

Supplement material

Results

Table S1: Bivariate Cox regression analysis of predictors of acquiring PsA infection

	B	SE	df	Sig.	HR	CI 95% for HR	
						Lower	Upper
ICS use	0.362	0.203	1	0.074	1.44	0.97	2.14
ICS type	-0.007	0.056	1	0.900	0.99	0.89	1.11
ICS dose ^s	0.142	0.055	1	0.009*	1.15	1.04	1.28
Systemic corticosteroids use [#]	0.095	0.169	1	0.575	1.10	0.79	1.53

ICS: inhaled corticosteroids, HR: hazard ratio, CI: confidence interval. ^s Fluticasone propionate equivalents (daily dose), [#] Systemic corticosteroids use > 3 courses during the follow-up duration (2012-2020), * Significant *p* value < 0.05.

Table S2: Correlations between BEC, ICS and PsA infection

		PsA infection	BEC	ICS dose [§]	ICS use
PsA infection	<i>r</i>	1.0	0.381	0.107	- 0.008
	<i>p</i>		<0.001*	0.042*	0.884
BEC	<i>r</i>	0.381	1.0	-0.006	-0.053
	<i>p</i>	<0.001*		0.913	0.318

PsA: *Pseudomonas Aeruginosa* infection, BEC: blood eosinophilic count, ICS: inhaled

corticosteroids, *r*: Spearman correlation coefficient. [§] Fluticasone propionate equivalents (daily dose), * Significant *p* value < 0.05.

Figure S1: Comparison between the daily dose of ICS (equivalent to fluticasone propionate) among the studied population initially and on follow-up.

