## Appendix: Details of studies used in meta-analysis and of supplementary analysis

| Studies of PPI Use and Hip Fracture |   |   |   |  |
|-------------------------------------|---|---|---|--|
| Author, Year                        | Study Design / Cohort   | No. of Subjects / Cases   | Follow up and Outcome   |  |
| Vestergaard, 2006 <sup>1</sup>      | Case-control study of Danish national population  | 124,655 cases /<br>373,962 controls   | All fractures during study period of Jan 2000 to December 2000.   |  |
| Yang, 2006 <sup>2</sup>             | Nested case-control<br>General Practice<br>Research Database<br>(GPRD).   | 13,556 cases /<br>135,386 controls  | Hip fracture during study period between May 1987 to March 2003.  |  |
| Kaye, 2008 <sup>3</sup>             | Nested case-control<br>General Practice<br>Research Database<br>(GPRD).   | 1,098 cases/10,923 controls Individuals with no risk factor.                                      | First hip fractures after at least 2 years of follow-up.  |  |
| Targownik, 2008 <sup>4</sup>        | Retrospective matched<br>cohort study of the<br>Population Health<br>Research Data<br>Repository of Manitoba,<br>Canada | 15,792 cases of fracture / 47,289 controls  | Osteoporotic fractures with > 7 years of follow up.   |  |
| Yu, 2008 <sup>5</sup>               | Prospective Study of<br>Osteoporotic Fractures<br>(SOF)   | 4808 women with 451 hip<br>fractures; 234 on PPI<br>5407 men with 98 hip<br>fractures; 487 on PPI | Osteoporotic fractures<br>Mean follow-up time 7.6<br>yrs (1986/88-1996) for<br>women and 5.6 yrs<br>(2000/02-2007) for men. |  |
| De Vries, 2009 <sup>6</sup>         | Retrospective cohort<br>study<br>General Practice<br>Research Database<br>(GPRD).                                       | 234,144 PPI user, 166,798<br>H2 blocker users and<br>67,309 bisphosphonate<br>users               | All fractures, hip fracture, and vertebral fracture; mean duration of follow p in all groups > 3 years                      |  |
| Corley, 2010 <sup>7</sup>           | Nested case-control<br>Kaiser Permanente<br>Database.   | 33,752 cases /<br>130,471 controls  | Hip fracture during study period between Jan 1995 and Sept 2007.  |  |
| Pouwels, 2010 <sup>8</sup>          | Case control study<br>Dutch PHARMO  | 6,763 cases /26,341 controls  | Hip or femur fractures with mean follow-up of 4.1 years.  |  |
| Gray, 2010 <sup>9</sup>             | Prospective analysis<br>Women's Health<br>Initiative  | 161,806 women, 3396 used PPI; 1500 hip fractures  | All fractures including, hip, spine, forearm and wrist and bone mineral density measurements.  Mean follow up 7.8 years.    |  |
| Chiu, 2010 <sup>10</sup>            | Nested cases-control<br>study<br>Taiwan National Health<br>Insurance Database   | 1241 cases of hip fracture;<br>1241 controls  | Newly diagnosed hip fractures in 2005 and 2006  |  |

| Present study, 2011 | Prospective analysis | 79, 899 post-menopausal | Hip fractures > 7 years of |
|---------------------|----------------------|-------------------------|----------------------------|
|                     | Nurses' Health Study | women                   | follow up.                 |

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## **Supplementary Analysis:**

In sensitivity analyses, we included fractures associated with high trauma and observed no change in our effect estimates. Regular use of PPI was associated with a fully-adjusted hazard ratio for all hip fractures, including those associated with high trauma of 1.37 (1.14 to 1.64). We also explored the possibility that using time-varying covariates in our model might lead to inadequate control for confounders and therefore performed analyses using only baseline information on all covariates. This approach did not materially alter our effect estimates (fully-adjusted hazard ratio 1.36, 1.13 to 1.63).