

Online supplement

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Strategy	Hits
1 (psychi* OR mental OR depress* OR schizophr* OR bipolar OR anxiety OR affective).m_titl.	467 269
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3 (treatment* OR medication OR therap* OR drug* OR HAART OR insulin or medicine).m_titl.	2 588 540
4 1 and 2 and 3	3694
5 (physician OR practitioner OR prescrib* OR receipt OR receiv* OR inequalit*).mp. [mp=ti, ab, sh, hw, tn, ot, dm, mf, nm, an, ui]	1 551 925
6 4 and 5	771
7 (compared OR comparison).mp. [mp=ti, ab, sh, hw, tn, ot, dm, mf, nm, an, ui]	3 764 978
8 6 and 7	258
9 limit 8 to "review articles" [Limit not valid in EMBASE; records were retained]	129
10 8 not 9	129
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Search two (Web of Knowledge)

Title = ((Mental OR schizophrenia OR depress* OR bipolar OR affective OR psychosis OR psychotic OR psychiatric OR psycholo* OR antipsychotic*)) AND Topic = ((RR OR HR OR Relative risk OR hazard ratio OR odds OR ORs)) AND Topic = ((prescribed OR prescription OR medication OR recei*) AND (angiotensin converting enzyme OR ACE OR angiotensin receptor blocker OR ARB OR statin OR cholesterol OR betabl* OR beta-block* OR HAART OR Clopidogrel OR warfarin OR osteopor* OR Nitroglycerine OR chemothera*))

Result = 100

Table DS1 Summary of comparative studies reporting receipt of medication

Author	Specific medical indication	Mental illness types	Study description			Statistical summary		
			Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder
Desai <i>et al</i> (2002) ⁴³ USA (VA)	Cardiac care	Psychotic illness defined by: ICD-9 coded schizophrenia or other psychotic disorder Affective disorder defined by: ICD-9 defined major affective disorder	National sample of 5886 veterans discharged from VA hospitals with a principal diagnosis of acute MI up to 6 months before the index study date. Overall, 27.4% had a diagnosed mental illness. Aged under 65 years. Controlled for age, gender, ethnicity, level of VA service connectedness and distance from veteran's home to nearest VA medical facility, chronic medical conditions and use of medical services in the past year (number of primary care visits, number of specialty medical visits, and number of medical in-patient days) and hospital size	Community patients	In fully adjusted analyses, use of beta-blockers was 5% less likely among patients with a substance use disorder compared with those with no such disorder. Aspirin: 181/188 v. 5233/5423 RR = 0.94, 95% CI 0.45–2.37. Beta-blocker: 170/188 v. 5070/5423 (RR = 0.70, 43–1.2)	Aspirin: adj OR = 1.07 (95% CI 0.49–2.3) Beta-blocker: adj OR = 0.70 (95% CI 0.43–1.15) Cholesterol: adj OR = 1.01 (95% CI 0.37–2.8)	Aspirin: adj OR = 0.75 (95% CI 0.39–1.43) Beta-blocker: adj OR = 0.70 (95% CI 0.48–1.03) Cholesterol: adj OR = 1.31 (95% CI 0.57–3.00)	
Druss <i>et al</i> (2001) ⁴⁴ USA (Medicare)	Cardiac care	Mental illness defined as: ICD-9 definition any mental disorder (n = 4664) Schizophrenia (n = 161) Affective disorder (n = 271) Substance use disorder (n = 882)	88,241 Medicare patients admitted to hospital for a clinically confirmed MI. Data from Medicare controlled for eligibility for procedure, demographics, cardiac risk factors, left ventricular function, admission and hospital characteristics and regional factors	In-patients	As compared with those without a psychiatric disorder, patients with schizophrenia were less likely to have reperfusion, beta-blockers and ACE inhibitors. Patients with affective disorders were less likely to have reperfusion and aspirin and those with substance use disorders were less likely to be given ACE inhibitors	ACE: adj OR = 0.81 (95% CI 0.65–0.98) Aspirin: adj OR = 0.81 (95% CI 0.65–0.97) Beta-blocker: adj OR = 0.84 (95% CI 0.72–0.98)		
Hippisley-Cox <i>et al</i> (2007) ⁴⁸ UK	Cardiac care	Psychotic illness and affective disorder defined by: schizophrenia from EMIS medical records system (primary care record)	127,932 patients with CHD of whom 701 had a diagnosis of schizophrenia or bipolar disorder. The results were adjusted for age, gender, deprivation, diabetes, stroke and smoking status, and allowed for clustering by practice	Primary care	Although there were no differences in several parameters, patients with schizophrenia were 15% less likely to have a recent prescription for a statin (95% CI 8–20) and 7% less likely to have a recent record of cholesterol level (95% CI 3–11) than those without mental illness	Beta-blocker: adj OR = 0.96 (95% CI 0.88–1.06) Aspirin: adj OR = 1 (95% CI 0.97–1.04) Statin: adj OR = 0.85 (95% CI 0.8–0.91)	Beta-blocker: adj OR = 1.18 (95% CI 0.94–1.56) Cholesterol: adj OR = 0.86 (95% CI 0.69–1.2) Statin: adj OR = 1.1 (95% CI 0.79–1.9)	
Petersen <i>et al</i> (2003) ⁵² USA (VA)	Cardiac care	Severe mental illness defined by: ICD-9 defined patients who had an admission to an in-patient psychiatric or substance misuse unit in the year prior to cardiac admission	4340 veterans discharged after a clinically confirmed MI. 859 (19.8%) had mental illness (mental illness identified if had been admitted to a psychiatric hospital, received a mental health diagnosis or been seen in a psychiatric or drug/alcohol clinic, all in the year before). Therefore mental illness may not be current or ongoing and therefore more likely to be minor. Controlled for age, comorbidity and hospital characteristics	Secondary care	Those with mental illness less likely to undergo in-patient diagnostic angiography, age adjusted RR = 0.9 (95% CI 0.83–0.98). No difference in RR of CABG or receipt of medications	ACE: unadj OR = 0.92 (95% CI 0.79–1.1) Aspirin: unadj OR = 0.96 (95% CI 0.81–1.1) Beta-blocker: unadj OR = 0.78 (95% CI 0.69–0.91)		

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Table DS1 Summary of comparative studies reporting receipt of medication (continued)

Study description				Statistical summary				
Author	Specific medical indication	Mental illness types	Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder
Plomondon <i>et al</i> (2007) ⁵³ USA	Cardiac care	Mental illness defined by ICD-9 definition. Of the patients with mental illness, 65.5% (<i>n</i> = 1718) had a diagnosis of anxiety disorder, 47.1% (<i>n</i> = 1235) had a diagnosis of mood disorder, 15.5% (<i>n</i> = 406) had a diagnosis of schizophrenia, and 11.7% (<i>n</i> = 307) had a diagnosis of personality disorder (not mutually exclusive categories)	14,194 patients (including 18% with mental illness and 3% with schizophrenia). Setting was Veterans Health Administration (VHA)	In-patients	There were no significant differences in cardiac procedure use, including coronary angiogram (38.7% v. 40.3%, <i>P</i> = 0.14) or coronary revascularisation (31.0% v. 32.3%, <i>P</i> = 0.19), and discharge medications between those with and without severe mental illness	ACE: adj OR = 0.926 (95% CI 0.841–1.012) Aspirin: adj OR = 0.93 (95% CI 0.83–1.044) Beta-blocker: adj OR = 1.11 (95% CI 0.97–1.28)		
Rathore <i>et al</i> (2008) ⁵⁴ USA	Cardiac care	Mental illness defined by ICD-9 any mental disorder (295–3199) excluding organic conditions	53,314 Medicare beneficiaries	In-patients on discharge	After multivariate adjustment: patients with mental illness had lower odds of LVEF evaluation (OR = 0.81, 95% CI 0.76–0.87) but comparable rates of ACE inhibitor prescription	ACE inhibitor: adj OR = 0.96 (95% CI 0.80–1.14)		
Suvisaari <i>et al</i> (2010) ⁵⁶ USA	Cardiac care	Psychotic illness defined by Health 2000 study sample and interview using the Research Version of the Structured Clinical Interview for DSM-IV-TR. Psychotic disorders were classified into schizophrenia, other non-affective psychotic disorder (ONAP)	Nationally representative survey of 8028 people aged 30 years or over from Finland. Includes 875 with CHD. Includes 61 with schizophrenia and 79 with ONAP. Diagnoses of CHD and MI were based on electrocardiographic findings.	Mixed settings with community-based interview	Individuals with schizophrenia and ONAP had lower rates of use of beta-blockers and ACE-inhibitors. Those with schizophrenia had lower rates of nitroglycerine and those with ONAP had lower rates of ACE inhibitors	Beta blockers: unadj OR = 0.41 (95% CI 0.15–1.1) Nitroglycerine: unadj OR = 1.1 (95% CI 0.39–2.6) ASA or anticoagulant: unadj OR = 0.85 (95% CI 0.33–2.1) ACE inhibitor unadj OR = 1.1 (95% CI 0.30–3.7)		

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Table DS1 Summary of comparative studies reporting receipt of medication (continued)

Author	Study description				Statistical summary			
	Specific medical indication	Mental illness types	Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder
Wang P <i>et al</i> (2005) ⁵⁸ USA	Cardiac care	Affective disorder defined as: depression according to an ICD-9 diagnosis of depression, filled more than 1 prescription for an antidepressant drug, and had no diagnoses or treatments for asthma/COPD, gastrointestinal disorders, or osteoarthritis during the calendar year	51 517 patients, >64 years of age, enrolled in a state prescription benefits programme with a diagnosis of hypertension. Compared those with depression conditions and those without. Depression identified by ICD-9 codes, filled > 1 prescription for antidepressants. Controlled for sociodemographic, cardiovascular conditions, clinical comorbidity and healthcare utilisation	Community	Antihypertensive use lower in those with depression OR = 0.50 (95% CI 0.45–0.55)		Severe mental illness/schizophrenia	Beta-blocker: adj OR = 0.55 (95% CI 0.45–0.55)
Kisely <i>et al</i> (2009) ⁴⁹ Canada	Cardiac care (IHD) Stroke	Psychotic illness defined as: schizophrenia and non-affective psychoses (ICD-9 codes 295, 297, 298) including schizoaffective disorders	65 039 with IHD (n = 49 248) or stroke (n = 15 791)	Mixed settings	Those with psychosis were less likely to receive guideline consistent treatment and had higher 1-year mortality and had lower levels of beta-blockers and statins		IHD Beta-blockers: adj OR 0.82 (95% CI 0.71–0.95) ACE: OR = 0.89 (95% CI 0.76–1.04) Statin: adj OR = 0.51 (95% CI 0.41–0.63) ARB: OR = 0.89 (95% CI 0.63–1.24) Clonidogrel: OR 0.62 (95% CI 0.42–0.90) Stroke Ticlopidine: OR = 0.96 (95% CI 0.57–1.63) Warfarin: adj OR = 0.55 (95% CI 0.36–0.85) Clopidogrel: OR = 0.80 (95% CI 0.44–1.48)	
Blecker <i>et al</i> (2010) ⁴⁰ USA (Medicaid)	Cardiac care for heart failure	Severe mental illness defined as: a diagnosis of schizophrenia or if they had a diagnosis of bipolar disorder, major depression or other mental disorder diagnosis and specialty mental health	1801 patients with ICD-9 heart failure of whom 341 had comorbid severe mental illness.	Mixed settings	Severe mental illness was not associated with differences utilisation of ACE or ARB (adj RR = 1.04, 95% CI 0.92–1.17), or beta-blocker use (adj RR = 1.13, 95% CI 0.99–1.29). During the study period, 52.2% of individuals in the cohort filled a prescription for an ACE inhibitor or ARB and 45.5% filled a beta-blocker prescription		ACE or ARB: adj RR = 1.04 (95% CI 0.92–1.17) Beta-blocker: adj RR = 1.13 (95% CI 0.99–1.29)	

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Table DS1 Summary of comparative studies reporting receipt of medication (*continued*)

Author	Study description				Statistical summary			
	Specific medical indication	Mental illness types	Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder
Kreyenbuhl <i>et al</i> (2006) ³⁰ USA	Diabetes	Psychotic illness and affective disorder from 6 public and private out-patient mental health clinics in urban and sub-urban communities in Maryland, USA	Cross-sectional study using medical charts. 201 with serious mental illness and 99 without serious mental illness	Mixed settings	Less than a quarter of patients with diabetes and with schizophrenia and mood disorders were prescribed lipid-lowering statins and angiotensin-blocking medications compared with approximately half of patients with diabetes without severe mental illness		ACE: adj OR = 0.23 (95% CI 0.12–0.44) Statin: adj OR = 0.29 (95% CI 0.11–0.77)	ACE: adj OR = 0.46 (95% CI 0.18–1.19) Statin: adj OR = 0.14 (95% CI 0.05–0.44)
Weiss <i>et al</i> (2006) ³⁹ USA	Diabetes	Psychotic illness defined by: schizophrenia on the ICD-9 code (295, 297 or 298)	214 patients with schizophrenia or a schizophrenia-related syndrome v. 3 594 with diabetes but no severe mental illness	Mixed settings	Patients with elevated blood glucose (HbA1c greater than 7%) were taking a hypoglycaemic medication (92% of comparison patients and 95% of patients with schizophrenia). However, patients with schizophrenia were slightly more likely than comparison patients to specifically receive insulin therapy (47% compared with 38%; adj OR = 1.44, $P = 0.08$). In addition, although the patients with hyperlipidaemia in the two groups were equally likely to receive some form of lipid-lowering therapy, those with schizophrenia were significantly more likely to receive one of the older, non-statin agents (14% compared with 7%, adj OR = 1.85, $P < 0.05$).		ACE: adj OR = 0.83 (95% CI 0.61–1.14) Aspirin: adj OR = 0.89 (95% CI 0.64–1.24) Beta-blocker: adj OR = 0.96 (95% CI 0.54–1.71) Insulin: adj OR = 1.44 (95% CI 0.96–2.16) Cholesterol non-statin: adj OR = 1.85 (95% CI 1.11–3.09) Statin: adj OR = 0.51 (95% CI 0.36–0.54)	
Bogart <i>et al</i> (2006) ⁴¹ USA	HIV/AIDS	Severe mental illness defined as: schizophrenia, schizoaffective disorder, bipolar disorder or depression with psychotic illness	154 patients with serious mental illness infected with HIV. Data from 762 HIV-only patients from a separate Western US probability sample were used for comparison	Secondary care	HAART use did not differ significantly between patients with both serious mental illness and HIV, and patients with HIV only after adjustment (all $P > 0.05$)		HAART: adj OR = 0.755 (95% CI 0.445–1.94)	

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Table DS1 Summary of comparative studies reporting receipt of medication (continued)

Author	Specific medical indication	Mental illness types	Study description			Statistical summary		
			Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder
Chander <i>et al</i> (2009) ⁴² USA	HIV/AIDS	Mental illness defined as: schizophrenia bipolar disorder, non-organic psychosis, depressive disorder, anxiety disorder, PTSD, personality disorder by ICD-9. Drug use – non-prescription opioids, cocaine, amphetamines, sedatives, hypnotics, hallucinogens, marijuana	2004 data from HIV Research Network (19 sites) <i>n</i> = 10284; 22% with mental illness; 15% drug use and 22% both	Primary care	In multivariate analysis, co-occurring mental illness/drug use was associated with the lowest odds of HAART receipt (adj OR = 0.63, 95% CI 0.55–0.72), followed by those with drug use only (0.75, 95% CI 0.63–0.87)	Mental illness/drug use HAART: adj OR = 0.63 (95% CI 0.55–0.72) Drug use HAART: adj OR = 0.75 (95% CI 0.63–0.87) Mental illness HAART: adj OR = 0.93 (95% CI 0.81–1.07)		
Himelhoch <i>et al</i> (2004) ⁴⁶ USA	HIV/AIDS	Mental illness defined by: clinical interview by psychiatrist with psychotropic medication	549 patients from Johns Hopkins University HIV clinic including 18% with psychiatric disorder	Secondary care	Using Kaplan–Meier estimates of time to HAART adj HR of receiving HAART was 1.37 (1.01–1.87)	HAART: adj OR = 2.28 (95% CI 1.24–32.5) ^b		
Himelhoch <i>et al</i> (2007) ⁴⁷ USA	HIV/AIDS	Severe mental illness defined by: ICD-9 codes for schizophrenia or other psychoses, bipolar disorder and depressive disorders (295.0–295.9; 296.0–296.8; 311; 297.0–297.3, 297.8–297.9; 298.0–298.9)	Data from minimum data-set of the HIV Research Network. 5119 HIV-infected patients in primary care. 504 had severe mental illness, 1298 injection drug misuse and 267 both severe mental illness and drug misuse	Primary care	After adjustment for age, gender, ethnicity, CD4 count and site, those with severe mental illness and drug problems (dual diagnosis) had a 0.52 odds of receiving HAART; those with severe mental illness alone 0.85. Those with severe mental illness and/or drug misuse were significantly more likely to have in-patient admission	HAART: adj OR = 0.85 (95% CI 0.71–1.23)		
Mijch <i>et al</i> (2006) ⁵¹ Australia	HIV/AIDS	Mental illness defined by: ICD-9 diagnoses (codes 295, 297, 296, 301, 291, 292, 290, 293, 294, 331)	Retrospective cohort of 2981 individuals with HIV matched to Victorian Psychiatric Case Register of whom 525 have mental ill health	Secondary care	30.9% of those with mental ill health received HAART compared with 25.9% with no disorder. Those with mental health diagnosis received a greater number of antiretrovirals	HAART: OR = 1.28 (95% CI 1.04–1.57)		

(continued)

Table DS1 Summary of comparative studies reporting receipt of medication (*continued*)

Author	Specific medical indication	Mental illness types	Study description			Statistical summary			
			Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder	
Tegger <i>et al</i> (2008) ⁵⁷ USA	HIV/AIDS	Affective disorder defined as: depression and/or anxiety only	1774 patients in the University of Washington (UW) HIV re: initiation of HAART within 9 months of becoming eligible for HAART	Secondary care	After adjustments, patients with depression and/or anxiety were significantly less likely to initiate HAART compared with patients without a mental illness (RR = 0.4, <i>P</i> = 0.02). Patients with mental illness or substance use disorders receive HAART at lower CD4+ cell counts and higher HIV-1 RNA levels than patients without these disorders			HAART: adj HR = 0.4 (95% CI 0.2–0.9) for untreated depression HAART: adj HR = 0.9 (95% CI 0.6–1.3) for treated depression	
Yun <i>et al</i> (2005) ⁶⁰ USA	HIV/AIDS	Affective disorder defined as: ICD-9 diagnosis of depression (57% depressed)	1713 HIV-infected patients seen in an urban healthcare setting (1997–2001) from chart review and administrative and pharmacy files	Primary care	52% received HAART. Antiretroviral adherence was lower among patients with depression not on antidepressant treatment (<i>v.</i> those on antidepressant treatment; <i>P</i> = 0.012). Adherence to antiretroviral treatment was higher among patients adherent to antidepressant treatment (<i>v.</i> those non-adherent to antidepressant treatment; <i>P</i> = 0.0014)			HAART: unadj OR = 1.43 (95% CI 1.18–1.74)	
Redelmeier <i>et al</i> (1998) ⁵⁵ Canada	Medical care for arthritis, osteoporosis, lipids and HRT	Psychotic illness defined by: prescription of haloperidol among residents of Ontario, Canada for psychotic illness	1 344 145 patients > 64 years and part of Ontario drug benefit programme. Those with psychotic illness identified by prescriptions for haloperidol (17 336). Adjusted for age and gender	Community patients	Those with psychotic illness less likely to receive medical treatment for arthritis OR = 0.59 (95% CI 0.57–0.62). 30 669 identified as having diabetes (by insulin prescriptions); less likely to receive HRT <i>P</i> < 0.001. 56 779 identified as having emphysema (by ipratropium prescriptions); less likely to receive lipid-lowering drugs (<i>P</i> < 0.001)	Arthritis medications: OR = 0.59 (95% CI 0.57–0.62) Osteoporosis/HRT: OR = 0.59 (95% CI 0.57–0.62) OR = 0.29 (95% CI 0.26–0.33) Cholesterol OR = 0.22 (95% CI 0.20–0.25)			
Bishop <i>et al</i> (2004) ⁵⁹ USA (VA)	Osteoporosis	Psychotic illness defined by: schizophrenia by routine clinical examination	46 patients with schizophrenia and 46 without mental illness. Measure was whether received osteoporosis drugs according to medical notes	VA Medical Centres	Patients with schizophrenia were less likely to receive osteoporosis care including medication (especially HRT)			Osteoporosis drugs: unadj OR = 0.38 (95% CI 0.15–0.97)	

(continued)

Table DS1 Summary of comparative studies reporting receipt of medication (*continued*)

		Study description			Statistical summary			
Author	Specific medical indication	Mental illness types	Sample	Setting	Result	Other mental illness ^a	Severe mental illness/schizophrenia	Affective disorder
Baxter <i>et al</i> (2009) ³⁸ USA	Asthma	Mental illness, affective disorder and psychotic illness defined by: ICD-9 definitions of substance misuse, depression, anxiety disorder, bipolar disorder, schizophrenia and psychotic disorders	Medicaid claims from 5 states comprising 19,064 individuals with asthma; of whom about 50% had mental illness diagnoses	Primary care	HEDIS defined prescription was lower in those with substance misuse or schizophrenia in 2 out of 5 states but higher for affective disorders in 1 state e.g. asthma OR = 0.69 (95% CI = 0.51–0.93) for schizophrenia in 1 state	Any mental illness pooled adj OR = 0.98 (95% CI 0.93–1.04)	Schizophrenia: pooled adj OR = 0.77 (95% CI 0.66–0.90)	Affective disorder: pooled adj OR = 1.16 (95% CI 1.07–1.26) Depression alone: adj OR = 1.19 (95% CI 1.08–1.31); Bipolar disorder: adj OR = 1.07 (95% CI 0.91–1.27)
Goodwin <i>et al</i> (2004) ⁴⁵ USA (Medicare)	Cancer	Affective disorder defined by: <i>a priori</i> diagnosis of depression for each participant was based (ICD-9 codes 296.2, 296.3, 296.5, 296.6, 296.7, 298.0, 301.10, 301.12, 301.13, 309.0, 309.1, 311)	Cancer database and medicare database. Identified 24,696 women aged 67 years and older, with a diagnosis of breast cancer. Of them 7.5% (1841) had received a diagnosis of depression in the 2 years prior to recruitment	Secondary care	Women with depression associated with a 19% increase in the odds of receiving less than definitive therapy ($P < 0.0001$). 42% more likely to die in the 3-year follow-up period (after controlling for other factors that might affect survival) (RR = 1.42, 95% CI 1.13–1.79). This difference remained significant after restricting the analysis to women who did receive definitive treatment, implying this difference in survival cannot be explained by differences in treatment. Healthcare utilisation (number of doctor visits in past 2 years) was examined			Chemotherapy: unadj OR = 0.65 (0.429–1)

VA, Veterans Affairs; MI, myocardial infarction; RR, relative risk; adj, adjusted; unadj, unadjusted; ACE, angiotensin-converting enzyme inhibitor; CHD, coronary heart disease; CABG, coronary artery bypass graft; LVEF, left ventricular ejection fraction; ONAP, other non-affective psychotic disorder; ASA, acetylsalicylic acid; COPD, chronic obstructive pulmonary disease; IHD, ischaemic heart disease; HAART, highly active antiretroviral therapy; PTSD, post-traumatic stress disorder; HR, hazard ratio; HRT, hormone replacement therapy; HEDIS, Health Effectiveness Data and Information Set.

a. Other mental illness includes any type of mental illness other than pure affective disorder, severe mental illness or schizophrenia
b. Odds ratio estimated assuming control event rate of 52%.

Table DS2 Methodological appraisal of studies reporting prescribing rates by mental illness status (Newcastle-Ottawa criteria)

Author	Cases independently validated	Cases are representative of population	Community controls	Controls have no history of mental illness	Study controls for age?	Study controls for additional factor(s)?	Ascertainment of exposure by masked interview or record?	Same method of ascertainment used for cases and controls?	Non-response rate the same for cases and controls?	Overall quality
Baxter <i>et al</i> (2009) ³⁸	Yes	Yes	Yes	Yes	Yes	Yes; gender, ethnicity and length of Medicaid enrollment	Yes	Yes	Unclear	High
Bishop <i>et al</i> (2004) ³⁹	No	Yes	Yes	Yes	Unclear	Unclear	Yes	Yes	No	Low
Blecker <i>et al</i> (2010) ⁴⁰	Unclear	Yes	Yes	Yes	Yes	Yes; age, gender, ethnicity, geographic location and comorbidities	Yes	Yes	Unclear	Moderate
Bogart <i>et al</i> (2006) ⁴¹	Unclear	Yes	Yes	Yes	Yes	Yes; gender, ethnicity, education, income, route of HIV exposure, recent drug use and CD4 count	Yes	Yes	Yes	Moderate
Chander <i>et al</i> (2009) ⁴²	Yes	Yes	Yes	Yes	No	Yes; study site alone	Yes	Yes	Unclear	Moderate
Desai <i>et al</i> (2002) ⁴³	Yes	Yes	Yes	Yes	Yes	Yes; gender, ethnicity, level of VA service connectedness, and distance from veteran's home to nearest VA medical facility, chronic medical conditions and use of medical services in the past year	Yes	Yes	Unclear	High
Druss <i>et al</i> (2001) ⁴⁴	Yes	Yes	Yes	Yes	Yes	Yes; demographic, clinical, and hospital and regional factors	Yes	Yes	No	High
Goodwin <i>et al</i> (2004) ⁴⁵	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Moderate
Himmelhoch <i>et al</i> (2004) ⁴⁶	Yes	Yes	Yes	Yes	No	Yes; for ethnicity, IDU, baseline CD4 count, and receipt of PCP prophylaxis within 6 months of enrollment	Yes	Yes	Yes	Moderate
Himmelhoch <i>et al</i> (2007) ⁴⁷	Yes	Yes	Yes	Yes	Yes	Yes; gender, ethnicity, CD4 count and site	Yes	Yes	Unclear	High
Hippisley-Cox <i>et al</i> (2007) ⁴⁸	Yes	Yes	Yes	Yes	Yes	Yes; gender, deprivation, diabetes, stroke and smoking, and allowing for clustering by practice	Yes	Yes	No	High
Kisely <i>et al</i> (2009) ⁴⁹	Yes	Yes	Yes	Yes	Yes	Yes; gender, socioeconomic status, comorbidity, place of residence	Yes	Yes	Unclear	High
Kreyenbuhl <i>et al</i> (2006) ⁵⁰	No	Yes	Yes	Yes	Yes	Yes; gender, ethnicity	Yes	Yes	Yes	Moderate
Mijch <i>et al</i> (2006) ⁵¹	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Moderate
Petersen <i>et al</i> (2003) ⁵²	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	High
Plomondon <i>et al</i> (2007) ⁵³	Yes	Yes	Yes	Yes	No	Yes; demographic, cardiac, and non-cardiac variables, presentation variables, in-hospital procedures and discharge medications	Yes	Yes	Unclear	Moderate
Rathore <i>et al</i> (2008) ⁵⁴	Unclear	Yes	Yes	Yes	No	Yes; patient age, gender, ethnicity, medical history (coronary artery disease, diabetes mellitus, hypertension, COPD, LVEF, and admission source), admission characteristics, comorbidity, physician specialty, physician board certification, and hospital characteristics	Yes	Yes	Unclear	Low
Redelmeier <i>et al</i> (1998) ⁵⁵	No	No	Yes	Unclear	Yes	Yes; gender	Yes	Yes	No	Moderate
Suvisaari <i>et al</i> (2010) ⁵⁶	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Moderate
Tegger <i>et al</i> (2008) ⁵⁷	Unclear	Yes	Yes	Yes	Yes	Yes; ethnicity (White, Black, Hispanic, and other), gender, baseline HIV-1 RNA level and CD4+ cell count	Yes	Yes	No	Moderate
Wang <i>et al</i> (2005) ⁵⁸	Yes	Yes	Yes	Yes	Yes	Yes; gender, ethnicity, cardiovascular conditions, Charlson comorbidity score, and healthcare use in 1999	Yes	Yes	No	High
Weiss <i>et al</i> (2006) ⁵⁹	Yes	Yes	Yes	Yes	Yes	Yes; gender, ethnicity and site of care	Yes	Yes	No	High
Yun <i>et al</i> (2005) ⁶⁰	Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Moderate

VA, Veterans Affairs; IDU, injection drug use; PCP, *Pneumocystis jirovecii* pneumonia; COPD, chronic obstructive pulmonary disease; LVEF, left ventricular ejection fraction.