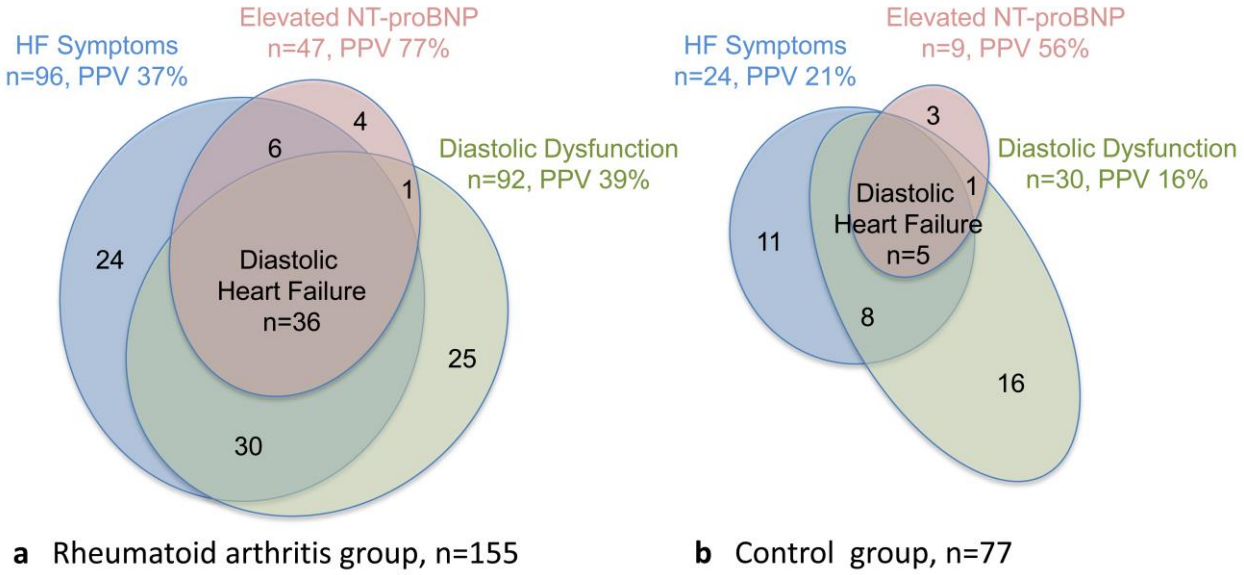
Online supplement to Increased Prevalence of Diastolic Heart Failure in Patients with Rheumatoid Arthritis Correlates with Active Disease, but Not with Treatment Type. *The Journal of Rheumatology*. doi:10.3899/jrheum.141647

ONLINE SUPPLEMENTARY DATA



Supplementary Figure 1. Partial overlap of clinical symptoms, elevated NT-proBNP levels, diastolic dysfunction, and diastolic HF in patients with RA and control subjects. NT-proBNP, N-terminal pro B-type natriuretic peptide; HF: heart failure; RA: rheumatoid arthritis; PPV, positive predictive value.

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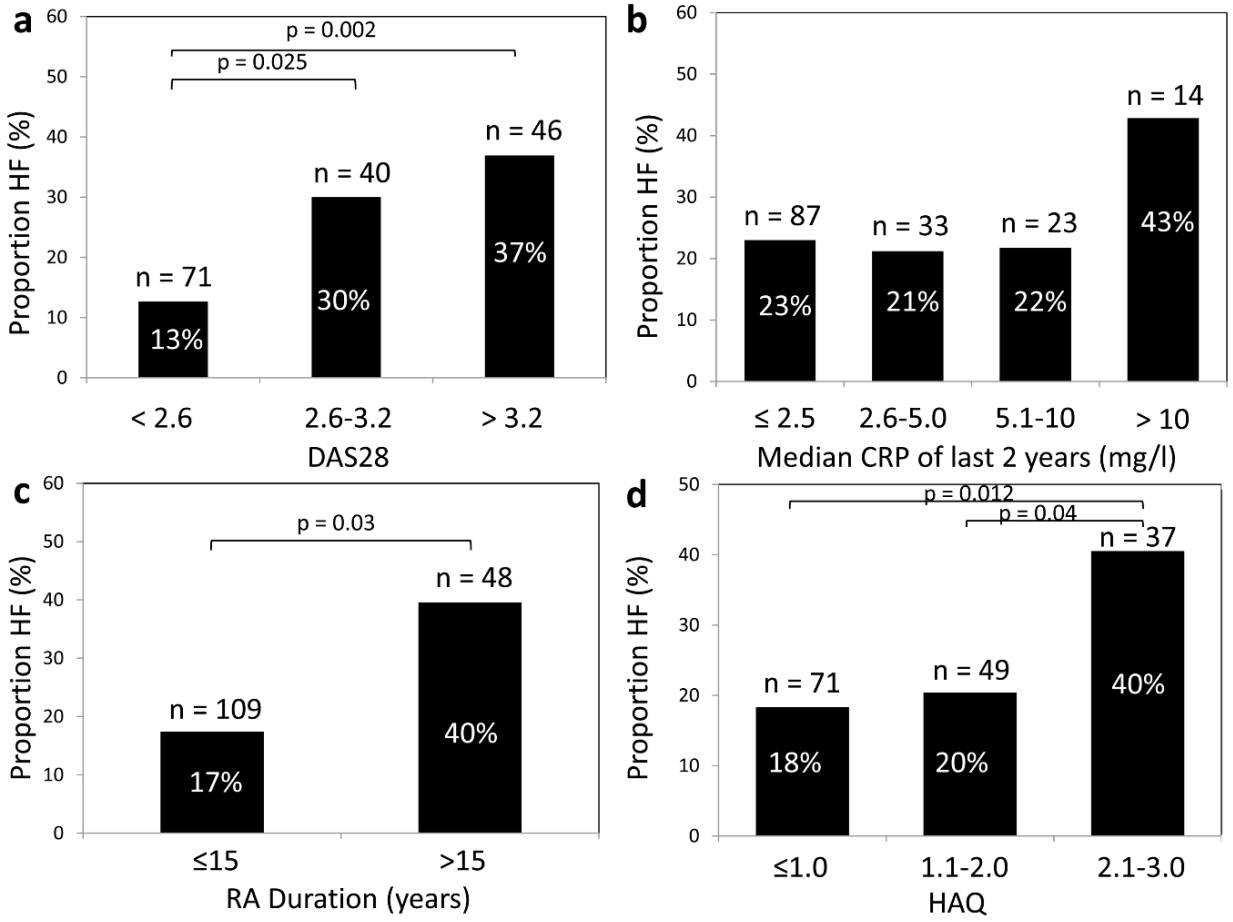

Supplementary Figure 2. Proportion of HF in relation to disease activity, duration, and destructive capability of RA. Proportion of HF rises significantly with increasing DAS28 (A). Median CRP/2 years > 10mg/l is associated with doubled HF prevalence (B). RA duration > 15 years is associated with significantly higher HF prevalence (C). In patients with HAQ score above 2.0, prevalence of HF was found significantly increased (D). HF: heart failure; RA: rheumatoid arthritis; DAS28: 28-joint disease activity score; CRP: C-reactive protein; HAQ: health assessment questionnaire.

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Supplementary Figure 3. Echocardiographic example of patient with RA with diastolic HF and reduced GLS (–17.2%) and normal LVEF (EF = 62%) in 3-chamber view. Original registration of EchoPAC software (EchoPAC version 6.1 workstation; GE Vingmed Ultrasound AS). RA: rheumatoid arthritis; HF: heart failure; DAS28: 28-joint disease activity score; GLS: global longitudinal strain; LVEF: left ventricular ejection fraction.