

Table S1. Baseline characteristics of patients according to the presence or absence of CAD

	Non-CAD (n=576)	CAD (n=574)	p
Age (years)	68.0 ± 12.6	69.5 ± 11.4	0.031
Sex (male)	343 (59.7)	429 (75.1)	<0.001
BMI (kg/m²)	24.7 ± 4.3	24.2 ± 3.7	0.030
Smoking	300 (55.7)	348 (64.6)	0.003
Systolic BP (mmHg)	142.6 ± 28.7	142.5 ± 29.3	0.969
HT	357 (65.9)	394 (72.2)	0.025
DM	180 (33.3)	228 (42.0)	0.004
DL	256 (47.6)	326 (60.2)	<0.001
UA (mg/dl)	5.9 ± 1.7	5.9 ± 1.8	0.4326
eGFR (ml/min/1.73m²)	67.0 ± 23.7	64.0 ± 35.0	0.052
BNP (pg/ml)	43.1 (16.8-129.5)	51.1 (20.2-139.9)	0.064*
LDL (mg/dl)	105.0 ± 32.0	110.0 ± 33.4	0.010
HbA1c (%)	6.2 ± 1.2	6.4 ± 1.4	0.008
β-blocker	138 (26.3)	135 (25.3)	0.708
ACEI/ARB	229 (43.4)	242 (45.4)	0.505
Statin	202 (38.5)	270 (50.7)	<0.001
Nicorandil	76 (14.5)	170 (32.0)	<0.001

Data are given as the mean ± standard deviation or medians (interquartile ranges), or number of patients with percentage in brackets. CAD: coronary artery disease, DL: dyslipidemia, UA: uric acid, eGFR: estimated glomerular filtration ratio, LDL: low density lipoprotein cholesterol, ACEI/ARB: angiotensin-converting enzyme inhibitors/angiotensin II type 1 receptor blockers. * Kruskal–Wallis test

Table S2. Clinical characteristics of CAD patients in Sapporo Medical University Hospital

	Overall (n=166)	AF (n=19)	non-AF (n=147)	p
Age (years)	70.7 ± 9.4	72.9 ± 7.9	70.4 ± 9.6	0.273
Sex (male)	116 (69.9)	17 (89.5)	99 (67.4)	0.048
BMI (kg/m²)	24.1 ± 4.3	23.0 ± 4.6	24.3 ± 4.3	0.266
HT	109 (65.7)	12 (63.2)	97 (66.0)	0.807
DM	68 (41.0)	6 (31.6)	62 (42.2)	0.807
DL	118 (71.1)	15 (79.0)	103 (70.1)	0.377
UA (mg/dl)	5.8 ± 1.6	6.7 ± 1.5	5.7 ± 1.5	0.012
eGFR (ml/min/1.73m²)	53.1 ± 24.1	44.1 ± 17.1	54.3 ± 24.7	0.085
BNP (pg/ml)	35.5 (17.3-123.1)	146.1 (65.8-230.9)	32.0 (15.6-79.2)	<0.001*
LDL (mg/dl)	91.2 ± 33.3	81.7 ± 30.1	92.6 ± 33.7	0.222
HbA1c (%)	6.3 ± 1.1	6.3 ± 1.4	6.3 ± 1.1	0.900
β-blocker	62 (37.4)	12 (63.2)	50 (34.0)	0.013
ACEI/ARB	75 (45.2)	8 (42.1)	67 (45.6)	0.775
Statin	82(49.4)	10 (52.6)	72 (49.9)	0.765
Nicorandil	44 (26.5)	4 (21.1)	40 (27.2)	0.567

Data are given as the mean ± standard deviation or medians (interquartile ranges), or number of patients with percentage in brackets. Abbreviations as in Table S1. * Kruskal–Wallis test

Table S3. Multivariate logistic regression analysis for AF patients in Sapporo Medical University Hospital

	Odds ratio	95% CI	p
log BNP	1.61	1.14 - 2.34	0.007
UA (mg/dl)	1.46	1.05 - 2.08	0.026
Sex (male)	2.90	0.65 - 21.60	0.174
Age (years)	1.01	0.95 - 1.08	0.734

Abbreviations as in Table S1.

Figure S1.

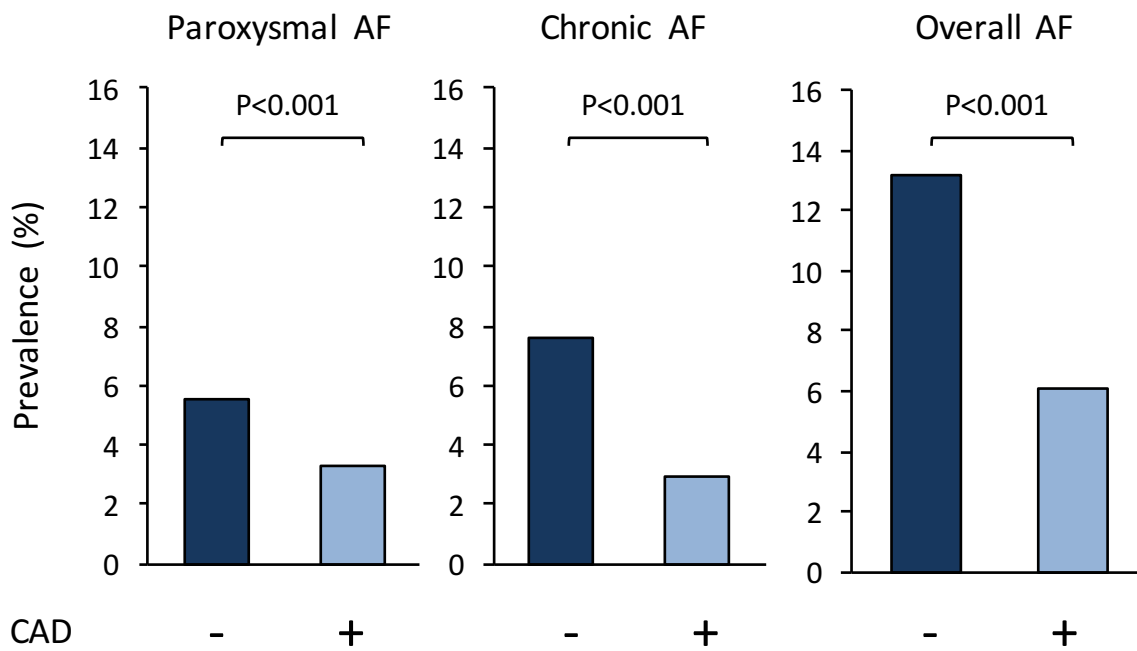


Figure S1. Prevalences of paroxysmal AF, chronic AF and overall AF in patients with and those without CAD in BOREAS-CAG Registry. Patients with CAD had significantly lower prevalences of all types of AF than did those without CAD.

Figure S2.

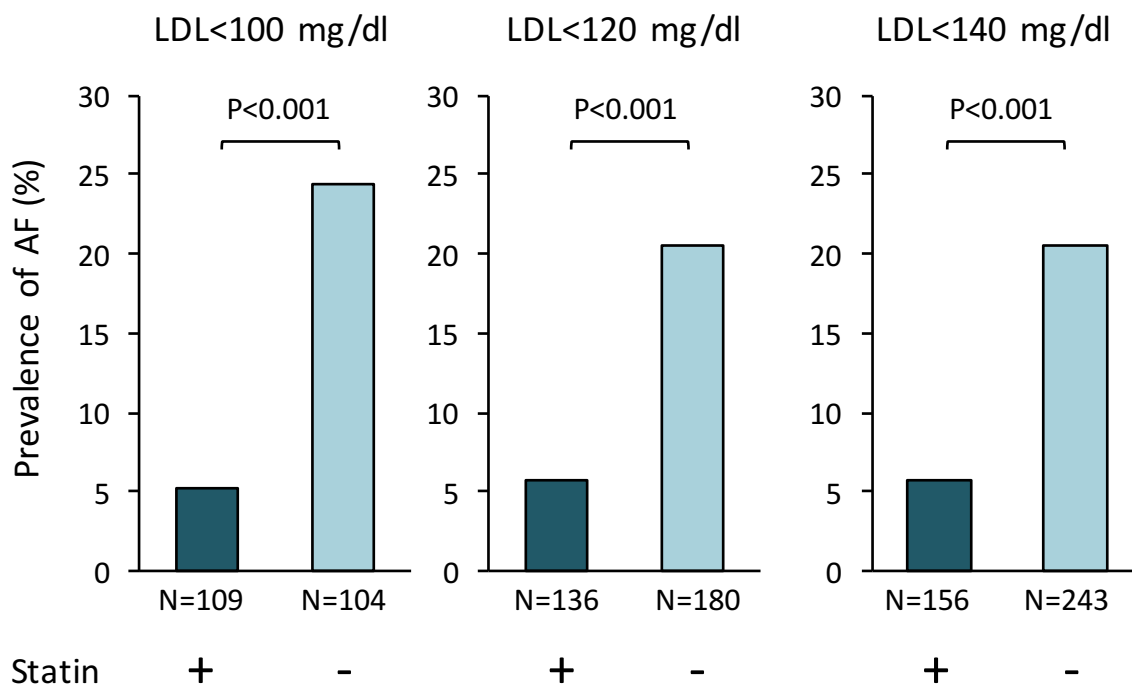


Figure S2. Prevalence of AF in non-CAD patients according to the level of LDL cholesterol with or without statin therapy. Administration of a statin predicted significantly lower prevalence of AF even when LDL cholesterol was controlled under 140 mg/dl, 120 mg/dl or 100 mg/dl.

Figure S3.

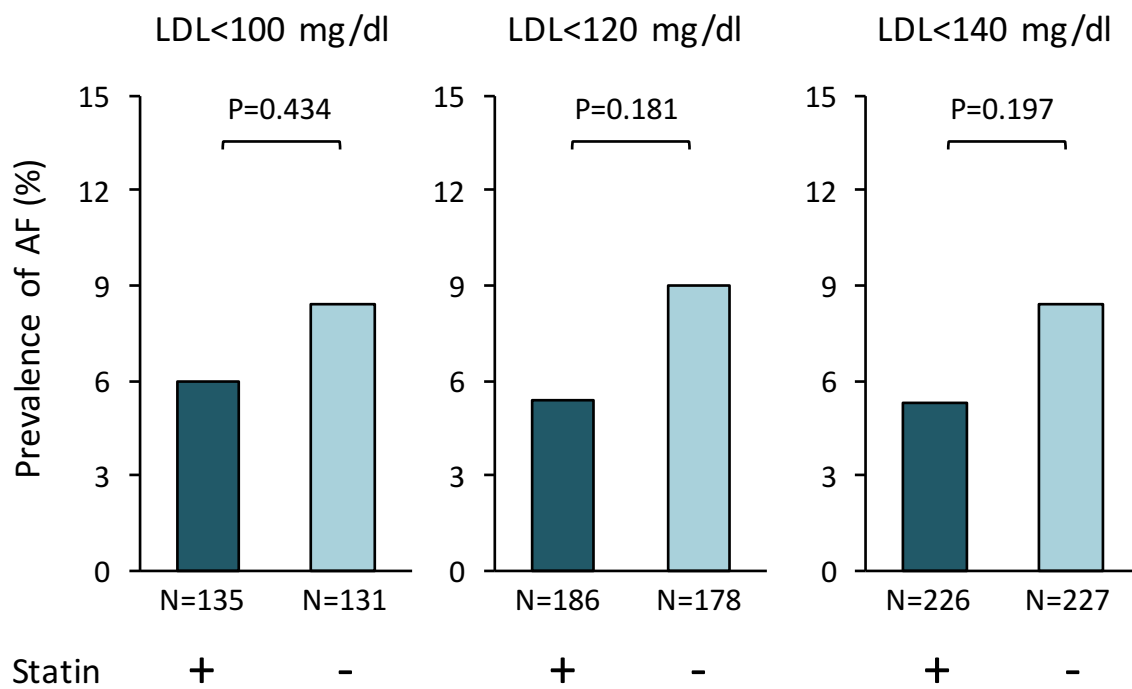


Figure S3. Prevalence of AF in CAD patients according to the level of LDL cholesterol with or without statin therapy. Administration of a statin was not associated with lower prevalence of AF regardless of the LDL levels.