These included baseline clinical characteristics and demographic characteristics such as age, race and sex.

Prior history of medical conditions like acute myocardial infarction and other cardiovascular conditions, cerebrovascular disease, chronic pulmonary disease, connective tissue disease, ulcer disease, liver disease, diabetes, hemophilia or paraplegia, metastatic cancer, psychotic disorders (schizophrenia, delirium, depression and other mood disorders) prior medication use such as the use of antidepressant, anti-seizures, anti-parkinson, respiratory, immunosuppressant, anti-inflammatory, cardiovascular, gastro-intestinal, benzo diazepine and other medications.

The Greedy 5—1 matching technique was used to match users of typical and atypical antipsychotics on the estimated propensity score.

A conditional logistic regression model identified on propensity score matched-pair was used to compare the risk of hospitalization for pneumonia in new users of atypical vs. typical antipsychotics within a 180 day follow-up period starting from the date of first prescription.


The risk of hospitalization for VTE was found to be similar for users of typical and atypical antipsychotic medication in this elderly Medicare population.