

Supplementary material

Hu M, Wang C, Yang J, et al. Reevaluate the effect of ACEI/ARB therapy at discharge on patients with STEMI in the contemporary reperfusion era. Pol Heart J. 2024.

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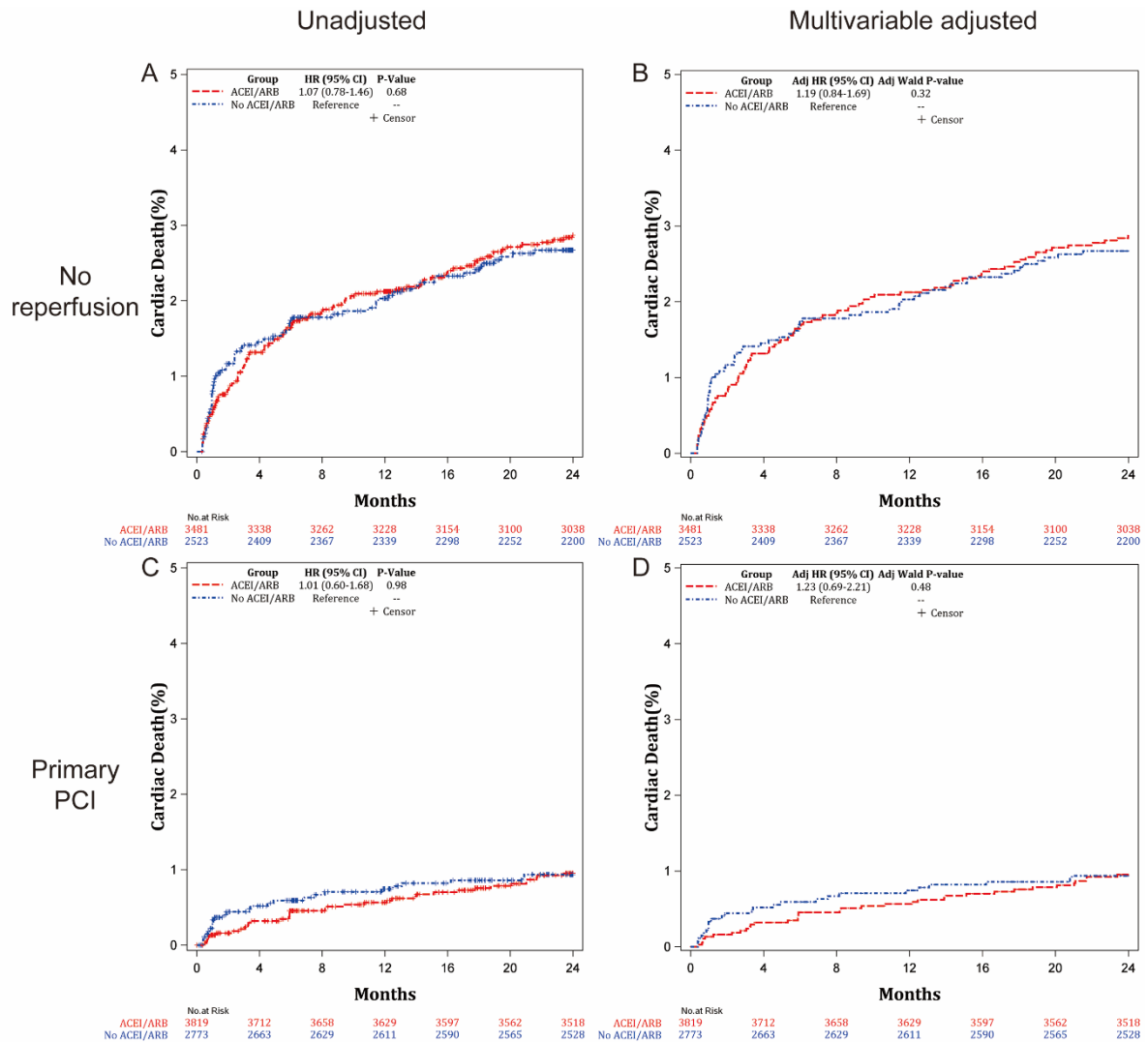


Figure S1. Unadjusted and multivariable adjusted risk of cardiac death according to ACEI/ARB treatment

*Age, sex, body mass index, smoking, hypertension, diabetes, prior myocardial infarction, prior stroke, prior heart failure, prior chronic kidney disease, hospital level, symptoms onset to admission time, heart rate, systolic pressure, Killip class, left ventricular ejection fraction, GRACE risk score, anterior myocardial infarction, prescribed with aspirin, P2Y₁₂ blockers, statins, or beta-blockers at discharge were included in the adjustment model

ACEI/ARB: angiotensin-converting enzyme inhibitors/angiotensin receptor blockers; CI: confidence interval; HR: hazard ratio; PCI: percutaneous coronary intervention

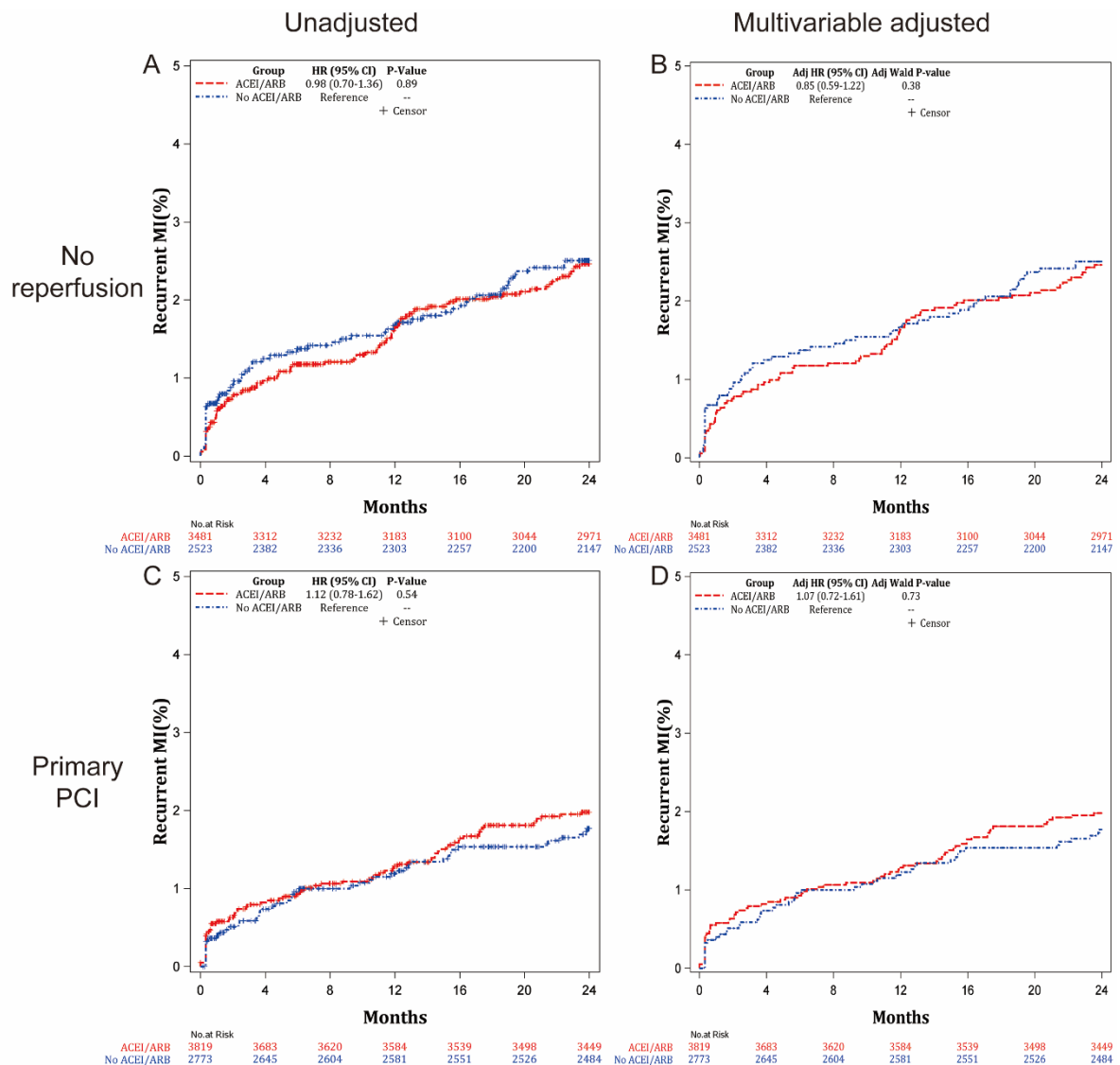


Figure S2. Unadjusted and multivariable adjusted risk of recurrent MI according to ACEI/ARB treatment

*Age, sex, body mass index, smoking, hypertension, diabetes, prior myocardial infarction, prior stroke, prior heart failure, prior chronic kidney disease, hospital level, symptoms onset to admission time, heart rate, systolic pressure, Killip class, left ventricular ejection fraction, GRACE risk score, anterior myocardial infarction, prescribed with aspirin, P2Y12 blockers, statins, or beta-blockers at discharge were included in the adjustment model

ACEI/ARB: angiotensin-converting enzyme inhibitors/angiotensin receptor blockers; CI: confidence interval; HR: hazard ratio; MI: myocardial infarction; PCI: percutaneous coronary intervention

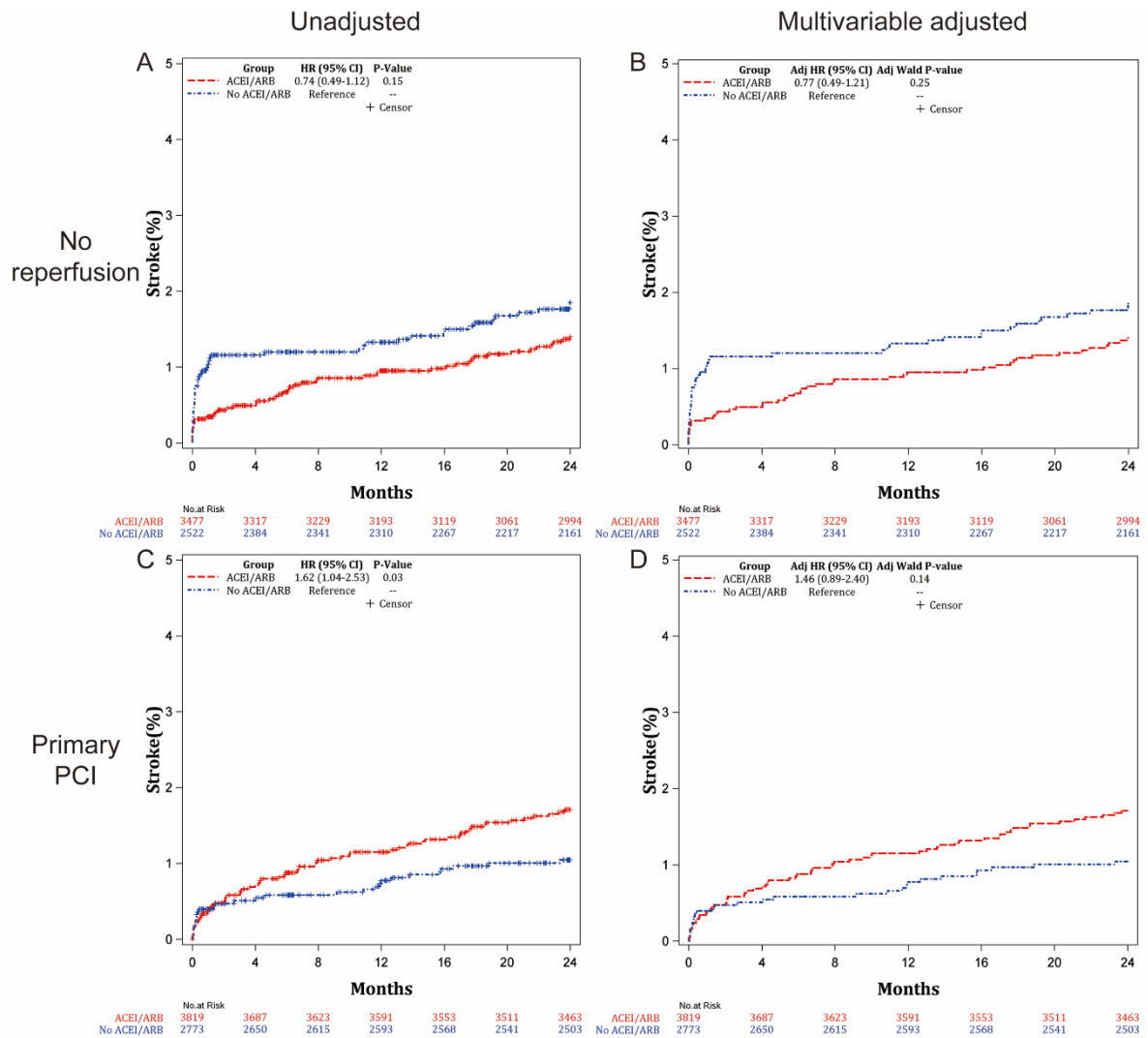


Figure S3. Unadjusted and multivariable adjusted risk of stroke according to ACEI/ARB treatment

*Age, sex, body mass index, smoking, hypertension, diabetes, prior myocardial infarction, prior stroke, prior heart failure, prior chronic kidney disease, hospital level, symptoms onset to admission time, heart rate, systolic pressure, Killip class, left ventricular ejection fraction, GRACE risk score, anterior myocardial infarction, prescribed with aspirin, P2Y₁₂ blockers, statins, or beta-blockers at discharge were included in the adjustment model

ACEI/ARB: angiotensin-converting enzyme inhibitors/angiotensin receptor blockers; CI: confidence interval; HR: hazard ratio; PCI: percutaneous coronary intervention

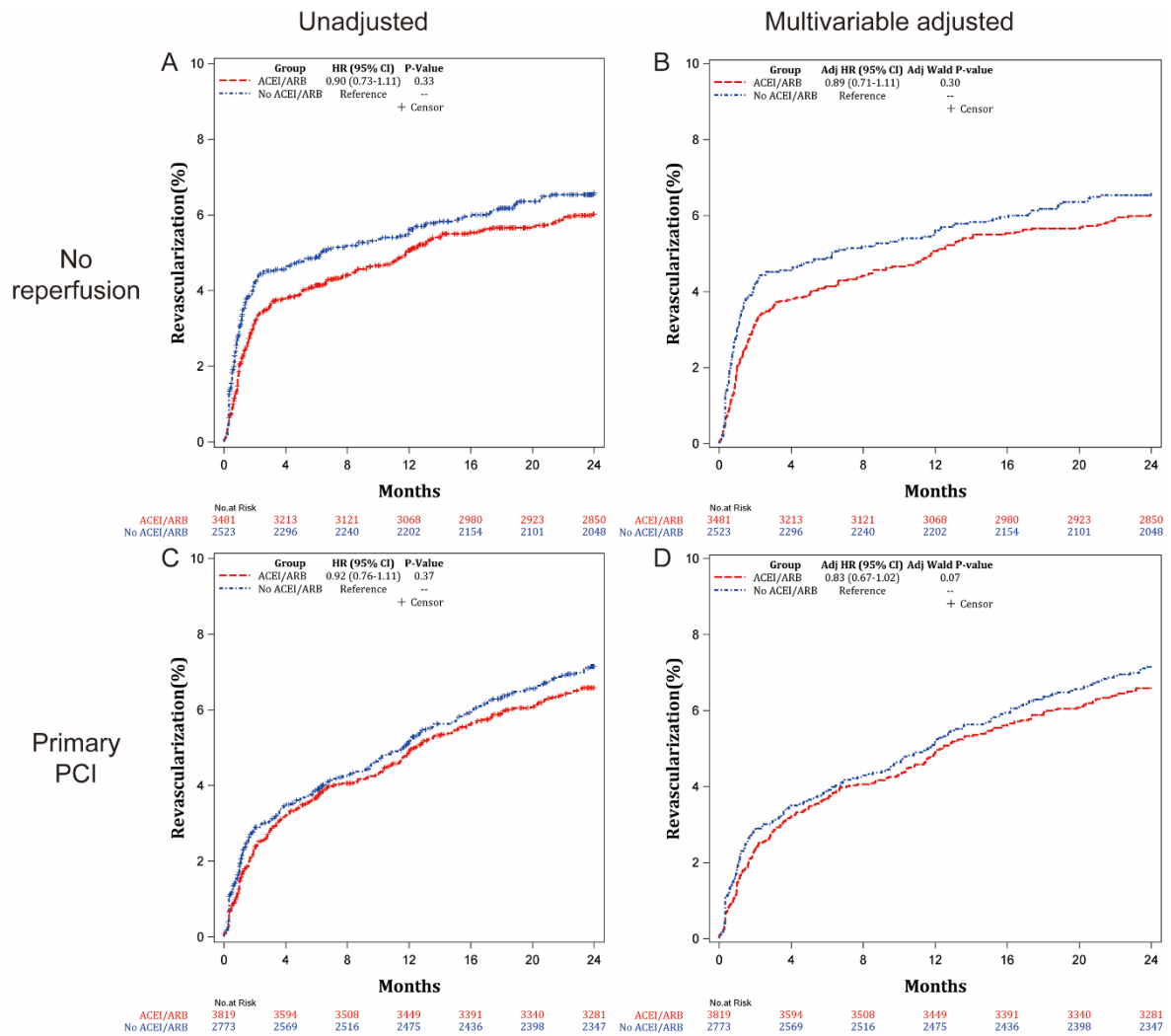


Figure S4. Unadjusted and multivariable adjusted risk of revascularization according to ACEI/ARB treatment

*Age, sex, body mass index, smoking, hypertension, diabetes, prior myocardial infarction, prior stroke, prior heart failure, prior chronic kidney disease, hospital level, symptoms onset to admission time, heart rate, systolic pressure, Killip class, left ventricular ejection fraction, GRACE risk score, anterior myocardial infarction, prescribed with aspirin, P2Y₁₂ blockers, statins, or beta-blockers at discharge were included in the adjustment model.

ACEI/ARB: angiotensin-converting enzyme inhibitors/angiotensin receptor blockers; CI: confidence interval; HR: hazard ratio; PCI: percutaneous coronary intervention

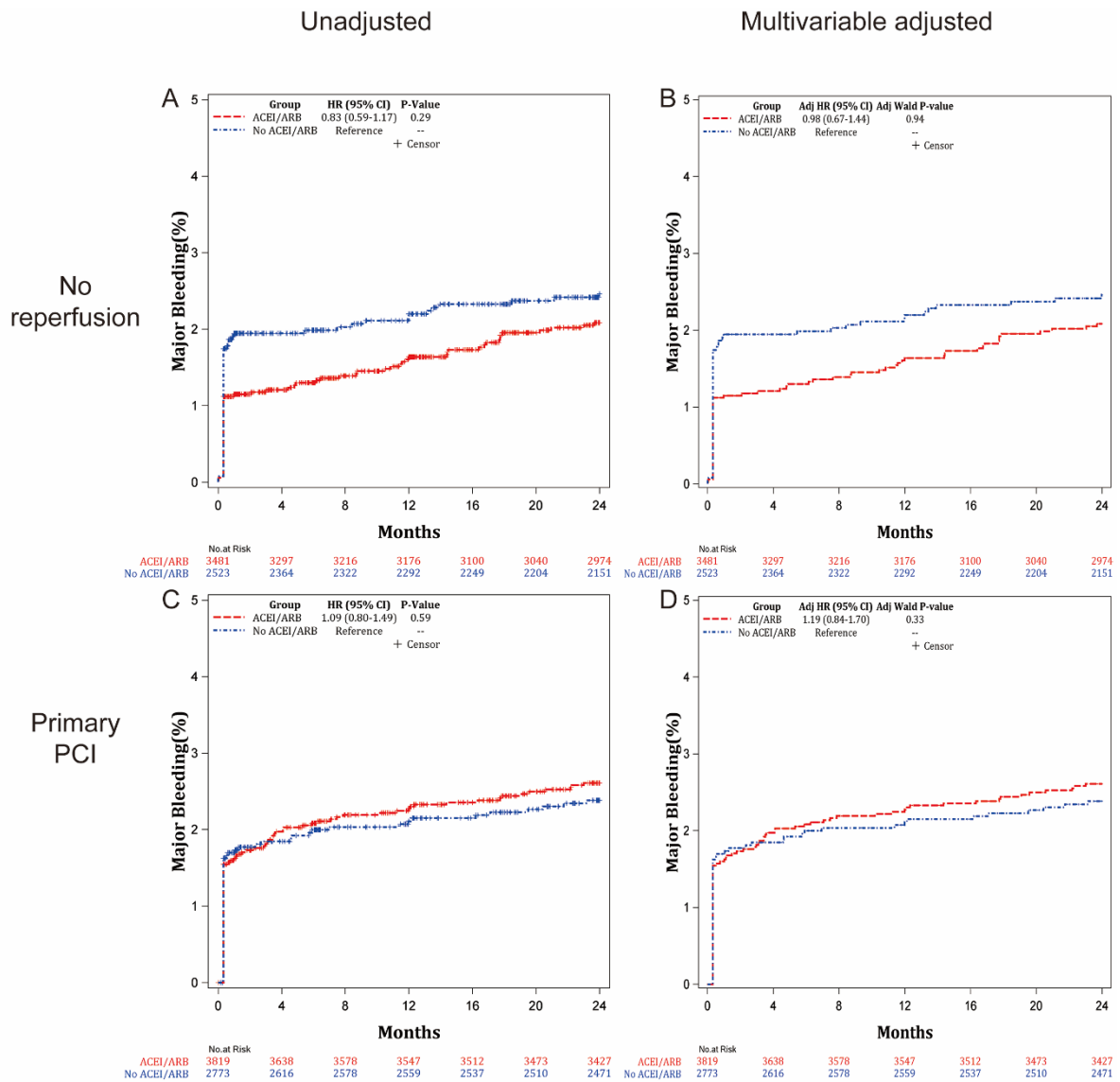


Figure S5. Unadjusted and multivariable adjusted risk of major bleeding according to ACEI/ARB treatment

*Age, sex, body mass index, smoking, hypertension, diabetes, prior myocardial infarction, prior stroke, prior heart failure, prior chronic kidney disease, hospital level, symptoms onset to admission time, heart rate, systolic pressure, Killip class, left ventricular ejection fraction, GRACE risk score, anterior myocardial infarction, prescribed with aspirin, P2Y₁₂ blockers, statins, or beta-blockers at discharge were included in the adjustment model

ACEI/ARB: angiotensin-converting enzyme inhibitors/angiotensin receptor blockers; CI: confidence interval; HR: hazard ratio; PCI: percutaneous coronary intervention