

## **SUPPLEMENTAL MATERIAL**

### **Is the association of QTc with atrial fibrillation and stroke in cohort studies**

#### **a matter of time?**

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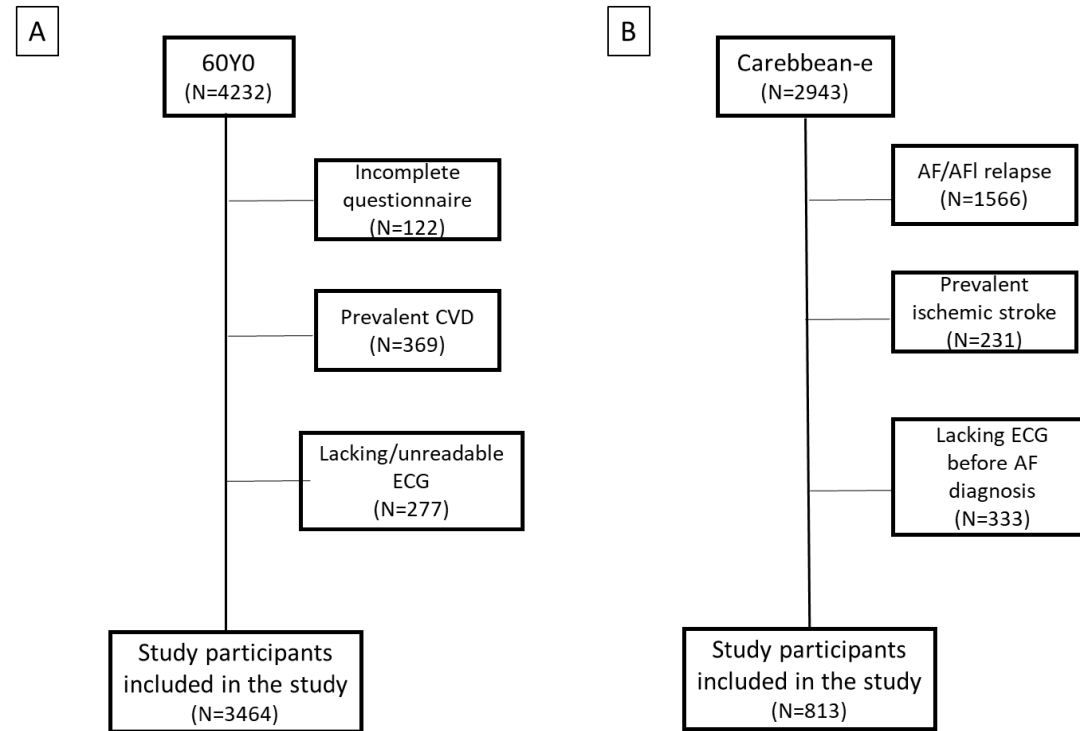
#### **Supplemental Figure I**

#### **Supplemental Table I**

#### **Supplemental Table II**

#### **Supplemental Table III**

#### **Supplemental Table IV**

**Supplemental Figure I.** Flowchart of the inclusion and exclusion of participants from the 60YO (Panel A) and Carebbean-e (Panel B)

Abbreviations: CVD: cardiovascular disease including myocardial infarction, ischemic stroke and atrial fibrillation/flutter; AF: atrial fibrillation; AFL: atrial flutter; ECG: electrocardiogram

**Supplemental Table I.** Risk of ischemic stroke, atrial fibrillation and atrial fibrillation and ischemic stroke associated with increasing QTc interval length (ms) in the 60YO.

<b>Atrial Fibrillation</b>	<b>Non Cases/Cases</b>	<b>HR (95% CI)</b>	<b>P value</b>
<b>Crude</b>	3029/435	1.01 (1.00-1.01)	<0.0001
<b>Model 1</b>	2946/425	1.01 (1.00-1.01)	<0.0001
<b>Model 2</b>	2907/421	1.01 (1.00-1.01)	<0.0001
<b>Ischemic stroke</b>			
<b>Crude</b>	3317/147	1.00 (0.99-1.01)	0.34
<b>Model 1</b>	3228/143	1.00 (0.99-1.01)	0.33
<b>Model 2</b>	3185/143	1.00 (0.99-1.01)	0.37
<b>Atrial fibrillation and ischemic stroke</b>			
<b>Crude</b>	3409/55	1.00 (0.99-1.02)	0.06
<b>Model 1</b>	3318/53	1.00 (0.99-1.02)	0.06
<b>Model 2</b>	3276/52	1.01 (1.00-1.02)	0.04

Model 1: adjusted for sex, hypertension, left ventricular hypertrophy and QRS length.

Model 2: model 1+ diabetes, smoking, BMI, alcohol consumption and hyperlipidemia.

**Supplemental Table II.** Clinical characteristics of the Carebbean-e study participants included in the present study

	<b>Carebbean-e (n=813)</b>
<b>Age (y)</b>	83 (79-88)
<b>Male/Female</b>	297/516
<b>BMI (kg/m<sup>2</sup>)</b>	25 (22-28)
<b>Risk factors, n (%)</b>	
<b>Hypertension</b>	571 (70)
<b>Diabetes</b>	119 (15)
<b>Oral anticoagulant treatment, n (%)</b>	599 (73)
<b>ECG parameters</b>	
<b>Heart rate, bpm</b>	71 (62-81)
<b>PQ, ms</b>	166 (148-188)
<b>QRS, ms</b>	90 (82-100)
<b>QTc, ms</b>	433 (414-453)
<b>Time from ECG in SR to AF diagnosis (y)</b>	2.16 (5- 0.69)

Continuous data are reported as median and interquartile range. Missing values: BMI, n=7

**Supplemental Table III.** Association of the QTc duration as a continuous variable and categorized into quartiles with the risk of ischemic stroke in the Carebbean-e study

	<b>Non cases/ Cases</b>	<b>Crude HR (95% CI)</b>	<b>Model 1 HR (95% CI)</b>	<b>Model 2 HR (95% CI)</b>
<b>QTc (ms)</b>	727/86	1.00 (0.99-1.01)	1.00 (0.99-1.01)	1.00 (0.99-1.01)
<b>Q1</b>	181/22	Ref	Ref	Ref
<b>Q2</b>	181/20	1.04 (0.57-1.91)	1.00 (0.54-1.84)	1.00 (0.54-1.86)
<b>Q3</b>	183/20	1.14 (0.62-2.11)	0.98 (0.52-1.84)	1.01 (0.53-1.93)
<b>Q4</b>	182/24	1.43 (0.82-2.57)	1.34 (0.74-2.40)	1.35 (0.69-2.62)

QTc quartiles boundaries (ms): Q1<414; Q2≥414, <433; Q3≥433, <453; Q4≥453

**Supplemental Table IV.** QTc duration according to time from ECG registration showing sinus rhythm (ECG-SR)

to the time when a diagnostic ECG for AF (ECG-AF) was recorded categorized in quartiles (Q) in study participants from the Carebbean-e study

<b>Time interval between the ECG in sinus rhythm and the AF diagnostic ECG</b>		<b>Carebbean-e (n=813)</b>		<b>Incident ischemic stroke (n=86)</b>		<b>Non cases (n=727)</b>	
<b>Quartile</b>	<b>Quartile borders (y)</b>	<b>N</b>	<b>QTc (ms)</b>	<b>N</b>	<b>QTc (ms)</b>	<b>N</b>	<b>QTc (ms)</b>
<b>Q4</b>	> 5.07	203	421 (402-436)	17	425 (404-442)	186	420 (402-435)
<b>Q3</b>	≤5.07->2.16	203	433 (415-452)	26	432 (424-44)	177	434 (415-452)
<b>Q2</b>	<2.16- >0.69	205	440 (420-462)	21	439 (420-460)	184	440 (420-464)
<b>Q1</b>	<0.69	202	440 (418-459)	22	441 (412-466)	180	440 (418-457)