

Appendix 6: Full adjusted* association between interleukin-6 levels over the 5-yr exposure period (5 yr before baseline and at baseline) and subsequent aging phenotypes at 10-yr follow-up — sensitivity analyses

No. of times interleukin-6 was high over the 5-yr exposure period†	Successful aging		Fatal or nonfatal CVD events		Non-CVD death	
	<i>No. of cases</i>	OR (95% CI)	<i>No. of cases</i>	OR (95% CI)	<i>No. of cases</i>	OR (95% CI)
After excluding the 361 obese participants						
0	505	1.00 (ref)	157	1.00 (ref)	63	1.00 (ref)
1	127	0.68 (0.54–0.86)	84	1.38 (1.03–1.84)	31	1.19 (0.75–1.87)
2	43	0.62 (0.44–0.89)	40	1.34 (0.89–2.01)	27	2.09 (1.26–3.49)
After excluding the 295 participants using anti-inflammatory drugs						
0	501	1.00 (ref)	143	1.00 (ref)	61	1.00 (ref)
1	137	0.67 (0.54–0.84)	85	1.37 (1.04–1.81)	33	1.34 (0.88–2.02)
2	46	0.54 (0.38–0.76)	52	1.64 (1.14–2.35)	29	2.44 (1.55–3.82)
After excluding the 86 participants with acute inflammation						
0	525	1.00 (ref)	164	1.00 (ref)	67	1.00 (ref)
1	141	0.66 (0.53–0.81)	93	1.44 (1.07–1.94)	40	1.24 (0.80–1.94)
2	46	0.53 (0.38–0.75)	51	1.77 (1.22–2.58)	36	2.13 (1.30–3.49)

Note: CI = confidence interval, CVD = cardiovascular, OR = odds ratio.

*Three sets of sensitivity analyses were carried out to assess the extent to which the association between inflammation and aging phenotypes were driven by obesity, use of anti-inflammatory drugs and acute inflammation, by excluding, successively, obese participants (defined by a body mass index ≥ 30); users of anti-inflammatory medications; and participants with acute inflammation (C-reactive protein > 10 mg/L). Models were adjusted for sex, age, socioeconomic status, smoking status, physical activity, acute inflammation and use of anti-inflammatory drugs.

†Interleukin-6 was measured twice (5 yr before baseline and at baseline); 0 = neither measurement was high, 1 = either measurement was high, 2 = both measurements were high.