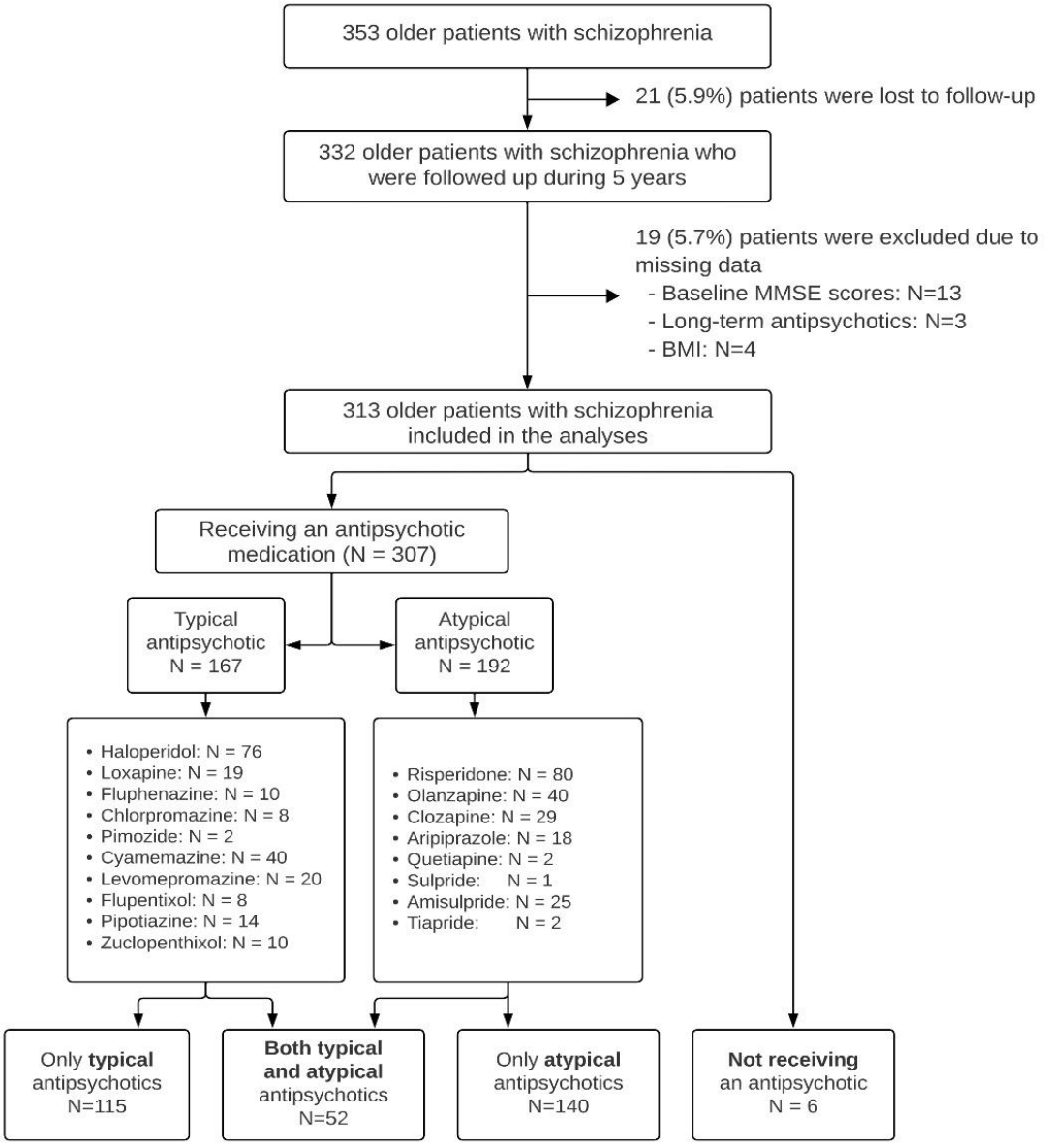
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Association of typical and atypical antipsychotics with mortality in older adults with schizophrenia: a 5-year multicenter prospective study – Haddad R et al.

Supplementary Figure S1 Study cohort



BMI = body mass index; MMSE = Mini Mental State Examination.

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Supplementary Table S1 Associations of haloperidol and risperidone, the most commonly used typical and atypical antipsychotic in the study, with 5-year all-cause mortality among older adults with schizophrenia (n=150)[†]

	Number of events/number of patients (%)	Crude logistic regression	Multivariable logistic regression[‡]
	n/n (%)	OR (95%CI; p-value)	Adjusted OR (95%CI; p-value)
Haloperidol	18 / 73 (24.7%)	Ref.	Ref.
Risperidone	28 / 77 (36.4%)	1.75 (0.86 - 3.54; 0.122)	1.75 (0.66 - 4.63; 0.263)

BPRS = Brief Psychiatric Rating Scale; GAF = Global Assessment of Functioning; GVIF = generalized variance inflation factor; MMSE = Mini Mental State Examination.
[†] Adjusted for sociodemographic characteristics (i.e., sex, age, marital status, living situation), severity of schizophrenia (i.e., BPRS, GAF and MMSE scores, duration of the disorder, and history of suicide attempts), general comorbid medical factors (i.e., number of medical conditions, obesity, malnutrition, current smoking, at-risk drinking, and general practitioner visit in the last year), and other psychotropic medications (i.e., antipsychotic formulation (i.e., long-acting injectable *versus per os*), antidepressants, benzodiazepines, mood stabilizers, and antiparkinsonian anticholinergic treatments) (degrees of freedom = 24, all GVIF < 2.37).
[‡] The sample included only patients receiving haloperidol (n=73) or risperidone (n=77), excluding those taking both medications (n=3).
No p-value was significant (all p > 0.05).

Supplementary Table S2 Association of antipsychotic types (i.e., atypical and typical antipsychotics) with 5-year all-cause mortality among older individuals with schizophrenia according to baseline global cognitive functioning

	Number of events/number of patients (%)	Crude logistic regression	Multivariable logistic regression[†]
	N / N (%)	OR (95%CI; p-value)	AOR (95%CI; p-value)
Among those with a baseline MMSE score <24 (N=136)			
Typical antipsychotics	20 / 47 (42.6%)	Ref.	Ref.
Atypical antipsychotics	20 / 59 (33.9%)	0.69 (0.31 - 1.53; 0.362)	0.24 (0.07 - 0.84; 0.025)*
Both classes	8 / 27 (29.6%)	0.57 (0.21 - 1.56; 0.272)	NA
No antipsychotics	0 / 3 (0%)	NA	NA
Among those with a baseline MMSE score ≥24 (N=177)			
Typical antipsychotics	8 / 68 (11.8%)	0.22 (0.09 - 0.51; <0.001)*	NA
Atypical antipsychotics	31 / 81 (38.3%)	Ref.	Ref.
Both classes	3 / 25 (12%)	NA	NA
No antipsychotics	0 / 3 (0%)	NA	NA

AOR = adjusted odds ratio; BPRS = Brief Psychiatric Rating Scale; GAF = Global Assessment of Functioning; GVIF = generalized variance inflation factor.
[†] Adjusted for sociodemographic characteristics (i.e., sex, age, marital status, living situation), severity of schizophrenia (i.e., BPRS, GAF, duration of the disorder, and history of suicide attempts), general comorbid medical factors (i.e., number of medical conditions, obesity, malnutrition, current smoking, at-risk drinking, and general practitioner visit in the last year), and other psychotropic medications (i.e., antipsychotic formulation (i.e., long-acting injectable *versus per os*), antidepressants, benzodiazepines, mood stabilizers, and antiparkinsonian anticholinergic treatments) (degrees of freedom = 23, all GVIF <2.21)
* Statistical significance (p < 0.05).