

# Association of Statin Use with Risk and Outcome of Acute Kidney Injury in Community-acquired Pneumonia

## Supplementary Material

**Table A: Risk of AKI by method used to determine the baseline renal function.**

| Method of baseline creatinine estimation       | No. of patients (%) | Risk of AKI<br>No. of patients (%) |
|--|---------------------|------------------------------------|
| Known pre-morbid baseline creatinine           | 91 (5)              | 21 (23)                            |
| Patients assigned day 1 creatinine as baseline | 598 (32.5)          | 74 (12.4)                          |
| Patients assigned MDRD creatinine as baseline  | 1147 (62.5)         | 536 (46.7)                         |

Table A shows the risk of AKI by method used to estimate renal function in 1836 patients with CAP. A baseline renal function was known in 5% of patients; day 1 creatinine was used as the baseline in 32.5% and MDRD creatinine was used as a baseline in 62.5% of patients.

**Table B: Statin use and risk of AKI by method used to determine baseline renal function.**

|                             | Known baseline creatinine<br>(n=91) |         | Patients assigned day 1<br>creatinine as baseline<br>(n=598) |         | Patients assigned<br>MDRD creatinine as<br>baseline<br>(n=1147) |         |
|-----------------------------|-------------------------------------|---------|--|---------|---|---------|
|                             | OR (95% CI)                         | P value | OR (95% CI)  | P value | OR (95% CI)   | P value |
| Prehospital cohort          | 1.67 (0.5 – 5.5)                    | 0.39    | 1.01 (0.53 – 1.92)   | 0.96    | 1.47 (1.12 – 1.92)  | 0.004   |
| Prehospital with propensity | 2.05 (0.57 – 7.36)                  | 0.26    | 0.90 (0.45 -1.78)  | 0.77    | 1.29 (0.97 – 1.71)  | 0.07    |
| Continued cohort            | 1.12 (0.27 – 4.61)                  | 0.86    | 1.01 (0.49 -2.06)  | 0.97    | 1.30 (0.98 – 1.73)  | 0.06    |
| Continued with propensity   | 1.22 (0.26 -5.65)                   | 0.79    | 0.86 (0.40 – 1.82)   | 0.70    | 1.18 (0.88 – 1.59)  | 0.26    |

**Table C: Association between statin use and risk of AKI using hospital admission creatinine as a baseline.**

| <b>Statin cohort</b>        | <b>OR (95% CI)</b> | <b><i>P</i> value</b> |
|-----------------------------|--------------------|-----------------------|
| Prehospital cohort          | 1.06 (0.62 – 1.79) | 0.82                  |
| Prehospital with propensity | 1.04 (0.59 – 1.83) | 0.88                  |
| Continued cohort            | 1.06 (0.60 – 1.86) | 0.83                  |
| Continued with propensity   | 1.00 (0.55 – 1.82) | 0.98                  |

We performed an analysis using the hospital admission creatinine as a baseline in 1836 patients. We found that the risk of AKI was low (n=80; 4.57%). Using this new definition of AKI outcome, we found no difference in the risk of AKI by statin use.