ONLINE APPENDIX

The DECODE Study (Diabetes Epidemiology: Collaborative analysis Of Diagnostic Criteria in Europe) was started in 1997 on the initiative of the European Diabetes Epidemiology Group.

Studies and investigators in this collaborative study are:

Demark Glostrups Study: T Jørgensen[1,2], K Borch-Johnson[3]. 1. Research Centre for Prevention and Health, Glostrup University Hospital, Glostrup; 2. Faculty of Health Science, University of Copenhagen, Copenhagen; 3. Steno Diabetes Center, Gentofte

Finland East-West Study: A. Nissinen[1], J. Pekkanen[1], J. Tuomilehto[1,2,3]. 1. Department of Health Promotion and Chronic Disease Prevention, National Public Health Institute, Helsinki; 2. Department of Public Health, University of Helsinki, Helsinki; 3. South Ostrobothnia Central Hospital, Seinäjoki,

Helsinki Policemen Study: M. Pyörälä, K. Pyörälä. Institute of Clinical Medicine, Faculty of Health Sciences, University of Eastern Finland, Kuopio

National FINRISK 1987 and 1992 Cohorts: J. Tuomilehto[1,2,3], P.Jousilahti[2], J. Lindström[2].1. Department of Public Health, University of Helsinki, Helsinki; 2. Department of Health Promotion and Chronic Disease Prevention, National Public Health Institute, Helsinki; 3. South Ostrobothnia Central Hospital, Seinäjoki

National FINRISK 2002 Cohort: J. Tuomilehto[1,2], T. Laatikainen[2], M. Peltonen[2], J. Lindström[2]. 1. Department of Public Health, University of Helsinki, Helsinki; 2. Diabetes Prevention Unit, Department of Chronic Disease Prevention, National Institute for Health and Welfare, Helsinki

Oulu Study: S Keinänen-Kiukaanniemi[1,2,3], U. Rajala[1], M. Laakso[1,3]. 1. The Institute of Health Sciences, University of Oulu, Oulu; 2. Oulu Health Centre, Oulu; 3. Oulu University Hospital, Unit of General practice, Oulu

Vantaa Study: R. Tilvis[1], J. Tuomilehto[2,3]. Division of geriatrics, Department of medicine, University of Helsinki, Helsinki. 2. Diabetes Prevention Unit, Department of Chronic Disease Prevention, National Institute for Health and Welfare, Helsinki; 3. Department of Public Health, University of Helsinki, Helsinki

Italy Cremona Study: M.P. Garancini[1], G Calori[1], G Ruotolo[1,2], S Mannino[3], M Villa[3]. 1. Division of Metabolic and Cardiovascular Diseases, San Raffaele Scientific Institute, Milan. 2. AstraZeneca R&D Mölndal, Sweden. 3.ASL Provincia di Cremona, Cremona

Poland POLMONICA: A. Pajak, E. Kawalec. Department of Epidemiology and Population Studies, Institute of Public Health, Unit of Health Care, Collegium Medicum Jagiellonian University, Krakow

Sweden Northern Sweden MONICA: S. Söderberg[1,2], M. Eliasson[1]. Department of Public Health and Clinical Medicine, Cardiology, University of Umeå, Umeå; 2. Baker IDI Heart and Diabetes Institute, Melbourne, Australia

The Uppsala Longitudinal Study of Adult Men (ULSAM): B. Zethelius. Department of Public Health/Geriatrics, Uppsala University Hospital, Uppsala

Malmo Preventive Project: PM. Nilsson and G. Berglund. Department of Clinical Sciences, Lund University, University Hospital, Malmö

The Netherlands The Hoorn Study: J.M. Dekker[1], G. Nijpels[1], C.D.A. Stehouwer[2]. 1. Institute for Research in Extramural Medicine, Vrije Universiteit Medical Center, Amsterdam; 2.

Department of Internal Medicine and Cardiovascular Research Institute Maastricht , Maastricht University Medical Centre, AZ Maastricht

Zutphen Study: Ed. Feskens. Department of Chronic Disease and Environmental Epidemiology, National Institute of Public Health and Environmental Protection, Bilthoven

United Kingdom **Ely:** N.J. Wareham. MRC Epidemiology Unit, Strangeways Research Labs, Cambridge

Newcastle Heart Project: N. Unwin[1], N. Ahmad[1], K.G.M.M. Alberti[2], L. Hayes[1]. 1. Department of Medicine and Epidemiology and Public Health, University of Newcastle, Newcastle; 2. Imperial College, St Mary's Campus, St Mary's Hospital, London

The Goodinge Study: R. W. Morris, J. S. Yudkin, M. Gould, A. Haines. Department of Primary Care & Population Sciences, Royal Free and University College Medical School, London

The Whitehall II Study: M.G.Marmot[1], A.G. Tabák[1,2], M. Kivimäki[1,3], E.J. Brunner[1], D.R. Witte[1,4]. 1. Department of Epidemiology and Public Health, University College London, London; 2. Semmelweis University Faculty of Medicine, 1st Department of Medicine, Budapest, Hungary; 3. Finnish Institute of Occupational Health, Helsinki, Finland; 4. Steno Diabetes Center, Gentofte, Denmark

Supplemental Table.

Hazard ratios and their 95% confidence intervals for death from cardiovascular disease (CVD), Non-CVD and all-cause for Group II as compared with Group I estimated in two FPG subgroups.

	Model 1		Model 2	
	FPG ≤ 5.6 mmol/l	5.6mmol/l < FPG <6.1 mmol/l	FPG ≤ 5.6 mmol/l	5.6mmol/l < FPG <6.1 mmol/l
N	18237	5203	13457	3871
CVD	1.27 (1.08-1.48)	1.26 (1.00-1.59)	1.33(1.09-1.63)	1.31(1.00-1.73)
Non-CVD	1.12 (0.95-1.30)	0.87 (0.66-1.14)	1.18(0.97-1.43)	0.74(0.52-1.06)
All-cause	1.19 (1.07-1.33)	1.08 (0.90-1.28)	1.24(1.08-1.43)	1.05(0.84-1.30)

Model 1, adjusted for age, cohort, gender, body mass index, total cholesterol, smoking and hypertension status. Model 2, Model 1 plus fasting insulin.FPG, fasting plasma glucose, 2hPG, 2 hour plasma glucose. Group I, 2hPG ≤ FPG; Group II, 2hPG > FPG.