

Supplementary Table 1. Clinical Characteristics of Participants with and without PAT measured

Characteristic (units)	With PAT (n=1957)	Without PAT (n=2138)	<i>P</i>
Age, years	40±9	40±9	0.35
Female, %	49	57	<0.0001
Systolic blood pressure, mm Hg	117±14	117±15	0.34
Diastolic blood pressure, mmHg	76±9	75±10	0.08
Heart rate, beats per minute	62±9	63±11	0.15
Body mass index, kg/m ²	27.1±5.6	26.8±5.6	0.11
Total cholesterol/HDL, ratio	3.8±1.4	3.7±1.4	0.01
Triglycerides, mg/dL	118±90	114±90	0.13
Fasting glucose, mg/dL	96±18	95±19	0.11
Diabetes, %	3	3	0.84
Smoking, %	19	15	0.001
Hypertension, %	17	16	0.34
Hormone replacement therapy, %	4	5	0.34
Hypertension medication, %	10	7	0.01
Lipid-lowering medication, %	8	6	0.01
Prevalent cardiovascular disease, %	2	2	0.81

Continuous variables, mean±SD

Endothelial dysfunction contributes to atherogenesis and the development of clinical cardiovascular disease. Digital pulse amplitude response to hyperemia is a novel method for noninvasively assessing vascular function in humans. In a large, community-based sample, we measured digital vascular function using a fingertip peripheral arterial tonometry device. Hyperemia produced a time-dependent increase in fingertip pulse amplitude. We related digital vascular response to hyperemia to cardiovascular risk factors. We observed that male sex, body mass index, total/HDL cholesterol, diabetes, smoking and lipid-lowering treatment were associated with lower pulse amplitude hyperemic response. Digital vascular function was related to multiple traditional and metabolic cardiovascular risk factors. Our findings support further studies to define the clinical utility and predictive value of digital pulse amplitude.