# SUPPLEMENTAL MATERIAL

# Data S1.  Study Descriptions.

*Copenhagen Psychosocial Questionnaire version I (COPSOQ-I), Denmark*

The COPSOQ-I is a prospective cohort study of a random sample of Danish residents selected from the Danish population register. The participants were aged 20-60 years of age and were in paid employment at the study baseline in 1997. A baseline questionnaire and an invitation to take part was posted to 4 000 people and 2 454 individuals agreed to participate. [10] In Denmark, questionnaire- and register-based studies do not require approval from the Danish National Committee on Biomedical Research Ethics (Den Centrale Videnskabetiske komité). COPSOQ-I was approved by and registered with the Danish Data protection agency (registration number: 2008 - 54 - 0553).

*Copenhagen Psychosocial Questionnaire version II (COPSOQ-II), Denmark*

COPSOQ-II was carried out in 2004-2005. It included a follow up of respondents from COPSOQ I and also a representative sample of Danish residents aged 20-60 at study baseline. The questionnaire was sent to 8 000 individuals from the random sample and 4 732 individuals responded, returning the questionnaire by post or via the internet. [11] In Denmark, questionnaire- and register-based studies do not require ethics committee approval. COPSOQ-II was approved by and registered with the Danish Data protection agency (registration number: 2004-54-1493).

*Danish Work Environment Cohort Study (DWECS), Denmark*

DWECS is a split panel survey of working age Danish people. The cohort was established in 1990, when a simple random sample of men and women, aged 18-59, was drawn from the Danish population register. The participants have been followed up at five-year intervals and data from the year 2000 were used for the IPD-Work. That year 11 437 individuals were invited to participate and 8 583 agreed to do so. [12, 13] In Denmark, questionnaire- and register-based studies do not require ethics committee approval. DWECS was approved by and registered with the Danish Data protection agency (registration number: 2007-54-0059).

*Finnish Public Sector study (FPS), Finland*

The Finnish Public Sector study is a prospective cohort study comprising the entire public sector personnel of 10 towns or municipalities, and 21 hospitals in the same geographical areas. Participants were recruited from employers' records in 2000-2002 and 2004. [14] At either time of recruitment (2000-2002 or 2004), a total of 66 430 individuals aged 17 to 65 responded to the baseline questionnaire. Ethical approval was obtained from the Helsinki and Uusimaa hospital district ethics committee.

*Health and Social Support (HeSSup), Finland*

The Health and Social Support (HeSSup) study is a prospective cohort study of a stratified random sample of the Finnish population in the following four age groups: 20–24, 30–34, 40–44 and 50–54 years. The participants were identified from the Finnish population register and posted an invitation to participate in 1998. In all, 25 898 individuals responded and returned the baseline questionnaire. [15] Turku University Central Hospital Ethics Committee approved the study.

*Helsinki Health Study (HHS), Finland*

The Finnish Helsinki Health Study (HHS) is a prospective cohort study comprising all employees of the City of Helsinki, who turned 40, 45, 50, 55, or 60 years in 2000-2002.[16] We included in this study all participants who responded to the baseline survey (n=8 960, response rate 67%, 80% women) and provided an informed written consent to combine their survey responses with retrospective and prospective register based follow-up data on different diseases and mortality (n=6 605). Ethical approvals for this study were obtained from the ethics committees of the health authorities of the City of Helsinki, and the Department of Public Health, University of Helsinki.

*Intervention Project on Absence and Well-being (IPAW), Denmark*

IPAW is a 5-year psychosocial work environment intervention study including 22 intervention and 30 control workplaces in three organisations (a large pharmaceutical company, municipal technical services and municipal nursing homes) in Copenhagen, Denmark. [17, 18] The baseline questionnaire was posted to all the employees at the selected work sites between 1996 and 1997. Interventions took place at 22 workplaces during 1996-98 at the organisational and interpersonal level. Of the 2 721 employees who worked at the IPAW sites, 2 068 men and women completed the baseline questionnaire. IPAW was approved by and registered with the Danish Data Protection Agency (registration number: 2000-54-0066).

*Swedish Longitudinal Occupational Survey of Health (SLOSH), Sweden*

Swedish Longitudinal Occupational Survey of Health (SLOSH) is an on-going prospective cohort study following up individuals who participated in the Swedish Work Environment Survey (SWES) between 2003 and 2011 [19]. SWES, conducted biennially by Statistics Sweden (commissioned by the Swedish Work Environment Authority), is based on a sample of gainfully employed people aged 16-64 years drawn from the Labour Force Survey (LFS). These

individuals were first sampled into LFS through stratification by county, sex, citizenship and inferred employment status.

*Still Working*

Still Working is an ongoing prospective cohort study. [20, 21] In 1986, the employees (n = 12 173) at all Finnish centres of operation of Enso Gutzeit (a forestry products manufacturer) were invited to participate in a questionnaire survey on demographic, psychosocial and health-related factors and 9 282 individuals participated. The study was approved by the ethics committee of the Finnish Institute of Occupational Health.

*Whitehall II, United Kingdom*

Whitehall II is a prospective cohort study set up to investigate socioeconomic determinants of health. At study baseline in 1985-1988, 10 308 civil service employees aged 35-55 and working in 20 civil service departments in London were invited to participate in the study.[22] Data on weekly working hours were collected in study phase 3, in 1991-94, which was used as an analytical baseline in our investigation. The Whitehall II study protocol was approved by the University College London Medical School committee on the ethics of human research. Written informed consent was obtained at each data collection wave.

*Work, Lipids, and Fibrinogen Stockholm (WOLF S), Sweden*

WOLF Stockholm study is a prospective cohort study of 5 698 people (3 239 men and 2 459 women) aged 19–70 and working in companies in Stockholm county. [23] At study baseline the participants underwent a clinical examination and completed a set of health questionnaires at 20 occupational health units in 1992-95. The Regional Research Ethics Board in Stockholm and the ethics committee at Karolinska Institutet, Stockholm, Sweden, approved the study.

# Data S2.  SAS and Stata Commands.

**Study-specific Analyses**

<u>**SAS**</u>

```
proc phreg data=pad1;
    model futime_pad*PAD_inc(0) = strain / rl;
    by study;
    ods output ParameterEstimates=pe;
    data res; set pe; by study; if parameter='strain';
    keep study Estimate StdErr ProbChiSq HazardRatio HRLowerCL HRUpperCL;
    proc print data=res;
run;
proc phreg data=pad1;
    model (age_beginning,age_end)*PAD_inc(0)= sex strain / rl;
    by study;
    ods output ParameterEstimates=pe;
    data res; set pe; by study; if parameter='strain';
    keep study Estimate StdErr ProbChiSq HazardRatio HRLowerCL HRUpperCL;
    proc print data=res;
run;
proc phreg data=pad1;
    class sex smokerex alcocl ses inactive wgcl2;
    model (age_beginning,age_end)*PAD_inc(0)= sex smokerex alcocl ses inactive diabetes wgcl2
strain / rl;
    by study;
    ods output ParameterEstimates=pe;
    data res; set pe; by study; if parameter='strain';
    keep study Estimate StdErr ProbChiSq HazardRatio HRLowerCL HRUpperCL;
    proc print data=res;
run;
```

<u>**Stata**</u>

```
stset yexit, failure(PAD_inc) origin(byear) id(id)
xi:stcox job_strain, nohr

stset yexit, failure(PAD_inc) enter(byear) origin(yob) id(id)
xi:stcox sex job_strain, nohr
xi:stcox sex i.ses i.wgcl2 i.smokerex i.alcocl inactive diabetes strain, nohr
```

**Meta-analyses**

**Stata**

use H:\studyspecific_results.dta, clear

sort model Study
admetan logHR logse2 if model==1 | model==2| model==3, re(eb) rfdist eform by(model) ///
        lcols(Study Nallfollowup NPADfollowup) ///
        sgwt nograph nooverall saving(H:\admetan_results_eb.dta, replace)

use H:\admetan_results_eb.dta, clear

replace _LABELS="Unadjusted" if _LABELS=="1" & _ES==.
replace _LABELS="Multivariable-adjusted" if _LABELS=="3" & _ES==.

/* changed "subgroup" to "summary" in a string var used for labelling the figure */
gen n = "Summary" if substr(_LABELS,1,8) == "Subgroup"
replace _LABELS= n + substr(_LABELS,9,20) if substr(_LABELS,1,8) == "Subgroup"

label var _LABELS "Model and study"
drop n

tostring Nallfollowup, replace
tostring NPADfollowup, replace

forestplot, hr plotid(_BY) lcols(Nallfollowup NPADfollowup)       ///
        box1opts(mcolor(gs13)) ci1opts(lcolor(gs13)) ///
        box2opts(mcolor(gs9)) ci2opts(lcolor(gs9)) ///
        box3opts(mcolor(gs6)) ci3opts(lcolor(gs6)) ///
        graphregion(color(white)) noadjust rfdist(_rfLCI _rfUCI)

Table S1. International Classification of Diseases (ICD) versions 8, 9 and 10 codes to identify lower limb peripheral arterial disease (PAD).

| Coding system Code | Description |
| --- | --- |
| **ICD-10** | |
| I702 | Atherosclerosis of arteries of extremities (including atherosclerotic gangrene) |
| I738 | Other specified peripheral vascular disease |
| I739 | Peripheral vascular disease, unspecified (including intermittent claudication) |
| I743 | Embolism and thrombosis of arteries of lower extremities |
| I744 | Embolism and thrombosis of arteries of extremities, unspecified |
| I745 | Embolism and thrombosis of iliac artery |
| E105, E115, E125, E135, E145 | Diabetes with peripheral circulatory complications |
| **ICD-9** | |
| 2507 | Diabetes with peripheral circulatory disorders |
| 4402 | Atherosclerosis of native arteries of the extremities |
| 4404 | Chronic total occlusion of artery of the extremities (including complete occlusion of artery of the extremities, total occlusion of artery of the extremities) |
| 4438 | Other specified peripheral vascular disease |
| 4439 | Peripheral vascular disease, unspecified (including intermittent claudication NOS, peripheral angiopathy or vascular disease NOS, spasm of artery) |
| 4442 | Arterial embolism or thrombosis of extremities |
| 44481 | Arterial embolism or thrombosis of iliac artery |
| **ICD-8** | |
| 4402 | Arteriosclerosis of arteries of the extremities |
| 4438 | Other peripheral vascular disease, other |
| 4444 | Embolism and thrombosis of arteries of the extremities |

NOS: not otherwise specified

Table S2. Baseline covariates by study.

| Study | Socioeconomic position | N (%) | Smoking | N (%) | Alcohol consumption | N (%) | Physical activity | N (%) | Body mass index | N (%) | Diabetes N (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| COPSOQ_I | Low | 759 (43.95) | Never | 681 (38.67) | None | -* | Active | -* | <18.5 | -* | 16 (0.9) |
| | Intermediate | 494 (28.60) | Ex- | 429 (24.36) | Moderate | - | Inactive | - | 18.5 to 24.9 | - | |
| | High | 474 (27.45) | Current | 651 (36.97) | Heavy | - | All | - | 25.0 to 29.9 | - | |
| | All | 1727 (100.0) | All | 1 761 (100.0) | All | - | | | >=30.0 | - | |
| | | | | | | | | | All | - | |
| COPSOQ-II | Low | 1445 (42.45) | Never | 1 424 (41.86) | None | 601 (17.71) | Active | 1 757 (51.91) | <18.5 | 49 (1.45) | <5 (<0.1) |
| | Intermediate | 971 (28.53) | Ex- | 886 (26.04) | Moderate | 2 464 (72.62) | Inactive | 1 628 (48.09) | 18.5 to 24.9 | 1 814 (53.80) | |
| | High | 988 (29.02) | Current | 1 092 (32.10) | Heavy | 328 (9.67) | All | 3 385 (100.0) | 25.0 to 29.9 | 1 118 (33.16) | |
| | All | 3404 (100.0) | All | 3 402 (100.0) | All | 3 393 (100.0) | | | >=30.0 | 391 (11.60) | |
| | | | | | | | | | All | 3 372 (100.0) | |
| DWECS | Low | 2372 (43.33) | Never | 2 222 (39.96) | None | 3 109 (55.99) | Active | 2 325 (41.86) | <18.5 | 93 (1.69) | 51 (0.9) |
| | Intermediate | 1659 (30.31) | Ex- | 1 280 (23.02) | Moderate | 2 134 (38.43) | Inactive | 3 229 (58.14) | 18.5 to 24.9 | 3 209 (58.22) | |
| | High | 1443 (26.36) | Current | 2 058 (37.01) | Heavy | 310 (5.58) | All | 5 554 (100.0) | 25.0 to 29.9 | 1 786 (32.40) | |
| | All | 5474 (100.0) | All | 5 560 (100.0) | All | 5 553 (100.0) | | | >=30.0 | 424 (7.69) | |
| | | | | | | | | | All | 5 512 (100.0) | |
| FPS | Low | 11 807 (18.2) | Never | 39 777 (63.4) | None | 8 884 (13.8) | Active | 51 292 (80.2) | <18.5 | 810 (1.3) | 1 438 (2.2) |
| | Intermediate | 34 282 (52.8) | Ex- | 11 446 (18.3) | Moderate | 48 746 (75.9) | Inactive | 12 632 (19.8) | 18.5 to 24.9 | 35 488 (55.4) | |
| | High | 18 872 (29.1) | Current | 11 506 (18.3) | Heavy | 6 593 (10.3) | All | 63 924 (100.0) | 25.0 to 29.9 | 20 311 (31.7) | |
| | All | 64 961 (100.0) | All | 62 729 (100.0) | All | 64 223 (100.0) | | | >=30.0 | 7 423 (11.6) | |
| | | | | | | | | | All | 64 032 (100.0) | |
| HeSSup | Low | 4 180 (22.7) | Never | 7 772 (42.4) | None | 2 526 (13.7) | Active | 14 606 (79.6) | <18.5 | 291 (1.6) | 331 (1.8) |
| | Intermediate | 9 828 (53.5) | Ex- | 6 193 (33.8) | Moderate | 14 188 (76.9) | Inactive | 3 748 (20.4) | 18.5 to 24.9 | 10 472 (57.0) | |
| | High | 4 375 (23.8) | Current | 4 374 (23.9) | Heavy | 1 734 (9.4) | All | 18 354 (100.0) | 25.0 to 29.9 | 5 793 (31.5) | |
| | All | 18 383 (100.0) | All | 18 339 (100.0) | All | 18 448 (100.0) | | | >=30.0 | 1 812 (9.9) | |
| | | | | | | | | | All | 18 368 (100.0) | |

* Body mass index was not measured in Still Working; Body mass index, physical activity and alcohol consumption were not measured in COPSOQ-I; the quality of the alcohol consumption measure was questionable in SLOSH.

Table S2, continued. Baseline covariates by study

| Study | Socioeconomic position N (%) | | Smoking N (%) | | Alcohol consumption N (%) | | Physical activity N (%) | | Body mass index N (%) | | Diabetes N (%) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HHS | Low | 917 (14.2) | Never | 3 394 (53.0) | None | 421 (6.6) | Active | 1 272 (19.8) | <18.5 | 61 (1.0) | 171 (2.7) |
| | Intermediate | 2 216 (34.4) | Ex- | 1 529 (23.9) | Moderate | 5 712 (89.0) | Inactive | 1 700 (26.5) | 18.5 to 24.9 | 3 172 (49.6) | |
| | High | 3 314 (51.4) | Current | 1 482 (23.1) | Heavy | 285 (4.4) | All | 6 413 (100.0) | 25.0 to 29.9 | 2 229 (34.9) | |
| | All | 6 447 (100.0) | All | 6 405 (100.0) | All | 6 418 (100.0) | | | >=30.0 | 934 (14.6) | |
| | | | | | | | | | All | 6 396 (100.0) | |
| IPAW | Low | 1367 (67.51) | Never | 601 (29.83) | None | 336 (17.01) | Active | 814 (41.55) | <18.5 | 57 (2.91) | 40 (2.0) |
| | Intermediate | 288 (14.22) | Ex- | 464 (23.03) | Moderate | 1 502 (76.05) | Inactive | 1 145 (58.45) | 18.5 to 24.9 | 1182 (60.34) | |
| | High | 370 (18.27) | Current | 950 (47.15) | Heavy | 137 (6.94) | All | 1 959 (100.0) | 25.0 to 29.9 | 556 (28.38) | |
| | All | 2 025 (100.0) | All | 2 015 (100.0) | All | 1 975 (100.0) | | | >=30.0 | 164 (8.37) | |
| | | | | | | | | | All | 1 959 (100.0) | |
| Still Working | Low | 6 332 (69.2) | Never | 3 185 (35.2) | None | 434 (4.8) | Active | 1 742 (19.5) | <18.5 | -* | 86 (0.9) |
| | Intermediate | 2 162 (23.6) | Ex- | 2 881 (31.8) | Moderate | 8 162 (90.4) | Inactive | 7 216 (80.6) | 18.5 to 24.9 | - | |
| | High | 660 (7.2) | Current | 2 988 (33.0) | Heavy | 249 (4.8) | All | 8 958 (100.0) | 25.0 to 29.9 | - | |
| | All | 9 154 (100.0) | All | 9 054 (100.0) | All | 9 025 (100.0) | | | >=30.0 | - | |
| | | | | | | | | | All | - | |
| WOLF-S | Low | 1 711 (30.9) | Never | 2 571 (46.3) | None | 212 (3.8) | Active | 1 321 (23.4) | <18.5 | 82 (1.5) | 73 (1.3) |
| | Intermediate | 2 932 (52.9) | Ex- | 1 563 (28.1) | Moderate | 4 864 (87.9) | Inactive | 4 325 (76.6) | 18.5 to 24.9 | 3 270 (58.0) | |
| | High | 899 (16.2) | Current | 1 422 (25.6) | Heavy | 457 (8.3) | All | 5 646 (100.0) | 25.0 to 29.9 | 1 853 (32.9) | |
| | All | 5 542 (100.0) | All | 5 556 (100.0) | All | 5 533 (100.0) | | | >=30.0 | 433 (7.7) | |
| | | | | | | | | | All | 5 638 (100.0) | |
| SLOSH | Low | 2 315 (21.5) | Non-smoker | 9 145 (84.0) | None | -* | Active | | <18.5 to 24.9 | 5 341 (50.2) | 310 (2.9) |
| | Intermediate | 5 315 (49.4) | Smoker | 2 743 (16.0) | Moderate | - | Inactive | 2 075 (19.1) | 25.0 to 29.9 | 4 101 (38.5) | |
| | High | 3 126 (29.1) | | | Heavy | - | All | 8 781 (80.9) | >=30.0 | 1 208 (11.3) | |
| | All | 10 756 (100.0) | All | 10 888 (100.0) | All | - | | 10 650 (100.0) | All | 10 650 (100.0) | |
| Whitehall II | Low | 2 287 (22.5) | Never | 4 997 (49.6) | None | 1 926 (19.0) | Active | 8 382 (82.9) | <18.5 | 142 (1.4) | 92 (0.9) |
| | Intermediate | 4 864 (47.9) | Ex- | 3 227 (32.1) | Moderate | 6 647 (65.5) | Inactive | 1 735 (17.2) | 18.5 to 24.9 | 6 025 (59.5) | |
| | High | 3 002 (29.6) | Current | 1 843 (18.3) | Heavy | 1 580 (15.6) | All | 10 117 (100.0) | 25.0 to 29.9 | 3 260 (32.2) | |
| | All | 10 153 (100.0) | All | 10 067 (100.0) | All | 10 153 (100.0) | | | >=30.0 | 705 (7.0) | |
| | | | | | | | | | All | 10 132 (100.0) | |

*Body mass index was not measured in Still Working; Body mass index, physical activity and alcohol consumption were not measured in COPSOQ-I; the quality of the alcohol consumption measure was questionable in SLOSH.

Table S3. Associations of job strain with incident peripheral artery disease (PAD).

| Study | N with PAD | HR (95 % CI) for PAD | N with PAD | HR (95 % CI) for PAD | N with PAD | HR (95 % CI) for PAD |
|---|---|---|---|---|---|---|
| | **Unadjusted** | | **Age- and sex-adjusted** | | **Multivariable-adjusted*** | |
| COPSOQ_I | 16 | 1.75 (0.61 to 5.04) | 16 | 1.90 (0.66 to 5.48) | 16 | 2.05 (0.69 to 6.07) [†] |
| COPSOQ-II | 12 | 3.04 (0.92 to 10.10) | 12 | 3.24 (0.97 to 10.81) | 12 | 3.70 (1.05 to 13.03) |
| DWECS | 37 | 1.68 (0.85 to 3.35) | 37 | 1.92 (0.96 to 3.82) | 37 | 1.94 (0.95 to 3.96) |
| FPS | 110 | 1.14 (0.76 to 1.72) | 110 | 1.25 (0.83 to 1.89) | 110 | 1.19 (0.76 to 1.86) |
| HeSSup | 55 | 0.78 (0.42 to 1.45) | 55 | 0.84 (0.45 to 1.57) | 55 | 0.76 (0.41 to 1.44) |
| HHS | 41 | 1.53 (0.73 to 3.21) | 41 | 1.67 (0.78 to 3.56) | 40 | 1.67 (0.78 to 3.55) |
| IPAW | 25 | 2.63 (1.16 to 5.94) | 25 | 3.82 (1.40 to 7.26) | 25 | 2.71 (1.12 to 6.55) |
| SLOSH | 16 | 1.37 (0.44, 4.26) | 16 | 1.40 (0.45 to 4.35) | 11 | 2.17 (0.62 to 7.62) [†] |
| Still Working | 161 | 0.99 (0.65 to 1.52) | 161 | 1.13 (0.74 to 1.74) | 161 | 1.06 (0.68 to 1.66) [†] |
| Whitehall II | 159 | 1.23 (0.81 to 1.87) | 158 | 1.32 (0.86 to 2.01) | 156 | 1.21 (0.79 to 1.85) |
| WOLF S | 35 | 1.77 (0.83 to 3.77) | 35 | 2.22 (1.04 to 4.76) | 35 | 2.13 (0.94 to 4.83) |
| | **Random effects summary estimates** | | | | | |
| | | **HR (95% CI)** | | **HR (95% CI)** | | **HR (95% CI)** |
| | **EB** | 1.25 (1.04 to 1.50) | | 1.46 (1.17 to 1.82) | | 1.41 (1.11 to 1.80) |
| | $\tau^2$ | <0.00001 | | 0.0285 | | 0.0427 |
| | $I^2$ | <0.01% | | 21.8% | | 26.9% |
| | **DL** | 1.25 (1.04 to 1.50) | | 1.46 (1.18 to 1.81) | | 1.41 (1.11 to 1.78) |
| | $\tau^2$ | <0.00001 | | 0.0241 | | 0.0357 |
| | $I^2$ | <0.01% | | 18.7% | | 23.6% |
| | **REML** | 1.25 (1.04 to 1.50) | | 1.44 (1.18 to 1.77) | | 1.40 (1.11 to 1.76) |
| | $\tau^2$ | <0.00001 | | 0.0136 | | 0.0291 |
| | $I^2$ | <0.01% | | 11.5% | | 20.1% |

[*] Adjusted for baseline age, sex, socioeconomic position, smoking, alcohol consumption, body mass index and physical activity.

[†] Still Working estimates not adjusted for body mass index; COPSOQ-I estimates not adjusted for body mass index, physical activity and alcohol consumption; SLOSH estimates not adjusted for alcohol consumption.

Abbreviations: EB: empirical Bayes; DL: DerSimonian and Laird; REML: restricted maximum likelihood

Table S4. Associations of job strain with incident peripheral artery disease (PAD), with cases during the 1st year of follow-up excluded.

| Study | N (%) PAD | Multivariable-adjusted* HR (95 % CI) for PAD |
|---|---|---|
| COPSOQ_I | 15 | 2.31 (0.77 to 6.99) [†] |
| COPSOQ-II | 10 | 3.20 (0.77 to 13.32) |
| DWECS | 33 | 2.11 (0.99 to 4.49) |
| FPS | 102 | 1.25 (0.79 to 1.98) |
| HeSSup | 53 | 0.72 (0.38 to 1.39) |
| HHS | 40 | 1.56 (0.77 to 3.16) |
| IPAW | 24 | 2.71 (1.12 to 6.55) |
| SLOSH | 7 | 2.80 (0.61 to 12.78) [†] |
| Still Working | 160 | 1.01 (0.64 to 1.60) [†] |
| Whitehall II | 156 | 1.21 (0.79 to 1.85) |
| WOLF S | 34 | 1.86 (0.78 to 4.40) |

| Random effects summary estimates | | HR (95 % CI) |
|---|---|---|
| | **EB** | |
| | HR (95% CI) | **1.40 (1.10 to 1.79)** |
| | $\tau^2$ | 0.0423 |
| | $I^2$ | 26.2% |
| | **DL** | **HR (95 % CI)** |
| | HR (95% CI) | 1.39 (1.10 to 1.77) |
| | $\tau^2$ | 0.0357 |
| | $I^2$ | 23.1% |
| | **REML** | **HR (95 % CI)** |
| | HR (95% CI) | 1.39 (1.10 to 1.75) |
| | $\tau^2$ | 0.0291 |
| | $I^2$ | 19.6% |

[*] Adjusted for baseline age, sex, socioeconomic position, smoking, alcohol consumption, body mass index and physical activity.

[†] Still Working estimates not adjusted for body mass index; COPSOQ-I estimates not adjusted for body mass index, physical activity and alcohol consumption; SLOSH estimates not adjusted for alcohol consumption.

Abbreviations: EB: empirical Bayes; DL: DerSimonian and Laird; REML: restricted maximum likelihood

Table S5. Absolute risk of PAD, by job strain.

| Study | Incidence of PAD (per 10,000 person-years) | | Difference in incidence per 10,000 person-years (95% CI) |
|---|---|---|---|
| | Job strain | No strain | |
| COPSOQ-I | 11.7 | 6.7 | 5.0 (1.4 to 8.6) |
| COPSOQ-II | 16.7 | 5.5 | 11.2 (7.8 to 14.6) |
| DWECS | 11.0 | 6.6 | 4.4 (2.5 to 6.3) |
| FPS | 1.9 | 1.7 | 0.2 (0.01 to 0.5) |
| HeSSup | 1.9 | 2.4 | -0.5 (-1.0 to -0.1) |
| HHS | 6.3 | 4.1 | 2.2 (0.6 to 3.8) |
| IPAW | 19.8 | 7.5 | 12.3 (8.0 to 16.6) |
| SLOSH | 2.1 | 2.7 | 0.6 (-0.1 to 1.4) |
| Still Working | 8.1 | 8.1 | -0.1 (-1.6 to 1.5) |
| Whitehall II | 6.9 | 5.6 | 1.3 (-0.1 to 2.7) |
| WOLF S | 6.3 | 3.5 | 2.8 (1.1 to 4.4) |