Table S5. Association between carvedilol versus metoprolol initiation and 1-year mortality among individuals who did not have a cardiovascular hospitalization during the last 30 days of the baseline period: intent-to-treat analysis[a]

Patients who *did not* have a cardiovascular hospitalization during the last 30 days of the baseline period (n = 22,448)									
		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	14,691	2,035 (13.9%)	176.1	1.00 (ref.)	1.00 (ref.)	858 (5.8%)	74.2	1.00 (ref.)	1.00 (ref.)
Carvedilol	7,757	1,209 (15.6%)	204.5	1.16 (1.08, 1.25)	1.11 (1.03, 1.18)	553 (7.1%)	93.5	1.25 (1.13, 1.39)	1.19 (1.07, 1.32)

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