

## Supplementary material

Farkowski MM, Maciąg A, Żurawska M, et al. Rapid pharmacological cardioversion of recent-onset atrial fibrillation using antazoline in elderly patients. *Pol Arch Intern Med.* 2022; 132: 16120. doi:10.20452/pamw.16120

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Table S1. Clinical outcomes of antazoline,  $\geq 75$  vs  $<75$  years old in females.

	Antazoline		OR [95% CI]	P-value
	$\geq 75$ years old n=41 (6.9%)	$<75$ years old n=70 (63.1%)		
Conversion to sinus	29 (70.7%)	50 (71.4%)	0.97 (0.41 - 2.26)	0.94
Discharge	34 (82.9%)	58 (82.9%)	1.00 (0.36 - 2.80)	0.99
Hospitalization AF	6 (15.0%)	12 (17.1%)	0.83 (0.29 – 2.41)	0.73
Hospitalization AE	1 (2.5%)	2 (2.9%)	0.85 (0.07 – 9.697)	1.00
Hospitalization (other)	3 (7.3%)	0 (0.0%)	12.8 (0.63 – 261)*	0.048
SBP $<100$ mmHg	1 (2.4%)	0 (0.0%)	5.2 (0.20 – 135)*	0.37
Bradycardia	5 (12.2%)	6 (8.6%)	1.48 (0.42 – 4.37)	0.53

OR- odds ratio; AE, adverse events; AF, atrial fibrillation; SBP, systolic blood pressure.

\* - penalized logistic regression

Table S2. Clinical outcomes of antazoline,  $\geq 75$  vs  $<75$  years old in males.

	Antazoline		OR [95% CI]	<i>P-value</i>
	$\geq 75$ years old n=69 (30.9%)	$<75$ years old n=154 (69.1%)		
Conversion to sinus	57 (82.6%)	103 (66.9%)	2.35 (1.16 - 4.77)	0.02
Discharge	59 (85.5%)	122 (79.2%)	1.55 (0.71 - 3.36)	0.27
Hospitalization AF	10 (14.5%)	28 (18.2%)	0.76 (0.35 – 1.67)	0.49
Hospitalization AE	0 (0%)	7 (4.5%)	0.14 [0.08 - 2.56]*	0.10
Hospitalization (other)	1 (1.4%)	2 (1.3%)	1.12 (0.10 – 12.5)	1.00
SBP $<100$ mmHg	1 (1.4%)	4 (2.6%)	0.55 (0.06 - 5.03)	1.00
Bradycardia	5 (7.2%)	16 (10.4%)	0.67 (0.24 – 1.92)	0.46

OR- odds ratio; AE, adverse events; AF, atrial fibrillation; SBP, systolic blood pressure.

\* - penalized logistic regression

Table S3. Clinical outcomes of antazoline in females vs. males  $\geq 75$  years old.

	Antazoline		OR [95% CI]	<i>P-value</i>
	Female N=41(37.3%)	Male N=69 (62.7%)		
Conversion to sinus	29 (70.7%)	57 (82.6%)	0.51 (0.20 - 1.27)	0.14
Discharge	34 (82.9%)	59 (85.5%)	0.82 (0.29 – 2.36)	0.72
Hospitalization AF	6 (14.6%)	10 (14.5%)	1.01 (0.34 – 3.02)	0.94
Hospitalization AE	1 (2.4%)	0 (0%)	5.15 (0.20 – 133) *	0.37
Hospitalization (other)	3 (7.3%)	1 (1.4%)	5.37 (0.54 – 53.4)	0.14
SBP <100mmHg	1 (2.4%)	1 (1.4%)	1.70 (0.10 – 27.93)	1.00
Bradyarrhythmia	5 (12.2%)	5 (7.2%)	1.78 (0.48 – 6.56)	0.49

OR – odds ratio; AE, adverse events; AF, atrial fibrillation; SBP, systolic blood pressure.

\* - penalized logistic regression

Table S4. Clinical outcomes of antazoline in females vs. males < 75 years old.

	Antazoline		OR [95% CI]	<i>P-value</i>
	Female N=70 (13.2%)	Male N=154 (68.8%)		
Conversion to sinus	50 (71.4%)	103 (66.9%)	1.24 (0.67 - 2.30)	0.49
Discharge	58 (82.9%)	122 (79.2%)	1.27 (0.61 - 2.64)	0.52
Hospitalization AF	12 (17.1%)	27 (18.2%)	0.93 (0.44 – 1.96)	0.85
Hospitalization AE	2 (2.9%)	7 (4.5%)	0.62 (0.12 – 3.05)*	0.72
Hospitalization (other)	0 (0.0%)	2 (1.3%)	0.43 (0.02 – 9.31)*	1.00
SBP <100mmHg	0 (0.0%)	4 (2.6%)	0.24 (0.01 – 4.55)	0.31
Bradyarrhythmia	6 (8.6%)	16 (10.4%)	0.81 (0.30 – 2.16)	0.67

OR – odds ratio; AE, adverse events; AF, atrial fibrillation; SBP, systolic blood pressure.

\* - penalized logistic regression

Table S5. Odds ratios [95% CI] for potential predictors of successful cardioversion (dependent variable) . Results of univariable logistic regression.

Potential predictors	OR [95% CI]	<i>P-Value</i>
Age>75 vs < 75	1.66 [0.976 - 2.83]	0.06
Sex (Male)	1.03 [0.622 – 1.70]	0.91
CAD	2.70 [1.592 – 4.57]	<0.001
PCI history	2.53 [1.089 – 5.86]	0.031
CABG history	2.52 [1.141 – 5.58]	0.02
Hypertension	1.57 [0.972 – 2.54]	0.06
Diabetes mellitus	1.46 [0.749 – 2.86]	0.26
Thyroid disorders	0.73 [0.328 – 1.64]	0.45
Structural heart disease	1.37 [0.749 – 2.51]	0.31
AFL	0.62 [0.313 – 1.24]	0.18
AT	0.14 [0.036 – 0.53]	0.004
PVC	5.85 [0.758 – 45.11]	0.09
SSS	1.52 [0.809 – 2.85]	0.19
AVB		
None	Reference	0.760
AVB I°	1.494 [0.209 – 10.657]	

AVB II°	3.667 [0.139 – 97.004]	
AVB III°	0.407 [0.025 – 6.576]	
Chronic AAD	1.47 [0.74 – 2.94]	0.27

AAD, antiarrhythmic drug; AFL, atrial flutter; AT, atrial tachycardia; AVB, atrioventricular block; CABG, coronary artery bypass graft; CAD, coronary artery disease; CRT, cardiac resynchronization therapy; ICD, implantable cardioverter-defibrillator; PCI, percutaneous coronary intervention; PM, pacemaker; PVC, premature ventricular contraction; SSS, sick sinus syndrome.

Table S6. Independent predictors of successful cardioversion. Results of backward multivariable logistic regression analysis. AUC [95% CI]: 0.662 [0.600 – 0.723].

Independent predictors	OR [95% CI]	<i>P-Value</i>
AT (yes vs no)	0.20 [0.05-0.78]	0.021
CAD vs no CAD for Females*	0.95 [0.36-2.49]	0.018
CAD vs no CAD for Males*	3.90 [2.02-7.51]	

\* A different effect of coronary artery disease has been demonstrated in men and women with p-value for interaction=0.018. P-value for factor sex was 0.07, and p-value for factor CAD was 0.92. With zero-one encoding and the following designation of the linear predictor coefficients:  $\beta_0 + \beta_1 * \text{Males} + \beta_2 * \text{CAD} + \beta_3 * \text{AT} + \beta_4 * (\text{Males} * \text{CAD})$ , odds ratio for “CAD vs no CAD for Females” is:  $\exp(\beta_2)$  and odds ratio for “CAD vs no CAD for Males” is:  $\exp(\beta_2 + \beta_4)$ . We found it not interesting to present the odds ratios of, for example, CAD+ men to CAD- women, or CAD+ women to CAD- men.

Table S6A. Independent predictors of successful cardioversion. Results of backward multivariable logistic regression analysis. Model without interaction. AUC [95% CI]: 0.635 [0.578 – 0.691].

Independent predictors	OR [95% CI]	<i>P-Value</i>
AT (yes vs no)	0.177 [0.045 - 0.692]	0.013
CAD (yes vs no)	2.511 [1.473 - 4.218]	<0.001

Table S6B. Independent predictors of successful cardioversion in a group of men. Results of backward multivariable logistic regression analysis. Model without interaction. AUC [95% CI]: 0.696 [0.631 – 0.762].

Independent predictors	OR [95% CI]	<i>P-Value</i>
Structural heart disease (yes vs no)	0.289 [0.098 - 0.847]	0.024
CAD (yes vs no)	8.803 [3.271 – 23.694]	<0.001

In the group of women, the effectiveness of cardioversion cannot be predicted based on the collected data.