Supplemental Material

Table S1. Stratified analyses for the association between plasma calprotectin levels and the risk of incident hypertension across various subgroups.
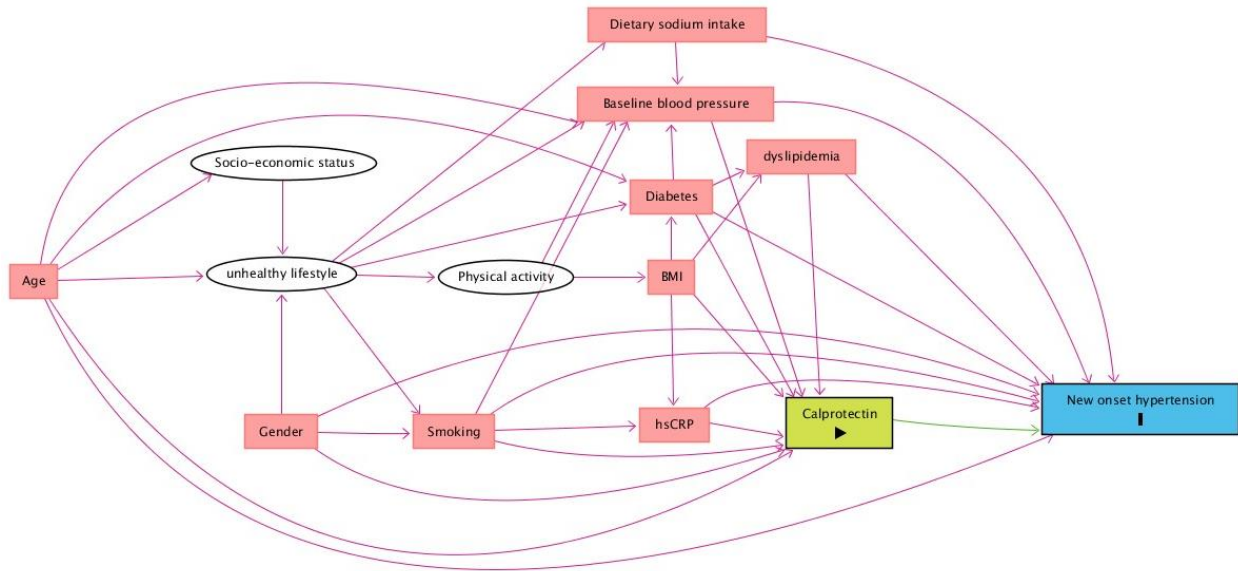
Variable	Total (*n*)	New-onset hypertension (*n*)	HR (95% CI)*	*P*-value for interaction
Sex				
Male	1,662	540	1.15 [0.98-1.35]	0.023
Female	1,862	460	0.89 [0.77-1.03]	
BMI				
< 25 kg/m^2	1,705	356	0.98 [0.82-1.16]	0.533
≥ 25 kg/m^2	1,818	643	1.03 [0.90-1.19]	
Current smoking				
No	2,472	674	1.01 [0.88-1.15]	0.773
Yes	1,038	320	0.97 [0.81-1.16]	
History of diabetes				
No	3498	982	1.00 [0.90-1.11]	0.119
Yes	26	15	0.45 [0.18-1.13]	
Total cholesterol†				
≤ 5.52 mmol/L	2,066	496	0.95 [0.82-1.11]	0.341
> 5.52 mmol/L	1,437	494	1.04 [0.89-1.21]	
eGFR†				

≤ 94 mL/min/1.73m^2	1,313	469	0.99 [0.84-1.17]	0.442
> 94 mL/min/1.73m^2	2,056	482	1.07 [0.92-1.24]	
UAE[†]				
≤ 9.3 mg/24-h	2,227	501	0.95 [0.83-1.09]	0.004
> 9.3 mg/24-h	1,296	498	1.11 [0.30-1.31]	
Urinary Na-excretion[†]				
≤ 92 mmol/l	1,850	501	0.94 [0.82-1.08]	0.107
> 92 mmol/l	1,608	490	1.11 [0.94-1.31]	
Hs-CRP[†]				
≤ 1.4 mg/l	1,799	391	0.97 [0.83-1.12]	0.743
> 1.4 mg/l	1,201	384	1.04 [0.89-1.21]	
Baseline SBP[†]				
≤ 127 mmHg	2,751	506	1.05 [0.91-1.21]	0.485
> 127 mmHg	773	494	1.03 [0.89-1.20]	

[*]Adjusted for potential confounding factors including all variables incorporated in Model 4, see **Table 2**.

[†]Cut-offs determined by taking the median among participants undergoing the event (new-onset hypertension). Abbreviations: BMI, body-mass index; CI, confidence interval; eGFR, estimated glomerular filtration rate; HR, hazard ratio; hs-CRP, high-sensitive C-reactive protein; SBP, systolic blood pressure; UAE, urinary albumin excretion.

Figure S1. Directed Acyclic Graph (DAG) visualizing the hypothesized causal relationships involved in the association between plasma calprotectin levels (as surrogate of low-grade systemic inflammation and oxidative stress) and the risk of new-onset hypertension in the general population.

Based on the DAG we selected a distinct set of covariates to control for with the goal of achieving an unconfounded effect estimate.