

**eTable 1: Diagnostic and procedure codes for clinical conditions included in propensity score model**

Variable Name	Prior Event <sup>a</sup>	Hospitalization Records <sup>b</sup>		Physicians' Services Claims	
		Diagnostic codes ICD9	Procedure codes CCP	Diagnostic codes	Fee codes
Coronary Artery Disease	Acute myocardial infarction	410.x			
	Percutaneous coronary intervention		48.02, 48.03, 48.09		
	Coronary artery bypass graft surgery		48.11-48.19, 48.2		
Cerebrovascular Disease	Stroke	431.x, 434.x, 436.x			
	Carotid endarterectomy		50.12		
	Transient ischemic attack	435.x			
Peripheral Vascular Disease	Lower extremity bypass surgery		51.25, 51.29 <sup>d</sup>		
	Lower extremity percutaneous transluminal angioplasty				J025 <sup>e</sup>
Hypertension <sup>c</sup>	--	401.x-405.x		401-405	

<sup>a</sup>Based on hospitalization records or physicians' services claims within the 3 year period prior to index (April 1, 1999-March 31, 2002).

<sup>b</sup>The Canadian Institute of Health Information (CIHI) Hospital Discharge Abstract Database used ICD9 coding for diagnoses and Canadian Classification of Procedures (CCP) coding for procedures prior to April 1, 2002.

<sup>c</sup>Any hospitalization with at least one relevant ICD9 code or two physicians' services claims bearing a diagnosis of 401-405 (inclusive) within a 3-year period

<sup>d</sup>Procedure codes not eligible for inclusion if any of the following ICD9 codes were listed within the same hospital record: I67.1, I71, I72, I60, I77.0, I79.0, any Q.code.

<sup>e</sup>Fee code not eligible for inclusion if any of the following diagnostic codes were listed within the same physicians' services claim: 403, 584, 585, 586, 593.8, 435 and 437