Supplementary Table 1: ATC-coding

Group level	Individual level	ATC codes	1 DDD (mg)
Selective	**Nebivolol**	C07AB12, C07BB12	5
	Bisoprolol	C07AB07, C07AB57, C07BB07, C07FB07	10
	Atenolol	C07AB03, C07BB03, C07CB03, C07CB53, C07DB01, C07FB03	75
	Metoprolol	C07AB02, C07AB52, C07BB02, C07BB52, C07CB02, C07FB02	150
Non-selective	**Carvedilol**	C07AG02	37.5
	Propranolol	C07AA05, C07BA05, C07FA05	160
	Sotalol	C07AA07, C07AA57, C07BA07	160
	Pindolol	C07AA03, C07CA03	15

Supplementary Table 2: Baseline characteristics of excluded populations due to missing values for exposure, covariates, and outcomes.

Characteristic	Full study population n=3451	Excluded from 6MWT analyses n=964	Excluded from cycling analyses n=1166
Age, years (mean, SD)	59.8 (8.3)	60.4 (8.4)	60.7 (8.4)
Women (n, %)	1676 (48.6)	450 (46.7)	502 (43.1)
BMI, kg m^{-1}(mean, SD)	27.1 (4.4)	27.7 (4.9)	27.8 (4.9)
T2DM†	975 (28.3)	367 (38.1)	429 (36.8)
Education (%)*			
Low	1133 (32.8)	362 (37.6)	438 (37.6)
Med	953 (27.6)	239 (24.8)	288 (24.7)
High	1288 (37.3)	286 (29.7)	363 (31.1)
Missing	77 (2.2)	77 (8.0)	77 (6.6)
Smoking status (%)			
Never	1170 (33.9)	264 (27.4)	331 (28.4)
Former	1749 (50.7)	456 (47.3)	570 (48.9)
Current	469 (13.6)	181 (18.8)	202 (17.3)
Missing	63 (1.8)	63 (6.5)	63 (5.4)

† Determined by an oral glucose tolerance test (OGTT). A fasting plasma glucose level of ≥7.0 mmol/l (126mg/dl) or a two-hour plasma glucose level ≥11.1 mmol/l (200mg/dl) were defined as T2DM according to the World Health Organisation (WHO) guidelines. Others were defined as non-T2DM.

* Low=no education, primary education not completed, primary education, lower vocational education; medium = intermediate vocational education, higher secondary education; high = higher professional education, university education).

Abbreviations: SD = Standard Deviation, BMI = Body Mass Index, T2DM = Type 2 Diabetes

Supplementary Table 3: Cross-table of participants categorized into tertiles based on outcomes during six minute walk test and cycle ergometer test.

	6-minute walk test distance <560 meters	**6-minute walk test distance 560-620 meters**	**6-minute walk test distance >620 meters**
	n=(%)	**n=(%)**	**n=(%)**
Cycle test output ≤1.9 W_{max} kg^{-1}	408 (59.13)	198 (27.58)	89 (12.43)
Cycle test output 1.9-2.37 W_{max} kg^{-1}	192 (27.83)	277 (38.58)	228 (31.84)
Cycle test output ≥2.37 W_{max} kg^{-1}	90 (13.04)	243 (33.84)	399 (55.73)

Supplementary Text 1: Submaximal cycle ergometer test

In this study, the estimated maximum power output (W_{max}) was used as an objective measure of cardiorespiratory fitness (CRF).[1,2,3] W_{max} was estimated from a graded submaximal exercise protocol performed on a cycle ergometer system (CASETM version 6.6 in combination with e-bike, GE-Healthcare, Milwaukee, WI, USA). The protocol consisted of at most 7 two-minute exercise stages, with an increase in external work load of 25 W between stages. At the end of each stage, heart rate (HR) and rate of perceived exertion (RPE) were recorded. RPE was measured using the 15-point Borg scale, an interval scale ranging from 6 ('no exertion at all') up to 20 ('maximal exertion').[4,5] The exercise protocol was considered as 'completed' when HR reached ≥ 85% of the age-predicted maximum HR (220-age) or when a RPE ≥ 17 was scored by the participant (or when 7 stages were completed without reaching target HR or RPE).

A linear relationship between power output and HR and RPE was assumed[2,6]. Submaximal values of HR and RPE with workload from each stage were extrapolated to 100% of maximum HR or a RPE of 20 and corresponding workload (W_{max}) using individual linear regression models. W_{max} was calculated from HR values if the test was completed based on HR, i.e. HR≥ 85% of estimated HRmax ($W_{maxHR85\%}$; n=1,358). W_{max} was calculated from RPE values if the test was completed based on RPE, i.e. RPE ≥ 17 ($W_{maxRPE17}$; n=631). In addition to the completed tests, W_{max} from uncompleted tests was calculated from HR if ≥ 75% of HRmax was achieved ($W_{maxHR75\%}$; n=667; $W_{maxHR75\%} + W_{maxHR85\%} = W_{maxHR;}$ n=2,025) and W_{max} was calculated from RPE values if an RPE ≥ 15 was scored ($W_{maxRPE15}$; n=798; $W_{maxRPE15} + W_{maxRPE17} = W_{maxRPE;}$ n=1,429). Tests where both 75% of HRmax and RPE ≥ 15 were not achieved were considered as invalid. Both approaches (i.e. estimating W_{max} from HR and RPE values) provide similar estimates of W_{max}. Details on the protocol and procedures have been described previously.[7]

Supplementary References

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