

Online-Only Data Supplement

Association of Total Medication Burden with Intensive and Standard Blood Pressure Control and Clinical Outcomes

A Secondary Analysis of the Systolic Blood Pressure Intervention Trial (SPRINT)

Short title: Derington et al medication burden in SPRINT

Catherine G. Derington, Tyler H. Gums, Adam P. Bress, Jennifer S. Herrick, Tom H. Greene, Andrew E. Moran, William S. Weintraub, Ian M. Kronish, Donald E. Morisky, Katy E. Trinkley, Joseph J. Saseen, Kristi Reynolds, Jeffrey T. Bates, Dan R. Berlowitz, Tara I. Chang, Michel Chonchol, William C. Cushman, Capri G. Foy, Charles T. Herring, Lois Anne Katz, Marie Krousel-Wood, Nicholas M. Pajewski, Leonardo Tamariz, and Jordan B. King, for the SPRINT Research Group

TABLE OF CONTENTS

Supplementary Methods (pages 4-5)

- Definition of medication burden
- Medication data standardization and cleaning
- Outcomes measurement

Supplementary References (pages 6-9)

Supplementary Tables (pages 10-27)

- Table S1: Count of Medications at Baseline and Follow-Up Visits by Treatment Group and Number of Baseline Medications
- Table S2: Blood Pressure Outcomes at 48 months, According to Treatment Group and Number of Baseline Medications
- Table S3: SPRINT CVD Event Outcome, According to Treatment Group and Number of Baseline Medications
- Table S4: Serious Adverse Events in SPRINT, According to Treatment Group and Number of Baseline Medications
- Table S5: Patient-Reported Adherence at 12 months, According to Treatment Group and Number of Baseline Medications
- Table S6: Patient-Reported Adherence at 48 months, According to Treatment Group and Number of Baseline Medications
- Table S7: Patient-Reported Treatment Satisfaction at 12-months, According to Treatment Group and Number of Baseline Medications
- Table S8: Patient-Reported Treatment Satisfaction at 48-months, According to Treatment Group and Number of Baseline Medications
- Table S9: Hazard ratios for SPRINT outcomes by treatment arm among those with high and low medication burden at baseline
- Table S10: Blood Pressure and Clinical Outcomes by Treatment Group and Number of Baseline Medications, using 3 antihypertensive medications or more as threshold
- Table S11: Blood Pressure and Clinical Outcomes by Treatment Group and Number of Baseline Medications, using 4 antihypertensive medications or more as threshold
- Table S12: Blood Pressure Outcomes at 12 and 48 months, According to Treatment Group and Number of Baseline Medications, excluding blood pressure medications and including OTCs in baseline medication count
- Table S13: Blood Pressure Outcomes at 12 months, According to Treatment Group, Number of Baseline Medications, and Number of Comorbidities
- Table S14: Blood Pressure Outcomes at 48 months, According to Treatment Group, Number of Baseline Medications, and Number of Comorbidities
- Table S15: Serious Adverse Events in SPRINT, According to Treatment Group and Number of Baseline Medications, excluding blood pressure medications from baseline medication count

- Table S16: Serious Adverse Events in SPRINT, According to Treatment Group and Number of Baseline Medications where the event was related to study treatments

Supplementary Figures (pages 28-34)

- Figure S1: Histogram of baseline medication number in SPRINT participants.
- Figure S2: Histogram of baseline number of non-antihypertensive medications in SPRINT participants
- Figure S3: Histogram of baseline number of antihypertensive medications in SPRINT participants
- Figure S4: Relative risk ratios and 95% confidence intervals for achieving SBP goals, by randomization group and medication burden
- Figure S5: Hazard ratios and 95% confidence intervals for SPRINT CVD event outcomes by randomization group and medication burden
- Figure S6: Adjusted risk ratios and 95% confidence intervals for achieving SBP goal at 12 months by tertile of baseline antihypertensive medication number and treatment group
- Figure S7: Adjusted hazard ratios and 95% confidence intervals for experiencing CVD event, by tertile of baseline antihypertensive medication number and treatment group

Supplementary Methods

Definition of Medication Burden

The definition of “polypharmacy” is highly variable; one recent review cited over 138 definitions of polypharmacy in the current literature.¹ Polypharmacy may be defined using numerical counts, ordinal terms (i.e., “minor,” “moderate,” “major,” “excessive,” “severe”), or duration of therapy (using terms such as “chronic” or “persistent,” or numerical thresholds).¹ Numerical cutoffs of at least 2, 3, 4, 5, 6, 7, and 9 medications have been used.²⁻³⁴ Moreover, the inclusion of over-the-counter medications, vitamins, and herbal supplements in the definition of polypharmacy is not well-described. Several studies have found that up to 87% of adults take at least one over-the-counter or herbal/dietary supplement;³⁵⁻³⁹ however, documentation and inclusion of these items in medication reconciliation is inconsistent, comprising 68-76.6% of medication reconciliation omissions.^{40,41} Furthermore, the inclusion of as-needed medications and non-oral formulations (e.g., creams, inhalers, nasal sprays) in the definition of polypharmacy is not well-elucidated in current literature, which often broadly describe exposures as “concurrently-prescribed medications.”

We have selected five or more medications as the cutoff for polypharmacy given that the majority of the polypharmacy literature also uses this threshold. Our study reinforces the need for standardized processes to collect medication use data, including nonprescription products and compounds used as-needed, even within the randomized clinical trial setting.

Medication data standardization and cleaning

All data on medication lists were recorded at the study visits as unstructured, free-text strings (e.g., “atorvastatin 20 mg daily”). Three pharmacists (C.G.D., A.P.B., J.B.K.) manually reviewed, cleaned, and categorized all free-text medication names and dosages strings into structured data fields (i.e., separate fields for drug name, class, and dose).

Outcomes measurement

Blood Pressure Control

BP was measured three times per visit using an automated device (Omron-HEM-907 XL) by trained clinical staff every month for the first three months, then every three months thereafter.^{42,43} For each measurement, participants were in the seated position; had rested quietly for five minutes in a chair with back support, legs uncrossed; and had waited one minute between readings. The mean of the three BP measurements was recorded as the BP for the study visit. A participant was considered to have “controlled” hypertension if their SBP was less than their randomized treatment goal at the study visit. Although clinician investigators were encouraged to use medications with strong

CVD event data, blood pressure medication regimens were initiated, modified, or discontinued based on investigator decisions.⁴²

Serious Adverse Events

SAEs were defined in SPRINT as events that were fatal or life-threatening, resulted in clinically significant or persistent disability, required or prolonged a hospitalization, or judged by the investigator to represent clinically significant harm to the participant that might require medical or surgical intervention to prevent one of the other events listed above.^{42,44} Participants were queried for SAEs at quarterly clinic visits or reported SAEs in between clinic visits to study coordinators.⁴²

Patient-Reported Outcomes

Medication adherence and treatment satisfaction were measured concurrently at the baseline, 12-month, and 48-month visits.⁴² Scores for the MMAS-8 range from zero to eight, with a score of less than six representing “low” adherence, a score between six and less than eight representing “medium” adherence, and a score of eight representing “high” adherence.^{45,46} The modified TSQM prompted the participant to qualify their satisfaction with both BP care and BP treatment using a Likert scale of “very satisfied,” “satisfied,” “neutral,” “dissatisfied,” and “very dissatisfied.”^{42,47}

Supplementary References

1. Masnoon N, Shakib S, Kalisch-Ellett L, Caughey GE. What is polypharmacy? A systematic review of definitions. *BMC Geriatr.* 2017;17(1):230. doi:10.1186/s12877-017-0621-2
2. Hasler S, Senn O, Rosemann T, Neuner-Jehle S. Effect of a patient-centered drug review on polypharmacy in primary care patients: study protocol for a cluster-randomized controlled trial. *Trials.* 2015;16:380. doi:10.1186/s13063-015-0915-7
3. Hovstadius B, Astrand B, Petersson G. Dispensed drugs and multiple medications in the Swedish population: an individual-based register study. *BMC Clin Pharmacol.* 2009;9:11. doi:10.1186/1472-6904-9-11
4. Hovstadius B, Astrand B, Petersson G. Assessment of regional variation in polypharmacy. *Pharmacoepidemiol Drug Saf.* 2010;19:375-283. doi:10.1002/pds/1921
5. Hovstadius B, Hovstadius K, Åstrand B, Petersson G. Increasing polypharmacy - an individual-based study of the Swedish population 2005-2008. *BMC Clin Pharmacol.* 2010;10:16. doi:10.1186/1472-6904-10-16
6. Jorgensen T, Johansson S, Kennerfalk A, Wallander M-A, Svardsudd K. Prescription drug use, diagnoses, and healthcare utilization among the elderly. *Ann Pharmacother.* 2001;35:1004-1009.
7. Bjerrum L, Søgaard J, Hallas J, Kragstrup J. Polypharmacy in general practice: differences between practitioners. *Br J Gen Pract.* 1999;49(404):195-198.
8. Bjerrum L, Søgaard J, Hallas J, Kragstrup J. Polypharmacy: correlations with sex, age and drug regimen: A prescription database study. *Eur J Clin Pharmacol.* 1998;54:197-202.
9. Grimmsmann T, Himmel W. Polypharmacy in primary care practices: an analysis using a large health insurance database. *Pharmacoepidemiol Drug Saf.* 2009;18:1206-1213.
10. McCracken R, McCormack J, McGregor MJ, Wong ST, Garrison S. Associations between polypharmacy and treatment intensity for hypertension and diabetes: a cross-sectional study of nursing home patients in British Columbia, Canada. *BMJ Open.* 2017;7(8):e017430. doi:10.1136/bmjopen-2017-017430
11. Veehof LJ, Meyboom-de Jong B, Haaijer-Ruskamp F. Polypharmacy in the elderly: a literature review. *Eur J Gen Pract.* 2009;6(3):98-106. doi:10.3109/13814780009069956
12. Alic A, Pranjić N, Ramić E. Polypharmacy and decreased cognitive abilities in elderly patients. *Med Arh.* 2011;65(2):102-105.
13. Linjakumpu T, Hartikainen S, Klaukka T, Veijola J, Kivelä S-L, Isoaho R. Use of medications and polypharmacy are increasing among the elderly. *J Clin Epidemiol.* 2002;55:809-817.
14. Denneboom W, Dautzenberg MGH, Grol R, De Smet PAGM. Analysis of polypharmacy in older patients in primary care using a multidisciplinary expert panel. *Br J Gen Pract.* 2006;56(528):504-510.
15. Garcia J, Vaz M, Poggi M. Estimated Prevalence of Contraindicated, Severe, and Moderate Interactions in Ambulatory Patients with Polypharmacy in a Healthcare

- Provider in Uruguay. *Clin Ther.* 2015;37(8):e145-55.
doi:10.1016/j.clinthera.2014.11.001
16. Patton D, Hughes C, Cadogan C, et al. Using the Theoretical Domains Framework (TDF) to explore barriers and facilitators to adherence to polypharmacy in community based older adults. *Int J Pharm Pract.* 2015;23(S2):11-12.
 17. Trumic E, Pranjić N, Begić L, Bević F, Asćerić M. Idiosyncratic adverse reactions of most frequent drug combinations longterm use among hospitalized patients with polypharmacy. *Med Arch.* 2012;66(4):243-248.
 18. Pasina L, Brucato AL, Falcone C, et al. Medication non-adherence among elderly patients newly discharged and receiving polypharmacy. *Drugs and Aging.* 2014;31(4):283-289. doi:10.1007/s40266-014-0163-7
 19. Ziere G, Dieleman JP, Hofman A, Pols HAP, van der Cammen TJM, Stricker BHC. Polypharmacy and falls in the middle age and elderly population. *Br J Clin Pharmacol.* 2006;61(2):218-223. doi:10.1111/j.1365-2125.2005.02543.x
 20. McMahon CG, Cahir CA, Kenny RA, Bennett K. Inappropriate prescribing in older fallers presenting to an Irish emergency department. *Age Ageing.* 2014;43(1):44-50. doi:10.1093/ageing/aft114
 21. Espino D V, Bazaldua O V, Palmer RF, et al. Suboptimal Medication Use and Mortality in an Older Adult Community-Based Cohort: Results From the Hispanic EPESE Study. *J Gerontol.* 2006;61A(2):170-175.
 22. Rossi MI, Young A, Maher R, et al. Polypharmacy and Health Beliefs in Older Outpatients. *Am J Geriatr Pharmacother.* 2007;5(4):317-323.
doi:doi:10.1016/j.ampjopharm.2007.12.001
 23. Bourgeois FT, Shannon MW, Valim C, Mandl KD. Adverse drug events in the outpatient setting: an 11-year national analysis. *Pharmacoepidemiol Drug Saf.* 2010;19(9):901-910. doi:10.1002/pds.1984
 24. Golchin N, Frank SH, Vince A, Isham L, Meropol SB. Polypharmacy in the elderly. *J Res Pharm Pract.* 2015;4(2):85-88. doi:10.4103/2279-042X.155755
 25. Kim H-A, Shin J-Y, Kim M-H, Park B-J. Prevalence and Predictors of Polypharmacy among Korean Elderly. *PLoS One.* 2014;9(6):e98043.
doi:10.1371/journal.pone.0098043
 26. Thomas HF, Sweetnam PM, Janchawee B, Luscombe DK. Polypharmacy among older men in South Wales. *Eur J Clin Pharmacol.* 1999;55(5):411-415.
 27. Zarowitz BJ, Stebelsky LA, Muma BK, Romain TM, Peterson EL. *Reduction of High-Risk Polypharmacy Drug Combinations in Patients in a Managed Care Setting.* Vol 25.; 2005.
 28. Viktil KK, Blix HS, Moger TA, Reikvam A. Polypharmacy as commonly defined is an indicator of limited value in the assessment of drug-related problems. *Br J Clin Pharmacol.* 2007;63(2):187-195. doi:10.1111/j.1365-2125.2006.02744.x
 29. Fialova D, Topinkova E, Gambassi G, et al. Potentially inappropriate medication use among elderly home care patients in Europe. *JAMA.* 2005;293(11):1348-1358.
 30. Chang Y-P, Huang S-K, Tao P, Chien C-W. A population-based study on the association between acute renal failure (ARF) and the duration of polypharmacy. *BMC Nephrol.* 2012;13:96. doi:10.1186/1471-2369-13-96

31. Schuler J, Dückelmann C, Beindl W, Prinz E, Michalski T, Pichler M. Polypharmacy and inappropriate prescribing in elderly internal-medicine patients in Austria. *Wien Klin Wochenschr.* 2008;120:733-741. doi:10.1007/s00508-008-1089-z
32. Bronskill SE, Gill SS, Michael Paterson J, Bell CM, Anderson GM, Rochon PA. Exploring Variation in Rates of Polypharmacy Across Long Term Care Homes. *JMDA.* 2012;13:309.e15-309.e21. doi:10.1016/j.jamda.2011.07.001
33. Cannon KT, Choi MM, Zuniga MA. Potentially inappropriate medication use in elderly patients receiving home health care: a retrospective data analysis. *Am J Geriatr Pharmacother.* 2006;4(2):134-143. doi:10.1016/j.amjopharm.2006.06.010
34. Dwyer LL, Han B, Woodwell DA, Rechtsteiner EA. Polypharmacy in nursing home residents in the United States: results of the 2004 National Nursing Home Survey. *Am J Geriatr Pharmacother.* 2010;8(1):63-72.
35. Qato DM, Alexander GC, Conti RM, Johnson M, Schumm P, Lindau ST. Use of prescription and over-the-counter medications and dietary supplements among older adults in the United States. *JAMA.* 2008;300(24):2867-2878. doi:10.1001/jama.2008.892
36. Stoehr GP, Ganguli M, Seaberg EC, Echemen DA, Belle S. Over-the-Counter Medication Use in an Older Rural Community: The Mo VIES Project. *J Am Geriatr Soc.* 1997;45(2):158-165. doi:10.1111/j.1532-5415.1997.tb04501.x
37. Kaufman DW, Kelly JP, Rosenberg L, Anderson TE, Mitchell AA. Recent Patterns of Medication Use in the Ambulatory Adult Population of the United States: The Slone Survey. *JAMA.* 2002;287(3):337. doi:10.1001/jama.287.3.337
38. Cockayne NL, Duguid M, Shenfield GM. Health professionals rarely record history of complementary and alternative medicines. *Br J Clin Pharmacol.* 2005;59(2):254-258. doi:10.1111/j.1365-2125.2004.02328.x
39. Qato DM, Wilder J, Schumm LP, Gillet V, Alexander GC. Changes in Prescription and Over-the-Counter Medication and Dietary Supplement Use Among Older Adults in the United States, 2005 vs 2011. *JAMA Intern Med.* 2016;176(4):473-482. doi:10.1001/jamainternmed.2015.8581
40. Orrico KB. Sources and Types of Discrepancies Between Electronic Medical Records and Actual Outpatient Medication Use. *J Manag Care Pharm.* 2008;14(7):626-631.
41. Lancaster JW, Grgurich PE. Impact of students pharmacists on the medication reconciliation process in high-risk hospitalized general medicine patients. *Am J Pharm Educ.* 2014;78(2):34. doi:10.5688/ajpe78234
42. Systolic Blood Pressure Intervention Trial (SPRINT) protocol version 5.0.
43. Johnson KC, Whelton PK, Cushman WC, et al. Blood Pressure Measurement in SPRINT (Systolic Blood Pressure Intervention Trial) SPRINT Trial. *Hypertension.* 2018;71:848-587. doi:10.1161/HYPERTENSIONAHA
44. Wright Jr. J, Williamson J, Whelton P, et al. A Randomized Trial of Intensive versus Standard Blood-Pressure Control. *N Engl J Med.* 2015;373:2103-2116. doi:10.1056/NEJMoa1511939
45. Morisky DE, Ang A, Krousel-Wood M, Ward HJ. Predictive validity of a medication adherence measure in an outpatient setting. *J Clin Hypertens.* 2008;10(5):348-354.

46. Krousel-Wood M, Islam T, Webber LS, Re RN, Morisky DE, Muntner P. New medication adherence scale versus pharmacy fill rates in hypertensive seniors. *Am J Manag Care*. 2009;15(1):59-66.
47. Berlowitz DR, Foy CG, Kazis LE, et al. Effect of Intensive Blood-Pressure Treatment on Patient-Reported Outcomes. *N Engl J Med*. 2017;377(8):733-744. doi:10.1056/NEJMoa1611179

Supplementary Tables

Table S1: Count of Medications at Baseline and Follow-Up Visits by Treatment Group and Number of Baseline Medications				
Time of Medication Assessment	Intensive treatment		Standard treatment	
	No. of baseline medications		No. of baseline medications	
	< 5	≥ 5	< 5	≥ 5
Baseline	(N = 2,793)	(N = 1,885)	(N = 2,800)	(N = 1,883)
Total medications	3 [2, 4]	6 [5, 8]	3 [2, 4]	6 [5, 8]
Antihypertensives	2 [1, 2]	3 [2, 3]	1 [1, 2]	3 [2, 3]
Non-antihypertensives	1 [0, 2]	4 [3, 5]	1 [0, 2]	4 [3, 5]
1 Year Follow Up	(N = 2,550)	(N = 1,725)	(N = 2,560)	(N = 1,703)
Total medications	4 [3, 5]	6 [5, 8]	3 [2, 4]	6 [4, 7]
Antihypertensives	3 [2, 3]	3 [2, 4]	1 [1, 2]	2 [1, 3]
Non-antihypertensives	1 [0, 2]	3 [2, 5]	1 [0, 2]	3 [2, 5]
2 Year Follow Up	(N = 2,450)	(N = 1,645)	(N = 2,447)	(N = 1,603)
Total medications	4 [3, 5]	6 [5, 8]	3 [2, 4]	6 [4, 7]
Antihypertensives	3 [2, 3]	3 [2, 4]	2 [1, 2]	2 [1, 3]
Non-antihypertensives	1 [0, 2]	3 [2, 5]	1 [0, 2]	3 [2, 5]
3 Year Follow Up	(N = 2,160)	(N = 1,436)	(N = 2,148)	(N = 1,389)
Total medications	4 [3, 5]	6 [5, 8]	3 [2, 4]	6 [4, 8]
Antihypertensives	3 [2, 3]	3 [2, 4]	2 [1, 2]	2 [1, 3]
Non-antihypertensives	1 [0, 2]	3 [2, 5]	1 [0, 2]	3 [2, 5]
4 Year Follow Up	(N = 818)	(N = 596)	(N = 800)	(N = 558)
Total medications	4 [3, 5]	6 [5, 8]	3 [2, 4]	6 [4, 8]
Antihypertensives	3 [2, 3]	3 [2, 4]	2 [1, 2]	2 [1, 3]
Non-antihypertensives	1 [0, 2]	3 [2, 5]	1 [0, 2]	3 [2, 5]

All values are medians and interquartile ranges.
 CI=confidence interval, CVD=cardiovascular disease, HR=hazard ratio, RR=risk ratio, SAE=serious adverse event, SBP=systolic blood pressure, SD=standard deviation

*P-value for treatment randomization×medication burden status

Outcomes	Intensive treatment			Standard treatment			p-value interaction†
	No. of baseline medications		p-value or Risk Ratio* (95% CI)	No. of baseline medications		p-value or Risk Ratio* (95% CI)	
	< 5 (n = 429)	≥ 5 (n = 337)		< 5 (n = 406)	≥ 5 (n = 297)		
SBP, mmHg	119.3 ± 13.3	122.0 ± 14.8	0.08	136.0 ± 13.0	137.5 ± 14.5	0.29	0.31
SBP change, mmHg	-19.5 ± 18.7	-16.7 ± 18.9	0.08	-3.3 ± 17.6	-2.1 ± 19.4	0.29	0.31
Below randomization goal‡	288 (67.1)	178 (52.8)	0.82 (0.72, 0.94)	262 (64.5)	176 (59.3)	0.96 (0.84, 1.10)	0.06

All values are no. (%) or means ± SD unless noted otherwise
CI = confidence interval, SBP = systolic blood pressure, SD = standard deviation
* Risk ratios were calculated from Poisson regression with robust error and adjusted for baseline age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 score, treatment satisfaction score, and depression.
† P-value for treatment randomization X medication burden status (defined as ≥ 5 medications at baseline)
‡ Systolic blood pressure goal less than 140 mmHg for intensive arm and less than 120 mmHg for standard arm

Table S3: SPRINT CVD Events, According to Treatment Group and Number of Baseline Medications							
Composite CVD event outcome*	Intensive treatment			Standard treatment			p-value interaction‡
	No. of baseline medications		Hazard Ratio† (95% CI)	No. of baseline medications		Hazard Ratio† (95% CI)	
	<5	≥5		<5	≥5		
All participants	(n = 2,630)	(n = 1,781)		(n = 2,609)	(n = 1,770)		
Primary Analysis	98 (3.8)	136 (7.7)	1.32 (0.98, 1.78)	138 (5.4)	170 (9.7)	1.47 (1.13, 1.92)	0.53
Sensitivity Analyses							
Including OTCs in baseline medication count	62 (3.3)	172 (6.9)	1.26 (0.90, 1.75)	86 (4.6)	222 (9.1)	1.56 (1.17, 2.08)	0.80
Excluding blood pressure medications from the baseline medication count	175 (4.7)	59 (9.0)	1.33 (0.96, 1.84)	243 (6.7)	65 (9.6)	1.17 (0.87, 1.59)	0.18
Stratified by quartile of number of comorbidities							
Q1, 0-3 comorbidities	35 (2.7)	17 (4.6)	1.55 (0.79, 3.04)	53 (4.1)	32 (8.8)	2.52 (1.51, 4.20)	0.55
Q2, 4 comorbidities	12 (3.1)	14 (5.7)	1.22 (0.51, 2.88)	23 (6.3)	18 (7.2)	1.09 (0.52, 2.31)	0.38
Q3, 5-6 comorbidities	28 (5.0)	31 (6.8)	1.32 (0.75, 2.33)	28 (5.4)	34 (7.4)	1.37 (0.78, 2.41)	0.69
Q4, 7-27 comorbidities	23 (6.4)	74 (10.5)	1.46 (0.87, 2.44)	34 (8.9)	86 (12.6)	1.30 (0.84, 2.01)	0.43
Data are number of patients (% per year)							
* The composite CVD event outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardio-vascular causes.							
† Hazard ratios were calculated from Cox proportional hazards regression and adjusted for baseline age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 score, treatment satisfaction score, and depression.							
‡ P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)							

Table S4: Serious Adverse Events in SPRINT, According to Treatment Group and Number of Baseline Medications

	Intensive treatment		Hazard Ratio† (95% CI)	Standard treatment		Hazard Ratio† (95% CI)	p-value interaction
	No. of baseline medications			No. of baseline medications			
	<5 (n = 2,630)	≥5 (n = 1,781)		<5 (n = 2,609)	≥5 (n = 1,770)		
Serious adverse event*							
Any serious adverse event	831 (31.9)	872 (49.3)	1.32 (1.18, 1.47)	786 (30.5)	853 (48.4)	1.35 (1.21, 1.51)	0.59
Serious adverse event only							
Hypotension	32 (1.2)	65 (3.7)	2.15 (1.31, 3.51)	16 (0.6)	38 (2.2)	2.74 (1.38, 5.43)	0.70
Syncope	46 (1.8)	45 (2.6)	1.08 (0.67, 1.75)	26 (1.0)	42 (2.4)	1.70 (0.96, 2.99)	0.16
Bradycardia	28 (1.1)	48 (2.7)	1.43 (0.84, 2.43)	23 (0.9)	41 (2.3)	2.16 (1.19, 3.91)	0.94
Electrolyte Abnormality	56 (2.2)	78 (4.4)	1.51 (1.02, 2.25)	44 (1.7)	55 (3.1)	1.54 (0.97, 2.47)	0.40
Injurious fall	42 (1.6)	53 (3.0)	1.20 (0.76, 1.90)	44 (1.7)	52 (3.0)	1.30 (0.81, 2.09)	0.77
Acute kidney injury or failure	78 (3.0)	106 (6.0)	1.34 (0.95, 1.87)	41 (1.6)	70 (4.0)	1.45 (0.92, 2.29)	0.51
Emergency department visit or serious adverse event							
Hypotension	52 (2.0)	87 (4.9)	1.99 (1.34, 2.98)	23 (0.9)	51 (2.9)	2.76 (1.56, 4.88)	0.36
Syncope	75 (2.9)	64 (3.6)	1.02 (0.70, 1.51)	41 (1.6)	54 (3.1)	1.45 (0.90, 2.33)	0.13
Bradycardia	34 (1.3)	56 (3.2)	1.51 (0.93, 2.46)	29 (1.1)	43 (2.5)	1.67 (0.96, 2.90)	0.71
Electrolyte Abnormality	74 (2.8)	90 (5.1)	1.39 (0.97, 1.99)	54 (2.1)	65 (3.7)	1.46 (0.96, 2.24)	0.66
Injurious fall	143 (5.5)	171 (9.7)	1.31 (1.01, 1.68)	156 (6.1)	140 (8.0)	1.00 (0.76, 1.30)	0.05
Acute kidney injury or failure	82 (3.1)	110 (6.2)	1.38 (0.99, 1.93)	46 (1.8)	70 (4.0)	1.29 (0.83, 2.00)	0.82
Monitored clinical events							
Adverse laboratory measure							
Serum sodium <130 mmol/liter	88 (3.4)	88 (5.0)	1.64 (1.16, 2.32)	44 (1.7)	53 (3.0)	1.89 (1.19, 3.02)	0.79
Serum sodium >150 mmol/liter	3 (0.1)	3 (0.2)	1.68 (0.27, 10.27)	0	0	NA	NA
Serum potassium <3.0 mmol/liter	68 (2.6)	42 (2.4)	1.25 (0.80, 1.97)	47 (1.8)	25 (1.4)	1.03 (0.59, 1.79)	0.61
Serum potassium >5.5 mmol/liter	82 (3.1)	89 (5.0)	1.37 (0.97, 1.94)	83 (3.2)	75 (4.3)	1.09 (0.75, 1.58)	0.21
Orthostatic hypotension							
Alone	383 (14.7)	354 (20.1)	1.18 (1.00, 1.40)	431 (16.8)	369 (21.1)	1.11 (0.95, 1.31)	0.39
With dizziness	22 (0.8)	38 (2.2)	1.82 (1.00, 3.30)	31 (1.2)	36 (2.1)	1.34 (0.76, 2.36)	0.24

Data are number of patients (% per year)

* Serious adverse events were defined per the main SPRINT paper and the protocol.^{42,44}

† Adjusted hazard ratios were calculated from Cox proportional hazards regression.

Instrument Responses	Intensive treatment		p-value	Standard treatment		p-value	p-value interaction*
	No. of baseline medications			No. of baseline medications			
	< 5 (n = 2,607)	≥ 5 (n = 1,775)	< 5 (n = 2,587)	≥ 5 (n = 1,762)			
MMAS-8 response at 12-month visit † ‡ §							
High, score of 8	43.7 (44.0)	44.1 (43.7)	0.84	38.2 (38.0)	44.0 (44.5)	<.001	<0.001
Medium, score of 6 to <8	33.1 (33.1)	34.3 (34.3)	0.46	31.6 (31.7)	31.6 (31.5)	0.89	0.62
Low, score of <6	13.0 (12.8)	11.3 (11.5)	0.25	11.1 (11.1)	9.4 (9.4)	0.12	0.75
Missing data	10.1 (10.0)	10.4 (10.5)	0.66	19.1 (19.4)	15.0 (14.6)	<.001	0.03
Change from baseline to 12-month visit † ‡							
Reduction in score	17.1 (17.4)	21.2 (20.7)	0.02	15.5 (16.2)	17.9 (16.9)	0.57	0.39
No change in score	27.3 (28.4)	33.6 (31.9)	0.03	25.0 (25.6)	33.5 (32.5)	<.001	0.20
Improvement in score	34.0 (34.4)	33.4 (32.8)	0.31	31.9 (32.2)	32.4 (32.0)	0.91	0.65
Missing data	21.6 (19.4)	11.8 (14.2)	<.001	27.5 (25.8)	16.1 (17.9)	<.001	0.34
MMAS-8 = Morisky Medication Adherence Scale, 8-item							
All values are no. (%) or means ± SD unless noted otherwise							
* P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)							
† Includes all participants alive at 12-month visit, excluding participants who reported no antihypertensive medication use.							
‡ Percent unadjusted and (percent adjusted for the baseline characteristics age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, treatment satisfaction and depression.)							
§ Use of the ©MMAS is protected by the US and International copyright laws. Permission for use is required. A license agreement is available from Donald E. Morisky, MMAS Research (MORISKY), 294 Lindura Ct. 89138-4632, USA; dmorisky@gmail.com							

Instrument Responses	Intensive treatment		p-value	Standard treatment		p-value	p-value interaction*
	No. of baseline medications			No. of baseline medications			
	< 5 (n = 2,607)	≥ 5 (n = 1,775)		< 5 (n = 2,587)	≥ 5 (n = 1,762)		
MMAS-8 response at 48-month visit † ‡							
High, score of 8	8.5 (8.3)	8.8 (9.1)	0.48	7.4 (7.3)	7.7 (7.9)	0.52	0.88
Medium, score of 6 to <8	5.9 (6.1)	7.2 (6.9)	0.36	4.4 (4.6)	6.1 (5.7)	0.17	0.38
Low, score of <6	1.8 (1.8)	2.6 (2.7)	0.08	2.1 (2.1)	2.0 (2.1)	0.95	0.13
Missing data	83.8 (83.8)	81.4 (81.4)	0.08	86.1 (86.0)	84.2 (84.3)	0.16	0.67
Change from baseline to 48-month visit † ‡							
Reduction in score	3.5 (3.5)	4.6 (4.5)	0.16	2.9 (2.9)	3.5 (3.4)	0.45	0.74
No change in score	4.6 (4.7)	7.0 (6.6)	0.03	4.1 (4.3)	5.6 (5.2)	0.21	0.53
Improvement in score	6.6 (6.6)	6.9 (6.9)	0.70	5.6 (5.7)	6.4 (6.3)	0.43	0.69
Missing data	85.4 (85.2)	81.6 (81.8)	0.01	87.4 (87.1)	84.4 (84.9)	0.07	0.47
MMAS-8 = Morisky Medication Adherence Scale, 8-item							
All values are no. (%) or means ± SD unless noted otherwise							
* P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)							
† Includes all participants alive at 48-month visit, excluding participants who reported no antihypertensive medication use.							
‡ Percent unadjusted and (percent adjusted for the baseline characteristics age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, treatment satisfaction and depression.)							

Instrument Responses*	Intensive treatment		p-value	Standard treatment		p-value	p-value interaction†
	No. of baseline medications			No. of baseline medications			
	< 5 (n = 2,630)	≥ 5 (n = 1,781)	< 5 (n = 2,609)	≥ 5 (n = 1,770)			
Response at 12-month visit							
Level of satisfaction with blood pressure care ‡§							
Satisfied/Very satisfied	88.4 (88.6)	87.8 (87.6)	0.38	88.3 (87.9)	86.3 (86.8)	0.34	0.35
Neutral	1.7 (1.8)	2.0 (1.8)	0.93	1.7 (1.7)	2.1 (2.2)	0.28	0.78
Dissatisfied/Very dissatisfied	0.7 (0.6)	0.9 (1.0)	0.26	0.9 (0.8)	1.1 (1.3)	0.17	0.93
Missing data	9.2 (8.9)	9.3 (9.7)	0.45	9.2 (9.6)	10.5 (9.7)	0.91	0.43
Level of satisfaction with medications received for blood pressure §							
Satisfied/Very satisfied	84.8 (85.2)	84.6 (84.0)	0.34	75.5 (76.0)	79.1 (78.3)	0.12	0.02
Neutral	4.0 (3.8)	3.8 (4.0)	0.79	3.9 (4.0)	4.9 (4.7)	0.33	0.19
Dissatisfied/Very dissatisfied	1.0 (1.0)	1.1 (1.1)	0.79	1.2 (1.2)	1.1 (1.1)	0.84	0.66
Missing data	10.2 (9.9)	10.5 (11.0)	0.33	19.4 (18.8)	14.9 (15.6)	0.02	0.01
Change from baseline to 12-month visit							
Satisfaction with blood pressure care ‡§							
Decline in satisfaction	1.7 (1.8)	1.7 (1.6)	0.59	1.8 (1.8)	2.8 (3.0)	0.03	0.17
No change in satisfaction	75.3 (76.6)	77.9 (76.0)	0.71	74.9 (75.2)	76.7 (76.3)	0.45	0.72
Improvement in satisfaction	13.0 (12.1)	10.7 (12.2)	0.95	13.3 (12.8)	9.7 (10.3)	0.03	0.24
Missing data	10.0 (9.5)	9.6 (10.3)	0.50	9.9 (10.2)	10.8 (10.4)	0.87	0.39
Satisfaction with medications received for blood pressure §							
Decline in satisfaction	2.1 (2.2)	2.8 (2.5)	0.59	3.1 (3.2)	4.1 (3.8)	0.40	NA
No change in satisfaction	59.5 (63.6)	67.7 (61.8)	0.23	52.9 (56.1)	64.6 (59.6)	0.03	0.03
Improvement in satisfaction	15.9 (16.1)	17.1 (16.8)	0.56	15.7 (16.0)	14.9 (14.4)	0.18	NA
Missing data	22.5 (18.2)	12.4 (19.2)	0.49	28.3 (24.5)	16.5 (21.5)	0.05	0.43
All values are no. (%) or means ± SD unless noted otherwise							
* For each instrument, the appropriate scale was used unless noted otherwise							
† P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)							
‡ Includes all participants alive at 12-month visit							
§ Percent unadjusted and (percent adjusted for the baseline characteristics age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 and depression.)							
Includes all participants alive at 12-month visit, excluding participants who reported no antihypertensive medication use.							

Table S8: Patient-Reported Treatment Satisfaction at 48-months, According to Treatment Group and Number of Baseline Medications							
Instrument Responses*	Intensive treatment		p-value	Standard treatment		p-value	p-value interaction†
	No. of baseline medications			No. of baseline medications			
	< 5 (n = 2,630)	≥ 5 (n = 1,781)		< 5 (n = 2,609)	≥ 5 (n = 1,770)		
Response at 48-month visit							
Level of satisfaction with blood pressure care ‡§							
Satisfied/Very satisfied	15.9 (16.0)	18.5 (18.4)	0.07	15.7 (15.9)	16.7 (16.5)	0.63	0.31
Neutral	0.3 (0.3)	0.2 (0.2)	0.58	0.1 (0.1)	0.2 (0.3)	0.45	NA
Dissatisfied/Very dissatisfied	0.3 (.)	0.3 (.)	NA	0.0 (.)	0.0 (.)	NA	NA
Missing data	83.5 (83.4)	81.0 (81.1)	0.09	84.1 (84.1)	83.2 (83.3)	0.54	0.28
Level of satisfaction with medications received for blood pressure §							
Satisfied/Very satisfied	15.2 (15.3)	17.5 (17.3)	0.12	13.5 (13.8)	15.4 (14.9)	0.32	0.96
Neutral	0.6 (0.8)	0.9 (0.7)	0.90	0.3 (0.3)	0.3 (0.7)	0.29	NA
Dissatisfied/Very dissatisfied	0.3 (.)	0.3 (.)	NA	0.0 (.)	0.1 (.)	NA	NA
Missing data	83.8 (83.7)	81.3 (81.5)	0.12	86.2 (86.0)	84.2 (84.4)	0.19	0.63
Change from baseline to 48-month visit							
Satisfaction with blood pressure care ‡§							
Decline in satisfaction	0.4 (0.5)	0.3 (0.3)	0.22	0.1 (0.1)	0.1 (0.2)	0.30	NA
No change in satisfaction	14.4 (14.7)	17.1 (16.7)	0.13	14.2 (14.5)	14.9 (14.4)	0.96	0.20
Improvement in satisfaction	1.5 (1.3)	1.6 (1.9)	0.24	1.5 (1.3)	1.9 (2.2)	0.09	0.51
Missing data	83.6 (83.5)	81.0 (81.2)	0.09	84.3 (84.1)	83.2 (83.4)	0.55	0.30
Satisfaction with medications received for blood pressure §							
Decline in satisfaction	0.5 (0.7)	0.9 (0.7)	0.96	0.1 (0.1)	0.3 (0.7)	0.34	NA
No change in satisfaction	11.5 (12.1)	14.5 (13.5)	0.22	10.4 (11.0)	13.1 (12.1)	0.32	0.92
Improvement in satisfaction	2.5 (2.5)	3.1 (3.1)	0.30	2.0 (2.1)	2.3 (2.1)	0.90	NA
Missing data	85.5 (84.8)	81.5 (82.5)	0.09	87.5 (86.9)	84.4 (85.3)	0.21	0.46
All values are no. (%) or means ± SD unless noted otherwise							
* For each instrument, the appropriate scale was used unless noted otherwise							
† P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)							
‡ Includes all participants alive at 12-month visit							
§ Percent unadjusted and (percent adjusted for the baseline characteristics age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 and depression.)							

|| Includes all participants alive at 12-month visit, excluding participants who reported no antihypertensive medication use.

Table S9. Hazard ratios for SPRINT outcomes by treatment arm among those with high and low medication burden at baseline.							
Outcome	Medication Burden Status at Baseline						p-value interaction†
	Low medication burden (< 5 medications)			High medication burden (≥ 5 medications)			
	Intensive Treatment (n = 2,630)	Standard Treatment (n = 2,608)	Hazard Ratio* (95% CI)	Intensive Treatment (n = 1,781)	Standard Treatment (n = 1,771)	Hazard Ratio* (95% CI)	
Primary Outcome ‡	98 (3.8)	138 (5.4)	0.67 (0.52, 0.87)	136 (7.7)	170 (9.7)	0.76 (0.61, 0.96)	0.53
All-Cause Mortality	72 (2.7)	87 (3.4)	0.82 (0.60, 1.13)	85 (4.8)	117 (6.6)	0.71 (0.54, 0.95)	0.57
Any serious adverse event §	831 (31.7)	786 (30.3)	1.05 (0.95, 1.15)	872 (49.1)	853 (48.3)	1.00 (0.91, 1.10)	0.56

CI= Confidence interval.
Numbers are counts and annual rates.
* Hazard ratios were calculated from Cox proportional hazards regression and adjusted for baseline age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 score, treatment satisfaction score, and depression.
† P-value for treatment randomization X medication burden
‡ The primary outcome was the first occurrence of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes.
§ A serious adverse event was defined as an event that was fatal or life-threatening, that resulted in clinically significant or persistent disability, that required or prolonged a hospitalization, or that was judged by the investigator to represent a clinically significant hazard or harm to the participant that might require medical or surgical intervention to prevent one of the other events listed above.

Table S10: Blood Pressure and Clinical Outcomes by Treatment Group and Number of Baseline Medications, using 3 antihypertensive medications or more as threshold

Outcomes	Intensive treatment			Standard treatment			p-value interaction*
	No. of baseline antihypertensive medications		p-value or RR/HR (95% CI)	No. of baseline antihypertensive medications		p-value or RR/HR (95% CI)	
	< 3	≥ 3		< 3	≥ 3		
Participants with SBP value at 12 months	(n = 2,775)	(n = 1,204)		(n = 2,739)	(n = 1,189)		
SBP, mmHg	120.8 ± 13.3	122.7 ± 14.3	0.002	135.8 ± 12.9	137.1 ± 15.1	0.06	0.10
SBP change, mmHg	-19.3 ± 18.4	-15.4 ± 18.7	0.002	-4.1 ± 17.8	-2.5 ± 19.6	0.06	0.10
Below randomization goal	1590 (57.3)	626 (52.0)	0.93 (0.87, 0.99)	1808 (66.0)	717 (60.3)	0.94 (0.89, 0.99)	0.56
All Participants	(n = 3,059)	(n = 1,323)		(n = 3,017)	(n = 1,332)		
CVD Events†	143 (4.7)	89 (6.8)	1.02 (0.77, 1.35)	168 (5.6)	138 (10.5)	1.62 (1.26, 2.07)	0.22
Any SAE‡	1125 (37.1)	563 (42.7)	0.99 (0.89, 1.11)	1010 (33.9)	615 (46.5)	1.24 (1.11, 1.38)	0.003

All values are no. (%) or means ± SD unless noted otherwise

CI=confidence interval, CVD=cardiovascular disease, HR=hazard ratio, RR=risk ratio, SAE=serious adverse event, SBP=systolic blood pressure, SD=standard deviation

*P-value for treatment randomization×medication burden status

†Composite of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes.

‡Defined per main SPRINT paper.^{42,44}

Table S11: Blood Pressure and Clinical Outcomes by Treatment Group and Number of Baseline Medications, using 4 antihypertensive medications or more as threshold

Outcomes	Intensive treatment			Standard treatment			p-value interaction*
	No. of baseline antihypertensive medications		p-value or RR/HR (95% CI)	No. of baseline antihypertensive medications		p-value or RR/HR (95% CI)	
	< 4	≥ 4		< 4	≥ 4		
Participants with SBP value at 12 months	(n = 3,671)	(n = 308)		(n = 3,624)	(n = 304)		
SBP, mmHg	121.1 ± 13.4	124.7 ± 15.8	<.001	136.0 ± 13.2	138.4 ± 17.1	0.01	0.13
SBP change, mmHg	-18.5 ± 18.4	-13.5 ± 20.1	<.001	-3.8 ± 18.1	-1.7 ± 21.2	0.01	0.13
Below randomization goal	2068 (56.3)	148 (48.1)	0.88 (0.78, 0.99)	2361 (65.1)	164 (53.9)	0.86 (0.77, 0.95)	0.96
All Participants	(n = 4,044)	(n = 338)		(n = 4,005)	(n = 344)		
CVD Events†	208 (5.2)	24 (7.1)	1.00 (0.64, 1.55)	272 (6.9)	34 (9.9)	1.15 (0.79, 1.67)	0.92
Any SAE‡	1536 (38.3)	152 (45.2)	1.08 (0.91, 1.28)	1449 (36.6)	176 (51.3)	1.26 (1.07, 1.48)	0.15

All values are no. (%) or means ± SD unless noted otherwise
CI=confidence interval, CVD=cardiovascular disease, HR=hazard ratio, RR=risk ratio, SAE=serious adverse event, SBP=systolic blood pressure, SD=standard deviation
*P-value for treatment randomization×medication burden status
†Composite of myocardial infarction, acute coronary syndrome, stroke, heart failure, or death from cardiovascular causes.
‡Defined per main SPRINT paper.^{42,44}

Table S12: Blood Pressure Outcomes at 12 and 48 months, According to Treatment Group and Number of Baseline Medications, excluding blood pressure medications and including OTCs in baseline medication count

Outcomes	Intensive treatment			Standard treatment			p-value interaction†
	No. of baseline medications		p-value or Risk Ratio* (95% CI)	No. of baseline medications		p-value or Risk Ratio* (95% CI)	
	< 5	≥ 5		< 5	≥ 5		
Excluding blood pressure medications							
12 months, n	3,380	599		3,328	600		
SBP, mmHg	121.2 ± 13.5	122.5 ± 14.1	0.13	136.4 ± 13.5	135.3 ± 14.1	0.26	<0.001
Below randomization goal‡	1906 (56.4)	310 (51.8)	0.96 (0.88, 1.04)	2137 (64.2)	388 (64.7)	1.00 (0.93, 1.07)	0.14
SBP change, mmHg	-18.6 ± 18.6	-15.3 ± 18.2	0.13	-3.7 ± 18.3	-2.8 ± 18.6	0.26	<0.001
48 months, n	655	111		584	119		
SBP, mmHg	120.4 ± 14.3	121.1 ± 12.6	0.84	136.3 ± 13.3	138.3 ± 15.2	0.07	0.51
Below randomization goal‡	407 (62.1)	59 (53.2)	0.94 (0.77, 1.14)	367 (62.8)	71 (59.7)	0.94 (0.79, 1.11)	0.56
SBP change, mmHg	-18.3 ± 19.1	-18.3 ± 17.0	0.84	-3.4 ± 18.3	0.0 ± 18.8	0.07	0.51
Including OTCs							
12 months, n	1,696	2,283		1,718	2,210		
SBP, mmHg	120.4 ± 13.0	122.1 ± 14.0	0.02	136.5 ± 12.7	136.0 ± 14.2	0.41	<.001
Below randomization goal‡	1013 (59.7)	1203 (52.7)	0.91 (0.86, 0.97)	1109 (64.6)	1416 (64.1)	0.99 (0.94, 1.05)	0.003
SBP change, mmHg	-20.7 ± 18.6	-16.2 ± 18.3	0.02	-4.7 ± 17.4	-2.8 ± 19.0	0.41	<.001
48 months, n	299	467		295	408		
SBP, mmHg	118.8 ± 13.1	121.6 ± 14.5	0.02	136.5 ± 12.9	136.7 ± 14.1	0.93	0.06
Below randomization goal‡	204 (68.2)	262 (56.1)	0.85 (0.74, 0.96)	189 (64.1)	249 (61.0)	1.00 (0.87, 1.14)	0.06
SBP change, mmHg	-20.5 ± 17.9	-16.9 ± 19.2	0.02	-3.9 ± 17.3	-2.1 ± 19.1	0.93	0.06
All values are no. (%) or means ± SD unless noted otherwise							
CI = confidence interval, OTC = over-the-counter; SBP = systolic blood pressure, SD = standard deviation							
* Risk ratios were calculated from Poisson regression with robust error and adjusted for baseline age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 score, treatment satisfaction score, and depression.							
† P-value for treatment randomization X medication burden status (defined as ≥ 5 medications at baseline)							
‡ Systolic blood pressure goal less than 140 mmHg for intensive arm and less than 120 mmHg for standard arm							

Outcomes	Intensive treatment		p-value or Risk Ratio* (95% CI)	Standard treatment		p-value or Risk Ratio* (95% CI)	p-value interaction†
	No. of baseline medications			No. of baseline medications			
	< 5 (n = 2,502)	≥ 5 (n = 1,703)	< 5 (n = 2,513)	≥ 5 (n = 1,674)			
Mean ± SD SBP, mmHg							
Q1, 0-3 comorbidities	120.3 ± 12.9	121.5 ± 14.1	0.28	136.3 ± 12.1	136.4 ± 12.7	0.62	0.29
Q2, 4 comorbidities	120.9 ± 12.6	122.6 ± 14.3	0.10	135.4 ± 13.6	137.0 ± 15.6	0.20	0.98
Q3, 5-6 comorbidities	120.6 ± 13.3	122.0 ± 13.9	0.12	137.3 ± 12.7	136.0 ± 13.7	0.17	0.03
Q4, 7-27 comorbidities	121.3 ± 13.9	123.4 ± 14.7	0.01	135.4 ± 14.2	135.9 ± 16.1	0.36	0.24
Below randomization goal‡							
Q1, 0-3 comorbidities	725 (60.6)	190 (57.1)	0.97 (0.87, 1.09)	788 (65.9)	198 (61.1)	0.91 (0.82, 1.01)	0.85
Q2, 4 comorbidities	185 (54.7)	108 (48.0)	0.88 (0.74, 1.05)	227 (66.2)	138 (60.5)	0.92 (0.80, 1.05)	0.75
Q3, 5-6 comorbidities	283 (57.3)	218 (53.3)	0.92 (0.81, 1.04)	296 (61.3)	271 (65.9)	1.09 (0.98, 1.21)	0.10
Q4, 7-27 comorbidities	188 (55.5)	319 (49.5)	0.87 (0.77, 0.99)	213 (64.2)	394 (64.4)	0.99 (0.90, 1.10)	0.12
Mean ± SD SBP change, mmHg							
Q1, 0-3 comorbidities	-20.6 ± 19.2	-15.0 ± 17.7	0.28	-4.9 ± 17.1	-2.0 ± 18.3	0.62	0.29
Q2, 4 comorbidities	-18.9 ± 17.8	-15.5 ± 17.8	0.10	-5.2 ± 19.3	-1.2 ± 18.6	0.20	0.98
Q3, 5-6 comorbidities	-19.8 ± 18.1	-16.8 ± 18.3	0.12	-2.7 ± 17.4	-2.6 ± 19.4	0.17	0.03
Q4, 7-27 comorbidities	-19.8 ± 17.7	-14.3 ± 18.4	0.01	-4.6 ± 18.3	-2.7 ± 19.9	0.36	0.24

CI = confidence interval, SBP = systolic blood pressure, SD = standard deviation

* Risk ratios were calculated from Poisson regression with robust error and adjusted for baseline age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 score, treatment satisfaction score, and depression.

† P-value for treatment randomization X medication burden status (defined as ≥ 5 medications at baseline)

‡ Systolic blood pressure goal less than 140 mmHg for intensive arm and less than 120 mmHg for standard arm

Outcomes	Intensive treatment			Standard treatment			p-value interaction†
	No. of baseline medications		p-value or Risk Ratio* (95% CI)	No. of baseline medications		p-value or Risk Ratio* (95% CI)	
	< 5 (n = 442)	≥ 5 (n = 347)		< 5 (n = 440)	≥ 5 (n = 308)		
Mean ± SD SBP, mmHg							
Q1, 0-3 comorbidities	118.7 ± 11.9	121.8 ± 15.7	0.09	136.2 ± 12.0	137.5 ± 10.9	0.19	0.63
Q2, 4 comorbidities	117.4 ± 14.6	121.5 ± 13.0	0.19	136.2 ± 13.2	137.5 ± 12.6	0.86	0.16
Q3, 5-6 comorbidities	121.2 ± 14.7	120.6 ± 13.1	0.44	135.1 ± 15.1	137.7 ± 13.9	0.33	0.45
Q4, 7-27 comorbidities	120.9 ± 14.5	123.2 ± 16.1	0.30	135.9 ± 13.5	137.3 ± 17.3	0.69	0.72
Below randomization goal‡							
Q1, 0-3 comorbidities	159 (69.4)	44 (52.4)	0.77 (0.61, 0.98)	148 (67.6)	39 (54.2)	0.81 (0.62, 1.05)	0.92
Q2, 4 comorbidities	42 (70.0)	23 (50.0)	NA	32 (64.0)	27 (67.5)	NA	0.04
Q3, 5-6 comorbidities	52 (63.4)	50 (58.8)	0.95 (0.73, 1.23)	44 (57.9)	40 (56.3)	0.97 (0.69, 1.38)	0.63
Q4, 7-27 comorbidities	35 (60.3)	61 (50.0)	0.79 (0.57, 1.10)	38 (62.3)	70 (61.4)	NA	0.52
Mean ± SD SBP change, mmHg							
Q1, 0-3 comorbidities	-20.1 ± 18.4	-14.7 ± 20.9	0.09	-3.9 ± 16.6	-0.3 ± 16.5	0.19	0.63
Q2, 4 comorbidities	-20.4 ± 18.6	-19.2 ± 18.1	0.19	-1.3 ± 17.4	-3.2 ± 17.4	0.86	0.16
Q3, 5-6 comorbidities	-18.9 ± 18.1	-17.3 ± 16.7	0.44	-3.0 ± 19.3	-2.7 ± 21.1	0.33	0.45
Q4, 7-27 comorbidities	-17.5 ± 20.7	-16.9 ± 19.3	0.30	-3.4 ± 19.1	-2.5 ± 20.8	0.69	0.72

CI = confidence interval, SBP = systolic blood pressure, SD = standard deviation

* Risk ratios were calculated from Poisson regression with robust error and adjusted for baseline age, sex, race or ethnic group, SBP, DBP, eGFR, urine albumin-to-creatinine ratio, blood glucose, total cholesterol, HDL cholesterol, statin use, aspirin use, smoking status, body mass index, metabolic syndrome, FRS, number of comorbidities, atrial fibrillation/flutter, myocardial infarction, heart failure, peripheral vascular disease, MMAS-8 score, treatment satisfaction score, and depression.

† P-value for treatment randomization X medication burden status (defined as ≥ 5 medications at baseline)

‡ Systolic blood pressure goal less than 140 mmHg for intensive arm and less than 120 mmHg for standard arm

Table S15: Serious Adverse Events in SPRINT, According to Treatment Group and Number of Baseline Medications, excluding blood pressure medications from baseline medication count

Serious adverse event*	Intensive treatment			Standard treatment			p-value interaction‡
	No. of baseline medications		Hazard Ratio† (95% CI)	No. of baseline medications		Hazard Ratio† (95% CI)	
	<5 (n = 3,747)	≥5 (n = 664)		<5 (n = 3,697)	≥5 (n = 682)		
Any serious adverse event	1330 (35.8)	373 (56.5)	1.42 (1.25, 1.61)	1273 (34.8)	366 (54.0)	1.32 (1.16, 1.50)	0.52
Serious adverse event only							
Hypotension	68 (1.8)	29 (4.4)	1.46 (0.90, 2.36)	31 (0.9)	23 (3.4)	3.04 (1.64, 5.63)	0.17
Syncope	76 (2.0)	15 (2.3)	0.81 (0.44, 1.46)	49 (1.3)	19 (2.8)	1.59 (0.88, 2.86)	0.09
Bradycardia	58 (1.6)	18 (2.7)	0.96 (0.54, 1.70)	51 (1.4)	13 (1.9)	1.11 (0.57, 2.16)	0.65
Electrolyte Abnormality	91 (2.5)	43 (6.5)	2.10 (1.38, 3.17)	77 (2.1)	22 (3.3)	1.37 (0.81, 2.30)	0.05
Injurious fall	73 (2.0)	22 (3.3)	1.17 (0.70, 1.96)	70 (1.9)	26 (3.9)	1.49 (0.91, 2.46)	0.62
Acute kidney injury or failure	129 (3.5)	55 (8.4)	1.82 (1.28, 2.59)	87 (2.4)	24 (3.6)	0.94 (0.58, 1.55)	0.09
Emergency department visit or serious adverse event							
Hypotension	102 (2.7)	37 (5.6)	1.32 (0.87, 2.00)	44 (1.2)	30 (4.5)	3.09 (1.83, 5.23)	0.05
Syncope	118 (3.2)	21 (3.2)	0.79 (0.48, 1.30)	68 (1.9)	27 (4.0)	1.75 (1.06, 2.86)	0.02
Bradycardia	68 (1.8)	22 (3.3)	1.13 (0.67, 1.90)	59 (1.6)	13 (1.9)	0.95 (0.49, 1.81)	0.32
Electrolyte Abnormality	113 (3.0)	51 (7.8)	2.16 (1.48, 3.15)	90 (2.5)	29 (4.3)	1.53 (0.97, 2.43)	0.11
Injurious fall	239 (6.4)	75 (11.4)	1.31 (0.98, 1.74)	228 (6.3)	68 (10.1)	1.35 (1.01, 1.81)	0.67
Acute kidney injury or failure	134 (3.6)	58 (8.8)	1.89 (1.34, 2.67)	92 (2.5)	24 (3.6)	0.91 (0.55, 1.48)	0.05
Monitored clinical events							
Adverse laboratory measure							
Serum sodium <130 mmol/liter	143 (3.9)	33 (5.0)	1.25 (0.82, 1.91)	79 (2.2)	18 (2.7)	1.10 (0.63, 1.92)	0.53
Serum sodium >150 mmol/liter	4 (0.1)	2 (0.3)	3.70 (0.56, 24.54)	0	0	NA	NA
Serum potassium <3.0 mmol/liter	94 (2.5)	16 (2.4)	1.31 (0.73, 2.36)	62 (1.7)	10 (1.5)	1.14 (0.55, 2.36)	0.74
Serum potassium >5.5 mmol/liter	134 (3.6)	37 (5.6)	1.26 (0.84, 1.89)	130 (3.6)	28 (4.2)	1.03 (0.66, 1.60)	0.35
Orthostatic hypotension							
Alone	603 (16.2)	134 (20.4)	1.05 (0.86, 1.29)	640 (17.6)	160 (23.8)	1.22 (1.01, 1.47)	0.40
With dizziness	42 (1.1)	18 (2.7)	1.73 (0.92, 3.26)	46 (1.3)	21 (3.1)	1.70 (0.95, 3.05)	0.94

Data are number of patients (% per year)

* Serious adverse events were defined per the main SPRINT paper and the protocol.^{42,44}

† Adjusted hazard ratios were calculated from Cox proportional hazards regression.

‡ P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)

Serious adverse event*	Intensive treatment			Standard treatment			p-value interaction‡
	No. of baseline medications		Hazard Ratio† (95% CI)	No. of baseline medications		Hazard Ratio† (95% CI)	
	<5 (n = 2,630)	≥5 (n = 1,781)		<5 (n = 2,609)	≥5 (n = 1,770)		
Any serious adverse event	138 (5.3)	173 (9.8)	1.32 (1.02, 1.71)	75 (2.9)	142 (8.1)	1.93 (1.40, 2.67)	0.03
Serious adverse event only							
Hypotension	22 (0.8)	53 (3.0)	2.80 (1.58, 4.98)	8 (0.3)	19 (1.1)	3.25 (1.20, 8.79)	0.97
Syncope	27 (1.0)	24 (1.4)	1.03 (0.55, 1.93)	11 (0.4)	16 (0.9)	1.98 (0.79, 4.97)	0.35
Bradycardia	14 (0.5)	21 (1.2)	1.37 (0.63, 2.99)	6 (0.2)	19 (1.1)	4.42 (1.52, 12.89)	0.23
Electrolyte Abnormality	33 (1.3)	37 (2.1)	1.26 (0.73, 2.17)	14 (0.5)	25 (1.4)	2.00 (0.95, 4.22)	0.37
Injurious fall	5 (0.2)	11 (0.6)	1.96 (0.59, 6.43)	3 (0.1)	7 (0.4)	3.10 (0.51, 18.69)	0.97
Acute kidney injury or failure	29 (1.1)	52 (2.9)	1.68 (1.00, 2.83)	10 (0.4)	19 (1.1)	1.48 (0.60, 3.64)	0.93
Emergency department visit or serious adverse event							
Hypotension	43 (1.7)	71 (4.0)	2.18 (1.39, 3.39)	13 (0.5)	33 (1.9)	3.63 (1.73, 7.62)	0.26
Syncope	44 (1.7)	35 (2.0)	1.03 (0.62, 1.71)	20 (0.8)	24 (1.4)	1.53 (0.75, 3.11)	0.31
Bradycardia	16 (0.6)	31 (1.8)	1.91 (0.96, 3.79)	7 (0.3)	21 (1.2)	3.69 (1.37, 9.97)	0.46
Electrolyte Abnormality	46 (1.8)	48 (2.7)	1.25 (0.78, 1.99)	24 (0.9)	31 (1.8)	1.47 (0.79, 2.71)	0.71
Injurious fall	12 (0.5)	28 (1.6)	2.47 (1.15, 5.30)	10 (0.4)	14 (0.8)	1.42 (0.56, 3.59)	0.24
Acute kidney injury or failure	33 (1.3)	54 (3.1)	1.69 (1.02, 2.80)	12 (0.5)	19 (1.1)	1.25 (0.54, 2.94)	0.90

Data are number of patients (% per year)

* Serious adverse events were defined per the main SPRINT paper and the protocol.^{42,44}

† Adjusted hazard ratios were calculated from Cox proportional hazards regression.

‡ P-value for treatment randomization X medication burden status (defined as > 5 medications at baseline)

Supplementary Figures

Figure S1: Histogram of baseline medication number in SPRINT participants

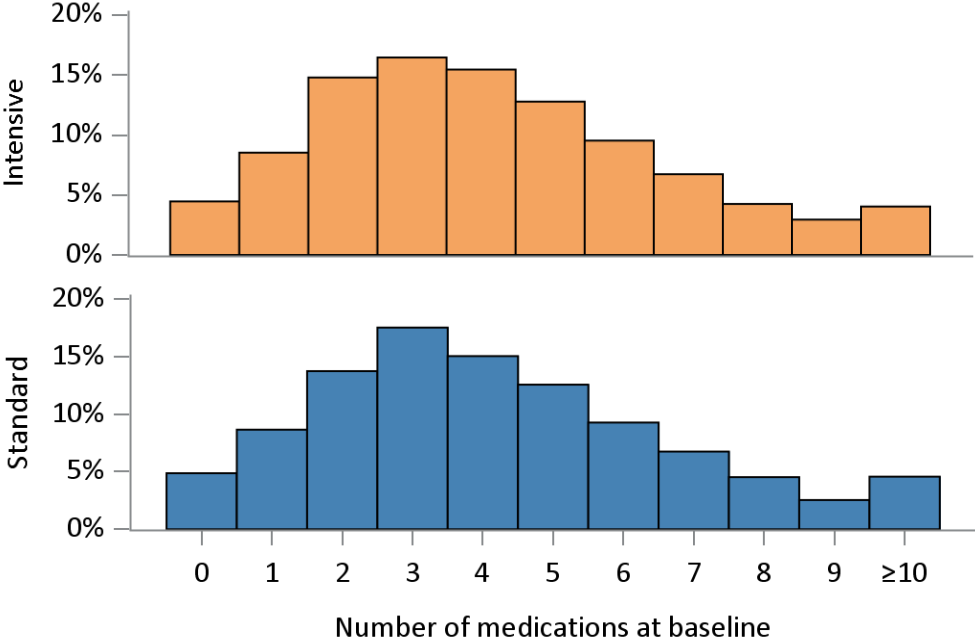
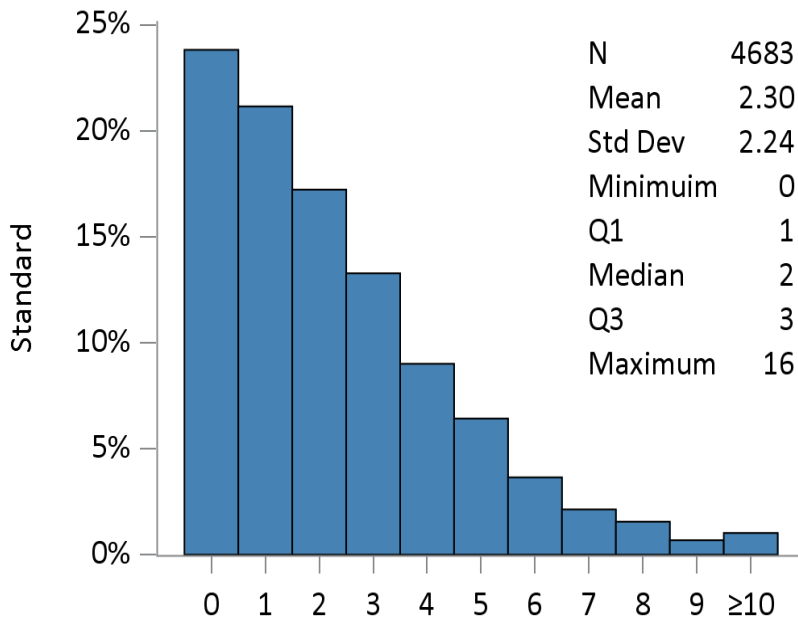
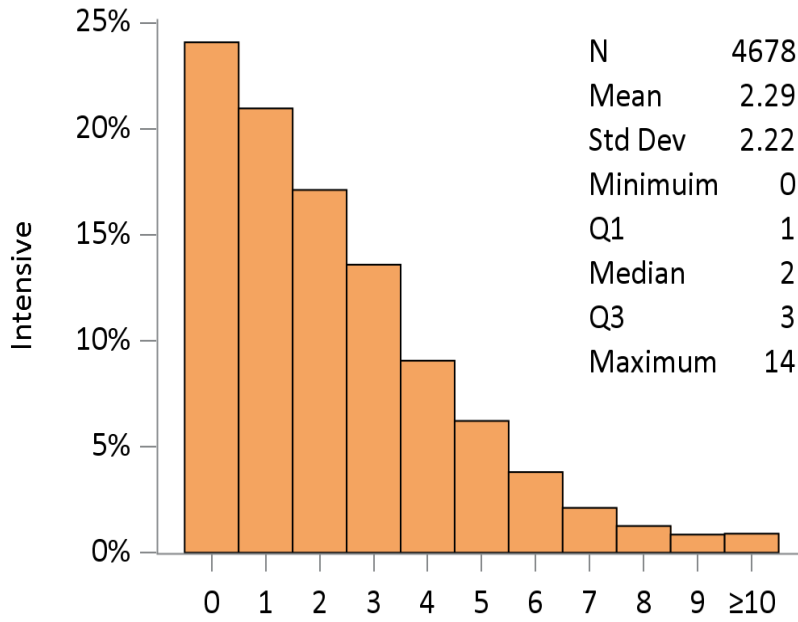


Figure S2: Histogram of baseline number of non-antihypertensive medications in SPRINT participants



Number of medications at baseline

Figure S3: Histogram of baseline number of antihypertensive medications in SPRINT participants

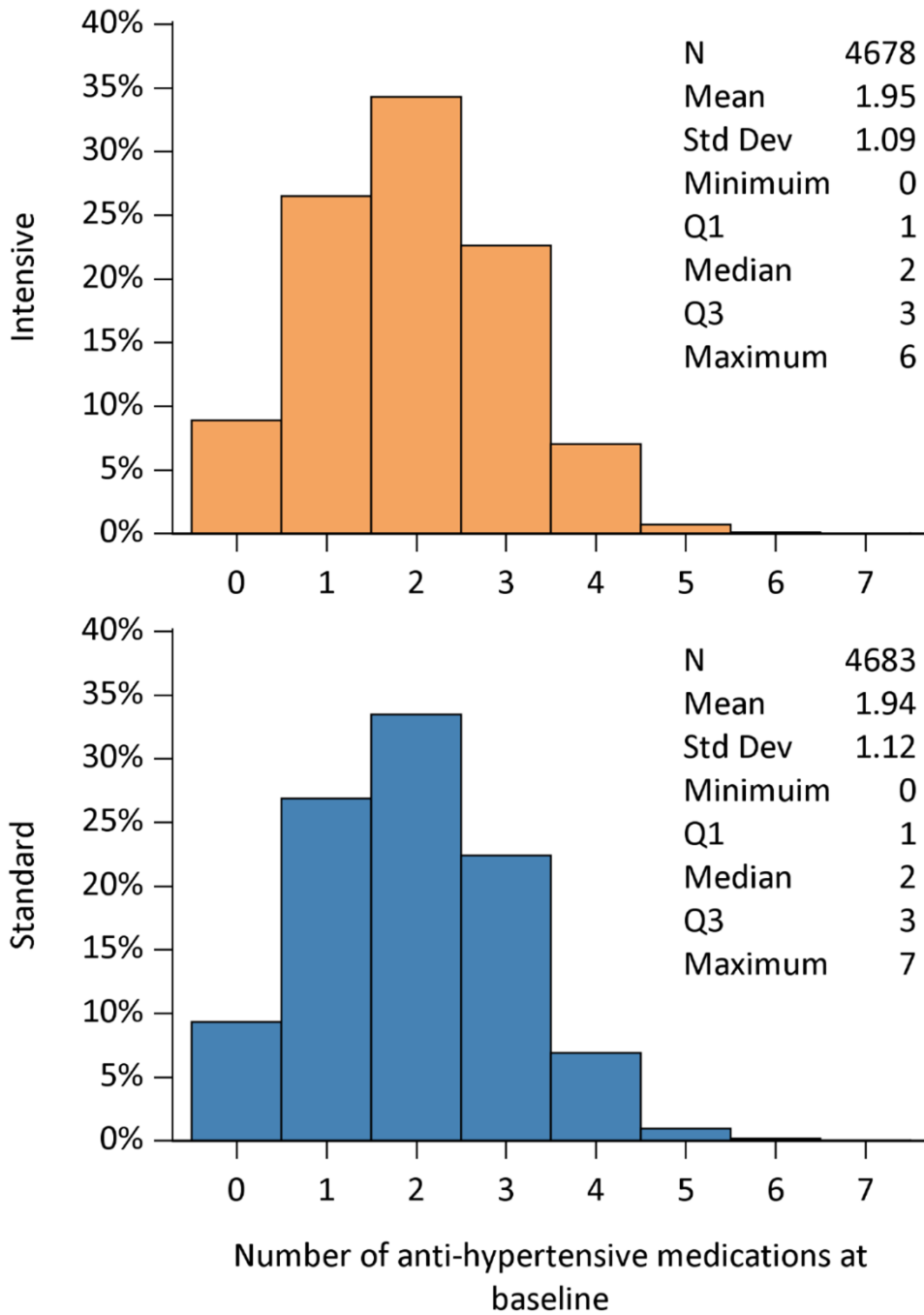
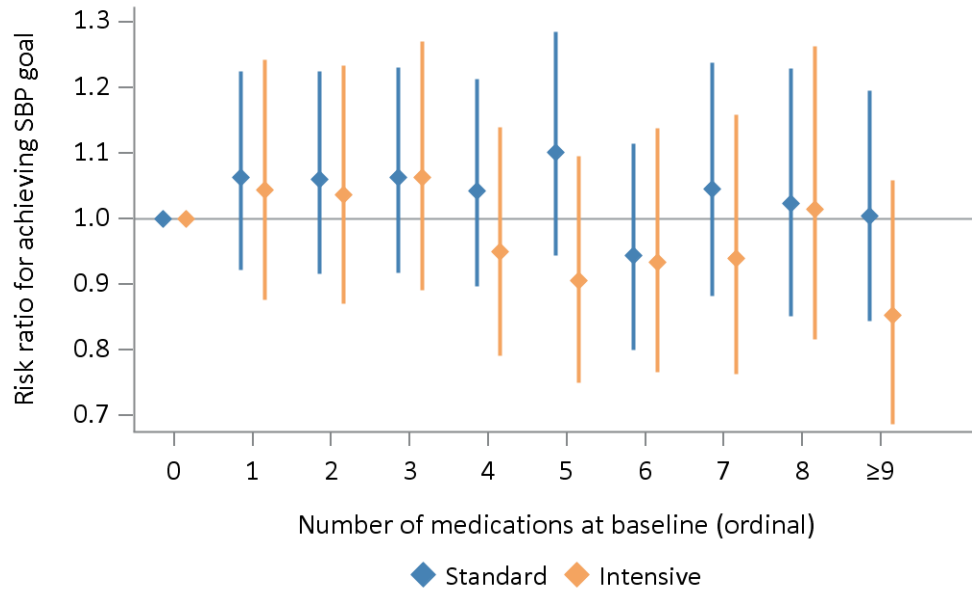


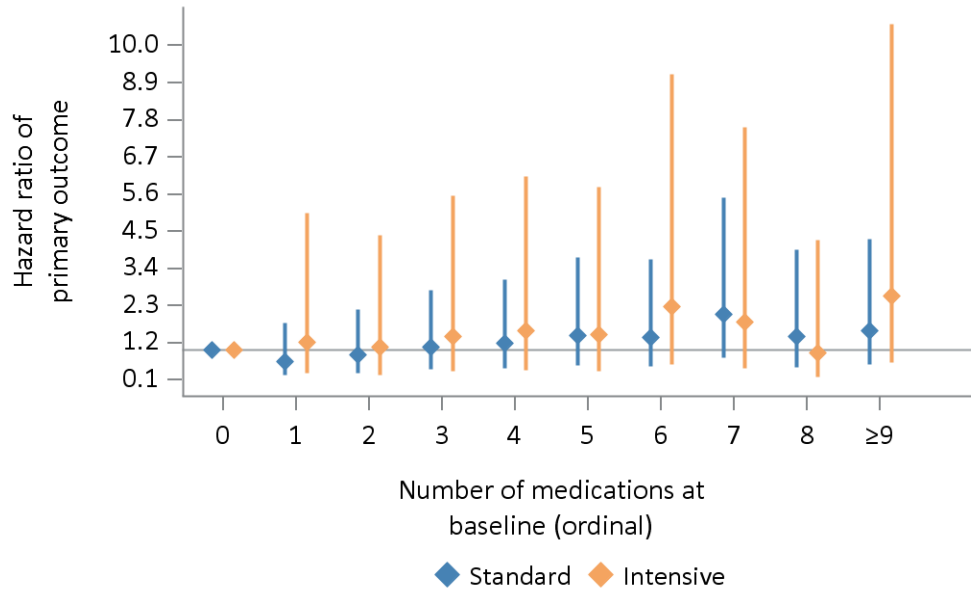
Figure S4: Relative risk ratios and 95% confidence intervals for achieving SBP goals, by randomization group and medication burden



No. with Data

Standard treatment	228	405	643	820	704	588	434	316	212	333
Intensive treatment	209	399	692	770	723	598	446	315	199	327

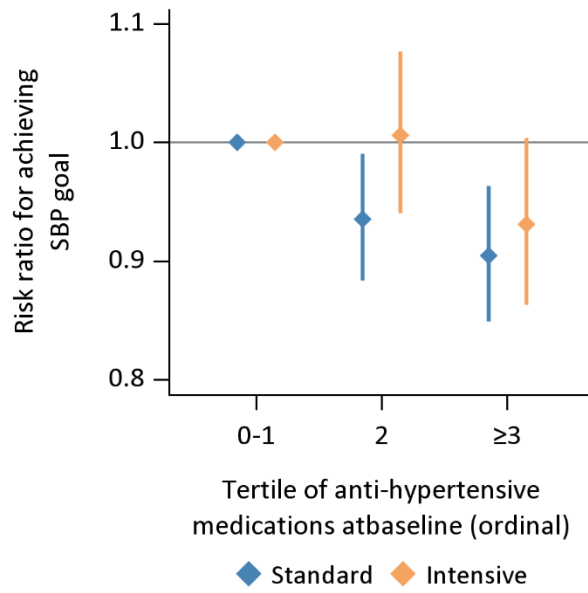
Figure S5: Hazard ratios and 95% confidence intervals for SPRINT CVD event outcome by randomization group and medication burden.



No. with Data

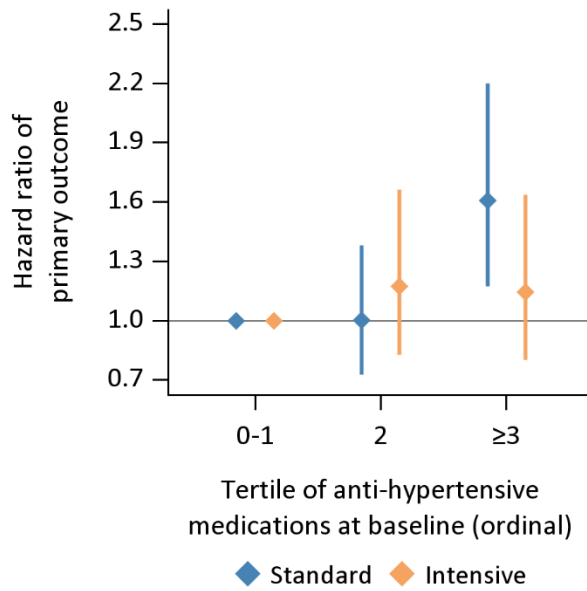
Standard treatment	228	405	643	820	704	588	434	316	212	333
Intensive treatment	209	399	692	770	723	598	446	315	199	327

Figure S6: Adjusted risk ratios and 95% confidence intervals for achieving SBP goal at 12 months by tertile of baseline antihypertensive medication number and treatment group



No. with Data			
Standard treatment	1694	1567	1422
Intensive treatment	1654	1603	1421

Figure S7: Adjusted hazard ratios and 95% confidence intervals for experiencing CVD event, by tertile of baseline antihypertensive medication number and treatment group



No. with Data

Standard treatment	1694	1567	1422
Intensive treatment	1654	1603	1421