

Supplemental material – Definition of endpoints

Myocardial infarction

The diagnosis of MI was based on a classification algorithm which included clinical symptoms and signs, findings in electrocardiograms, values of cardiac biomarkers, and autopsy reports, when applicable (Supplemental table). In the present study, we included all incident MI events classified as definite, probable or possible MI.

Ischemic stroke

Stroke was defined according to the WHO definition as rapidly developing clinical signs of focal or global disturbance of cerebral function, with symptoms lasting 24 hours or longer or leading to death, and with no apparent cause other than vascular origin. Strokes were classified as ischemic when brain imaging and/or autopsy had ruled out primary intracranial hemorrhage.

Atrial fibrillation

Documented atrial fibrillation in ECG was required for a diagnosis of AF. Subjects with transient AF occurring only during an acute myocardial infarction or in connection with a cardiac surgery procedure, and persons with AF documented only in the terminal phase of life, here defined as the last seven days, were not classified as having AF.

Supplemental table. Classification algorithm for myocardial infarction (MI). The Tromsø Study.

Definite MI	Definite myocardial infarction was defined by one of the following sets of conditions: (a) Typical, atypical, or inadequately described symptoms + a definite new infarction in ECG recordings (b) Typical symptoms + significantly higher myocardial enzyme and/or
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	troponin levels (c) Atypical or inadequately described symptoms + significantly higher myocardial enzyme and/or troponin levels + a probable new infarction in ECG recordings. (d) post-mortem evidence of recent myocardial infarction or thrombosis.
Probable MI	Probable myocardial infarction was defined by one of the following sets of conditions: (a) Typical, atypical, or inadequately described symptoms + a probable new infarction in ECG recordings + moderately increased myocardial enzyme and/or troponin levels (b) Typical symptoms + moderately higher myocardial enzyme and/or troponin levels (c) Atypical or inadequately described symptoms + significantly higher myocardial enzyme and/or troponin levels (d) Sudden death with no evidence of non-coronary cause of death
Possible MI	An event that can be dated and where secondary data of a typical history in combination with ECG findings and/or echocardiography and/or autopsy are consistent with MI, but where no primary data source is available.
Unstable angina	Angina at rest or minimal exertion and ST-depression or negative T-wave in ECG.
Unclassifiable	Increase in troponins or enzymes in relation to cardiac revascularization procedure (PCI or CABG), or otherwise unclassifiable.
Silent MI	In the absence of clinical symptoms that can be dated: (a) New diagnostic Q-wave in incidental ECG or (b) evidence of MI on echocardiograph and/or multi-gated acquisition scan or (c) evidence of MI at autopsy
No MI	When the conclusion after the validation procedure is that the event does not fulfill the criteria for an acute coronary event.

ECG; electrocardiography, PCI; percutaneous coronary intervention, CABG; coronary artery bypass graft surgery