Supplemental Table 1

Characteristics of each trial

	Licata 2003	**Paterna 2005**	**Paterna 2008**	**Parinello 2009**	**Paterna 2009**	**Paterna 2011**
Patients (n)	54 vs. 53	46 vs. 48	114 vs. 118	86 vs. 87	179 vs. 191	890 vs. 881
Inclusion criteria	Refractory CHF (NYHA class IV), ejection fraction (EF) < 35%, creatinine < 2 mg/dl, blood urea nitrogen (BUN) ≤ 60 mg/dl, reduced urinary volume and low natriuresis	Uncompensated (NYHA class IV), EF < 25%, creatinine < 2 mg/dl, BUN < 60 mg/dl, reduced urinary volume and low natriuresis (< 500 ml/24 h and < 60 mEq/24h, respectively)	Compensated (NYHA class II) hospitalized within previous 30 days for recently decompensated (Class IV) CHF, EF < 35%, creatinine < 2 mg/dl, baseline urinary output of 2,500 ml/day	Recently hospitalized but in a compensated state (NYHA class II), EF < 35%, creatinine < 2 mg/dl, BUN ≤ 60 mg/dl, urinary volume (< 500 ml/24 hours) and low natriuresis (< 60 mEq/24	Compensated HF (NYHA class II-IV), EF < 35% and creatinine < 2 mg/dl	Hospitalized uncompensated (NYHA class III) subsequently discharged (NYHA class II), EF < 40%, creatinine < 2.5 mg/dl, BUN < 60 mg/dl and reduced urinary volume (< 800 ml/day)

				hours)		
Protocol	Group 1: 2.8 g/day Na plus IV furosemide (500 mg-1000 mg BID) plus HSS. Group 2: 1.8 g/day Na, same furosemide without HSS. All patients received ACE-Is (100%). Spironolactone (25 mg) was added to treatment in both groups in 1999. Both groups	Group 1: 2.8 g/day Na, IV furosemide (500-1,000 mg) BID plus HSS. Group 2: 1.8 g/day Na, same furosemide, without HSS. All patients were on ACE-Is and were allowed to receive spironolactone and carvedilol. Both groups received 1 L fluid restriction.	Group 1: 2.8 g/day Na, furosemide 250-500mg PO BID Group 2: 1.8 g/day Na, same furosemide. All patients received ACE-Is (100%), spironolactone 25 mg (87%) and carvedilol 6.25-25 mg BID (8%). Both groups received 1 L fluid restriction.	Group 1: 2.8 g/day Na plus oral furosemide (125 mg-250 mg BID, 2/3rds of patients received 125 mg BID). Group 2: 1.8 g/day Na plus same furosemide. All patients received ACE-Is (100%), Spironolactone 25 mg (75%) and carvedilol (55%). Both groups	8 groups placed on 1.8 g/day or 2.8 g/day of Na intake along with 1 or 2 L fluid restriction and 125-250 mg furosemide BID. All patients received ACE-Is (100%), spironolactone (93%) and carvedilol (37%).	1.8 g/day without HSS or 2.8 g/day of Na with HSS(stopped once compensated). 50-125 mg furosemide BID (2/3rds of patients received 50 mg BID). Patients were also on ACE-Is (100%), spironolactone (85%) and carvedilol (70%). Both groups received 1 L fluid restriction.

	received 1 L fluid restriction.			received 1 L fluid restriction.		
Starting and ending serum sodium	134.8 → 130.2 vs. 135.8 →142.3	134.9 → 130.1 at discharge vs. 133.8 → 142.3 at discharge	138.3 → 132.3 vs. 138.7 → 139.5	138.8 → 131.9 vs. 138.7 → 139.5	140 → 133 1L 140 → 132 2L vs. 140 → 140 1L 140 → 134.5 2L	138.8 → 131.5 vs. 137.8 → 137.8
Follow-up	31 months (2.6 years)	30 days	180 days	12 months	180 days	57 months (4.75 years)
Starting and ending blood pressure	134/77 → 114/72 vs. 137/75 → 115/68	146/82 → ND vs. 145/80 → ND	126/82 → 107/77 vs. 125/83 →111/75	126/82 → 107/77 vs. 125/83 → 111/75	250 mg then 125 mg furosemide groups: 1L then 2L 114/71 → 112/77, 112/72→ 107/80, 115/69→ 111/83,	134/77 → 115/68 vs. 137/75 → 112/65

					113/71 → 108/78 vs. 113/71 → 110/68, 115/69 → 111/83, 111/70 → 111/70, 116/71 → 112/88	
HF etiology (% or n)	CAD (62.9% vs. 61.9%) HHD (32.4% vs. 33.6%) DCM (4.6% vs. 4.4%) AF (14% vs. 13.4%)	CAD (48% vs. 50%) HHD (28% vs. 29%) DCM (24% vs. 21%) AF (17% vs. 15%)	CAD (53 vs. 57) HHD (37 vs. 39) DCM (24 vs. 22) AF (26 vs. 25)	CAD (43 vs. 41) HHD (28 vs. 29) DCM (16 vs. 16) AF (29 vs. 31)	250 mg then 125 mg furosemide groups: DM (26.9%, 25.4% vs. 30.7%, 28%) CAD (53.8%, 50.9% vs. 59.6%, 52%) HHD (42.3%, 47% vs. 38.4%,	CAD (31 vs. 31) HHD (14 vs. 12) DCM (9 vs. 10) AF (7 vs. 8)

					44%) DC (3.8%, 1.9% vs. 1.9%, 4%) AF (38.4%, 37.2% vs. 40.3%, 38%)	
EF (%)	34.4 vs. 33.7	30.2 → 31.1 (at 6 days) 30.1 → 32 (at 6 days)	29 → 30.2 vs. 29.5 → 32.2	29.3 → 30.2 vs. 29.5 → 32.5	ND	30.3 → 31.3 vs. 30.4 → 32
Starting and ending serum creatinine (mg/dl)	1.61 → 2.2 vs. 1.65 → 1.62	1.55 → 1.97 vs. 1.51 → 1.55	1.5 → 2.1 vs. 1.56 → 1.54	1.55 → 2.1 vs. 1.56 → 1.45	250 mg then 125 mg furosemide groups: 1.47 → 2.0, 1.49 → 2.3, 1.49 → 1.97 1.47 → 2.2 vs. 1.45 → 1.48 1.46 → 1.75 1.46 → 1.49 1.48 → 1.74	1.65 → 1.95 vs. 1.6 → 1.4
Starting	56 → 117	56.1 → 98	56.5 → 105	56.5 → 105	250 mg then	58.2 → 97

and ending BUN (mg/dl)	vs. 58.2 → 73.3	vs. 62 → 65	vs. 58.5 → 68.4	vs. 58.5 → 68.4	125 mg furosemide groups: 53 → 102, 53 → 115, 52 → 93 52 → 101 vs. 53 → 52 50 → 71 52 → 51 51 → 68	vs. 62 → 70

AF = atrial fibrillation, DCM = dilated cardiomyopathy, DM = diabetes mellitus, EF = ejection fraction, LS = low sodium, L = liter of fluid given, BID = twice daily, ND = no data, NS = normal sodium Na = sodium, NYHA = New York Heart Association, CHF = congestive heart failure, HSS = hypertonic saline solution, HHD = hypertensive heart disease. Listed first are data obtained from patients receiving a low sodium diet with data from patients assigned to a normal sodium diet following.