden	The Multifactor Primary Prevention Study	1970-1973 – 1996, 27 years follow-up	7495 men, age 55-79 years: 937 HF hospitalizations	Diabetes	Yes vs. no	2.47 (1.62-3.75)	Age, MI in brothers or sisters, smoking, chest pain, coffee, alcohol, high blood pressure or antihypertensive treatment, BMI

Williams SA et al, 2002, USA	Yale Health and Aging Project (YHAP) - Established Populations for Epidemiological Studies of the Elderly - New Haven	1982 - 1996, 14 years follow-up	2501 men and women, age $\geq 65$ years: 313 HF cases	Diabetes	Yes vs. no	2.73 (1.85-4.02)	Age, sex, depression CES-D score, pulse pressure, hypertension, functional limitations, myocardial infarction
Nichols GA et al, 2004, USA	Kaiser Permanente Northwest - Portland, Oregon	1997 - 2002, 6 years follow-up	8231 type 2 diabetes patients and 8845 non-diabetic patients, mean age 63.1/63.6 years: 1693 HF cases	Diabetes	Yes vs. no	2.5 (2.3-2.7)	Age, sex
Ingelsson E et al, 2006, Sweden	Uppsala Longitudinal Study of Adult Men (ULSAM) cohort	1970-1974 - 2002, 29.6 years follow-up	2314 men, age 50 years: 282 HF cases	Diabetes	Yes vs. no	1.58 (1.03-2.44)	Serum cholesterol, BMI, ECG-LVH, smoking, hypertension, hematocrit
Thrainsdottir IS, 2007, Iceland	Reykjavik Study	1967-1980 - 1997, 13 years follow-up	7060 men and women, age 33-84 years: 489 HF cases	Diabetes	Yes vs. no	1.2 (0.7-1.9)	Sex
Leung AA et al, 2009, Canada	Saskatchewan Health Databases	1991-1999, 5.2 years follow-up	12272 men and women with type 2 diabetes, mean age 63 years: 718 HF cases	Diabetes, all Diabetes, men Diabetes, women	Yes vs. no Yes vs. no Yes vs. no	2.9 (2.6-3.2) 3.3 (3.1-3.5) 2.5 (2.3-2.7)	Age, sex
De Simone G et al, 2010, USA	The Strong Heart Study	1989-1992 - NA, 11.9 years follow-up	2740 men and women, age 45-74 years: 291 HF cases	Diabetes	Yes vs. no	2.45 (1.56-3.86)	Age, sex, hypertension, antihypertensive therapy, obesity, central fat distribution, total cholesterol, GFR, urinary albumin/excretion ratio, atrial fibrillation, HbA1c, smoking, alcohol, education, physical activity, smoking, alcohol, education, physical activity, antihypertensive medications (diuretics, beta-blockers,

							ACE-inhibitors, CA-channel blockers, others)
Wang J et al, 2010, Finland	Kuopio	1986-1988 - 2008, 20.7 years follow-up	1032 men and women, age 65-74 years: 303 CHF cases	Fasting blood glucose $\geq$ 5.6 mmol/L	Yes vs. no	1.70 (1.30-2.23)	Age, sex, physical activity during leisure-time, smoking, alcohol, antihypertensive medications, total cholesterol, prevalent diabetes
Goyal A et al, 2010, USA	Kaiser Permanente Georgia	2000-2005, 2.8 years follow-up	359947 men and women, age $\geq$ 18 years: 4001 HF cases	Diabetes, men Diabetes, women	Yes vs. no Yes vs. no	1.71 (1.55-1.89) 2.03 (1.84-2.37)	Age, hypertension, coronary heart disease, atrial fibrillation, valvular heart disease
Seghieri C et al, 2012, Italy	Cardiology and Internal Medicine wards of hospitals in Tuscany	2002-2008, ~7 years follow-up	922164 men and women, age $\geq$ 30 years: 147585 HF cases	Diabetes, men, Internal Medicine Unit Diabetes, women, Internal Medicine Unit Diabetes, men, Cardiology Unit Diabetes, women, Cardiology Unit	Yes vs. no Yes vs. no Yes vs. no Yes vs. no	1.37 (1.34-1.39) 1.38 (1.36-1.41) 1.43 (1.39-1.47) 1.42 (1.37-1.48)	Age
Brouwers FP et al, 2013, Netherlands	Prevention of Renal and Vascular End-stage Disease (PREVEND)	1997-1998 - 2010, 11.5 years follow-up	8592 men and women, age 28-75 years: 374 HF cases	Diabetes	Yes vs. no	1.66 (0.99-2.78)	Age, sex, obesity, hypertension, smoking, MI, atrial fibrillation, hypercholesterolemia, cystatine, UAE, hs-CRP, NT-proBNP, hs-TnT
Deedwania P et al, 2013, USA	Cardiovascular Health Study	1989-1990, 1992-1993 - NA, 13 years follow-up	2157 men and women, age 65-100 years: 438 HF cases	Prediabetes	Yes vs. no	0.98 (0.85-1.14)	Age, sex, race/ethnicity, marital status, education, income, BMI, basic activities of daily living, instrumental activities of daily living, smoking, alcohol, self-reported health, social support score, depression score, MMSE, physical activity, walk >0.5 miles, CAD, hypertension, CKD, stroke, ankle arm index ratio, COPD, arthritis, cancer, pulse rate, SBP, DBP, ACE inhibitors, beta-blockers, CCBs, loop diuretics, thiazide diuretics, potassium sparing diuretics, hemoglobin, total cholesterol, albumin, uric acid, CRP, serum insulin, LVH, atrial fibrillation, bundle branch

							block, LV systolic dysfunction
Vimalananda VG et al, 2014, USA	Cardiovascular Health Study	1989-1990, 1992-1993 - NA, 12.5 years follow-up	4817 men and women, age 65-100 years: 1342 CHF cases	Diabetes, women, blacks Diabetes, men Diabetes, women, whites Diabetes, men	Yes vs. no Yes vs. no Yes vs. no Yes vs. no	2.04 (1.42-2.92) 1.14 (0.68-1.93) 1.84 (1.47-2.32) 1.86 (1.49-2.31)	Age, clinical site, education, smoking, alcohol, BMI, physical activity
Chang YT et al, 2014, Taiwan	Taiwan Longitudinal Health Insurance Database	1996-2000/1998 - 2009, 11.3 years follow-up	720248 men and women, age 18- $\geq$ 80 years: 8838 CHF cases	Diabetes/ESRD  De novo diabetes/ESRD	No/no Yes/no No/yes Yes/yes Yes/yes	1.00 1.52 (1.41-1.65) 3.72 (3.47-3.99) 4.12 (3.85-4.41) 2.25 (1.92-2.63)	Age, sex, liver disease, hypertension, anemia, hyperlipidemia, coronary artery disease, chronic obstructive pulmonary disease, gastrointestinal bleeding, peripheral vascular disease, cancer
Tuna M et al, 2014, Canada	Ottawa Hospital Database Warehouse	1996-2008 - 2009, 5 years follow-up	97283 men and women, mean age 59.5 years: 4686 CHF cases	Diabetes diagnosis/medication	Yes vs. no	2.00 (1.90-2.11)	Age, sex, acuity of admission, primary condition, Charlson comorbidity score, laboratory-based acute physiology score, most responsible hospital service, number of previous inpatient admissions and emergency department visits in the previous 6 months
Rosengren A et al, 2015, Sweden	Swedish National Diabetes Registry	1998 - 2011, 8.2 years follow-up	33402 type 1 diabetes patients and 166228 controls, mean age 35 years: 2387 HF cases	Type 1 diabetes	Yes vs. no	4.69 (3.64-6.04)	Age, sex, time-updated diabetes duration, birth in Sweden, education, baseline comorbidity (AMI, CHD, atrial fibrillation, stroke, cancer)
Chahal A et al, 2015, USA	Multi-Ethnic Study of Atherosclerosis	2000-NA, 4.7 years follow-up	6814 men and women, mean age 62.1 years: 176 HF cases	Diabetes	Yes vs. no	2.34 (1.62-3.37)	Age, sex, ethnicity, BMI, SBP, heart rate, smoking status, total cholesterol, HDL cholesterol, creatine
Shah AD et al, 2015, England	The CALIBER Programme	1998-2010, 5.5 years follow-up	1921260 men and women, age $\geq$ 30 years: 13938 HF cases	Diabetes mellitus Diabetes, mellitus, age <60 years, men Diabetes, mellitus, age $\geq$ 60 years, men Diabetes, mellitus, age <60 years, women Diabetes, mellitus, age $\geq$ 60 years, women	Yes vs. no Yes vs. no Yes vs. no Yes vs. no Yes vs. no	1.56 (1.45-1.69) 2.32 (1.79-3.01) 1.43 (1.28-1.60) 3.37 (2.41-4.73) 1.50 (1.35-1.67)	Age, sex, BMI, deprivation, HDL cholesterol, total cholesterol, SBP, smoking status, statin, antihypertensive drug prescriptions

Eaton CB et al, 2016, USA	Women's Health Initiative	1993-1998 - 2015, 13.2 years follow-up	42170 postmenopausal women, age 50-79 years: 1952 HF cases	Diabetes, HFpEF Diabetes, HFrEF	Yes vs. no Yes vs. no	1.84 (1.41-2.39) 2.16 (1.49-3.14)	Age, study component, race/ ethnicity, income, education, hypertension, heart rate, MI, CHD other than MI, stroke, smoking, dyslipidemia, oophorectomy, cancer, BMI, smoking, physical activity, chronic lung disease, anemia, atrial fibrillation, beta-blocker use, aspirin use, hormone therapy, alcohol, insurance, interim CHD - not MI, interim DM, interim cancer
Ho JE et al, 2016, USA	Framingham Heart Study original and Offspring cohorts, Cardiovascular Health Study, The Prevention of Renal and Vascular Endstage Disease (PREVEND), and Multi-Ethnic Study of Atherosclerosis	1979-1982/ 1995-1998 - 1979-1983/1995 -1998 - 1989-1990/1992 -1993 - 1997-1998 2000-2002 - 12 years follow-up	28820 men and women, mean age 59.4 years: 982 HFpEF cases 909 HFrEF cases	Diabetes mellitus, HFpEF Diabetes mellitus, HFrEF	Yes vs. no Yes vs. no	1.42 (1.17-1.72) 1.58 (1.32-1.90)	Age, sex, systolic blood pressure, BMI, antihypertensive treatment, smoking status, previous myocardial infarction, left ventricular hypertrophy, left bundle branch block
Ahmad FS et al, 2016, USA	Framingham Heart Study, Framingham Offspring Study, Chicago Heart Association Detection Project in Industry, Atherosclerosis Risk in Communities	1948 - 2008, NA 1971 - 2008, NA 1987-1989 - 2007, NA 1967-1973 - 2008, NA Mean 23.6 years follow-up	19249 men and women, age 45 years: 1677 HF cases 23915 men and women, age 55 years: 2976 HF cases	Diabetes mellitus, men, age 45 years Diabetes mellitus, women Diabetes mellitus, blacks Diabetes mellitus, whites Diabetes mellitus, men, age 55 years Diabetes mellitus, women Diabetes mellitus, blacks Diabetes mellitus, whites	Yes vs. no Yes vs. no	2.63 (2.04-3.45) 2.50 (1.85-3.33) 3.33 (2.33-4.76) 2.38 (1.85-3.03) 2.27 (1.92-2.63) 3.03 (2.63-3.57) 3.57 (2.94-4.17) 2.33 (2.04-2.63)	Age, race, sex, education, smoking status, hypertension, obesity
Agarwal V et al, 2017, USA	California Healthcare Cost	2005-2009, 5 years	16722086 men and women, age >18	Diabetes mellitus	Yes vs. no	2.73 (2.71-2.75)	Age, sex, race, ventricular premature complexes, hypertension, coronary artery

	and Utilization Project	follow-up	years: 198818 systolic HF cases				disease, atrial fibrillation, income
Ballotari P et al, 2017, Italy	Reggio Emilia province	2011-2014, 3 years follow-up	356191 men and women, age 30-84 years: 2321 HF cases	Diabetes mellitus, men Diabetes mellitus, women	Yes vs. no Yes vs. no	2.78 (2.48-3.12) 2.59 (2.27-2.97)	Age
Spahillari A et al, 2017, USA	Jackson Heart Study	2000-2004 - 2013, 9.9 years follow-up	3858 African Americans, men and women, age ≥21 years: 239 HF cases	Fasting plasma glucose	≥100 mg/dl, HbA1c ≥5.7% or treated vs. <100 mg/dl or HbA1c <5.7%	1.76 (1.34-2.29)	Age, sex, smoking, BMI, nutrition, physical activity, blood pressure, total cholesterol
Larsson SC et al, 2018, Sweden	Swedish Mammography Cohort Study and Cohort of Swedish Men	1997 - 2014, 28.1 years follow-up	71483 men and women, mean age 58.9/61.1 years: 4268 heart failure cases	Type 1 diabetes mellitus Type 2 diabetes mellitus	Yes vs. no Yes vs. no	2.68 (1.76-4.09) 1.69 (1.50-1.90)	Age, sex, BMI, education, FH - MI, smoking status, pack-years of smoking, aspirin use, exercise, walking/bicycling, hypertension, hypercholesterolemia, alcohol, total energy, DASH diet score
Mazza A et al, 2005, Italy	The CArdiovascular STudy in the ELderly (CASTEL)	NA-NA, 12 years follow-up	3282 men and women, age 65-91 years: CHF mortality	Diabetes	Yes vs. no	1.35 (1.02-1.78)	Age, sex, history of coronary haert disease, pulse pressure, heart rate, vital capacity, FEV <sub>1</sub> , atrial fibrillation, left ventricular hypertrophy, sodium

ACE=angiotensin converting enzyme, AMI=acute myocardial infarction, BMI=body mass index, CA=calcium, CAD=coronary artery disease, CCB=calcium channel blocker, CES-D=Center for Epidemiological Studies Depression scale, CHD=coronary heart disease, CKD=chronic kidney disease, COPD=chronic obstructive pulmonary disease, CRP=C-reactive protein, DASH=dietary approaches to stop hypertension, DBP=diastolic blood pressure, ECG=electrocardiography, FEV<sub>1</sub>=forced expiratory volume in one second, GFR=glomerular filtration rate, HbA<sub>1c</sub>=glycosylated hemoglobin, HDL=high-density lipoprotein, HF=heart failure, HFpEF=heart failure with preserved ejection fraction, HFrEF=heart failure with reduced ejection fraction, hs-CRP=high sensitivity C-reactive protein, hs-TnT=high sensitivity troponin T, LV=left ventricular, LVH=left ventricular hypertrophy, MI=myocardial infarction, MMSE=mini mental state examination, NA=not available, NT-proBNP=N-terminal B-type natriuretic peptide, SBP=systolic blood pressure, UAE=urinary albumin excretion

Supplementary Table 3. Prospective studies of blood glucose and heart failure in the general population

First author, publication year, country	Study name or description	Study period	Number of participants, number of cases	Exposure, subgroup	Comparison	Relative risk (95% confidence interval)	Adjustment for confounders
Gerstein HC et al, 2005, International	The HOPE study	NA-NA, 4.5 years follow-up	1937 non-diabetic and 1013 diabetic men and women, mean age 65.4 years: NA	Fasting plasma glucose	Per 1 mmol/L	1.14 (1.04-1.24)	Age, sex, SBP, DBP, WHR, cholesterol, HDL cholesterol, triglycerides, ramipril
Ingelsson E et al, 2005, Sweden	Uppsala Longitudinal Study of Adult Men (ULSAM) cohort	1990-1995 - 2002, 8.9 years follow-up	1187 men, age $\geq$ 70 years: 104 HF cases	Fasting plasma glucose	Per 26.1 mg/dl	1.24 (0.89-1.72)	Myocardial infarction, hypertension, diabetes, electrocardiographic left ventricular hypertrophy, cigarette smoking, serum cholesterol
Nielson C et al, 2005, USA	Veterans Affairs medical centers	1994-2003, 3.45 years follow-up	20810 men and women, mean age 58.7 years: 916 HF cases	Fasting plasma glucose (predominantly)	<90 mg/dl 90-99 100-109 110-125	1.00 1.25 (1.00-1.55) 1.46 (1.17-1.81) 1.55 (1.23-1.96)	Age, sex, BMI, creatinine, blood pressure, hypertension, coronary artery disease, smoking, LDL cholesterol, HDL cholesterol, triglycerides, thiazide diuretics, hydroxymethylglutaryl-CoA reductase inhibitor, ACE inhibitor, angiotensin receptor, beta-blockers
Thrainsdottir IS, 2007, Iceland	Reykjavik Study	1967-1980 - 1997, 13 years follow-up	7060 men and women, age 33-84 years: 489 HF cases	Fasting glucose	Per 1 mmol/L	1.14 (1.00-1.29)	BMI, hypertension, IHD, cholesterol, smoking
Butler J et al, 2008, USA	The Health, Ageing and Body Composition Study	1997-1998 - NA, 6.5 years follow-up	2935 men and women, age 70-79 years: 258 HF cases	Fasting glucose	Per 1 mg/dl	1.005 (1.002-1.008)	Age, CHD, SBP, smoking status, creatinine, heart rate, albumin, LVH
Nichols GA et al, 2009, USA	Kaiser Permanente Northwest medical records	1997-1998 - 2005, 6.6 years follow-up	20226 men and women, age $\geq$ 50 years: 1870 HF cases	Fasting plasma glucose	Per 10 mg/dl	1.08 (1.03-1.13)	Age, sex, BMI, smoking, CVD, total cholesterol, blood pressure, eGFR, use of ACE/ARBs, beta-blockers, statins, HCTZ use

Matsushita K et al, 2010, USA	Atherosclerosis Risk in Communities (ARIC) Study	1990-1992 - 2006, 14.1 years follow-up	11057 men and women, age 48-67 years: 841 HF cases	Fasting glucose	<5.0 mmol/L 5.0-5.5 5.6-6.0 6.1-6.9	1.51 (1.14-2.00) 1.00 1.04 (0.87-1.24) 1.19 (0.98-1.45)	Age, sex, race, education, carotid atherosclerosis, SBP, antihypertensive medication, smoking, alcohol intake, BMI, LDL cholesterol, HDL cholesterol, coronary heart disease history, eGFR
Khan H et al, 2014, United Kingdom	Kuopio Ischemic Heart Disease Risk Factor Study	1984-1989 - 2011, 20.4 years follow-up	1740 men, age 42-61 years: 146 HF cases	Fasting plasma glucose	Per 1 mmol/L	1.27 (1.14-1.42)	Age, BMI, systolic blood pressure, heart rate, creatinine, history of coronary heart disease, smoking, left ventricular hypertrophy, medication use - antihypertensive agents, lipid lowering drugs, and beta-blockers, triglycerides, HDL cholesterol
Mongraw-Chaffin M et al, 2017, USA	Women's Health Initiative	1993-1998 - 2014, 13.6 years follow-up	17287 women, age 50-79 years: 458 HF cases	Fasting glucose	<80 mg/dl 80-99 100-125 ≥126	1.46 (0.91-2.32) 1.00 1.47 (1.15-1.88) 2.91 (2.28-3.73)	Age, race, income, education, total cholesterol, blood pressure, BMI, smoking
Ogunmoroti O et al, 2017, USA	Multi-Ethnic Study of Atherosclerosis	2000-2002 - NA, 12.2 years follow-up	6506 men and women, age 45-84 years: 262 HF cases	Blood glucose	≥126 mg/dl 100-125 <100	1.00 0.53 (0.36-0.76) 0.36 (0.26-0.48)	Age, sex, race/ethnicity, education, income, health insurance

ACE=angiotensin converting enzyme, ARB=angiotensin 2 receptor blocker, BMI=body mass index, CHD=coronary heart disease, CoA=coenzyme A, COPD=chronic obstructive pulmonary disease, CVD=cardiovascular disease, DBP=diastolic blood pressure, eGFR=estimated glomerular filtration rate, HCTZ=triamterene/hydrochlorothiazide, HDL=high-density lipoprotein, IHD=ischemic heart disease, LDL=low-density lipoprotein, LVH=left ventricular hypertrophy, SBP=systolic blood pressure, VA=Veterans Affairs, WHR=waist-to-hip ratio

Supplementary Table 4. Prospective studies of diabetes mellitus and heart failure in patient populations

First author, publication year, country	Study name or description	Study period	Number of participants, number of cases	Type of diabetes mellitus, subgroup	Comparison	Relative risk (95% confidence interval)	Adjustment for confounders
Kanaya AM et al, 2005, USA	Heart and Estrogen/progestin Replacement Study (HERS)	1993-1994 - NA, 6.8 years follow-up	2763 postmenopausal women with coronary heart disease, mean age 67.2 years: 348 CHF cases	Diabetes	Yes vs. no	2.19 (1.69-2.85)	Age, current smoking, physical activity, alcohol, BMI, overall health status, use of statins, diuretics, angiotensin-converting enzyme inhibitor, HRT assignment, race/ethnicity, education, previous percutaneous transluminal coronary angioplasty, CABG, sign of CHF, >1 previous MI, stratified by clinical center
Aboufakher R et al, 2005, USA	Blue Cross Blue Shield of Michigan Cardiovascular Consortium (BMC2)	2001-2003 - NA, NA	37315 percutaneous coronary intervention, men and women, mean age 63.1 years: 537 inhospital HF cases	Diabetes	Yes vs. no	1.55 (1.26-1.90)	Age, sex, maximum contrast dose exceeded, prior heart failure, valvular heart disease, prior gastrointestinal bleed, prior gastrointestinal bleed, chronic obstructive pulmonary disease, creatinine >2 mg/dl, ACC type B2, but not type C lesion, ACC type C lesion, atrial fibrillation, emergency PCI, ejection fraction, myocardial infarction within 7 days, cardiogenic shock, repeat angiography
Sato T et al, 2012, Japan	Department of Cardiology, Japanese Red Cross, Okayama	2004-2006 - NA, 5 years follow-up	197 percutaneous coronary intervention patients, men and women, mean age 68.8 years: 23 CHF cases	Diabetes mellitus	Yes vs. no	4.72 (1.74-12.76)	Smoking, hypertension, multivessel disease
Lewis EF et al, 2009, USA	PEACE Study	NA-NA, 4.8 years	8290 stable CAD patients, men and	Diabetes	Yes vs. no	2.16 (1.67-2.79)	Age, BMI, MI, CABG surgery, hypertension, angina, stroke or TIA,

		follow-up	women, mean age 64 years: 268 HF cases				current smoking, LVEF, calcium channel blocker, lipid lowering use, diuretic, digitalis, anti-arrhythmic medication use, randomization to trandolapril
Van Melle JP et al, 2010, Netherlands	The Heart and Soul Study	2000-2002 - NA, 4.1 years follow-up	839 coronary artery disease patients, mean age 67 years: 77 HF cases	Diabetes	Yes vs. no	2.65 (1.61-4.36)	Age, sex, race, smoking, BMI, physical inactivity, LDL cholesterol, systolic blood pressure
Aronson D et al, 2010, Israel	Rambam Medical Center, Haifa	2000-2008, 1.4 years follow-up	1513 AMI patients, men and women, mean age 60.1 years: 135 HF cases	Diabetes	Yes vs. no	1.65 (1.13-2.41)	Age, sex, previous infarction, hypertension, anterior infarction, ST-elevation infarction, coronary revascularization, Killip class, mild mitral regurgitation, left ventricular hypertrophy, restrictive filling pattern
Lewis EF et al, 2003, USA	The Cholesterol and Recurrent Events (CARE) trial	1989-1991 - NA, 5 years follow-up	3860 stable MI patients, men and women, mean age 58.3 years: 243 HF cases	Diabetes	Yes vs. no	1.42 (1.04-1.94)	Age, LVEF, heart rate, hypertension, previous MI, moderate exercise, Killip class
Wylie JV et al, 2004, USA	Orbofiban in Patients With Unstable Coronary Syndromes - Thrombolysis in Myocardial Infarction (OPUS-TIMI 16) trial	1997-1998, 0.8 years follow-up	4681 patients with unstable coronary syndromes or non-ST-elevation myocardial infarction, men and women, age $\geq$ 19 years (mean age 60 years): 221 HF cases	Diabetes	Yes vs. no	1.51 (1.33-2.00)	Age, heart rate, lateral ECG changes, angiographically confirmed CAD, BNP
Macchia A et al, 2005, Italy	GISSI-Prevenzione trial	NA-NA, 3.5 years follow-up	8415 low-risk patients (NYHA class $\leq$ 2) with recent (<3 months) MI, men and women, mean age 58.4 years: 192 late-onset HF cases	Diabetes	Yes vs. no	1.62 (1.17-2.24)	Age, high blood pressure, intermittent claudication, recurrent AMI, ejection fraction, heart rate, leukocyte count

Tajik AA et al, 2017, Norway	The High-Risk MI Database (VALIANT, EPHESUS, OPTIMAAL, CAPRICORN)	NA-NA, 1.9 years follow-up	28771 MI patients, men and women, mean age 65 years: 4114 HF deaths or hospitalizations	Diabetes	Yes vs. no	1.48 (1.38-1.59)	Age, sex, race, smoking status, BMI, SBP, heart rate, eGFR, Killip class, angina, hypertension, dyslipidaemia, renal insufficiency, peripheral vascular disease, atrial fibrillation, cerebrovascular accident, previous HF hospitalization, previous MI, PCI, CABG, beta-blockers, diuretics, digoxin, statin, aspirin
Gho JMIH et al, 2018, United Kingdom	The CALIBER programme	1998-2010 - 2010, 3.7 years follow-up	24479 MI patients, age $\geq$ 18 years (mean age 68.1 years): 5775 HF cases	Diabetes	Yes vs. no	1.45 (1.35-1.56)	Age, sex, Index of Multiple Deprivation, hypertension, atrial fibrillation, type of MI - STEMI, history of peripheral arterial disease, history of COPD, prescribed ACE inhibitor before MI, prescribed angiotensin receptor blocker before MI, prescribed beta-blocker before MI
Kannel WB et al, 1999, USA	The Framingham Heart Study	NA-NA, 38 years follow-up	NA patients with coronary heart disease, hypertension or valvular heart disease, age 45-94 years: 486 HF cases	Diabetes, men Diabetes, women	Yes vs. no Yes vs. no	1.25 (0.89-1.76) 4.00 (2.78-5.74)	Age, left ventricular hypertrophy, systolic blood pressure, coronary heart disease, valve disease + women only: BMI, valve disease x diabetes
Zornoff LAM et al, 2002, USA	The SAVE trial	NA-NA, 2.6 years follow-up	416 patients with right ventricular dysfunction, men and women, age 21-80 years: 82 HF cases	Diabetes	Yes vs. no	1.78 (1.09-2.91)	Age, sex, hypertension, previous MI, current smoking, infarct segment length, treatment - captopril, thrombolytic use, left ventricular ejection fraction, left ventricular area change, right ventricular dysfunction

Zhang L et al, 2017, USA	Montefiore Medical Center, Bronx	2003-2008 - 2013, 5.9 years follow-up	7878 patients with preclinical diastolic dysfunction, men and women, mean age 68 years: 146 HFrEF cases 635 HFpEF cases	Diabetes mellitus, HFrEF Diabetes mellitus, HFpEF	Yes vs. no Yes vs. no	1.75 (1.22-2.50) 1.88 (1.59-2.23)	Age, sex, SES, race/ethnicity, hypertension, myocardial infarction, peripheral vascular disease, cerebrovascular accident, pulmonary disease, renal disease, malignancy, beta-blocker, ACE inhibitor or angiotensin receptor blocker, calcium channel blocker, statin, hemoglobin, sodium, potassium, blood urea nitrogen, creatinine, left ventricular ejection fraction
Cavender MA et al, 2015, USA	The Reduction of Atherothrombosis for Continued Health (REACH) registry	2003-2004 - 2008, 4 years follow-up	45227 patients at high risk of atherothrombosis or with established atherothrombosis, age $\geq 45$ years: 3358 HF hospitalizations	Diabetes mellitus	Yes vs. no	1.33 (1.18-1.50)	Age, sex, geographic region, smoking status, BMI, ischemic event, hypercholesterolemia, hypertension, renal dysfunction, vascular disease status, congestive heart failure, atrial fibrillation, statins, aspirin, blood pressure treatment, antihyperglycemic agents
Fukuda T et al, 2007, Japan	The Cardiovascular Institute Hospital, Roppongi	1995-2003 - 2005, 49.7 months follow-up	248 atrial fibrillation patients, mean age 63.6 years: 16 CHF cases	Diabetes mellitus	Yes vs. no	1.28 (0.34-4.90)	Age, sex, persistent atrial fibrillation, hypertension, structural heart disease, left ventricular hypertrophy, echocardiographic parameters
Potpara TS et al, 2013, Serbia	Belgrade Atrial Fibrillation Study	1992-2003 - 2007, 11.2 years follow-up	842 atrial fibrillation patients, men and women, age 18-84 years: 83 HF cases	Diabetes mellitus	Yes vs. no	2.0 (1.1-4.0)	Left atrial diameter, left ventricular ejection fraction, arterial hypertension
Suzuki S et al, 2012, Japan	The Shinken Database	2004-2010 - 2010, 2.1 years follow-up	1942 atrial fibrillation patients, men and women, mean age 66 years: 147 HF cases	Diabetes mellitus	Yes vs. no	1.83 (1.18-2.82)	Heart diseases, anemia, renal dysfunction, diuretics
Schnabel RB et al, 2013, USA	Framingham Heart Study	1960-1999 - 2009, 10 years follow-up	725 atrial fibrillation patients, men and women, mean age 73.3	Diabetes	Yes vs. no	1.88 (1.31-2.71)	Age, BMI, left ventricular hypertrophy, significant murmur, prevalent MI, age x prevalent MI interaction

			years: 161 HF cases				
Chatterjee NA et al, 2017, USA	Women's Health Study	1993-1998 - 2014, 20.6 years follow-up	1495 new-onset atrial fibrillation patients, women, mean age 69 years: 226 HF cases	Diabetes mellitus	Yes vs. no	1.57 (1.07-2.32)	Age, race/ ethnicity, smoking status, BMI, SBP, physical activity, alcohol, hyperlipidemia, history of MI at AF diagnosis, vitamin E, aspirin, HRT, statins, antihypertensive medication use, chronic kidney disease, incident coronary heart disease
Eggimann L et al, 2018, Switzerland	The Basel Atrial Fibrillation Cohort Study	2010-2014 - 2017, 3.7 years follow-up	951 atrial fibrillation patients, men and women, mean age 68.1 years: 60 HF cases	Diabetes mellitus	Yes vs. no	2.72 (1.57-4.71)	Age, BMI, history of valve surgery, history of arrhythmia intervention, QTc interval, BNP
Krum H et al, 2009, USA	The MEDAL program	2002-2006 - NA, NA	34701 men and women with arthritis, age $\geq 50$ years: 102 HF cases	Diabetes	Yes vs. no	1.83 (1.15-2.94)	Age, history of CHF, hypertension, Etoricoxib 90 mg vs. diclofenac 150 mg, prior systematic corticosteroid use, creatinine clearance, Etoricoxib 90 mg vs. Diclofenac 150 mg (RA), Etoricoxib 90 mg vs. Diclofenac 150 mg (OA), Etoricoxib 60 mg vs. Diclofenac 150 mg (OA)
He J et al, 2017, USA	Chronic Renal Insufficiency Cohort (CRIC) Study	2003-2008 - 2012, 6.3 years follow-up	3557 men and women with chronic kidney disease, age 21-74 years: 452 HF cases	Diabetes mellitus	Yes vs. no	1.71 (1.35-2.16)	Age, sex, education, CVD, waist circumference, SBP, cystatin, urine albumin
Rigatto C et al, 2002, Italy	University of Manitoba	1969-1999, 7.2 years follow-up	638 kidney transplant patients, age >18 years: 63 HF cases	Diabetes	Yes vs. no	2.30 (1.43-3.69)	Age, hemoglobin, serum albumin, SBP, cadavaric donor
Harnett JD et al, 1995, Canada	Royal Victoria Hospital in Montreal, Quebec	1982-1991 - NA, 3.4 years follow-up	299 dialysis patients, men and women, mean age 51 years: 133 CHF cases	Diabetes mellitus	Yes vs. no	1.63 (0.92-2.90)	Age, ischemic heart disease, systolic dysfunction, hemoglobin, serum albumin, diastolic blood pressure, left ventricular mass index

Ito S et al, 2007, Japan	Nagoya City Moriyama Municipal Hospital	NA-NA, 4.7 years follow-up	100 hemodialysis patients, men and women, age : 6 CHF cases	Diabetes mellitus	Yes vs. no	10.96 (1.49-80.44)	Dichotomous hemoglobin
Aksnes TA et al, 2007, multinational	Valsartan Antihypertensive Long-Term Use Evaluation (VALUE) Trial Population	NA-NA, 4.2 years follow-up	15245 hypertension patients, men and women, mean age 67 years: 754 HF cases	New-onset diabetes mellitus Baseline diabetes mellitus	Yes vs. no Yes vs. no	1.41 (1.06-1.87) 2.79 (2.40-3.25)	Age, LVH, CHD, randomized study treatment (valsartan and amlodipine)
Abramson J et al, 2001, USA	Systolic Hypertension in the Elderly Program (SHEP)	NA-NA, 4.5 years follow-up	4538 hypertension patients, men and women, age $\geq$ 60 years: 156 HF cases	Diabetes	Yes vs. no	1.92 (1.26-2.94)	Age, sex, depression score, race/ethnicity, MI, angina, SBP, DBP, total cholesterol, HDL cholesterol, ECG abnormality, current smoking, any ADL disability, active treatment
Sahle BW et al, 2016, Australia	Second Australian National Blood Pressure Study (ANBP2)	1995-2001 - NA, 10.8 years follow-up	6083 hypertension patients, age 65-84 years: 373 HF cases	Diabetes	Yes vs. no	1.56 (1.11-2.19)	Age, sex, systolic blood pressure, history of cardiovascular disease, eGFR, smoking status, low HDL cholesterol, BMI
Miao F et al, 2014, USA	Multi-parameter Intelligent Monitoring in Intensive Care (MIMIC 2) clinical database	2001-2008, 1 year follow-up	3048 intensive care unit patients, men and women, mean age 66.3/56.6 years: 555 HF cases	Diabetes	Yes vs. no	1.34 (1.10-1.63)	Age, cardiac arrhythmias, pulmonary circulation diseases, peripheral vascular disease, hypertension, chronic pulmonary disease, hypothyroidism, renal failure, liver disease, AIDS, obesity, weight loss, electrolyte and fluid disorders
Jacobs L et al, 2017, USA, Italy, Scandinavia, United Kingdom, Scotland, Ireland, Netherlands	The Heart "OMics" in AGEing (HOMAGE) study (The Health Aging and Body Composition Study, The PREDICTOR Study, PROSPER)	1997-1998 2007-2010 1997-1999 3.5 years follow-up	10236 men and women, mean age 74.5 years: 470 HF cases	Diabetes mellitus	Yes vs. no	1.41 (1.12-1.79)	Age, sex, BMI, smoking, CAD, antihypertensive medication, SBP, heart rate, serum creatinine
Armenian SH et	City of Hope,	1988-	1327 autologous	Diabetes mellitus/HD-	No/no	1.0	Age, year of hematopoietic cell

al, 2011, USA	Duarte	2002, 5.3 years follow-up	hematopoietic cell transplantation patients, mean age 43.5 years: nested case-control study 88 CHF cases 218 controls	anthracycline treatment	Yes/no No/yes Yes/yes	6.2 (0.86-43.82) 5.1 (2.34-10.93) 26.8 (4.34-165.2)	transplantation, duration of follow-up, sex, diagnosis, pre-transplantation exposure to chest radiation, individual pre-transplantation comorbidity
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ACC=American College of Cardiology, ACE=angiotensin-converting enzyme, ADL=activities of daily living, AF=atrial fibrillation, AIDS=acquired immunodeficiency syndrome, AMI=acute myocardial infarction, BMI=body mass index, BNP=B-type natriuretic peptide, CABG=coronary artery bypass graft, CAD=coronary artery disease, CHD=coronary heart disease, CHF=congestive heart failure, CVD=cardiovascular disease, COPD=chronic obstructive pulmonary disease, DBP=diastolic blood pressure, ECG=electrocardiography, eGFR=estimated glomerular filtration rate, HDL=high-density lipoprotein, HF=heart failure, HFpEF=heart failure with preserved ejection fraction, HFrEF=heart failure with reduced ejection fraction, HRT=hormone replacement therapy, LDL=low-density lipoprotein, LVEF=left ventricular ejection fraction, LVH=left ventricular hypertrophy, MI=myocardial infarction, NA=not available, PCI=percutaneous coronary intervention, QTc interval=corrected QT interval, SBP=systolic blood pressure, SES=socioeconomic status, STEMI=ST-elevated myocardial infarction

Supplementary Table 5. Prospective studies of blood glucose and heart failure in patient populations

First author, publication year, country	Study name or description	Study period	Number of participants, number of cases	Exposure, subgroup	Comparison	Relative risk (95% confidence interval)	Adjustment for confounders
Kanaya AM et al, 2005, USA	Heart and Estrogen/progestin Replacement Study (HERS)	1993-1994 - NA, 6.8 years follow-up	2763 postmenopausal women with coronary heart disease, mean age 67 years: 348 CHF cases	Fasting glucose	<5.6 mmol/L 5.6-6.0 6.1-6.9 ≥7.0	1.00 0.95 (0.69-1.30) 0.93 (0.64-1.35) 2.19 (1.69-2.85)	Age, current smoking, physical activity, alcohol, BMI, overall health status, use of statins, diuretics, angiotensin-converting enzyme inhibitor, HRT assignment, race/ethnicity, education, previous percutaneous transluminal coronary angioplasty, CABG, sign of CHF, >1 previous MI, stratified by clinical center
Held C et al, 2007, Sweden	Ongoing Telmisartan Alone and in Combination with Ramipril Global Endpoint Trial (ONTARGET)/ Telmisartan Randomized Assessment Study in ACE Intolerant Subjects With Cardiovascular Disease (TRANSCEND)	NA-NA, 2.4 years follow-up	31546 high-risk patients, age ≥55 years: 668 HF cases	Glucose	Per 1 mmol/L	1.05 (1.02-1.08)	Age, sex, smoking, previous MI, hypertension, creatinine, waist-to-hip ratio, aspirin, beta-blockers, statins

BMI=body mass index, CABG=coronary artery bypass graft, CHF=congestive heart failure, HF=heart failure, MI=myocardial infarction, NA=not available

Supplementary Table 6. Relative risks and 95% confidence intervals for the association  
between blood glucose and heart failure

Blood glucose concentration	Relative risks (95% CIs)
70 mg/dl (3.89 mmol/l)	1.40 (1.00-1.95)
80 (4.44)	1.08 (0.96-1.22)
90 (5.00)	1.00
100 (5.55)	1.04 (0.98-1.11)
110 (6.11)	1.19 (1.09-1.29)
120 (6.66)	1.46 (1.32-1.60)
130 (7.22)	1.89 (1.70-2.10)
140 (7.77)	2.56 (2.23-2.94)
150 (8.33)	3.61 (2.94-4.45)
160 (8.88)	5.26 (3.85-7.20)

Supplementary Table 7. Subgroup analyses of diabetes mellitus and heart failure in population-based studies

	<b>Diabetes mellitus and heart failure</b>				
	<i>n</i>	Relative risk (95% CI)	<i>I</i> <sup>2</sup> (%)	<i>P</i> <sub>h</sub> <sup>1</sup>	<i>P</i> <sub>h</sub> <sup>2</sup>
All studies	24	1.99 (1.66-2.38)	99.8	<0.0001	
Sex					
Men	10	2.10 (1.55-2.83)	99.0	<0.0001	0.64/ 0.82
Women	9	2.03 (1.63-2.52)	97.4	<0.0001	
Men & women	13	1.97 (1.65-2.36)	98.4	<0.0001	
Heart failure subtype					
Preserved ejection fraction	2	1.59 (1.24-2.05)	58.6	0.12	0.66
Reduced ejection fraction	2	1.77 (1.32-2.37)	54.2	0.14	
Follow-up					
<10 years	12	2.08 (1.61-2.69)	99.9	<0.0001	0.43
≥10 years	12	1.89 (1.59-2.26)	91.2	<0.0001	
Geographic location					
Europe	8	1.73 (1.38-2.17)	97.1	<0.0001	0.42
America	15	2.18 (1.94-2.46)	96.3	<0.0001	
Asia	1	1.44 (1.36-1.53)			
Number of cases					
Cases <500	7	1.90 (1.52-2.37)	46.0	0.09	0.74
Cases <500-<1000	3	2.11 (1.18-3.80)	96.9	<0.0001	
Cases ≥1000	14	2.01 (1.60-2.54)	99.9	<0.0001	
Study quality					
0-3 stars	0				0.86
4-6 stars	2	1.94 (1.02-3.70)	99.5	<0.0001	
7-9 stars	22	2.00 (1.75-2.29)	98.0	<0.0001	
Adjustment for confounding factors <sup>3</sup>					

Age	Yes	23	2.02 (1.68-2.43)	99.8	<0.0001	0.16
	No	1	1.20 (0.70-1.90)			
Alcohol	Yes	6	1.83 (1.68-1.98)	10.1	0.35	0.84
	No	18	1.99 (1.61-2.45)	99.8	<0.0001	
Smoking	Yes	12	2.03 (1.73-2.39)	89.8	<0.0001	0.80
	No	12	1.96 (1.51-2.53)	99.9	<0.0001	
BMI or obesity	Yes	13	2.00 (1.71-2.33)	89.0	<0.0001	0.99
	No	11	1.98 (1.52-2.60)	99.9	<0.0001	
Physical activity	Yes	4	1.78 (1.64-1.93)	0	0.42	0.64
	No	20	2.00 (1.64-2.45)	99.8	<0.0001	
Resting heart rate	Yes	2	2.03 (1.69-2.45)	0	0.39	0.80
	No	22	1.98 (1.63-2.39)	99.8	<0.0001	
Adjustment for potentially mediating factors						
Hypertension	Yes	15	1.98 (1.63-2.39)	98.4	<0.0001	0.82
	No	9	2.01 (1.58-2.56)	98.9	<0.0001	
Systolic blood pressure	Yes	2	1.83 (1.24-2.71)	77.8	0.03	0.67
	No	22	2.00 (1.65-2.42)	99.8	<0.0001	
Diastolic blood pressure	Yes	0				NC
	No	24	1.99 (1.66-2.38)	99.8	<0.0001	
Cholesterol	Yes	8	1.87 (1.55-2.24)	91.2	<0.0001	0.47
	No	16	2.04 (1.63-2.55)	99.9	<0.0001	
Coronary heart disease	Yes	12	1.94 (1.54-2.44)	98.3	<0.0001	0.67
	No	12	2.04 (1.68-2.48)	98.8	<0.0001	
Valvular heart disease	Yes	3	1.68 (1.39-2.03)	92.3	<0.0001	0.23
	No	21	2.04 (1.67-2.48)	99.8	<0.0001	
Atrial fibrillation	Yes	5	2.11 (1.62-2.77)	96.6	<0.0001	0.63
	No	19	1.97 (1.70-2.27)	98.2	<0.0001	
Left ventricular hypertrophy	Yes	2	2.14 (1.02-4.52)	80.4	<0.0001	0.44

	No	22	1.97 (1.63-2.38)	99.8	<0.0001	
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*n* denotes the number of risk estimates

<sup>1</sup>P for heterogeneity within each subgroup

<sup>2</sup> P for heterogeneity between subgroups with meta-regression analysis

<sup>2</sup> P for heterogeneity between men and women (excluding studies with both genders) with meta-regression analysis

BMI, body mass index

NC, not calculable because no studies were present in one of the subgroups.

**Supplementary Table 8. Subgroup analyses of diabetes mellitus and heart failure in patient populations**

	<b>Diabetes mellitus and heart failure</b>				
	<i>n</i>	Relative risk (95% CI)	<i>I</i> <sup>2</sup> (%)	<i>P</i> <sub>h</sub> <sup>1</sup>	<i>P</i> <sub>h</sub> <sup>2</sup>
All studies	32	1.74 (1.61-1.90)	70.8	<0.0001	
Sex					
Men	0				0.51
Women	2	1.91 (1.39-2.64)	48.8	0.16	
Men & women	29	1.71 (1.57-1.87)	70.4	<0.0001	
Follow-up					
<10 years	24	1.73 (1.57-1.90)	75.6	<0.0001	0.65
≥10 years`	5	1.86 (1.59-2.17)	0	0.53	
Not available	3	1.91 (1.25-2.92)	58.5	0.09	
Patient group					
Arthritis	1	1.83 (1.15-2.94)			0.89
Atherothrombosis	1	1.33 (1.18-1.50)			
Atrial fibrillation	6	1.87 (1.53-2.27)	0	0.71	
Chronic kidney disease	1	1.71 (1.35-2.16)			
Coronary heart disease	12	1.70 (1.54-1.89)	68.1	<0.0001	
Dialysis	2	3.29 (0.54-19.98)	69.1	0.07	
Hematopoietic cell transplants	1	5.71 (1.42-22.98)			
Hypertension	3	2.00 (1.50-2.67)	66.1	0.05	
Hypertension, high-CVD risk	1	1.41 (1.12-1.79)			
Intensive care unit	1	1.34 (1.10-1.63)			
Kidney transplants	1	2.30 (1.43-3.69)			
Ventricular dysfunction	2	1.85 (1.60-2.14)	0	0.87	
Geographic location					
Europe	7	1.63 (1.44-1.84)	58.9	0.02	0.58

America	17	1.70 (1.54-1.89)	58.4	0.001		
Asia	4	2.66 (1.28-5.52)	50.5	0.11		
Middle East	1	1.65 (1.13-2.41)				
Australia	1	1.56 (1.11-2.19)				
International	2	1.86 (1.10-3.13)	93.3	<0.0001		
Number of cases						
Cases <200	16	1.95 (1.72-2.21)	0	0.48	0.04	
Cases <200-<500	9	1.73 (1.52-1.96)	49.4	0.05		
Cases ≥500	7	1.60 (1.39-1.84)	90.0	<0.0001		
Study quality						
0-3 stars	0				0.30	
4-6 stars	14	1.66 (1.45-1.89)	71.3	<0.0001		
7-9 stars	18	1.83 (1.63-2.06)	72.0	<0.0001		
Adjustment for confounding factors <sup>3</sup>						
Age	Yes	28	1.72 (1.58-1.87)	72.2	<0.0001	0.17
	No	4	2.54 (1.48-4.36)	45.6	0.14	
Alcohol	Yes	3	2.04 (1.71-2.43)	10.3	0.33	0.24
	No	29	1.71 (1.57-1.87)	70.5	<0.0001	
Smoking	Yes	11	1.71 (1.50-1.96)	68.5	<0.0001	0.76
	No	21	1.77 (1.58-1.98)	71.0	<0.0001	
BMI or obesity	Yes	12	1.71 (1.51-1.93)	72.4	<0.0001	0.66
	No	20	1.78 (1.58-2.01)	69.0	<0.0001	
Physical activity	Yes	5	1.93 (1.57-2.37)	50.0	0.09	0.30
	No	27	1.71 (1.56-1.87)	71.2	<0.0001	
Resting heart rate	Yes	5	1.48 (1.39-1.57)	0	0.97	0.04
	No	27	1.84 (1.66-2.05)	73.2	<0.0001	
Hypertension	Yes	15	1.50 (1.41-1.61)	34.1	0.10	0.001
	No	19	1.97 (1.75-2.21)	52.7	0.006	

Systolic blood pressure	Yes	9	1.72 (1.50-1.96)	55.0	0.02	0.94
	No	23	1.76 (1.58-1.97)	74.8	<0.0001	
Diastolic blood pressure	Yes	2	1.81 (1.29-2.55)	0	0.65	0.88
	No	30	1.74 (1.60-1.90)	72.5	<0.0001	
Cholesterol	Yes	3	1.79 (1.18-2.74)	78.1	0.01	0.69
	No	29	1.75 (1.61-1.91)	69.6	<0.0001	
Coronary heart disease	Yes	21	1.72 (1.56-1.89)	72.5	<0.0001	0.45
	No	11	1.98 (1.58-2.47)	65.2	0.001	
Valvular heart disease	Yes	3	1.96 (1.45-2.66)	67.7	0.05	0.41
	No	29	1.72 (1.58-1.88)	71.1	<0.0001	
Atrial fibrillation	Yes	5	1.45 (1.38-1.52)	0	0.60	0.006
	No	27	1.85 (1.68-2.03)	55.4	<0.0001	
Left ventricular hypertrophy	Yes	5	2.15 (1.86-2.48)	22.7	0.27	0.04
	No	27	1.66 (1.54-1.79)	56.1	<0.0001	

*n* denotes the number of risk estimates

<sup>1</sup>P for heterogeneity within each subgroup

<sup>2</sup> P for heterogeneity between subgroups with meta-regression analysis

BMI, body mass index

NC, not calculable because no studies were present in one of the subgroups.

Supplementary Table 9. Study quality of studies included in the analysis of diabetes mellitus and heart failure in the general population

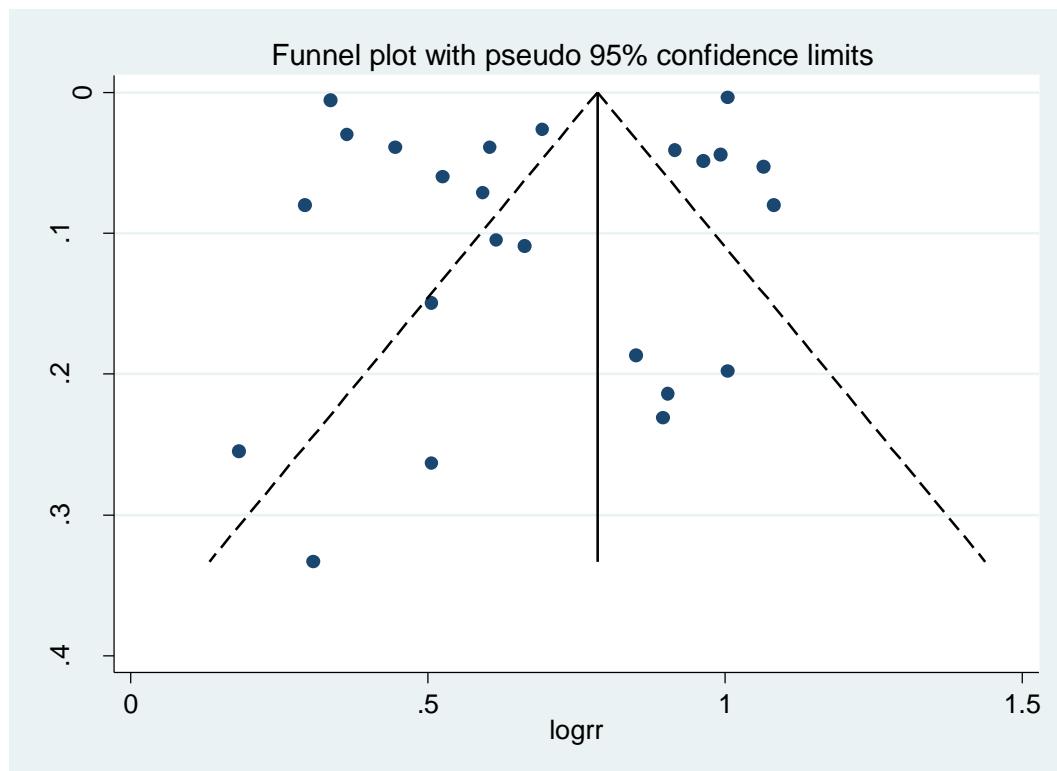
Tuna, 2014	1	0	1	0	1	1	1	1	0	7
Vimalananda, 2014	1	0	1	1	1	1	1	1	1	9
Chahal, 2015	1	0	0	1	1	1	1	1	1	8
Shah, 2015	1	0	1	1	1	1	1	1	0	8
Eaton, 2016	1	0	0	1	1	1	1	1	0	7
Ahmad, 2016	1	0	1	1	1	1	1	1	0	8
Agarwal, 2017	1	0	1	1	1	1	0	1	0	7
Ballotari, 2017	1	0	1	0	1	0	1	1	0	6
Larsson, 2018	1	1	0	1	1	1	1	1	0	7

Supplementary Table 10. Study quality of studies included in the analysis of diabetes mellitus and heart failure in the patient populations

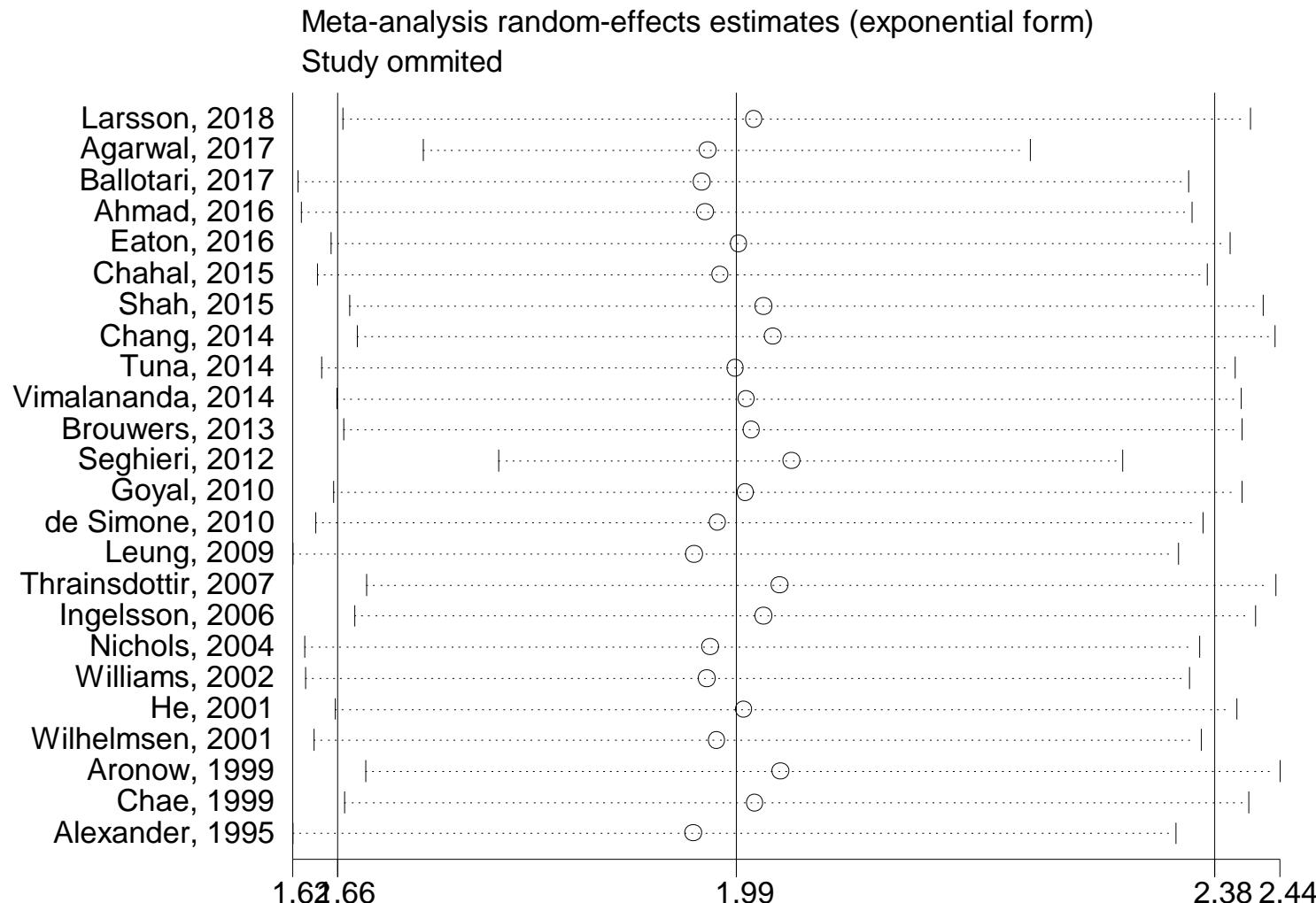
Author, publication year	Representativeness	Selection of non-exposed cohort	Exposure ascertainment	Demonstration of outcome not present at start	Adjustment for age	Adjustment for one more confounder	Assessment of outcome	Long enough follow-up for cases to occur	Adequacy of follow-up	Total score
Lewis, 2003	1	1	0	1	1	1	1	1	0	7
Wylie, 2004	1	1	0	1	1	1	1	0	0	6
Macchia, 2005	1	1	0	1	1	1	0	1	0	6
Kanaya, 2005	1	1	1	0	1	1	1	1	1	8
Aboufakher, 2005	1	1	0	1	1	1	1	0	0	6
Lewis, 2009	1	1	0	1	1	1	1	1	0	7
Aronson, 2010	1	1	0	0	1	1	1	0	0	5
Van Melle, 2010	1	1	0	1	1	1	1	1	1	8
Sato, 2012	1	1	1	0	1	1	1	1	0	7
Tajik, 2017	1	1	0	0	1	1	1	0	0	5
Gho, 2018	1	1	1	1	1	1	1	1	0	8
Kannel, 1999	1	1	1	1	1	1	1	1	0	8
Zornoff, 2002	1	1	0	1	1	1	1	0	0	6
Zhang, 2017	1	1	1	1	1	1	1	1	0	8
Cavender, 2015	1	1	1	0	1	1	1	1	0	7



Supplementary Figure 1. Funnel plot of diabetes mellitus and heart failure in population-based studies

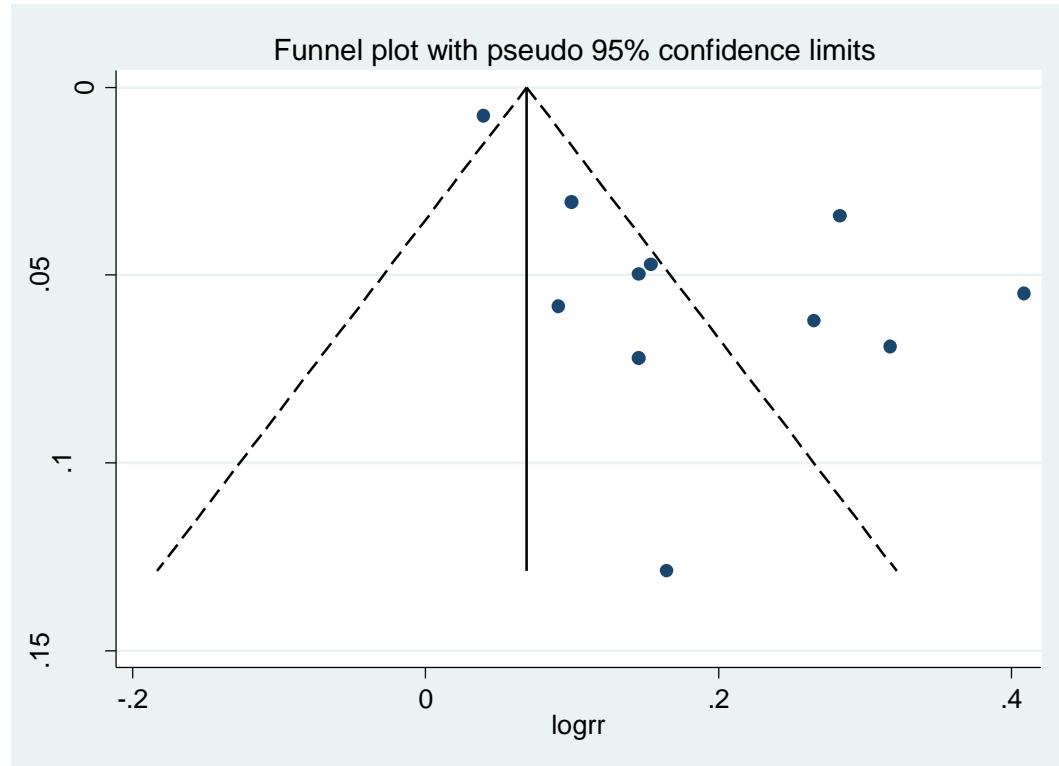


Supplementary Figure 2. Influence analysis of diabetes mellitus and heart failure in population-based studies

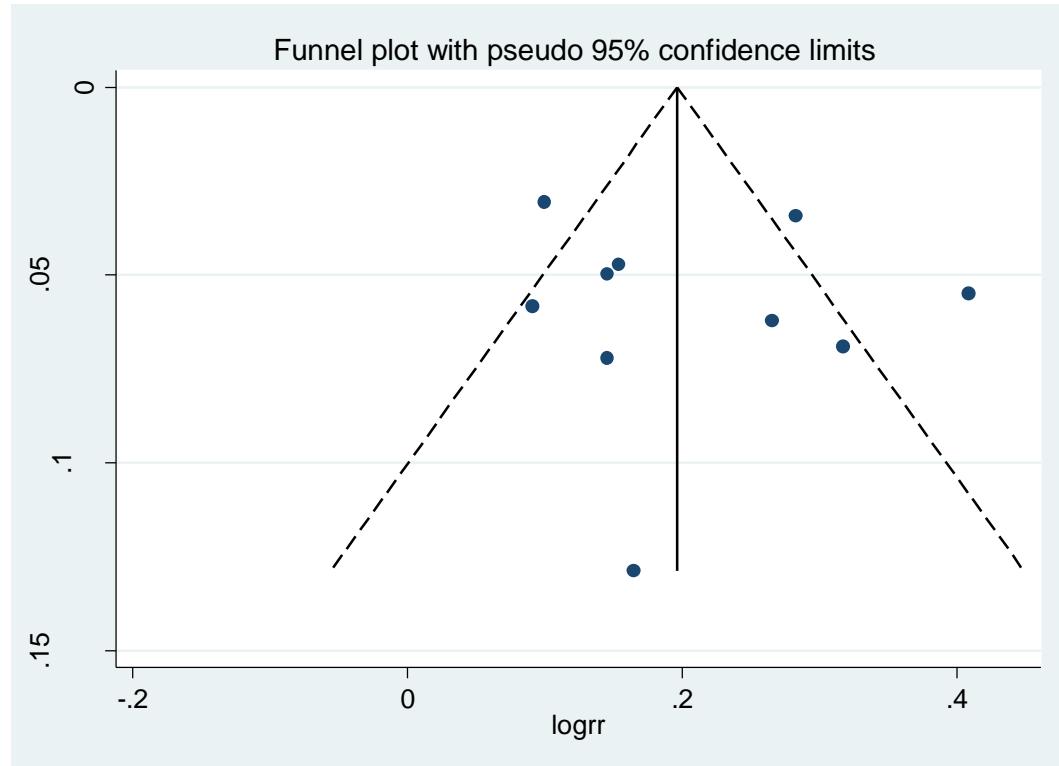


Study omitted	e^coef.	[95% Conf. Interval]	
Larsson, 2018	2.0023124	1.6611966	2.4134743
Agarwal, 2017	1.963207	1.7278632	2.2306058
Ballotari, 2017	1.958639	1.6240646	2.3621392
Ahmad, 2016	1.9614838	1.6266441	2.3652494
Eaton, 2016	1.9893792	1.6512625	2.3967295
Chahal, 2015	1.9743103	1.6396446	2.377284
Shah, 2015	2.0100257	1.6668193	2.4239001
Chang, 2014	2.01774	1.6730831	2.4333968
Tuna, 2014	1.9863063	1.6433154	2.4008858
Vimalananda, 2014	1.9958447	1.6560329	2.4053848
Brouwers, 2013	1.9996232	1.6615525	2.4064801
Seghieri, 2012	2.0326166	1.7904385	2.3075519
Goyal, 2010	1.9948649	1.6535044	2.4066982
de Simone, 2010	1.9719924	1.6382207	2.3737669
Leung, 2009	1.9522402	1.6194379	2.353435
Thrainsdottir, 2007	2.0227649	1.6807446	2.4343839
Ingelsson, 2006	2.0096686	1.6706682	2.4174564
Nichols, 2004	1.9656956	1.6293976	2.3714037
Williams, 2002	1.9626653	1.6301132	2.3630598
He, 2001	1.9936411	1.6547613	2.4019203
Wilhelmsen, 2001	1.9708743	1.6371012	2.3726971
Aronow, 1999	2.0236595	1.6797389	2.4379966
Chae, 1999	2.0024846	1.6626621	2.4117613
Alexander, 1995	1.9513997	1.619441	2.3514044
Combined	1.9872592	1.6564793	2.3840921

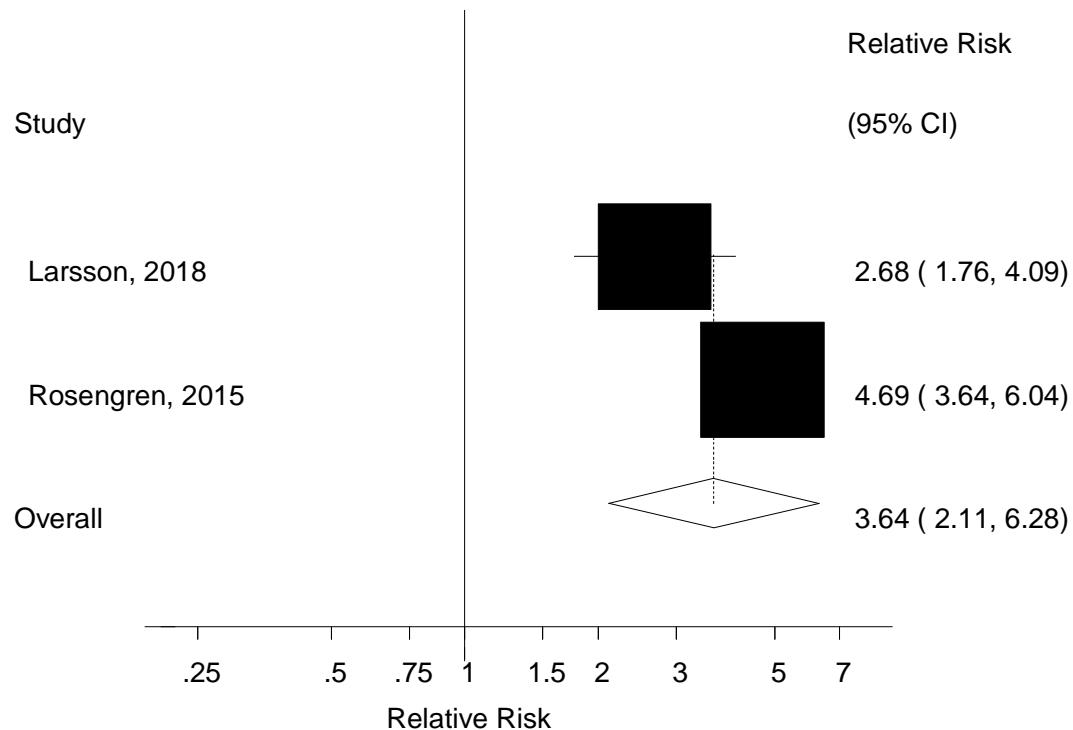
Supplementary Figure 3. Funnel plot of blood glucose and heart failure in population-based studies



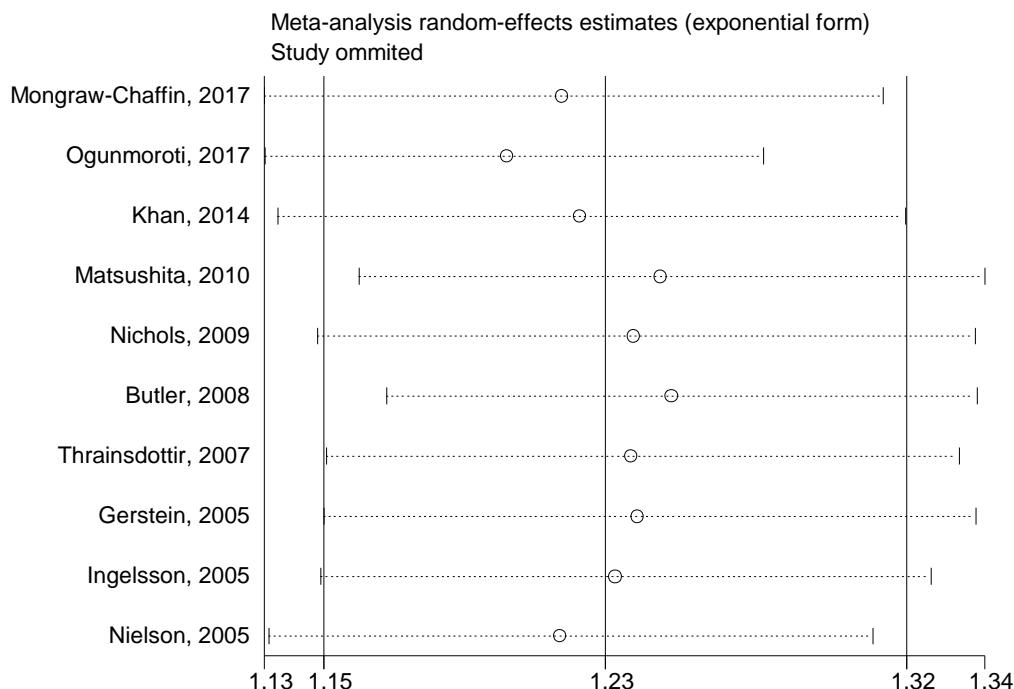
Supplementary Figure 4. Funnel plot of blood glucose and heart failure in population-based studies (excluding Jackson et al, 2017)



Supplementary Figure 5. Type 1 diabetes and heart failure.

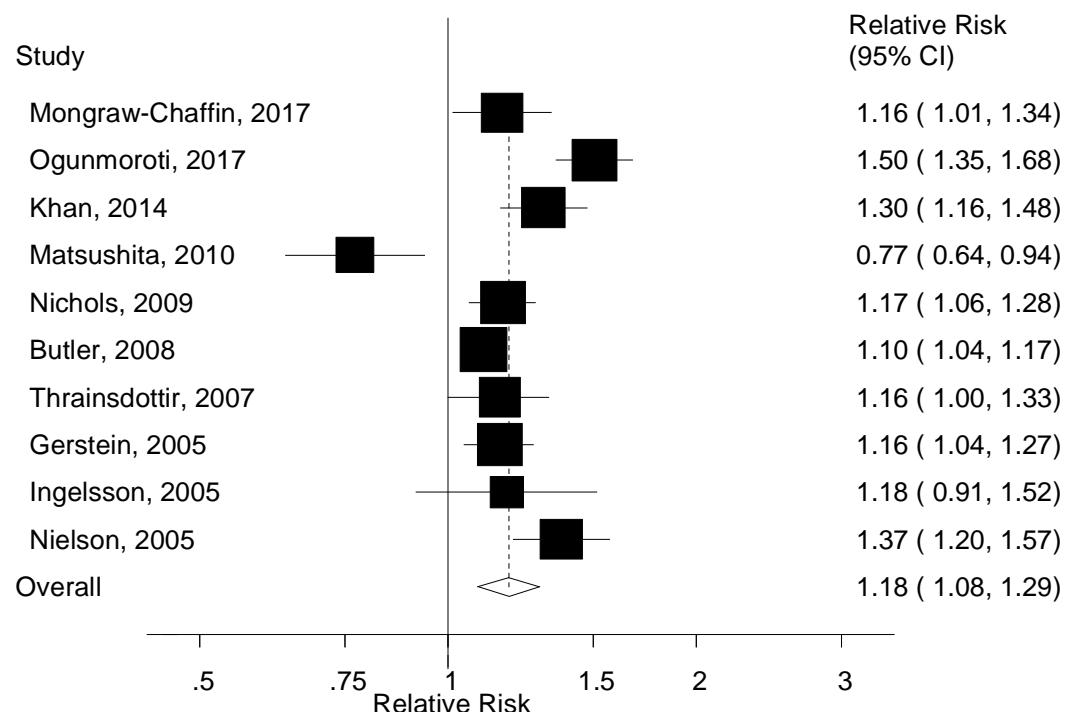


Supplementary Figure 6. Influence analysis of blood glucose and heart failure in population-based studies

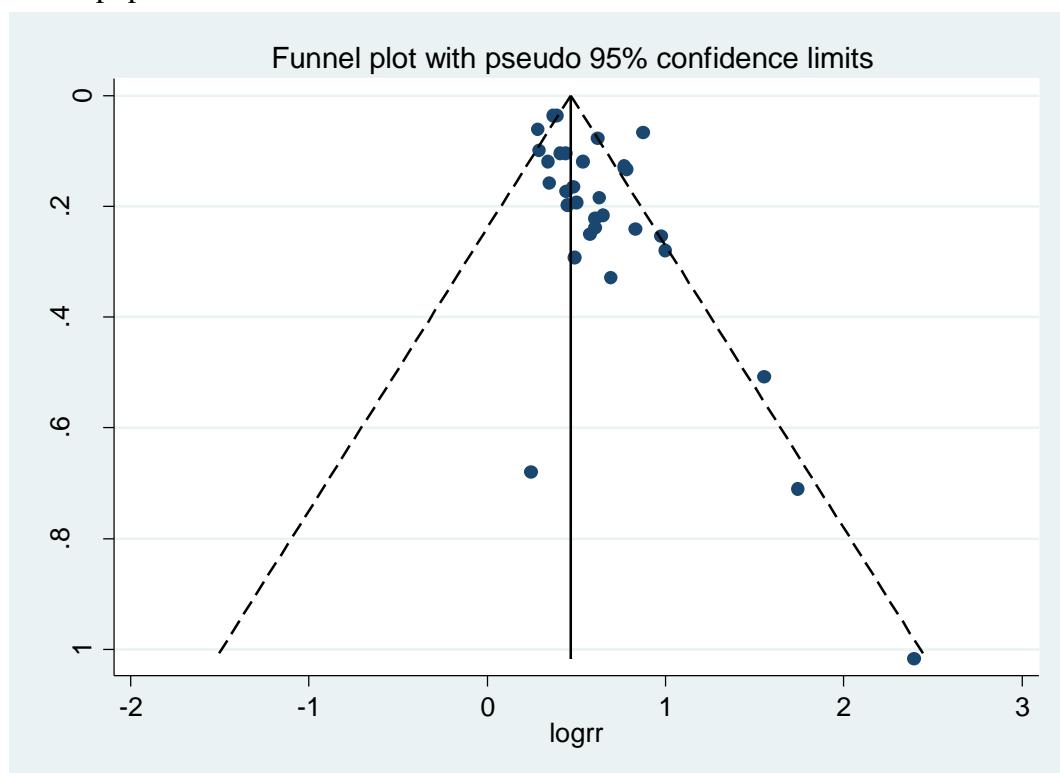


Study omitted	e^coef.	[95% Conf. Interval]
Mongraw-Chaffin, 2017	1.2180294	1.1298121 1.3131347
Ogunmoroti, 2017	1.2016188	1.1301496 1.2776076
Khan, 2014	1.2232267	1.133868 1.3196276
Matsushita, 2010	1.2470987	1.1578467 1.3432307
Nichols, 2009	1.2392032	1.1455979 1.3404568
Butler, 2008	1.2504381	1.1659923 1.3409998
Thrainsdottir, 2007	1.2384132	1.1482694 1.3356335
Gerstein, 2005	1.2402946	1.1474578 1.3406425
Ingelsson, 2005	1.233657	1.1465827 1.3273438
Nielson, 2005	1.2173316	1.1311973 1.3100246
Combined	1.2308026	1.1475562 1.320088

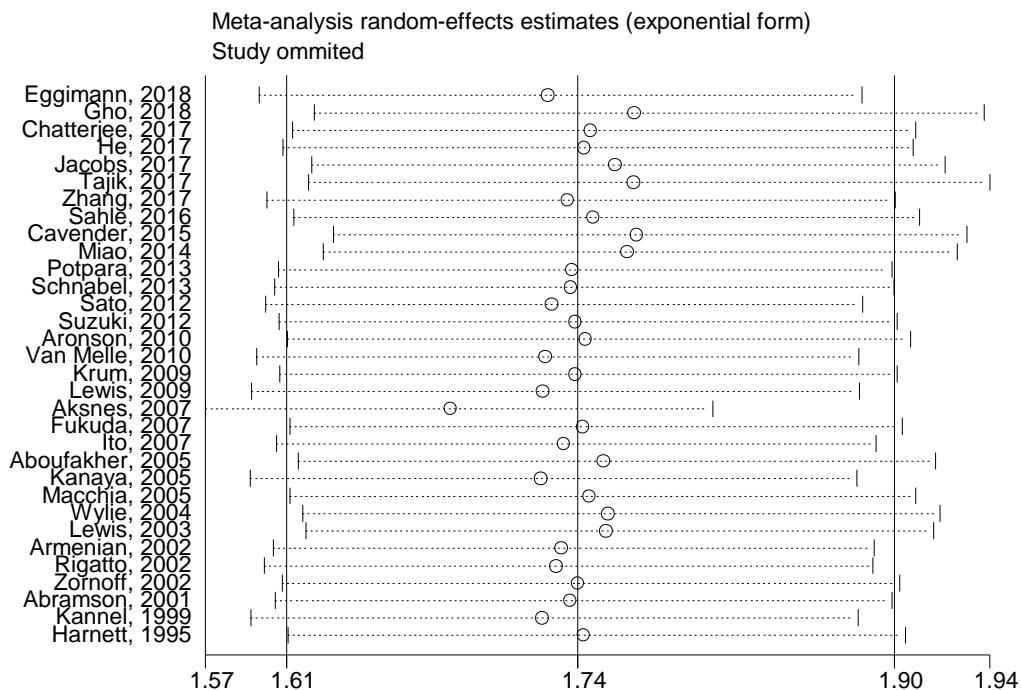
Supplementary Figure 7. Blood glucose and heart failure in population-based studies, per 20 mg/dl (sensitivity analysis using converted relative risks)



Supplementary Figure 8. Funnel plot of diabetes mellitus and heart failure in patient populations



Supplementary Figure 8. Influence analysis of diabetes mellitus and heart failure in patient populations



Study omitted	e^coef.	[95% Conf. Interval]
Eggimann, 2018	1.7304927	1.5922481 1.8807402
Gho, 2018	1.7717284	1.6185817 1.9393654
Chatterjee, 2017	1.7509364	1.608041 1.9065299
He, 2017	1.7479905	1.6036103 1.90537
Jacobs, 2017	1.76255	1.6174217 1.9207004
Tajik, 2017	1.7715257	1.6158965 1.9421438
Zhang, 2017	1.7399068	1.5958908 1.8969191
Sahle, 2016	1.7522321	1.6088064 1.9084444
Cavender, 2015	1.7729313	1.6277233 1.9310932
Miao, 2014	1.768273	1.6230104 1.926537
Potpara, 2013	1.7420681	1.6014053 1.8950862
Schnabel, 2013	1.7415847	1.5996906 1.8960649
Sato, 2012	1.7322638	1.5952741 1.8810172
Suzuki, 2012	1.7435274	1.6017972 1.8977982
Aronson, 2010	1.7486017	1.6058396 1.9040555
Van Melle, 2010	1.729219	1.5910664 1.8793675
Krum, 2009	1.7436928	1.6021211 1.8977745
Lewis, 2009	1.7280228	1.5886208 1.8796573
Aksnes, 2007	1.683676	1.5665799 1.8095247
Fukuda, 2007	1.7473474	1.6068377 1.9001437
Ito, 2007	1.7381235	1.6004683 1.8876185
Aboufakher, 2005	1.7569152	1.6109982 1.9160489
Kanaya, 2005	1.7270709	1.587994 1.8783283

Macchia, 2005	1.7503735	1.6069318	1.9066193
Wylie, 2004	1.7590735	1.6130688	1.9182936
Lewis, 2003	1.7583961	1.614467	1.9151566
Armenian, 2002	1.7367648	1.5988806	1.8865399
Rigatto, 2002	1.7342359	1.5945762	1.8861276
Zornoff, 2002	1.7448311	1.6032044	1.8989692
Abramson, 2001	1.7412163	1.5997961	1.8951379
Kannel, 1999	1.7275889	1.588285	1.8791108
Harnett, 1995	1.7474886	1.6058998	1.901561
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Combined	1.7448275	1.6053087	1.8964719
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