

Supplementary Table S1. Predictive variables (X1-X17), two target variables (P1, P2), and their descriptions in this study.

	Variables	Description	Units
X1	Gender	1: Male; 2: Female	-
X2	Age	1: <65; 2: ≥65 & <75; 3: ≥75	year-old
X3	BMI	1: <18.5; 2: ≥18.5 & <30; 3: ≥30	kg/m ²
X4	Body weight	1: <60; 2: ≥60	kg
X5	Ethnicity	1: Arab/others; 2: European	-
X6	Hypertension history	1: Record of hypertension required medical treatment; 2: No	-
X7	Kidney function (GFR)	1: <30; 2: ≥30 & <50; 3: ≥50	ml/min/1.73m ²
X8	Previous stroke history	1: History of stroke or TIA; 2: No	-
X9	Previous bleeding history	1: History of bleeding; 2: No	-
X10	Concomitant use of drug	1: Concomitant use of verapamil, diltiazem, anti-thrombotic agent, NSAID, or COX inhibitor; 2: No	-
X11	History of MI	1: History of MI; 2: No	-
X12	History of DM	1: History of DM; 2: No	-
X13	History of CHF	1: Medical history of CHF or heart echo revealed ejection fraction <40%; 2: No	-
X14	Smoking	1: Never; 2: Current smoker; 3: Former history	-
X15	History of systemic embolism*	1: History of systemic embolism; 2: no	-
X16	Liver function abnormality*	1: Present of liver function abnormality; 2: No	-
X17	Anemia	1: Hemoglobin ≥10; 2: <10	gm/dl
P1	Vascular events in dabigatran 110mg subgroup*	1: No vascular event happened within the first year of follow-up; 2: Yes	-
P2	Bleeding (Major and minor bleeding) in dabigatran 150mg subgroup*	1: No bleeding event happened within the first year of follow-up; 2: Yes	-

* BMI: body mass index, GFR: glomerular filtration rate, TIA: transient ischemic attack, NSAID: non-steroidal anti-inflammatory drug, COX: cyclooxygenase, MI: myocardial infarction, DM: diabetes mellitus CHF: congestive heart failure.

* Liver function abnormality defined as medical history of cirrhosis or abnormal biochemical data when the patients were enrolled (Bilirubin more than 2 times the upper limit of normal, plus 1 or more of aspartate transaminase, alanine transaminase, or alkaline phosphatase more than 3 times the upper limit of normal).

* Vascular events defined as Stroke, systemic embolism and vascular death.

* Major bleeding was defined as a drop in hemoglobin of ≥ 2 gm/dl (1.2 mmol/l), transfusion of ≥ 2 packed cells, or symptomatic bleeding in a critical area or organ. Critical areas were intraocular, intracranial (including hemorrhagic stroke), intraspinal, intramuscular with compartment syndrome, retroperitoneal, intra-articular, or pericardial. All other bleeding was considered minor bleeding.