Cric hasn’t adjudicated very well HfPEF in cric

Nisha Bansal had subdivided hfpfe and hfref in patients in the paper

1.Incident heart failure. If they had echo then ef. If they didn’t have an echo if they had one within a year to look at EF. HfPef

2.HfpeF in cric data if any hospitalizations events were hfpef. Look at 5, coded as 0. Coded as 1 or 3rd coded as Na. First events or recurrent any events. If First event was heart failure Only looking at persons with a hear failure event. And first event they had as heart failure categorized as hfpef. If first event was hfref and second is hfpef. Qualifying them as 0.

Prevalent HfpEF analysis anyone who has it in their history.

Incident anyone with primary hospitalizations

FGF 23 and T50. FGF 23 was done at baseline. T50 was measured later in cric. Visit 5 T50.Exclude before their visit 5. Population is different.

Secondary analysis about longitudinal change in T50. Up to visit 11. Less people included.

Change in FGF 23 was subcohorted and not ideal

FGF 23 in T50 in echo variables. Change in echo variables. LA Size etc.

1. Read papers initially.
2. Look at tables and data looks like
3. Methods panel intro to methods.
4. Cric papers written try to write it.