Is rehabilitation effective in preventing decreased functional status after communityacquired pneumonia in elderly patients – result from a multicenter retrospective observational study

Running title: Functional status after pneumonia

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**Supplementary Tables** 

Complications	No. patients	Frequency
heart failure	39	39.8%
Lumbar compression fracture	19	19.4%
femoral fracture	11	11.2%
acute myocardial infarction	6	6.1%
cerebral infarction	5	5.1%
Ohers (tumors, et.al.)	18	18.4%

Microorganisms	Total	Maintained group	Decreased group
Streptococcus pneumoniae	71	58	13
Klebsiella pneumonia	43	29	14
Staphylococcus aureus	38	28	10
Pseudomonas aerogenes	27	20	7
Escherichia coli	19	13	6
Haemophilus influenzae	19	12	7
Moraxella Branhamel	13	9	4
Klebsiella oxytoca	9	7	2
Stenotrophomonas	8	7	1
Raoultella planticola	7	6	1
Streptococcus agalactiae	6	5	1
Enterobacter aerogenes	5	3	2
Enterobacter cloacae	4	3	1
Pseudomonas fluorescens	4	2	2
normal flora	222	168	54
Others	6	4	2
Mixed	11	8	3
Not tested	26	18	8

Table S2. Distribution of the causative microorganisms in patients with maintained and decreased group from sputum and blood cultures.

Risk factors	Mortality			
	OR	95%CI		p value
PSI score	131.2	21.2	812.1	< 0.01
FS at admission	5.3	2.2	12.6	< 0.01
BMI	0.09	0.01	1.58	0.09
Age	1.01	0.98	1.06	0.38

Table S3 Multivariable analysis of risk factors for mortality in CAP

CAP, community acquired pneumonia; PSI, Pneumonia Severity Index; FS: functional status; BMI, body mass index; OR, odds ratio; CI: confidence interval

Table S4 Multivariable analysis of risk factor for CAP patients above mean hospitalization

## expenses

Risk factor	High cost			
Kisk factor	OR	95%CI		p value
Aspiration pneumonia	2.06	1.16	3.36	0.01
BMI	4.83	1.05	22.3	0.04
PSI Score	0.29	0.07	1.14	0.07

CAP, community acquired pneumonia; BMI, body mass index; PSI, Pneumonia Severity Index; OR, odds ratio; CI: confidence interval