STROBE Statement—Checklist of items that should be included in reports of ***cohort studies***

	Item No	Recommendation
Title and abstract	1	(*a*) The study design is indicated in the title of the study and in the Abstract (p. 1-2)
		(*b*) Summary of what was done and what was found, see Abstract p. 2-3.
Introduction		
Background/rationale	2	The scientific background and rational for the investigation is provided in page 5.
Objectives	3	Specific objectives presented in page 6.
Methods		
Study design	4	Key elements of study design are presented in the Abstract and in Methods section pages 6-7.
Setting	5	Setting, follow-up and data collection details presented in the Abstract and in the Methods section pages 6-7.
Participants	6	(*a*) Eligibility criteria and methods of selection as well as follow-up methods given in the Methods section pages 6-7.
		(*b*) For matched studies, give matching criteria and number of exposed and unexposed Not applicable.
Variables	7	Outcomes and other variables used in the analyses including ICD10 codes for defining the study population presented in the Methods section p. 6.
Data sources/ measurement	8*	Data sources and methods of assessment described in the Methods section page 6.
Bias	9	The three outcome measures were examined by patient sex, calendar year, age-group, diagnostic group, and the interaction between the last two (p. 7). People with severe mental disorders were defined as those having a hospital care episode at least once with main diagnosis for a psychotic disorder (ICD-10 F2), mood disorder (ICD-10 F3), or substance use (ICD-10 F1) disorder at any time during the study period. Subjects remained in the population at risk throughout the study period because of the long natural course of the mental disorders in question. If an individual had been hospitalised more than once and given more than one main diagnosis, we hierarchically allocated the individual to the psychosis subpopulation if diagnosed with psychosis (F2) at least once. Patients with main substance use related disorders (F1) and mood disorder diagnoses (F3) were allocated to the substance use group. (p.6-7).
Study size	10	We analysed the total hospitalised population of severe mental disorders and/or coronary heart disease (p. 6).
Quantitative variables	11	In our study, outcomes were examined by using age-standardised rates and Poisson regression models.
Statistical methods	12	(*a*) Statistical methods:Annual incidence rates were calculated for each patient group by sex and age. Poisson regression models were used to study differences between the patient groups in access to coronary care. (p.7)
		(*b*) Analysis of subgroups and interactions: The three outcome measures were examined by patient sex, calendar year, age-group, diagnostic group, and the interaction between the last two. Mean population was used as an offset variable. Differences between the diagnostic groups were found to differ among age groups and thus risk ratios were calculated for each age group.(p. 7)
		(*c*) Explain how missing data were addressed Not applicable, since we analysed the total population.
		(*d*) If applicable, explain how loss to follow-up was addressed The population was followed up until the end of the study period or death.(p.7)

		(*e*) Describe any sensitivity analyses Not applicable.
Results		
Participants	13*	(a) We analysed the total population of persons hospitalised for severe mental disorders and/or coronary heart disease. Mortality data was linked to the study population from the Cause of death statistics (p.6-7).
		(b) Give reasons for non-participation at each stage Not applicable.
		(c) Consider use of a flow diagram Not applicable.
Descriptive data	14*	(a) See Methods section p 7 for the characteristics of study participants.
		(b) Indicate number of participants with missing data for each variable of interest Not applicable.
		(c) Follow-up time: Methods section page 6. All hospital discharges in 1998-2009 containing a diagnosis for coronary heart disease (CHD) (ICD-10: I20-I25, I46.1, I46.9) or severe mental disorder (ICD-10: F1-F3) were obtained from the Finnish Care Register. Data on coronary revascularisation were also extracted from the register.
Outcome data	15*	Numbers of outcome events or summary measures over time: Table 1 (page 7) presents age-standardised rates for hospitalisation and revascularisation per 100 000 for each group of people with severe mental disorder by age and sex.
Main results	16	(*a*) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included Table 1 (page 7) presents age-standardised rates for hospitalisation and revascularisation per 100 000 for each group of people with severe mental disorder by age and sex.
		(*b*) Report category boundaries when continuous variables were categorized Not applicable.
		(*c*) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period. Table 1 presents absolute risks per 100 000 in all groups.
Other analyses	17	All analyses were done by age-group, additionally we performed sex-specific analyses (p. 8), and revascularisation type (CABG, angioplasty) specific analyses (8-9).
Discussion		
Key results	18	Summary of key results presented on p. 9.
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias The register based data does not include patients with mental disorders not severe enough to require hospitalisation, p. 10 presents the limitations of the study
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence p. 10 presents interpretation of the results in relation to results from similar studies and the strengths of our study compared to earlier studies.
Generalisability	21	Discuss the generalisability (external validity) of the study results p. 10-11 discusses the limitations of generalisability of our results
Other information		
Funding	22	Funding and the role of funder is presented in pages 11 and 13.

*Give information separately for exposed and unexposed groups.

Note: An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at http://www.strobe-statement.org.