Supplementary materials

1. Operational definition of Clinical endpoints

- Stroke was considered when treating the physician made the diagnosis based on the clinical findings and confirmed it with neuroimaging (CT scan).

- Diagnosis of a re-infarction was done when recurrent myocardial infarction confirmed by ECG changes upplor elevation of cardiac markers (re-elevation of the CK-MB to above the ULN and increased by at least 50% over the previous value) occurred in-hospitalized acute myocardial infarction patients.

- Cardiogenic shock was confirmed when inotropes (dopamine in our case) required to achieve a blood pressure ≥of 90 mmHg and signs of impaired organ perfusion with at least one of the following: altered mental status, cold, clammy skin, or oliguria.

- Major bleeding was defined as the occurrence of clinically overt/apparent bleeding associated with drop-in hemoglobin >5 g/dL or Intracranial or intraocular hemorrhage

- Acute heart failure (AHF) was diagnosed when a new onset (de novo heart failure) or worsening (acutely decompensated heart failure) of symptoms and signs of HF such as dyspnea, fatigue, and typical physical signs, such as pulmonary rales, peripheral oedema or distended jugular veins detected and structural abnormality identified with a transthoracic echocardiogram.
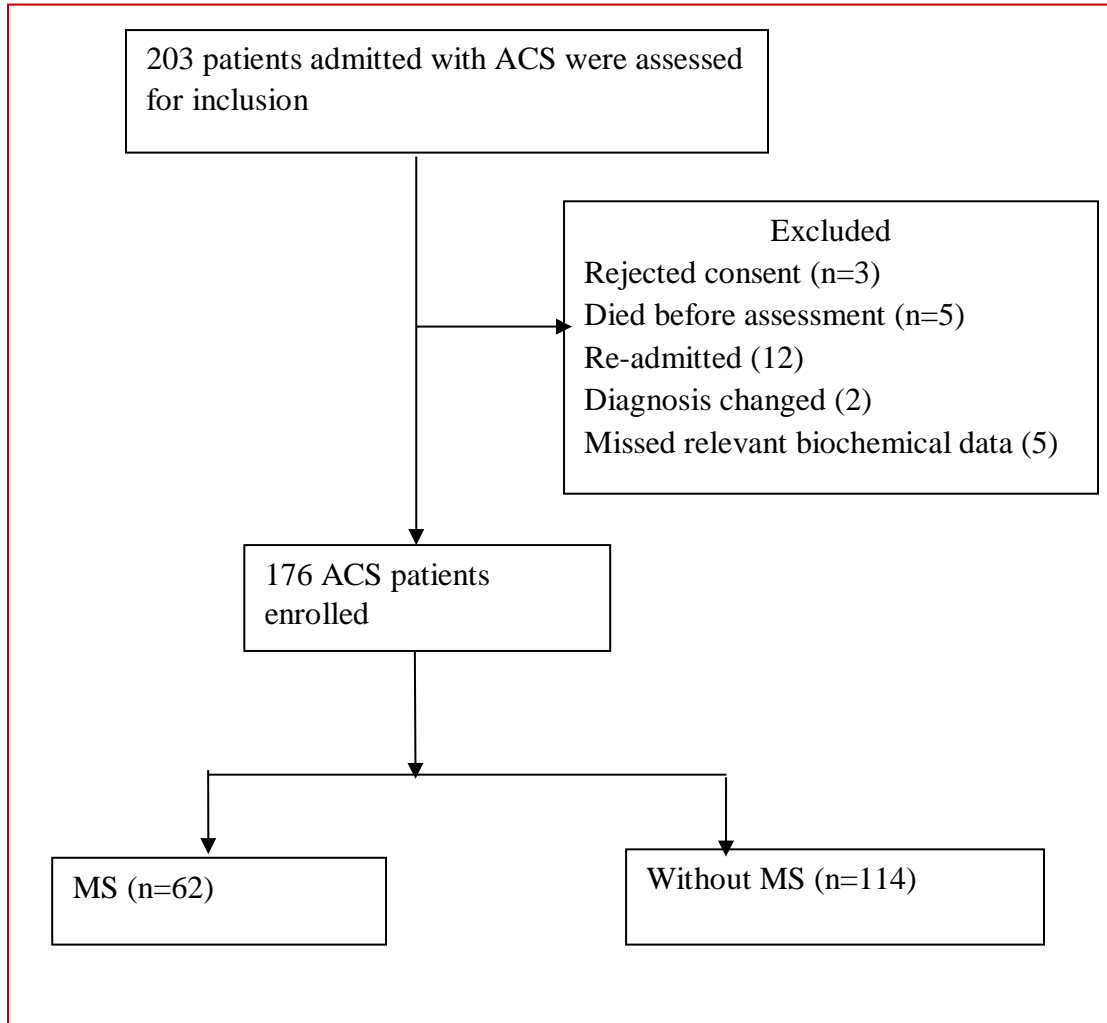
2. Study participants enrollment process

Fig 1 Study participants' flow-chart. Abbreviations: ACS-acute coronary syndrome; MS-metabolic syndrome