

Appendix

To determine whether the relationship between statin exposure and death following pneumonia diagnosis was conserved across the range of propensity scores included in the analysis, we conducted a stratified analysis, splitting the data into 4 groups with a similar number of exposed individuals in each group (see Table 4). There is no evidence that the results of the unstratified analysis are driven by people within a particular region of the propensity score and there is no evidence of interaction ($p=0.28$).

Table 4: Association between statin exposure and mortality stratified by propensity score

Outcome	Number of patients	Number of deaths (%)	Age and sex adjusted effect estimate (99%CI)	Fully adjusted effect estimate (99%CI)
<i>Mortality on day of pneumonia diagnosis</i>				
<i>Mortality within 6 months of pneumonia excluding deaths on day of pneumonia*</i>				
<i>Unstratified</i>			<i>Hazard Ratio</i>	<i>Hazard Ratio</i>
Statin unexposed	2,927	578 (20)	-	-
Statin exposed	847	109 (13)	0.62 (0.47-0.81)	0.67 (0.49-0.91)
<i>Stratified by score in 4 groups (p for interaction =0.28)</i>				
<i>Stratum 1</i>			<i>Hazard Ratio</i>	
Statin unexposed	2,295	453 (19.7)	-	
Statin exposed	207	31 (15.0)	0.74 (0.45-1.20)	
<i>Stratum 2</i>			<i>Hazard Ratio</i>	
Statin unexposed	396	84 (21.2)	-	
Statin exposed	214	26 (12.2)	0.56 (0.36-0.88)	
<i>Stratum 3</i>			<i>Hazard Ratio</i>	
Statin unexposed	137	21 (15.3)	-	
Statin exposed	212	27 (12.7)	0.88 (0.50-1.58)	
<i>Stratum 4</i>			<i>Hazard Ratio</i>	
Statin unexposed	99	20 (20.2)	-	
Statin exposed	214	25 (11.7)	0.51 (0.28-0.93)	