SUPPLEMENTARY DATA

Table 1 of the supplementary data. Sensitivity analyses. Frequency of discontinuation, MACE or death (whichever occurred first) in the study population and median time to event. Total and by sex. Results obtained by applying a gap of 3 months when estimating persistence

	Discontinuation		MACE		Death		Total
Total	*1640 (33.2)*	*193 [98-347]*	*71 (1.4)*	*253 [66-440]*	*64 (1.3)*	*524 [268-650]*	*4936*
Women	*1057 (34.7)*	*195 [95-345]*	*37 (1.2)*	*192 [59-433]*	*23 (0.8)*	*460 [184-571]*	*3047*
Men	*583 (30.9)*	*191 [104-350]*	*34 (1.8)*	*266 [74-442]*	*41 (2.2)*	*557 [360-651]*	*1889*

MACE, major adverse cardiovascular event.

The data are expressed as No. (%) or median [interquartile range].

The percentages were calculated with respect to the total population, women, or men. The median times were estimated in each case considering people who experienced this type of event (discontinuation, MACE or death).

Table 2 of the supplementary data. Sensitivity analyses. Crude and adjusted Fine and Gray competing risk analyses for discontinuation of statin therapy in primary prevention of cardiovascular disease in women older than 70 years, Aragon (Spain). Results obtained by applying a gap of 3 months when estimating persistence

	Crude HR	95%CI	*P*	Adjusted HR	95%CI	*P*
Age, y						
70-79	1			1		
80-89	1.17	1.02-1.33	**.022**	1.15	1.00-1.33	.056
≥ 90	1.23	0.88-1.71	.22	1.18	0.83-1.68	.35
Socioeconomic level						
< €18 000/y	1			1		
≥ €18 000/y	1.06	0.92-1.23	.43	1.08	0.93-1.25	.31
Other	0.97	0.52-1.80	.91	1.06	0.55-2.04	.86
Institutionalization	1.18	0.92-1.52	.18	1.08	0.83-1.42	.55
Type of area						
Rural	1			1		
Urban	1.10	0.95-1.27	.19	1.10	0.95-1.27	.20
Comorbidities						
Hypertension	1.06	0.93-1.21	.38	1.07	0.93-1.23	.33
Diabetes mellitus	0.97	0.85-1.12	.71	0.96	0.83-1.12	.62
Obesity	0.94	0.80-1.11	.47	0.94	0.80-1.12	.50
Ischemic heart disease	0.97	0.74-1.28	.85	0.90	0.67-1.20	.48
Heart failure	1.16	0.90-1.48	.25	1.09	0.84-1.43	.51
Chronic kidney disease	1.05	0.90-1.23	.50	0.99	0.85-1.17	.99
Dementia	1.20	0.94-1.53	.15	1.10	0.85-1.43	.47
Depression	1.04	0.91-1.20	.58	1.01	0.88-1.17	.86
COPD	1.26	0.95-1.67	.11	1.21	0.91-1.62	.19
LDL-C before statin initiation	1.01	0.99-1.03	.59	1.00	0.98-1.02	.82
HDL-C before statin initiation	1.02	0.98-1.07	.31	1.02	0.98-1.07	.31
Pharmacological burden	1.01	0.99-1.02	.39	1.00	0.99-1.02	.60
Type of drug						
Low intensity statin	1			1		
High intensity statin	0.92	0.72-1.17	.51	0.97	0.75-1.24	.79
Statin in combination	1.29	1.02-1.64	**.04**	1.29	1.01-1.65	**.04**
Level of care						
Specialty care	1			1		
Primary Care	0.97	0.66-1.42	.86	1.01	0.67-1.54	.95

HR, hazard ratio; COPD, chronic obstructive pulmonary disease; LDL-C, low-density lipoprotein cholesterol; HDL-C, high-density lipoprotein cholesterol.

Pharmacological burden is based on the number of different pharmacological subgroups dispensed.

The LDL-C and HDL-C variables were transformed so that the HRs obtained for them indicate the increase in risk as LDL-C or HDL-C increased by 10 mg/dL.

The adjusted models included as covariates all the other variables presented.

Omnibus *P* values for age = .05; socioeconomic level = .73; type of drug = .09.

Table 3 of the supplementary data. Sensitivity analyses. Crude and adjusted Fine and Gray competing risk analyses for discontinuation of statin therapy in primary prevention of cardiovascular disease in men older than 70 years, Aragon (Spain). Results obtained by applying a gap of 3 months when estimating persistence

	Crude HR	95%CI	*P*	Adjusted HR	95%CI	*P*
Age, y						
70-79	1			1		
80-89	0.94	0.77-1.15	.54	0.96	0.78-1.20	.74
≥ 90	1.07	0.56-2.04	.83	1.08	0.54-2.15	.83
Socioeconomic level			.45			
< €18 000/y	1			1		
≥ €18 000/y	1.07	0.91-1.26	.42	1.02	0.86-1.22	.82
Other	1.44	0.73-2.85	.30	1.52	0.72-3.20	.27
Institutionalization	0.99	0.65-1.52	.98	1.05	0.68-1.61	.83
Type of area						
Rural	1			1		
Urban	1.05	0.88-1.26	.57	1.00	0.83-1.21	.98
Comorbidities						
Hypertension	0.83	0.70-0.98	**.03**	0.89	0.74-1.08	.23
Diabetes mellitus	0.82	0.69-0.98	**.03**	0.92	0.76-1.11	.38
Obesity	0.92	0.73-1.17	.51	1.01	0.79-1.28	.96
Ischemic heart disease	0.82	0.59-1.14	.24	0.95	0.67-1.34	.76
Heart failure	0.64	0.41-0.98	**.04**	0.68	0.43-1.07	.10
Chronic kidney disease	0.99	0.81-1.21	.93	1.07	0.86-1.33	.56
Dementia	1.06	0.64-1.74	.83	0.99	0.59-1.67	.98
Depression	1.21	0.93-1.58	.15	1.25	0.96-1.64	.10
COPD	0.81	0.63-1.03	.09	0.84	0.65-1.10	.20
LDL-C before statin initiation	1.06	1.03-1.09	**<.001**	1.05	1.01-1.08	**.005**
HDL-C before statin initiation	1.05	0.98-1.12	.17	1.00	0.93-1.08	.92
Pharmacological burden	0.98	0.96-1.00	**.05**	1.00	0.97-1.02	.82
Type of drug						
Low-intensity statin	1			1		
Highintensity statin	1.00	0.79-1.27	.97	1.07	0.83-1.38	.60
Statin in combination	0.92	0.63-1.33	.65	0.94	0.64-1.39	.77
Level of care						
Specialty care	1			1		
Primary care	1.61	1.01-2.55	**.04**	1.58	0.95-2.64	.08

HR, hazard ratio; COPD, chronic obstructive pulmonary disease; LDL-C, low-density lipoprotein cholesterol; HDL-C, high-density lipoprotein cholesterol.

Pharmacological burden was based on the number of different pharmacological subgroups dispensed.

The LDL-C and HDL-C variables were transformed so that the HRs obtained for them indicate the increase in risk as LDL-C or HDL-C increased by 10 mg/dL.

The adjusted models included as covariates all the other variables presented.

Omnibus *P* values for age = .80; socioeconomic level = .45; type of drug = .89.