**Supplementary material 1: Comprehensive search strategy**

This supplement provides a detailed account of the search strategy implemented in our systematic review and meta-analysis. The strategy was precisely crafted to encompass a broad spectrum of studies pertinent to our research focus, specifically targeting the efficacy and application of various treatments in non-ischemic cardiomyopathies.

Our search centered around a carefully selected combination of key terms and phrases. These included "beta-blockers" [MeSH Terms], "angiotensin-converting enzyme inhibitors" [MeSH Terms], combined with "non-ischaemic" or "non-ischemic" [All Fields] and "cardiomyopathy, dilated" [MeSH Terms]. In addition, we included terms such as "Non-obstructive" [All Fields] and "cardiomyopathies" [MeSH Terms], as well as "Non-coronary" [All Fields] and "cardiomyopathy, dilated" [MeSH Terms]. These combinations were selected to ensure comprehensive coverage of our topic of interest.

To refine the search and focus on the most relevant and high-quality studies, we applied several filters. These filters included Abstract, Free Full Text, Clinical Study, Clinical Trial, Meta-Analysis, Randomized Controlled Trial, Systematic Review, and publications within the last 30 years. Additionally, we limited our search to studies involving human subjects and those published in English.

This exhaustive and selective search strategy across multiple databases yielded a total of 30 studies out of 9,190 records that met our strict inclusion criteria. Moreover, to bolster the depth and authenticity of our research, we extended our search to include a review of the reference lists of the selected studies. This step was instrumental in identifying additional relevant literature that may have been overlooked in the initial database search, thus enriching the foundation of our systematic review and meta-analysis.

In summary, this supplement elucidates the extensive and meticulous search strategy employed in our study. It highlights our dedication to conducting a thorough and comprehensive review of the literature, ensuring that our findings are grounded in a robust and inclusive body of research on non-ischemic cardiomyopathies and their treatment modalities.