Table S8. Multivariable-adjusted risk for LV diastolic dysfunction (American Society of Echocardiography recommendations) by CAC score (0 and tertiles).

	LV diastolic dysfunction (ASE)			
	Grade I, II or III (n=252)		Grade II or III (n=59)	
CAC group	Odds ratio (5-95%CI)	P value	Odds ratio (5-95%CI)	P value
Unadjusted model				
CAC = 0 (n=1251)	reference		reference	
CAC >0 and ≤17.5 (n=277)	2.27 (1.46 to 3.54)	<0.001	1.90 (0.66 to 5.43)	0.23
CAC >17.5 and ≤176 (n=277)	4.41 (3.01 to 6.46)	<0.001	6.33 (2.96 to 13.5)	<0.001
CAC >176 (n=277)	9.2 (6.5 to 13.1)	<0.001	10.7 (5.3 to 21.5)	<0.001
Age- and sex-adjusted model				
CAC = 0 (n=1251)	reference		reference	
CAC >0 and ≤17.5 (n=277)	1.72 (1.09 to 2.71)	0.021	1.34 (0.45 to 3.95)	0.60
CAC >17.5 and ≤176 (n=277)	2.36 (1.54 to 3.62)	<0.001	2.79 (1.17 to 6.63)	0.020
CAC >176 (n=277)	4.11 (2.67 to 6.34)	<0.001	2.79 (1.17 to 6.63)	0.010
Fully adjusted model				
CAC = 0 (n=1251)	reference		reference	
CAC >0 and ≤17.5 (n=277)	1.32 (0.77 to 2.24)	0.31	1.19 (0.39 to 3.60)	0.76
CAC >17.5 and ≤176 (n=277)	1.63 (0.97 to 2.75)	0.065	2.25 (0.90 to 5.60)	0.083
CAC >176 (n=277)	2.10 (1.21 to 3.66)	0.009	2.03 (0.80 to 5.17)	0.14

Individuals with CAC >0 were classified based on CAC tertile limits. The fully adjusted model included clinical correlates identified in stepwise logistic regression. ASE, American Society of Echocardiography; CAC, coronary artery calcium; LV, left ventricular.