Supplementary Online Content

Wang N, Salam A, Webster R, et al; TRIUMPH Study Group. Association of low-dose triple combination therapy with therapeutic inertia and prescribing patterns in patients with hypertension: a secondary analysis of the TRIUMPH trial. *JAMA Cardiol*. Published online July 22, 2020. doi:10.1001/jamacardio.2020.2739

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Ten most common clinical pathways among patients in the triple pill and usual care groups

Ranking by frequency	Intensified at randomization?	Target at Week 6?	Intensified at Week 6?	Target at Week 12?	Intensified at Week 12?	Target at Week 26?	Number of patients	% of patients*
Triple Pill group								
1	Yes	Yes	No	Yes	No	Yes	146	47%
2	Yes	No	No	No	No	No	28	9%
3	Yes	No	No	Yes	No	Yes	27	9%
4	Yes	Yes	No	Yes	No	No	26	8%
5	Yes	No	No	Yes	No	No	14	5%
6	Yes	No	No	No	No	Yes	14	5%
7	Yes	Yes	No	No	No	Yes	13	4%
8	Yes	Yes	No	No	No	No	12	4%
9	Yes	No	No	No	Yes	No	5	2%
10	Yes	Yes	No	Yes	Yes	Yes	4	1%
Usual Care group								
1	Yes	Yes	No	*Yes*	No	Yes	47	14%
2	Yes	No	No	No	No	No	19	6%
3	No	No	No	No	No	No	18	6%
4	Yes	No	Yes	No	No	No	14	4%
5	Yes	No	No	Yes	No	Yes	14	4%
6	Yes	Yes	No	No	No	Yes	12	4%
7	Yes	No	No	No	Yes	No	12	4%
8	Yes	No	No	No	No	Yes	12	4%
9	No	Yes	No	Yes	No	Yes	11	3%
10	Yes	Yes	No	Yes	No	No	10	3%

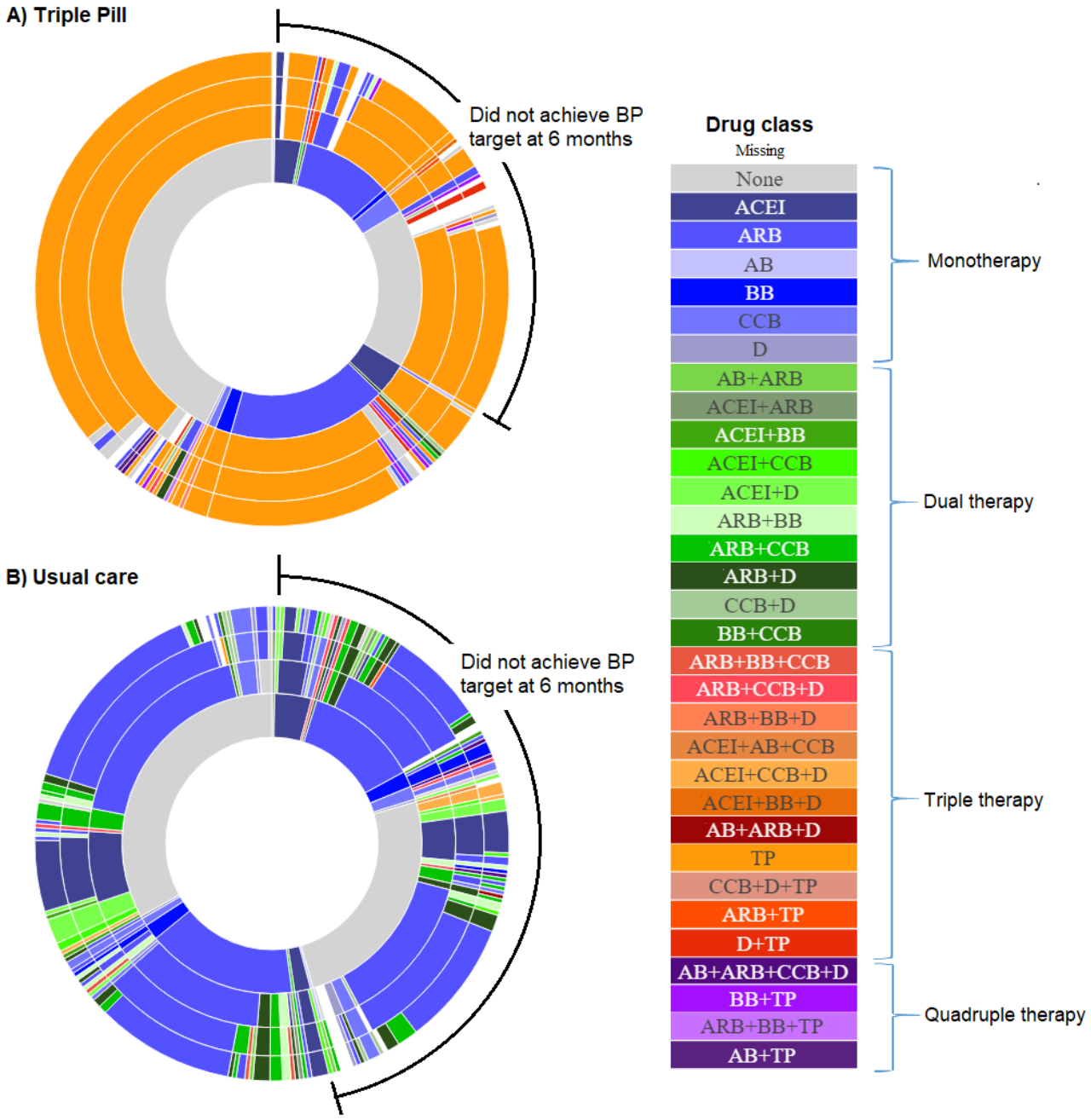
* the total number of participants were 311 vs 326 and number with missing values were 38 vs 25 for triple pill and usual care groups, respectively. Red indicates therapeutic inertia, defined as those who did not reach target and did not receive treatment intensification

eTable 2. Multivariate predictors of intensification of BP-lowering drug therapy after not reaching BP target

	Triple Pill		Usual Care		All patients	
	Adjusted OR (95% CI)	p-value	Adjusted OR (95% CI)	p-value	Adjusted OR (95% CI)	p-value
Randomisation						
SBP during visit (per 10 mmHg higher)	0.29 (0.11, 0.78)	0.014	1.47 (1.02, 2.12)	0.039	-	-
Number of non-BP pills at visit (per 1 pill more)	0.71 (0.56, 0.90)	0.005	-	-	-	-
Number of BP medications at visit (per 1 medication more)	-	-	0.03 (0.00-0.18)	<0.001	0.05 (0.01, 0.21)	<0.001
Randomisation to triple pill arm	-	-	-	-	47.3 (18.2, 122.8)	<0.001
Week 6						
SBP during visit (per 10 mmHg higher)	-	-	1.69 (1.27, 2.28)	<0.001	1.63 (1.28, 2.06)	<0.001
Secondary/Tertiary education versus primary/no education	0.19 (0.04, 0.95)	0.043	-	-	0.51 (0.27, 0.94)	0.031
Week 12						
SBP during visit (per 1mmHg higher)	2.17 (1.09, 4.30)	0.026	2.35 (1.58, 3.52)	<0.001	2.06 (1.51, 2.84)	<0.001
Male sex	-	-	0.32 (0.12, 0.84)	0.021	-	-
Anxiety/depression	-	-	4.42 (1.69, 11.6)	0.002	3.02 (1.37, 6.67)	0.006

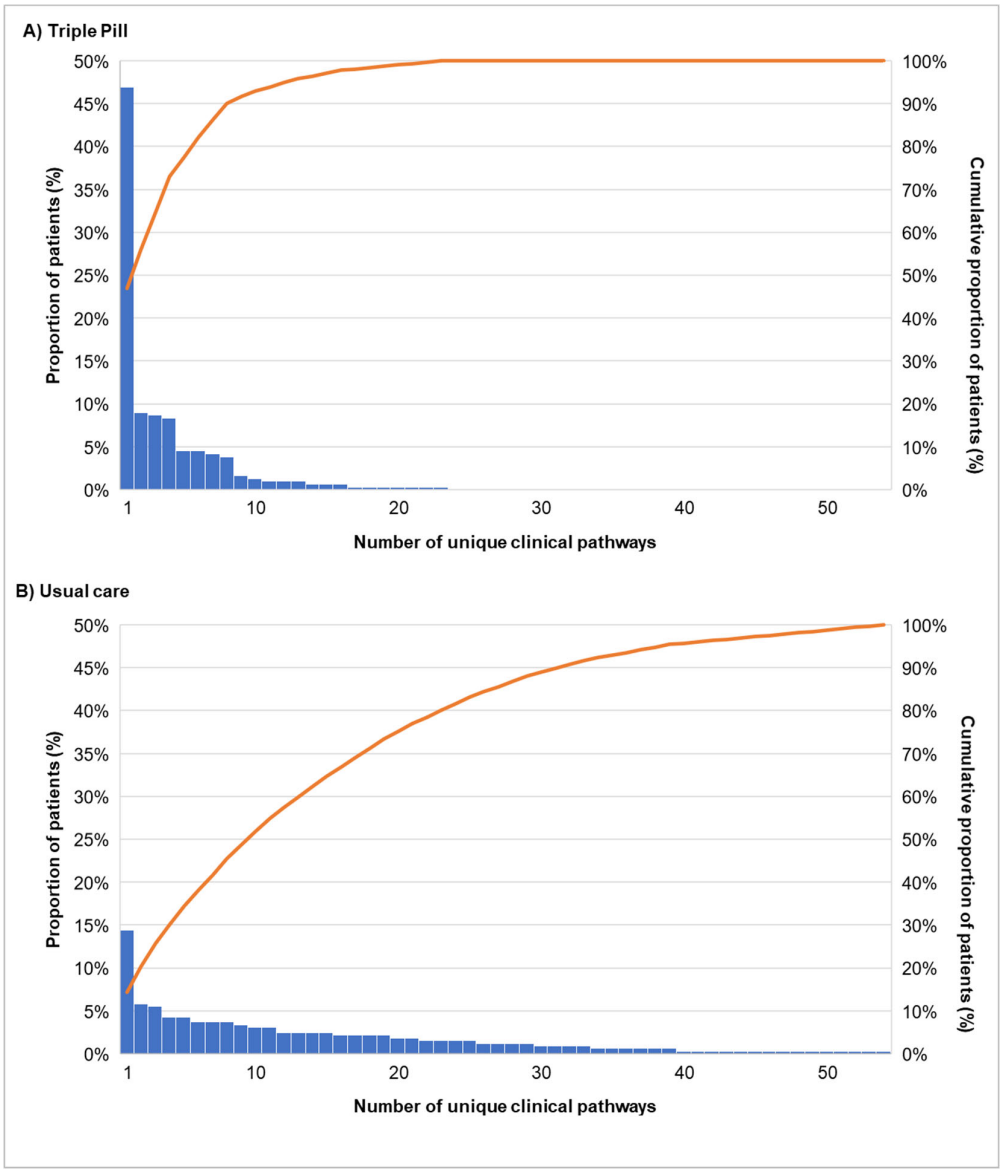
A full list of included variables in the multivariate model can be found in supplementary table 2. BP, blood pressure; SBP, systolic blood pressure

eFigure 1. Treatment patterns according to BP-lowering drug class and achievement of BP target



Grey, blue, green, orange/red, and purple indicate, 0, 1, 2, 3 and 4 BP-lowering drug(s), respectively. White represents patients who missed their follow-up visit Innermost to outermost circles represent BP-lowering drugs taken at randomization, week 6, week 12, and 6 months (end of study). AB, alpha blocker; ACEI, angiotensin converting enzyme inhibitor; ARB, angiotensin receptor blocker; BB, beta-blocker; CCB, calcium channel blocker; D, diuretic; TP, Triple Pill

eFigure 2. Number of unique clinical pathways among patients in the triple pill and usual care groups



Each potential clinical pathway was defined by the presence or absence of BP control at week 6, week 12 and end of study and by treatment intensification at randomization, week 6 and week 12 visits. There were 23 unique clinical pathways in the triple group compared to 54 in the usual care group. The ten most common clinical pathways are shown in supplementary table 1.