

Supplemental Table 5. Previous studies of non-vertebral fractures in AS in comparison to general population.

	Country	Study period	Study design	Outcome	Number of study subjects	Number of fractures	IR	Relative effect size	Relative effect size, adjusted
Cooper et al. [21]	USA	1935-1989 (inclusion)	Cohort	Any limb	121 men with AS 37 women with AS	17 7	NA	0.9 (0.5-1.4) ¹ 1.3 (0.5-2.6) ¹	
Munoz-Ortego et al. [18]	Spain	2006-2011	Cohort	Non-vertebral fracture	6474 patients with AS / 32346 controls	218 / 861	8.3 / 6.8	1.21 (1.04-1.41) ²	1.19 (1.02-1.39) *
Prieto-Alhambra et al. [17]	Denmark	2000	Case-control	Non-vertebral fracture	121291 patients with fracture	121 with AS	NA	1.39 (1.12-1.73) ³	1.05 (0.84-1.32) #
Weiss et al. [19]	Sweden	1987-2004	Case-control	Hip fracture	47282 with hip fracture	64 with hospitalized AS	NA	2.5 (1.9-3.1) ³	
Vosse et al. [16]	United Kingdom	1988-1999	Case-control	Forearm fracture	44220 with forearm fracture	82 with AS	NA	1.30 (0.94-?) ³	1.21 (0.87-1.69) §
				Hip fracture	14387 with hip fracture	25 with AS	NA	0.96 (0.56-1.67) ³	0.77 (0.43-1.37) §

IRs are presented as number of fractures per 1000 person-years at risk.

¹ Standardized morbidity ratio, ² Hazard ratio, ³ Odds ratio

*Adjusted for body mass index, tobacco smoking, alcohol consumption and oral corticosteroids.

#Adjusted for fracture history, annual income, social status, working status, educational status, number of consultations to general practitioners and practicing specialists, alcoholism and use of oral NSAIDs and oral corticosteroids.

§Adjusted for a wide range of clinical variables and medication associated with the risk of fracture. Smoking history and body mass index were included if entered in the database.

AS, ankylosing spondylitis; IR, incidence rate; NA, not applicable

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