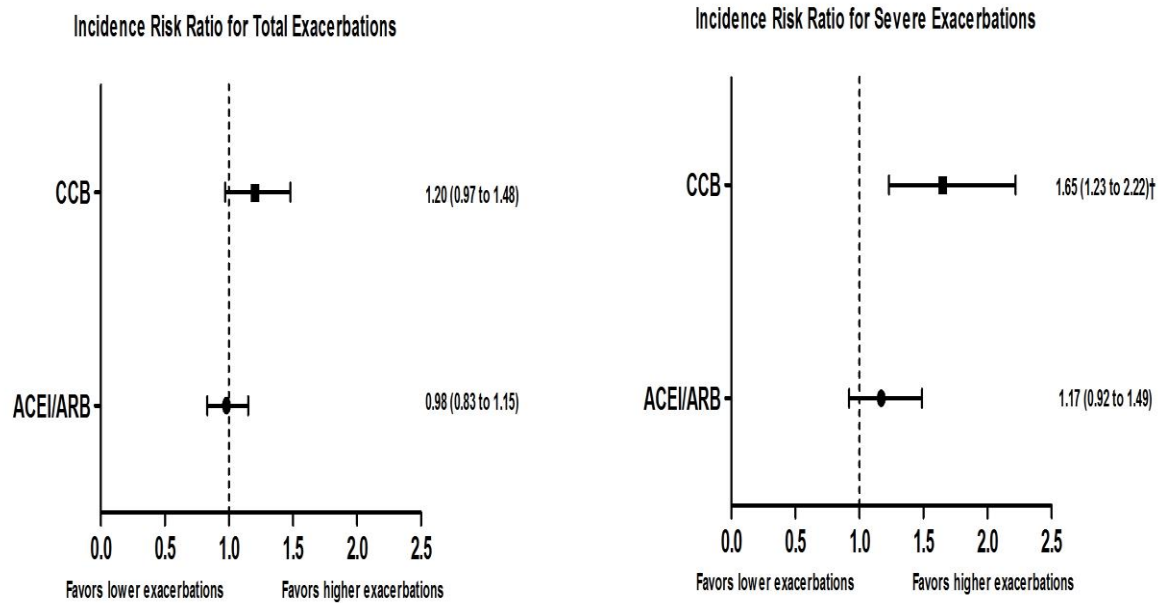


Supplemental Figure 1 shows comparison of adjusted Incidence Risk Ratios (IRR) for total and severe exacerbations occurring during long term follow-up in patients with chronic obstructive pulmonary disease (COPD) who were on or not on calcium channel blockers (CCB) and angiotensin converting enzyme inhibitors/angiotensin receptor blockers (ACEI/ARB). IRRs are adjusted for age, gender, race, smoking burden, body mass index, airflow obstruction, %emphysema on computed tomography, coronary artery calcification, presence of congestive heart failure and coronary artery disease, and long acting respiratory medications.
†p<0.001



Supplemental Figure 2 shows the comparison of time to first total and severe exacerbation in subjects who were on or not on β -blockers. For total exacerbations, β -blocker use was not associated with a difference in time to first event, after adjustment for FEV₁, %emphysema, respiratory medications, logCAC and the propensity to prescribe β -blockers based on demographics, coronary artery disease, congestive heart failure and severity of airflow obstruction (HR = 0.91;95%CI 0.75 to 1.11;p=0.363). For severe exacerbations, β -blocker use was associated with a trend to greater time to first event after adjustment for age, race, congestive heart failure, FEV₁, %emphysema, respiratory medications, logCAC and the propensity to prescribe β -blockers (HR = 0.69,95%CI 0.47 to 1.02;p=0.060).

