

Supplementary materials for:

Smoking does not protect axial spondyloarthritis patients from attacks of uveitis

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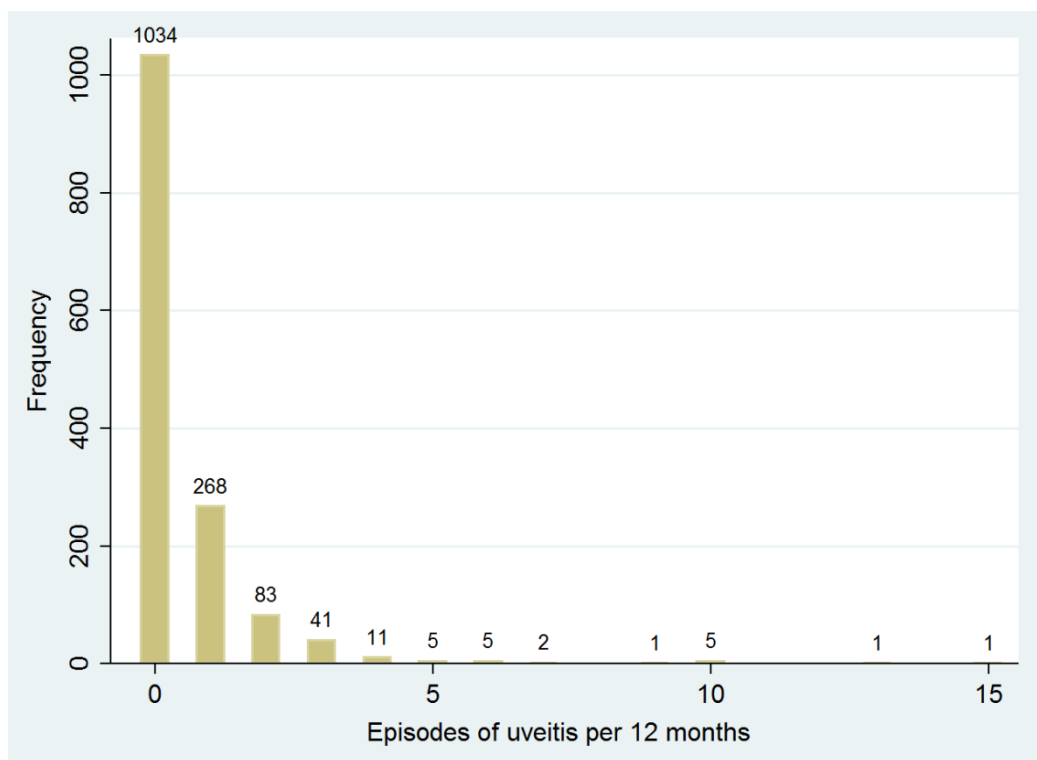
Supplementary table 1. Summary of prior studies demonstrating a paradoxical effect of smoking on uveitis among patients with axial spondyloarthritis.				
Study	Registry	n	Comparison	Effect size
Zhao 2018	BSRBR-AS	2,031	Current vs never	OR _{adj} 0.68
Jones 2017	SIRAS	946	Current vs ex	OR _{adj} 0.42
Fitzgerald 2017	ASRI	683	Smoker vs non-smoker	OR 0.48
BSRBR-AS, The British Society for Rheumatology Biologics Register for Ankylosing Spondylitis; SIRAS, Scotland Registry for Ankylosing Spondylitis; ASRI, Ankylosing Spondylitis Registry of Ireland				

Methods

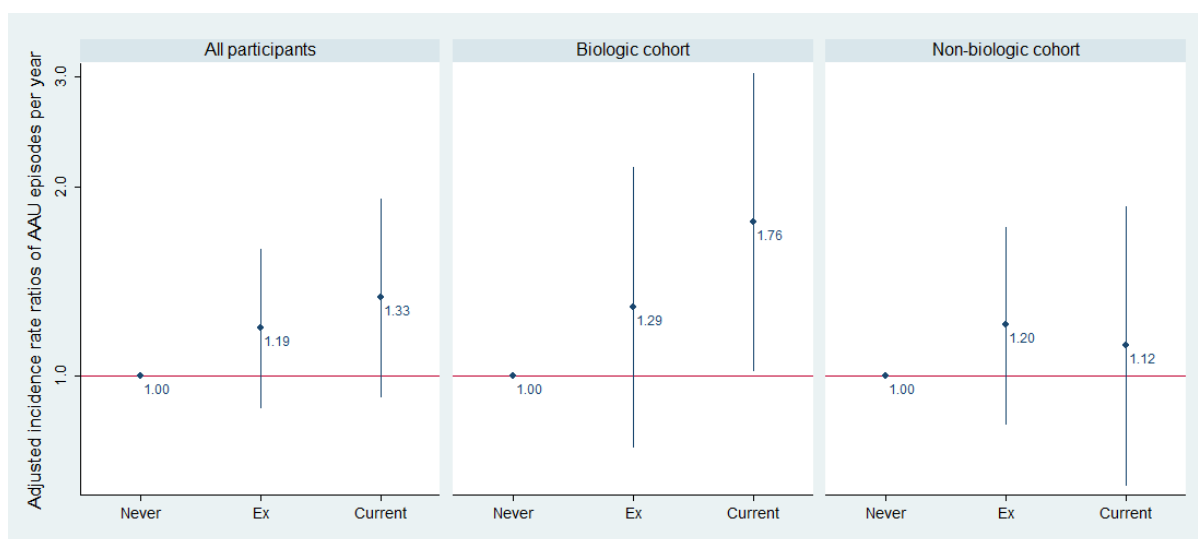
The negative binomial model can be considered as a generalization of Poisson regression, which is necessary when there is over-dispersion of count data (that is, the conditional variance is greater than the mean). Repeated measures within individuals were accounted for using mixed effects models with random intercepts for each patient. Time (years) was included as a fixed effect variable. All analyses were performed in Stata v13.

Results

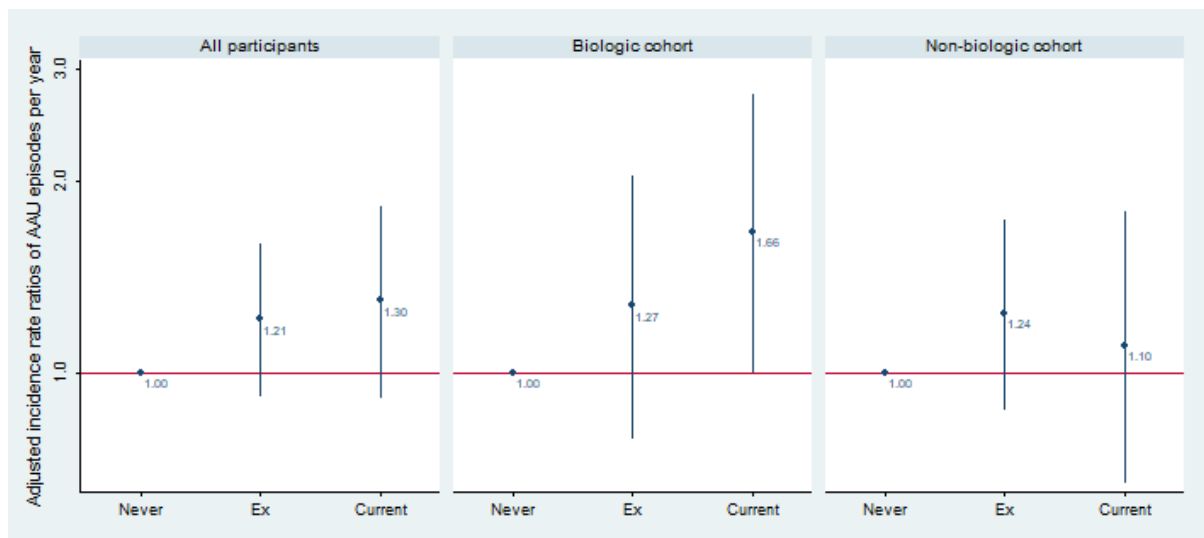
Supplementary table 2. Patient and disease characteristics.		
Age, mean (SD) years		50.8 (13.3)
Male		429 (68%)
Meets modified New York criteria for AS		472 (75%)
HLA-B27 positive		437 (89%)
Symptom duration, median (IQR) years		24.3 (12.4 to 35.5)
Smoking status	Current	264 (48%)
	Ex	198 (36%)
	Never	92 (17%)
TNF inhibitor use		196 (31%)
Data shown as number (%) unless otherwise stated.		



Supplementary figure 1. Distribution of the number of uveitis episodes in each 12-month period



Supplementary figure 2. Sensitivity analysis restricting the maximum number of episodes per year to 10, to test whether effect estimates were robust against potential outliers.



Supplementary figure 3. Sensitivity analysis restricting the maximum number of episodes per year to 5, to test whether effect estimates were robust against potential outliers.