|  |
| --- |
| **S3 Table: Adjusted odds ratios of ADRD incidence associated with use of statin-AHT combinations, relative to users of other statin-AHT combinations, with use defined as 180 days and 2 claims** |
| **Statin** | **AHT** |   | **All** | **Female** | **Male** | **White** | **Black** | **Hispanic** |
| **Ator** | **ACEI** | OR | 0.974 | 1.001 | 0.919 | 0.979 | 0.937 | 0.944 |
|  |  | CI | (0.939-1.010) | (0.958-1.047) | (0.863-0.979) | (0.941-1.018) | (0.820-1.071) | (0.815-1.094) |
|  |  | p | 0.150 | 0.951 | 0.009 | 0.279 | 0.343 | 0.444 |
|  |  |  |  |  |  |  |  |  |
| **Sim** | **ACEI** | OR | 0.959 | 0.969 | 0.937 | 0.958 | 0.934 | 0.897 |
|  |  | CI | (0.933-0.986) | (0.937-1.003) | (0.892-0.984) | (0.929-0.988) | (0.847-1.031) | (0.813-0.990) |
|  |  | p | 0.003 | 0.070 | 0.010 | 0.006 | 0.177 | 0.032 |
|  |  |  |  |  |  |  |  |  |
| **Pra** | **ACEI** | OR | 0.925 | 0.989 | 0.786 | 0.913 | 0.898 | 1.074 |
|  |  | CI | (0.879-0.973) | (0.928-1.053) | (0.714-0.866) | (0.864-0.965) | (0.733-1.100) | (0.857-1.344) |
|  |  | p | 0.003 | 0.726 | <0.001 | 0.001 | 0.298 | 0.536 |
|  |  |  |  |  |  |  |  |  |
| **Rosu** | **ACEI** | OR | 0.831 | 0.830 | 0.833 | 0.840 | 0.663 | 0.890 |
|  |  | CI | (0.776-0.891) | (0.763-0.902) | (0.742-0.936) | (0.779-0.906) | (0.522-0.840) | (0.719-1.100) |
|  |  | p | <0.001 | <0.001 | 0.002 | <0.001 | 0.001 | 0.280 |
|  |  |  |  |  |  |  |  |  |
| **Ator** | **ARB** | OR | 0.909 | 0.916 | 0.897 | 0.904 | 0.885 | 0.914 |
|  |  | CI | (0.872-0.948) | (0.871-0.963) | (0.824-0.976) | (0.862-0.948) | (0.771-1.016) | (0.762-1.095) |
|  |  | p | <0.001 | 0.001 | 0.012 | <0.001 | 0.083 | 0.327 |
|  |  |  |  |  |  |  |  |  |
| **Sim** | **ARB** | OR | 0.874 | 0.888 | 0.839 | 0.870 | 0.858 | 0.913 |
|  |  | CI | (0.842-0.907) | (0.852-0.926) | (0.780-0.902) | (0.836-0.907) | (0.749-0.984) | (0.803-1.039) |
|  |  | p | <0.001 | <0.001 | <0.001 | <0.001 | 0.029 | 0.167 |
|  |  |  |  |  |  |  |  |  |
| **Pra** | **ARB** | OR | 0.802 | 0.836 | 0.698 | 0.805 | 0.839 | 0.762 |
|  |  | CI | (0.749-0.860) | (0.774-0.903) | (0.595-0.818) | (0.747-0.868) | (0.660-1.066) | (0.561-1.035) |
|  |  | p | <0.001 | <0.001 | <0.001 | <0.001 | 0.151 | 0.082 |
|  |  |  |  |  |  |  |  |  |
| **Rosu** | **ARB** | OR | 0.837 | 0.857 | 0.788 | 0.798 | 1.002 | 0.917 |
|  |  | CI | (0.779-0.899) | (0.793-0.926) | (0.675-0.921) | (0.733-0.869) | (0.784-1.280) | (0.741-1.133) |
|  |  | p | <0.001 | <0.001 | 0.003 | <0.001 | 0.990 | 0.421 |
|  |  |  |  |  |  |  |  |  |
| **N** |  |   | 1,663,308 | 1,019,291 | 644,017 | 1,404,259 | 98,384 | 81,316 |
| Logistic regression results for ADRD incidence in sample of 2009-2014 Medicare person-years with 180 possession days and 2 claims of both an AHT and a statin in both years t-1 and t-2. AHTs are antihypertensive (AHT) prescription drugs (angiotensin converting enzyme inhibitors (ACEIs), angiotensin-II receptor blockers (ARBs), beta-blockers, calcium channel blockers, loop diuretics, and thiazide diuretics), and statins are atorvastatin, pravastatin, rosuvastatin, and simvastatin. Sample restricted to person-years with 3 years fee-for-service, 3 years Part D, age 67+, no deaths in the reference year (year t), no prior ADRD diagnoses, and no prior use of acetylcholinesterase inhibitors (AChEIs) or memantine. Controls are age, age squared, sex, education, income quartiles, statin use (t-1), years since hypertension and hyperlipidemic diagnoses, HCC comorbidity index, number of physician visits, and indicators for past diagnoses of diabetes, atrial fibrillation, acute myocardial infarction, and stroke. Standard errors are clustered at the county level.  |