

Appendix 2 (as submitted by the authors)

Table 1 Diagnostic and procedure codes used to identify study outcomes

Outcome	Positive Predictive Value ¹	Diagnostic codes		Procedure codes
		ICD-9	ICD-10	CCP ⁽¹⁾
Myocardial infarction	94% ¹	410.xx Excluding 410.x2 (codes related to subsequent episodes of care)	I21	
Heart failure	94% ²	428	I50	
Cardiac arrest	82% ³	427.5	I46	
Ventricular arrhythmia	82% ³	427.1, 427.4, 427.69	I472, I490	
Ischemic stroke or transient ischemic attack	96% ⁴	433.xx-436.xx Excluding 433.x0, 434.x0 (no mention of cerebral infarction)	I63, I64, G45	
Femur fracture ⁽²⁾	98% ⁵	820-821, minimum length of stay of 1 day required to rule out diagnostic work-up	S72	9054, 9104, 9114, 9124, 9134, 9144, 9154, 9164
Pneumonia	96% ⁶	480-486	J12, J13, J14, J15, J16, J17, J18	
Venous thromboembolism	n/a	415.1, 451.1, 451.81, 453.8	I26, I801, I802, I803, I808, I828	

⁽¹⁾ Canadian Classification of Diagnostic, Therapeutic and Surgical Procedures

⁽²⁾ Although the concern for some psychotropic medications is truly the risk of falls, this outcome cannot be reliably assessed on the basis of claims data since E-codes tend to be underused. Hospitalizations with a diagnosis of femur fracture or with a procedural code indicative of surgical repair of a femur fracture were used instead.

n/a: not available

¹ The positive predictive value is a function of the prevalence of the outcome and might thus be different in our study population.