

Online Supplementary Table 1: Summary of Phase 1 results based on analyses of persons with (n=128) and without hand OA (n=70) as their cause of hand complaints *

Variable	Comparison	Relative weight #
Age	High (above median) vs. low †	1.6
Morning stiffness	None/short (0-30 min) vs. long ‡	2.9
Joints with radiographic osteophytes	High (above median) vs. low †§	2.4
Joints with radiographic JSN	High (above median) vs. low †§	2.7
Symptom-structure concordance	Present vs. absent ¶	4.1
Erythrocyte sedimentation rate	Normal (<15 mm/hour) vs. elevated	2.6
C-reactive protein	Normal (<5 mg/L) vs. elevated	2.6

OA=osteoarthritis; JSN=joint space narrowing.

* The control group consisted of people with rheumatoid arthritis, psoriatic arthritis, other inflammatory rheumatic diseases, fibromyalgia, tenosynovitis / trigger finger, repetitive strain injury, deQuervain's, Dupuytren's contracture, nerve entrapment, hemochromatosis, vitamin D deficiency, ganglion, gout, pseudogout, diabetes, hypermobility, erysipelas or unknown cause. We refer to Table 2 in the paper about Phase 1 results (Haugen IK et al, RMD Open 2020;6:e001265) for a detailed overview.

Derived from odds ratio from the multivariate regression model, and interpreted as the increase in the odds of having OA as the cause of hand complaints in persons with vs. without respective feature. † High age, number of joints with osteophytes and JSN was defined as values above the median (61.6 years, 6 joints and 4 joints, respectively). ‡ Duration of morning stiffness in fingers and thumb base joints was reported by each patient, and the maximum value of the two was used in the analyses.

§ Radiographic findings were assessed in the bilateral 2nd-5th distal and proximal interphalangeal, first interphalangeal and first carpometacarpal joints. ¶ Symptom-structure concordance was defined as radiographic OA (osteophytes or JSN) in the majority of symptomatic joints.