Online Supplement

Body mass index-mortality paradox in hemodialysis: can it be explained by blood pressure?

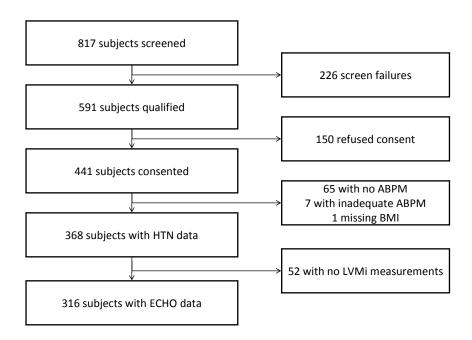
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Table S1: Odds ratios for lack of control of hypertension by ambulatory blood pressure monitoring

	Model 1		Model 2		Model 3		Model 4	
		P-		P-				
Independent variable	OR (95% CI)	Value	OR (95% CI)	Value	OR (95% CI)	P-Value	OR (95% CI)	P-Value
Body mass index								
Normal or underweight	2.53 (1.30, 4.95)	<0.01	2.00 (0.94, 4.27)	0.07	2.40 (1.21, 4.77)	0.01	2.43 (1.08, 5.44)	0.03
Overweight	1.83 (0.92, 3.63)	0.09	1.46 (0.68, 3.14)	0.3	1.69 (0.84, 3.42)	0.1	1.87 (0.83, 4.24)	0.1
Obese I	1.72 (0.82, 3.60)	0.2	1.77 (0.77, 4.05)	0.2	1.68 (0.79, 3.58)	0.2	1.76 (0.73, 4.25)	0.2
Obese II/III	1.00 (ref cat)		1.00 (ref cat)		1.00 (ref cat)		1.00 (ref cat)	
p value for trend		<0.01		0.02		0.09		0.04
Continuous body mass index	0.96 (0.92, 0.99)	0.01	0.96 (0.92, 0.99)	0.02	0.97 (0.93, 1.01)	0.1	0.96 (0.92, 1.00)	0.05
Serum albumin (g/dL)			0.67 (0.41, 1.08)	0.1	0.58 (0.34, 1.00)	0.05	0.57 (0.32, 1.00)	0.05
Number of antihypertensives					1.52 (1.29, 1.79)	<0.0001	1.49 (1.25, 1.76)	<0.0001
Left atrial diameter index (cm/m²) IVC diameter at expiration index (mm/m²)							0.98 (0.56, 1.72)	0.9

Figure S1: Flow of participants.



Of the 441 patients who consented, 1 was missing BMI, 7 had inadequate ambulatory BP recordings and 65 had none. These 368 patients who had measurements of both BMI and interdialytic ambulatory BP formed the study cohort: 316 (86%) of these also had echocardiographic data.