Supplementary Appendix

Supp. Table 1. Characteristics of prospective studies included in meta-analysis that associated blood pressure with incident peripheral arterial disease. Only studies that could be standardized per 20 mm Hg higher systolic blood pressure were included. Note that Rapsomaniki et al.¹ was excluded from the meta-analysis due to an overlapping cohort with the current study.

Name of Cohort(s)	Location	Baseline Year	Population	Particip ants	Incident PAD	Adjustments	Median Follow Up (Years)
studies							
		1977-	Adults aged 25–65 years with newly				
UKPDS	United Kingdom	1991	diagnosed type 2 diabetes	2398	61	Age, SBP, HbA1c, other clinical variables	8.9
			General population without			Age, sex, smoking, total and HDL cholesterol, and	
Barcelona	Barcelona, Spain	1973	cardiovascular events	932	17	diabetes mellitus	8
						Age, cholesterol, BMI, serum uric acid, other clinical	
MRFIT	United States	1996	Men aged 35 to 57, at high risk of CAD	12828	283	variables	10.5
Cardiff Diabetes	Cardiff, United	1992-				Age, sex, smoking, total cholesterol/HDL	
Database	Kingdom	1995	Adults with diabetes	2911	157	cholesterol	4
	Framingham,				122		
Framingham	United States	1973	Adults aged 45-74	5209	122	Cholesterol, glucose intolerance, age, cigarettes	16
Women's Health			Women aged ≥ 45 years without prior			Age, BMI, hyperlipidemia, diabetes, other	
Study	United States	1949	cancer or CVD	39260	178	clinical/demographic characteristics	13.3
_	_			•	•		
CPRD	United Kingdom	1990-	Adults aged 30 to 90, free of	420419	44329	Age, sex, BMI, diabetes, antihypertensive use,	7.0
	Cohort(s) studies UKPDS Barcelona MRFIT Cardiff Diabetes Database Framingham Women's Health Study	Cohort(s) Studies UKPDS United Kingdom Barcelona Barcelona, Spain MRFIT United States Cardiff Diabetes Cardiff, United Database Kingdom Framingham, Framingham, United States Women's Health Study United States	tudies Studies UKPDS United Kingdom Barcelona Barcelona, Spain MRFIT United States Cardiff Diabetes Cardiff, United Database Kingdom Framingham United States United States 1973 Women's Health Study United States 1949 CPRD	Cohort(s) Location Year Population studies 1977- Adults aged 25– 65 years with newly diagnosed type 2 diabetes General population without cardiovascular events MRFIT United States 1996 Men aged 35 to 57, at high risk of CAD Cardiff Diabetes Cardiff, United 1992- Database Kingdom 1995 Adults with diabetes Framingham, Framingham United States 1973 Adults aged 45-74 Women's Health Study United States 1949 cancer or CVD	Cohort(s)LocationYearPopulationstudies1977- Adults aged 25– 65 years with newly diagnosed type 2 diabetesUKPDSUnited Kingdom1991 diagnosed type 2 diabetes2398General population without cardiovascular events932MRFITUnited States1996 Men aged 35 to 57, at high risk of CAD12828Cardiff DiabetesCardiff, United1992-DatabaseKingdom1995 Adults with diabetes2911Framingham, FraminghamUnited States1973 Adults aged 45-745209Women's Health StudyUnited States1949 cancer or CVD39260	Cohort(s)LocationYearPopulationstudies1977- Adults aged 25– 65 years with newly diagnosed type 2 diabetes2398 61General population without General population without Cardiovascular events932 17MRFITUnited States1996 Men aged 35 to 57, at high risk of CAD12828 283Cardiff Diabetes Cardiff, United1992- Adults with diabetes2911 157Framingham, Framingham, United States1973 Adults aged 45-745209Women aged ≥ 45 years without prior StudyUnited States1949 cancer or CVD39260 178	Cohort(s)Location YearYearPopulationantsPADAdjustmentsstudiesUKPDSUnited Kingdom1991Adults aged 25–65 years with newly diagnosed type 2 diabetes239861Age, SBP, HbA1c, other clinical variablesBarcelonaBarcelona, Spain1973cardiovascular events93217diabetes mellitusMRFITUnited States1996Men aged 35 to 57, at high risk of CAD12828283variablesCardiff, United1992- DatabaseAge, sex, smoking, total cholesterol/HDLKingdom1995Adults with diabetes2911157cholesterolFraminghamUnited States1973Adults aged 45-745209122Cholesterol, glucose intolerance, age, cigarettesWomen's HealthWomen's HealthWomen aged ≥ 45 years without prior StudyAge, sex, BMI, hyperlipidemia, diabetes, otherCPBD1990-Adults aged 30 to 90, free of4204194339Age, sex, BMI, diabetes, antihypertensive use,

Supp. Table 2. Primary and secondary endpoints used in the analysis.

	Definition	ICD-10 Codes	ICD-9 Codes	Prior Validation Studies of Disease in CPRD
Primary outcome				
Peripheral arterial disease	Incident diagnosis of peripheral arterial disease, including intermittent claudication, hospitalization or death due to peripheral arterial disease.	I73.1, I73.8, I73.9, I74.3, I74.4, I74.5 (fatal and non- fatal)	443.1, 443.8, 443.9, 444.22, 444.81 (fatal and non-fatal)	Similar association with cardiovascular risk factors as traditional cohort studies. ^{1,8} Median PPV of 85% for GPRD coding of circulatory disorders. ⁹
Secondary outcomes				
Atrial fibrillation	Incident diagnosis of, hospitalization or death due to atrial fibrillation or atrial flutter, no restrictions on type.	I48 (fatal and non-fatal)	427.3 (fatal and non-fatal),	Similar association with risk factors as from traditional cohort studies. ¹⁰
Aortic aneurysm	Incident diagnosis of, hospitalization or death due to aortic aneurysm.	I71 (fatal and non-fatal)	441 (fatal and non-fatal),	NA
Chronic kidney disease	Incident diagnosis of, hospitalization or death due to stage 3-5 chronic kidney disease.	N18, I12, I13, E08.22, E09.22, E10.22, E11.22, E13.22 (fatal and non- fatal)	403, 404 (fatal and non-fatal)	Similar prevalence in CPRD to national cross- sectional surveys. ¹¹
Diabetes	Incident diagnosis of, hospitalization or death due to diabetes or prescription of antidiabetic medication.	E11 (fatal and non-fatal)	250 (fatal and non-fatal)	PPV: 98.6% ¹²
Deep vein thrombosis	Incident diagnosis of, hospitalization or death due to deep vein thrombosis.	I80-I82 (fatal and non-fatal)	451-453 (fatal and non-fatal)	PPV for VTE (combined
Pulmonary embolism	Incident diagnosis of, hospitalization or death due to pulmonary embolism.	I26 (fatal and non-fatal)	415.1	DVT and PE): 88.2% ¹²
Ischemic heart disease	Incident diagnosis of, hospitalization non-fatal myocardial infarction or death due to ischemic heart disease.	I20-I25(fatal), I21-I23(non- fatal)	410- 414(fatal), 410-412 (fatal and non-fatal)	PPV: 92.6% ¹²
Heart failure	Incident diagnosis of, hospitalization or death due to heart failure.	I11.0, I13.0, I13.2, I50 (fatal and non- fatal)	428, 402.01, 402.11, 402.91, 404.01, 404.11, 404.91, 404.03, 404.13 404.93 (fatal and non-fatal)	PPV: 81.8% ¹³
Stroke	Incident diagnosis of,	I60, I61, I63,	430, 431, 434,	PPV: 92.7% ¹²

	hospitalization or death due to stroke.	I64 (fatal and non-fatal), I67.2, I67.9 (fatal only)	437 (fatal and non-fatal)	
Valvular Heart Disease	Incident diagnosis of, hospitalization or death due to valvular heart disease.	134-137 (fatal and non-fatal)	424 (fatal and non-fatal)	NA
Vascular dementia	Incident diagnosis of, hospitalization or death due to vascular dementia, including concomitant diagnoses of Alzheimer's disease and vascular dementia (i.e. mixed dementias).	F01 (fatal and non-fatal)	290.4 (fatal and non-fatal)	PPV: 75% ¹⁴

Supp. Table 3. Proportion of different ICD codes at hospitalization for peripheral arterial disease at different baseline age groups.

Age	I73.1	I73.8	I73.9	I74.3	I74.4	I74.5
[29,40]	1.2%	3.2%	76.4%	11.5%	3.5%	4.1%
(40,50]	0.7%	1.8%	80.8%	11.4%	1.7%	3.5%
(50,60]	0.1%	1.0%	85.6%	10.6%	0.4%	2.4%
[60,70]	0.1%	0.7%	84.9%	12.2%	0.6%	1.4%
(70,90]	0.2%	1.0%	85.6%	11.4%	1.0%	0.8%

Supp. Table 4. Association of different units of blood pressure with risk of incident PAD.

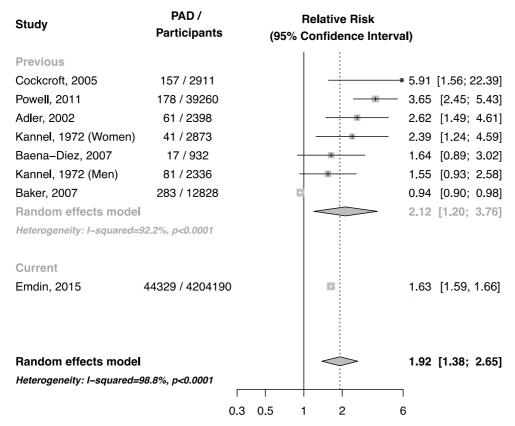
SBP	HR (CI)	DBP	HR (CI)
20 mm Hg	1.63 (1.59, 1.66)	10 mm Hg	1.35 (1.31, 1.38)
10 mm Hg	1.28 (1.26, 1.29)	5 mm Hg	1.16 (1.14, 1.17)
5 mm Hg	1.13 (1.12, 1.14)	2.5 mm Hg	1.08 (1.07, 1.08)
2.5 mm Hg	1.06 (1.06, 1.07)	1.25 mm Hg	1.04 (1.03, 1.04)
Standard deviation		Standard deviation	
(23.34 mm Hg)	1.77 (1.72, 1.81)	(11.57 mm Hg)	1.42 (1.37, 1.45)

Supp. Table 5. Association of usual systolic blood pressure with incident peripheral arterial disease in six sensitivity analyses (described in Supp. Figures 3-9).

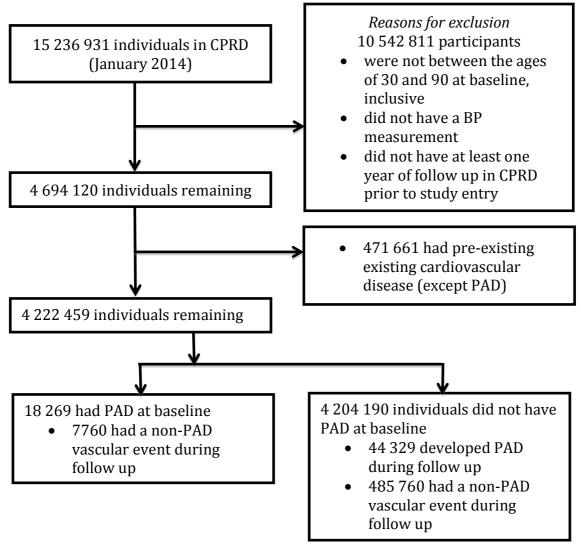
Sensitivity analyses	HR (CI)
No sensitivity analysis	1.63 (1.59, 1.66)
1. Adjustment for cholesterol	1.61 (1.58, 1.65)
2. Adjustment for cholesterol and period of blood	
pressure measurement	1.60 (1.57, 1.63)
3. Exclusion of first two years of follow up	1.62 (1.58, 1.65)
4. Exclusion of first four years of follow up	1.58 (1.54, 1.63)
5. Exclusion of individuals prescribed blood	
pressure lowering drugs at baseline	1.68 (1.64, 1.72)
6. Cause-specific mortality events only	1.49 (1.23, 1.80)

Supp. Table 6. Association of incident cardiovascular disease with baseline peripheral arterial disease in seven sensitivity analyses (described in Supp. Figures 10-17).

Sensitivity analyses	HR (CI)
No sensitivity analysis	1.51 (1.47, 1.55)
1. Adjustment for cholesterol	1.49 (1.46, 1.53)
2. Adjustment for cholesterol and period of blood	_
pressure measurement	1.50 (1.46, 1.54)
3. Exclusion of first two years of follow up	1.50 (1.45, 1.55)
4. Exclusion of first four years of follow up	1.46 (1.40, 1.52)
5. Peripheral arterial disease diagnosed earlier than	
three years prior is excluded	1.52 (1.47, 1.58)
6. Individuals with diagnoses of peripheral arterial	
disease after baseline blood pressure measurement	
are excluded	1.55 (1.51, 1.59)
7. Cause-specific mortality events only	1.86 (1.74, 1.99)



Supp. Figure 1. Risk of peripheral arterial disease per 20 mm Hg higher measured systolic blood pressure.



Supp. Figure 2. Flowchart of cohort identification.

Subgroup	No. of PAD	HR per 10 highe	0 mm Hg er DBP	HR	95% – CI
Age					
71–90	13237		+	1.13	[1.08; 1.18]
61–70	13544		+	1.20	[1.15; 1.25]
51–60	10578		-	1.35	[1.29; 1.42]
41–50	5333		-	1.57	[1.48; 1.67]
30–40	1637		-+-	1.92	[1.71; 2.16]
Test for interaction: p	<0.0001				
Sex					
Female	19112		±	1.35	[1.30; 1.40]
Male	25217		+	1.34	[1.30; 1.38]
Test for interaction: p	=0.7531				
BMI					
0–25	19366		=	1.48	[1.42; 1.53]
26–30	16345		-	1.31	[1.26; 1.37]
31–35	6078			1.20	[1.11; 1.28]
>35	2539			1.15	[1.03; 1.27]
Test for interaction: p	<0.0001				
Smoking					
Current Smoker	22458		+	1.40	[1.36; 1.45]
Ex Smoker	7887		*	1.25	[1.18; 1.32]
Non-Smoker	13984		-	1.31	[1.26; 1.37]
Test for interaction: p	=0.0005				
Overall					
Overa ll	44329		+	1.35	[1.31; 1.38]
Test for interaction: p	=1				
		0.75	1 1.5	3	

Supp. Figure 3. Adjusted hazard ratios of 10 mm Hg higher usual diastolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use and baseline lipid lowering drug use. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure (hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate.

Subgroup	No. of PAD	HR per 20 mm Hg higher SBP		HR	95%–CI
Age					
71–90	13237		-	1.36	[1.31; 1.41]
61–70	13544		-	1.53	[1.48; 1.59]
51–60	10578		+	1.77	[1.70; 1.85]
41–50	5333		+	1.96	[1.84; 2.08]
30-40	1637			2.49	[2.19; 2.81]
Test for interaction: p	<0.0001				
Sex					
Female	19112		+	1.61	[1.57; 1.66]
Male	25217		+	1.62	[1.57; 1.66]
Test for interaction: p	=0.9725				
BMI					
0–25	19366		+	1.71	[1.66; 1.76]
26–30	16345		—	1.62	[1.57; 1.68]
31–35	6078		-	1.46	[1.37; 1.55]
>35	2539			1.34	[1.23; 1.46]
Test for interaction: p	<0.0001				
Smoking					
Current Smoker	22458		+	1.59	[1.54; 1.63]
Ex Smoker	7887		+	1.60	[1.53; 1.67]
Non-Smoker	13984		—	1.67	[1.62; 1.73]
Test for interaction: p	=0.0587				
Overall					
Overall	44329		+	1.61	[1.58; 1.65]
Test for interaction: p	=1				
		0.75	1 1.5 3		

Supp. Figure 4. Adjusted hazard ratios of 20 mm Hg higher usual systolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, total cholesterol and high density lipoprotein cholesterol. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure (hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate.

Subgroup	No. of PAD	HR per 20 mm Hg higher SBP		HR	95% – CI
Age					
71–90	13237		*	1.33	[1.29; 1.38]
61–70	13544		==	1.52	[1.47; 1.58]
51–60	10578		*	1.76	[1.70; 1.84]
41–50	5333		-	1.95	[1.83; 2.07]
30–40	1637			2.49	[2.20; 2.82]
Test for interaction: p	<0.0001				
Sex					
Female	19112		+	1.60	[1.56; 1.65]
Male	25217		+	1.60	[1.55; 1.64]
Test for interaction: p	=0.8858				
BMI					
0–25	19366		+	1.69	[1.64; 1.74]
26–30	16345		+	1.61	[1.56; 1.66]
31–35	6078		-	1.44	[1.35; 1.53]
>35	2539		-+-	1.32	[1.21; 1.44]
Test for interaction: p	<0.0001				
Smoking					
Current Smoker	22458		+	1.57	[1.53; 1.62]
Ex Smoker	7887		#	1.58	[1.51; 1.66]
Non-Smoker	13984		+	1.65	[1.60; 1.71]
Test for interaction: p	=0.0797				
Overall					
Overall	44329		+	1.60	[1.57; 1.63]
Test for interaction: p	<0.0001				
		0.75	1 1.5 3		
		0.75	1 1.5 3		

Supp. Figure 5. Adjusted hazard ratios of 20 mm Hg higher usual systolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, total cholesterol, high density lipoprotein cholesterol and period of blood pressure measurement. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure (hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate.

Subgroup	No. of PAD	HR per 26	0 mm Hg er SBP	HR	95% - CI
Age					
71–90	9368		-	1.37	[1.31; 1.43]
61–70	10705			1.48	[1.43; 1.55]
51–60	8712		-	1.76	[1.69; 1.84]
41–50	4616		-	1.98	[1.85; 2.11]
30–40	1398			2.57	[2.25; 2.93]
Test for interaction: p	0<0.0001				
Sex					
Female	15191		+	1.64	[1.59; 1.69]
Male	19608		+	1.59	[1.55; 1.64]
Test for interaction: µ	o=0.204		_		. , .
ВМІ					
0–25	14992		+	1.73	[1.67; 1.79]
26–30	12941		==	1.63	[1.57; 1.69]
31–35	4820		-#-	1.41	[1.32; 1.50]
>35	2046			1.36	[1.22; 1.52]
Test for interaction: p	0<0.0001				
Smoking					
Current Smoker	17565		+	1.55	[1.50; 1.60]
Ex Smoker	5877		+	1.61	[1.53; 1.70]
Non-Smoker	11357		+	1.72	[1.66; 1.79]
Test for interaction: µ	o=0.0002				
Overall					
Overall	34799		+	1.62	[1.58; 1.65]
Test for interaction: p	0=1				
		•	1 1.5 3		
		0.70	. 1.5		

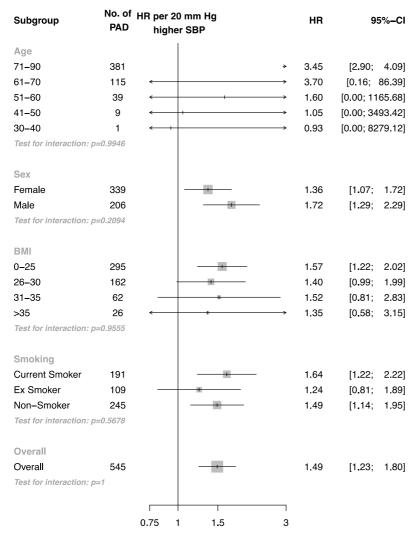
Supp. Figure 6. Adjusted hazard ratios of 20 mm Hg higher usual systolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use and baseline lipid lowering drug use. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure (hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate. The first two years of follow up were excluded.

Subgroup	No. of I	HR per 20 highe	0 mm Hg er SBP	HR	95%-CI
Age					
71–90	6539		*	1.34	[1.27; 1.41]
61–70	8357		-	1.45	[1.39; 1.52]
51-60	7049		#	1.70	[1.62; 1.79]
41–50	3961		-	1.91	[1.78; 2.05]
30–40	1209		-+-	2.59	[2.25; 3.00]
Test for interaction:	p<0.0001				
Sex					
Female	11857		+	1.62	[1.56; 1.68]
Male	15258		+	1.56	[1.50; 1.61]
Test for interaction:	p=0.1519				
BMI					
0–25	11547		+	1.70	[1.63; 1.77]
26–30	10202		-	1.60	[1.53; 1.67]
31–35	3788			1.38	[1.27; 1.49]
>35	1578			1.30	[1.15; 1.46]
Test for interaction:	p<0.0001				
Smoking					
Current Smoker	13627		+	1.49	[1.44; 1.55]
Ex Smoker	4431		-	1.59	[1.50; 1.69]
Non-Smoker	9057		-	1.72	[1.65; 1.80]
Test for interaction:	p<0.0001				
Overall					
Overall	27115		+	1.58	[1.54; 1.63]
Test for interaction:	p=1		_		
		0.75	I 1.5 3		

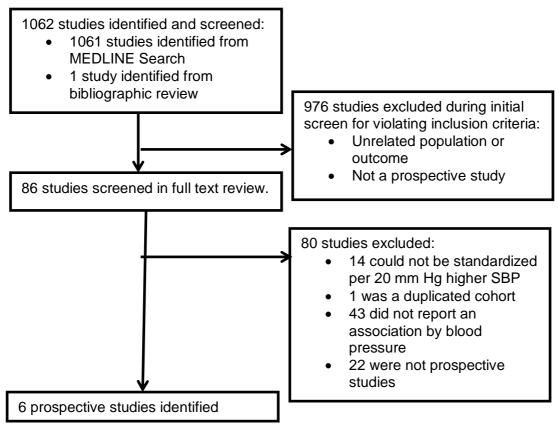
Supp. Figure 7. Adjusted hazard ratios of 20 mm Hg higher usual systolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use and baseline lipid lowering drug use. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure (hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate. The first four years of follow up were excluded.

Subgroup	No. of PAD	HR per 20 highe	0 mm Hg er SBP	HR	95% – CI
Age					
71–90	8864		=	1.38	[1.32; 1.45]
61–70	9878		-	1.61	[1.55; 1.68]
51–60	8545		+	1.84	[1.76, 1.93]
41–50	4632		-	2.00	[1.88; 2.14]
30–40	1477			2.48	[2.17; 2.84]
Test for interaction: p	<0.0001				
Sex					
Female	13466		+	1.68	[1.63; 1.74]
Male	19930		+	1.68	[1.63; 1.73]
Test for interaction: p	=0.9218				
BMI			_		
0–25	15337		+	1.75	[1.69; 1.81]
26–30	12181		-	1.69	[1.63; 1.76]
31–35	4234		-#-	1.55	[1.44; 1.66]
>35	1644			1.46	[1.32; 1.62]
Test for interaction: p	=0.0006				
Smoking					
Current Smoker	18204		+	1.64	[1.59; 1.69]
Ex Smoker	5644		+	1.72	[1.63; 1.81]
Non-Smoker	9548		-	1.74	[1.67; 1.82]
Test for interaction: p	=0.05				
Overall					
Overall	33396		+	1.68	[1.64; 1.72]
Test for interaction: p	p=1				
		0.75	1 15		
		0.75	1 1.5 3		

Supp. Figure 8. Adjusted hazard ratios of 20 mm Hg higher usual systolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use and baseline lipid lowering drug use. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure (hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate. Individuals prescribed blood pressure lowering drugs at baseline are excluded.



Supp. Figure 9. Adjusted hazard ratios of 20 mm Hg higher usual systolic blood pressure for incident peripheral arterial disease stratified by patient subgroup. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use and baseline lipid lowering drug use. For subgroups of age, adjustment was also for age category and the interaction between systolic blood pressure and age category (hazard ratio shown). For subgroups of sex, adjustment was also for the interaction between sex and systolic blood pressure hazard ratio shown). For subgroups of body mass index, adjustments were also for body mass index category and the interaction between systolic blood pressure and body mass index category (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate. Events were restricted to fatal peripheral arterial disease events and participants restricted to those eligible for linkage to cause-specific mortality.



Supp. Figure 10. Identification of prospective studies which reported association of blood pressure with incident peripheral arterial disease.

Outcome	No. of Hazard Events	d Ratio	HR	95%-CI
Hemorrhagic Stroke	8390 ——		1.00 [0.76; 1.33]
Atrial Fibrillation	81893		1.23 [1.15; 1.33]
Chronic Kidney Disease	142133	-	1.30 [1.23; 1.37]
Valvular Disease	18027		1.37 [1.16; 1.63]
Vascular Dementia	7367		1.42 [1.18; 1.72]
Pulmonary Embolism	17282	+	1.50 [1.25; 1.81]
Deep Vein Thrombosis	38056	-+-	1.61 [1.43; 1.81]
Heart Failure	50077		1.61 [1.50; 1.73]
Ischemic Stroke	14579		1.63 [1.41; 1.88]
Ischemic Heart Disease	71679	-	1.67 [1.57; 1.78]
Stroke Unspecified	37142		1.72 [1.59; 1.87]
Aortic Aneurysm	6895		2.08 [1.78; 2.43]
Any Vascular Event	493520		1.49 [1.46; 1.53]
	0.75	1 1.5	3	

Supp. Figure 11. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, total cholesterol, high density lipoprotein cholesterol and baseline peripheral arterial disease (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate.

Outcome	No. of Hazard Events	d Ratio	HR	95%-CI
Hemorrhagic Stroke	8390 ——		1.00 [0.76; 1.33]
Atrial Fibrillation	81893	-#-	1.24 [1.15; 1.33]
Chronic Kidney Disease	142133	-	1.35 [1.28; 1.42]
Valvular Disease	18027		1.37 [1.16; 1.63]
Vascular Dementia	7367		1.47 [1.21; 1.77]
Pulmonary Embolism	17282		1.52 [1.27; 1.82]
Heart Failure	50077		1.56 [1.46; 1.68]
Deep Vein Thrombosis	38056		1.60 [1.42; 1.80]
Ischemic Heart Disease	71679	-	1.64 [1.55; 1.75]
Ischemic Stroke	14579		1.65 [1.43; 1.90]
Stroke Unspecified	37142		1.69 [1.56; 1.83]
Aortic Aneurysm	6895		2.05 [1.76; 2.40]
Any Vascular Event	493520		1.50 [1.46; 1.54]
	0.75	1 1.5	3	

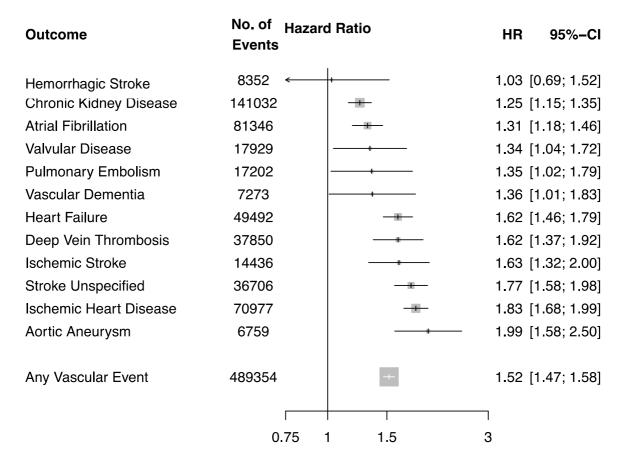
Supp. Figure 12. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, total cholesterol, high density lipoprotein cholesterol, period of blood pressure measurement and baseline peripheral arterial disease (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate.

Outcome	No. of Hazard Events	d Ratio	HR	95% - CI
Hemorrhagic Stroke	6388 ←	 	0.76 [0.52; 1.14]
Atrial Fibrillation	64997		1.18 [1.08; 1.29]
Chronic Kidney Disease	124493	-	1.32 [1 24; 1 40]
Ischemic Stroke	11433		1.44 [1.20; 1.74]
Pulmonary Embolism	13318		1.54 [1.24; 1.91]
Deep Vein Thrombosis	28603	-+-	1.54 [1.32; 1.79]
Valvular Disease	13996		1.56 [1.28; 1.90]
Vascular Dementia	5933		1.65 [1.34; 2.04]
Heart Failure	35981		1.68 [1.54; 1.83]
Ischemic Heart Disease	54322		1.75 [1.62; 1.88]
Aortic Aneurysm	5505		1.81 [1.49; 2.20]
Stroke Unspecified	27018		1.82 [1.65; 2.01]
Any Vascular Event	391987	+	1.50 [1.45; 1.55]
		1	I	
	0.75	1 1.5	3	

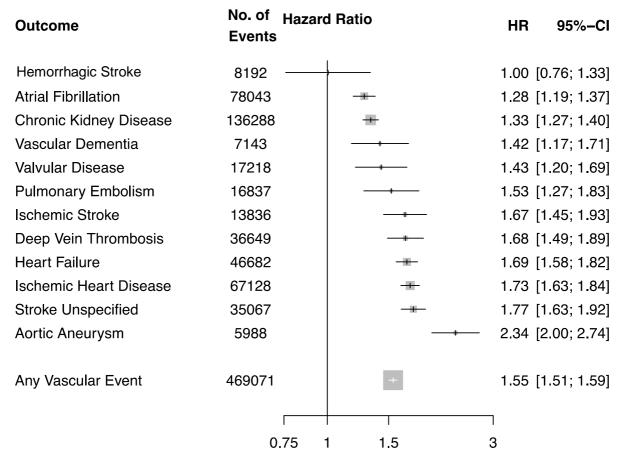
Supp. Figure 13. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, and baseline peripheral arterial disease (hazard ratio shown). First two years of follow up are excluded. Area of each square is proportional to the inverse variance of the estimate.

Outcome	No. of Hazard Events	d Ratio	HR	95% – CI
Hemorrhagic Stroke	4876 ←		0.50 [0	0.28; 0.91]
Atrial Fibrillation	51751		1.18 [1.06; 1.32]
Ischemic Stroke	8947		1.29 [1.02; 1.63]
Chronic Kidney Disease	104016	-	1.31 [1.22; 1.41]
Pulmonary Embolism	10277		1.46 [1.11; 1.91]
Deep Vein Thrombosis	21512		1.56 [1.29; 1.87]
Valvular Disease	11101		1.61 [1.28; 2.03]
Heart Failure	26531		1.65 [1.47; 1.84]
Ischemic Heart Disease	40891		1.66 [1.51; 1.82]
Vascular Dementia	4818		1.72 [1.34; 2.20]
Aortic Aneurysm	4313		1.73 [1.36; 2.20]
Stroke Unspecified	19786		1.74 [1.53; 1.97]
Any Vascular Event	308819		1.46 [⁻	1.40; 1.52]
	0.75	1 1.5	3	

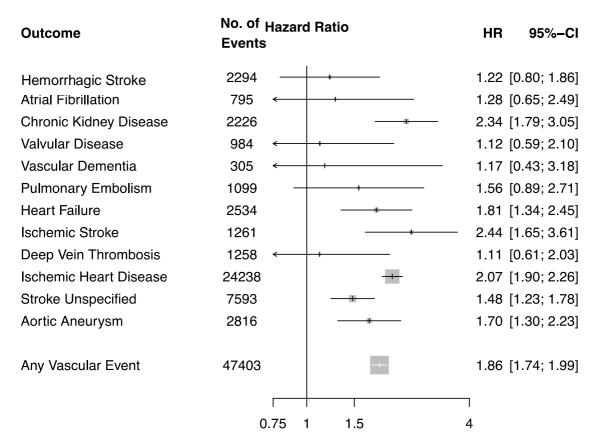
Supp. Figure 14. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, and baseline peripheral arterial disease (hazard ratio shown). First four years of follow up are excluded. Area of each square is proportional to the inverse variance of the estimate.



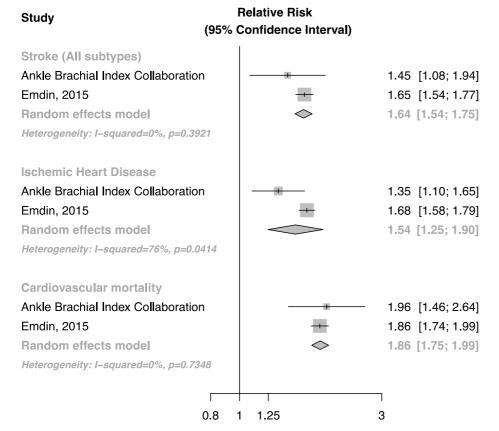
Supp. Figure 15. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, and baseline peripheral arterial disease (hazard ratio shown). Peripheral arterial disease diagnosed earlier than three years prior is excluded. Area of each square is proportional to the inverse variance of the estimate.



Supp. Figure 16. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, and baseline peripheral arterial disease (hazard ratio shown). Individuals with diagnoses of peripheral arterial disease after baseline blood pressure measurement are excluded. Area of each square is proportional to the inverse variance of the estimate.



Supp. Figure 17. Adjusted hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for twelve different vascular events. Adjustments were for age, body mass index, smoking status, sex, baseline diabetes, baseline antihypertensive use, baseline lipid lowering drug use, and baseline peripheral arterial disease (hazard ratio shown). Area of each square is proportional to the inverse variance of the estimate. Events were restricted to fatal peripheral arterial disease events and participants restricted to those eligible for linkage to cause-specific mortality.



Supp. Figure 18. Pooled hazard ratios of baseline peripheral arterial disease vs. no peripheral arterial disease for vascular mortality, ischemic heart disease and stroke.

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