Table 2. Major cardiac and pulmonary events and all-cause mortality according to beta-blocker use among MCBS cohort members with CVD and COPD (N=1,062) [a]			
Outcome (n=no. of events)	**Unadjusted HR (95% CI)**	**PS-adjusted [c,d] HR (95% CI)**	**Covariate-adjusted [b] HR (95% CI)**
Cardiac event (n=179)	1.35 (1.00, 1.81)	1.18 (0.85, 1.62)	1.12 (0.83, 1.52)
Pulmonary event (n=389)	1.05 (0.86, 1.29)	0.91 (0.73, 1.12)[e]	0.86 (0.71, 1.06)[e]
Death (n=255)	0.97 (0.76, 1.23)	0.87 (0.67, 1.13)	0.82 (0.63, 1.07)[f]

Abbreviations: CI, confidence interval; COPD, chronic obstructive pulmonary disease; CVD, cardiovascular disease; HR, hazard ratio; MCBS, Medicare Current Beneficiary Survey; PS, propensity score.

[a] The HRs for β-Blocker use were created with Cox proportional hazards analysis. The referent groups were β-blocker nonusers.

[b] All covariate models are controlled by entry year. Cardiac model additionally includes: heart failure, ACE/ARB use, and Elixhauser Comorbities. Pulmonary model includes: total non β-Blocker medications, heart failure and Elixhauser Comorbities. Mortality model includes: Elixhauser Comorbities, total number of non β-Blocker medications, prior MI, cognitive impairment, limited social activities, ESRD, heart failure, and ACE/ARB use.

[c] Variables used to generate the propensity score are marked in Table 1.

[d] All PS models are controlled by PS and entry year. Pulmonary PS model additionally includes: physical function and Elixhauser Comorbities. Mortality model includes: cognitive impairment.

[e] One outlier removed; outlier did not have event.

[f] Two outliers removed; outliers did not have event.