Table S4. Association between the initiation of carvedilol versus the initiation of the different metoprolol formulations and 1-year mortality: intent-to-treat analysis[a]

Carvedilol versus metoprolol tartrate (n = 21,294)									
		1-year all-cause mortality[b]				1-year cardiovascular mortality[c]			
Beta-blocker	n	No. events (%)	Rate per 1,000 p-y	Unadjusted HR (95% CI)	Adjusted HR (95% CI)[d]	No. events (%)	Rate per 1,000 p-y	Unadjusted HR (95% CI)	Adjusted HR (95% CI)[d]
Metoprolol tartrate	11,736	1,863 (15.9%)	205.6	1.00 (ref.)	1.00 (ref.)	797 (6.8%)	87.9	1.00 (ref.)	1.00 (ref.)
Carvedilol	9,558	1,625 (17.0%)	225.1	1.09 (1.02, 1.17)	1.07 (0.99, 1.14)	782 (8.2%)	108.3	1.23 (1.11, 1.36)	1.19 (1.08, 1.31)
Carvedilol versus metoprolol succinate (n = 15,328)									
		1-year all-cause mortality[b]				1-year cardiovascular mortality[c]			
Beta-blocker	n	No. events (%)	Rate per 1,000 p-y	Unadjusted HR (95% CI)	Adjusted HR (95% CI)[d]	No. events (%)	Rate per 1,000 p-y	Unadjusted HR (95% CI)	Adjusted HR (95% CI)[d]
Metoprolol succinate	5,770	808 (14.0%)	176.3	1.00 (ref.)	1.00 (ref.)	364 (6.3%)	79.4	1.00 (ref.)	1.00 (ref.)
Carvedilol	9,558	1,625 (17.0%)	225.1	1.27 (1.17, 1.39)	1.09 (1.00, 1.20)	782 (8.2%_	108.3	1.35 (1.19, 1.52)	1.11 (0.99, 1.25)

An intent-to-treat design was employed in all analyses.

[a] Patient counts, event counts (% of patients) and event rates presented are from the unweighted cohort.

[b] Cox proportional hazards models were used to estimate the associations between: 1) carvedilol versus metoprolol tartrate initiation and 1-year all-cause mortality; and 2) carvedilol versus metoprolol succinate initiation and 1-year all-cause mortality.

[c] Fine and Gray proportional subdistribution hazards models were used to estimate the associations between: 1) carvedilol versus metoprolol tartrate initiation and 1-year all-cause mortality; and 2) carvedilol versus metoprolol succinate initiation and 1-year all-cause mortality. Non-cardiovascular death was treated as a competing risk.

[d] Adjusted analyses controlled for baseline covariates listed in Table 1 using inverse probability of treatment weighting.

Abbreviations: CI, confidence interval; HR, hazard ratio; no., number; p-y, person-years; ref., referent