

ONLINE SUPPLEMENT

S1. Medication usage patterns in elderly patients with definite NVAF, stratified by CHADS<sub>2</sub> and CHA<sub>2</sub>DS<sub>2</sub>-VASc risk categories.

Risk Categories	CHADS <sub>2</sub>				CHA <sub>2</sub> DS <sub>2</sub> -VASc		
	Low (n=936)	Intermediate (n=2393)	High (n=5451)	P Value	Intermediate (n=395)	High (n=8385)	P Value
ACE/ARB	170 (18.2)	855 (35.7)	2775 (50.9)	<0.0001	62 (15.7)	3738 (42.6)	<0.0001
Beta Blocker	358 (38.3)	904 (37.8)	2148 (39.4)	0.37	127 (32.2)	3283 (37.4)	0.005
CCB	157 (16.8)	416 (17.4)	780 (14.3)	0.001	61 (15.4)	1292 (14.7)	1.00
Digoxin	172 (18.4)	481 (20.1)	1395 (25.6)	<0.0001	80 (20.3)	1968 (22.4)	0.14
Diuretic	159 (17.0)	801 (33.5)	2688 (49.3)	<0.0001	51 (12.9)	3597 (40.9)	<0.0001
Statin	165 (17.6)	427 (17.8)	1051 (19.3)	0.22	50 (12.7)	1593 (18.1)	0.001
Warfarin	467 (49.9)	1169 (48.9)	2668 (49.0)	0.85	203 (51.4)	4101 (46.7)	0.35
Anti-arrhythmic	189 (20.2)	491 (20.5)	5451 (12.5)	<0.0001	65 (16.4)	1237 (14.1)	0.34

Values are n (%). Medication use defined as use within 90 days of the index AF diagnosis date. Pharmacotherapy cohort includes  $\geq 65$  years or older and therefore no low risk category CHA<sub>2</sub>DS<sub>2</sub>-VASc category.

Anti-arrhythmic user includes any use of amiodarone, propafenone, or sotalol.

ACE=angiotensin-converting enzyme, ARB= angiotensin receptor blocker, CCB = calcium channel blocker