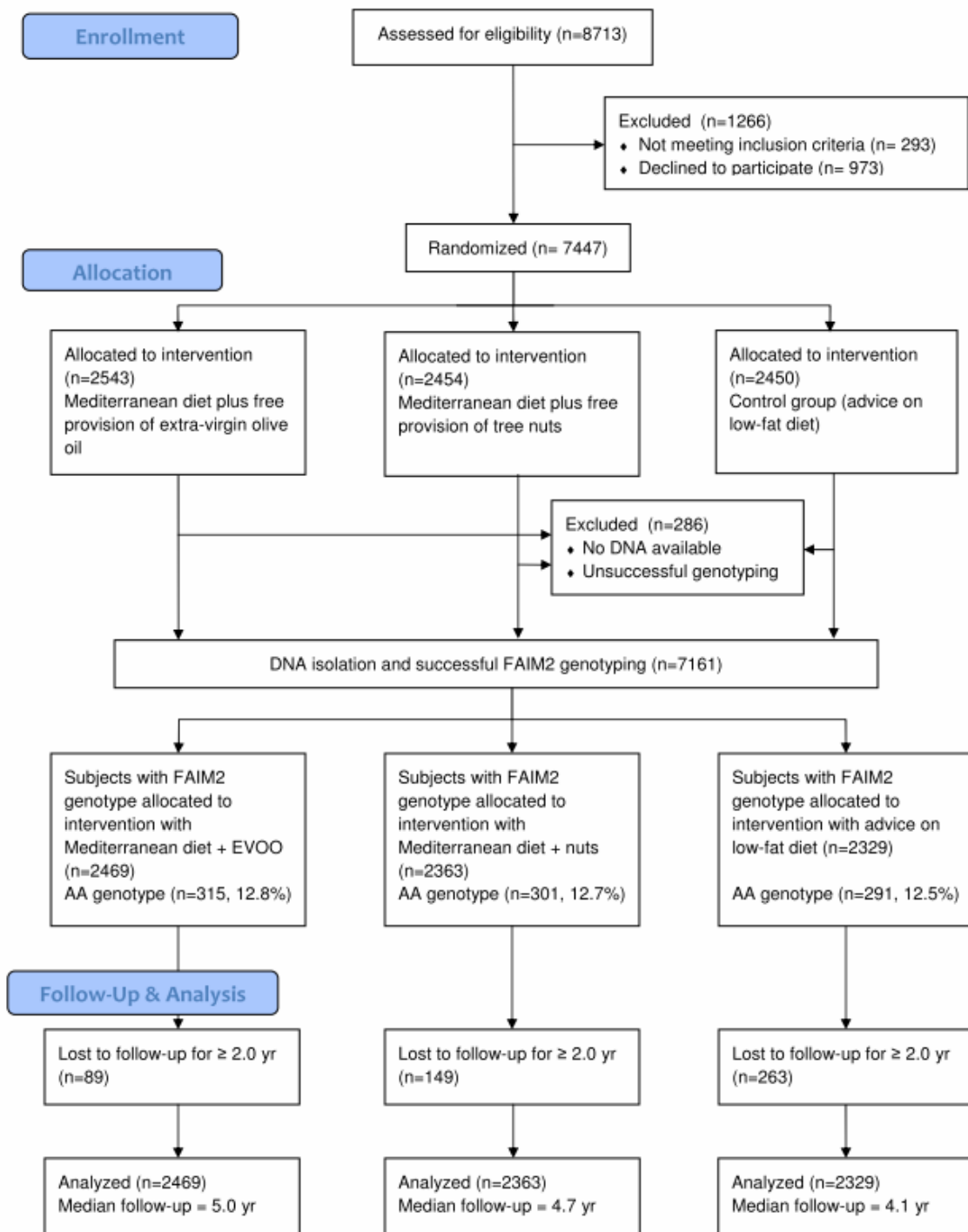


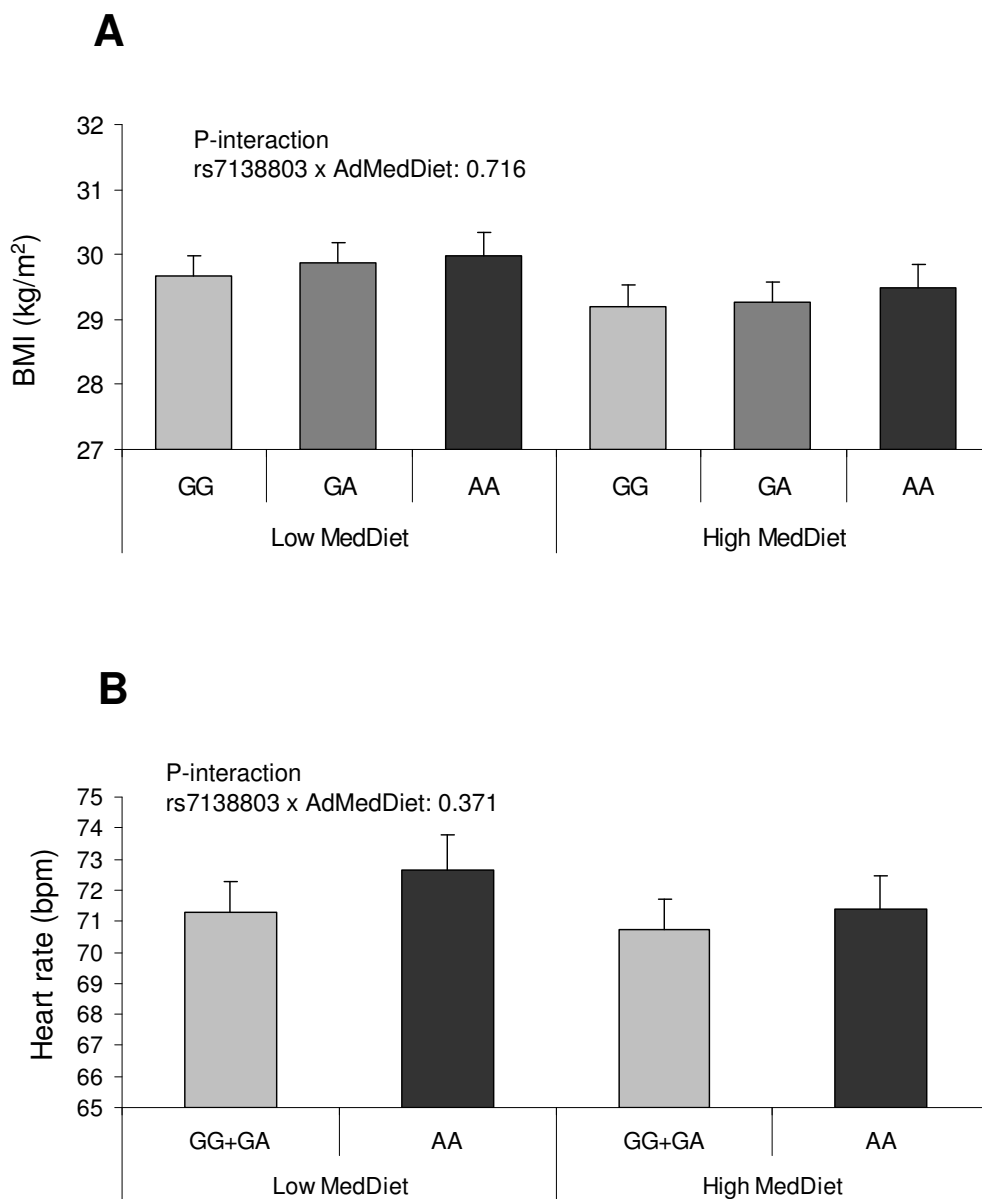
## SUPPORTING MATERIAL

Figure S1: Flow-chart of the participants

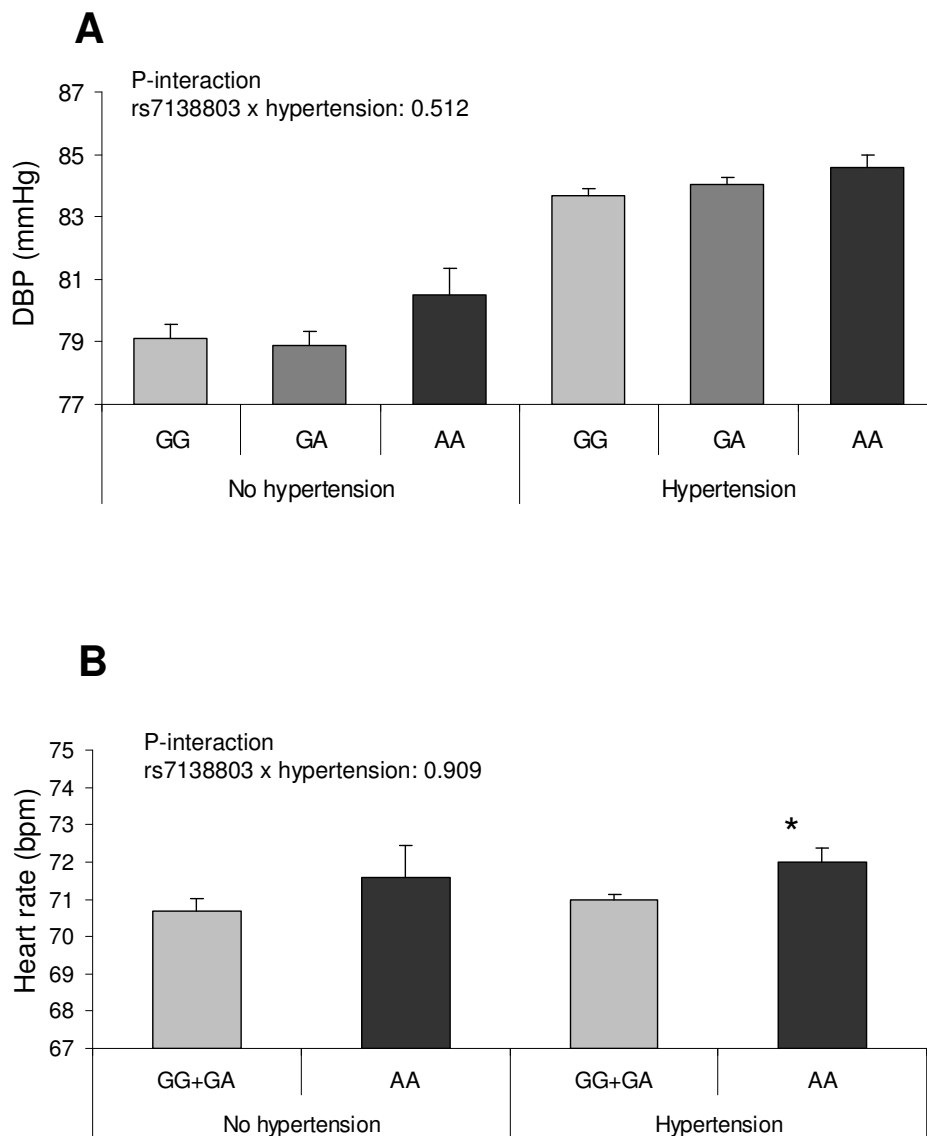


**Figure S2. Interaction between the *FAIM2*-rs7138803 polymorphism and adherence to the MedDiet in determining BMI (A) and heart rate (B).**

Adjusted means depending on the strata of adherence to the Mediterranean diet (MedDiet) and the *FAIM2*-rs7138803. MedDiet was considered as dichotomous (low <9 points and high  $\geq 9$  points). Means were adjusted for sex, age, centre, type 2 diabetes, medications, smoking, drinking, physical activity and total energy intake. The model for the polymorphism was additive for BMI (n=7,161) and recessive for heart rate (n=6,937). P-values for the interaction terms were multivariable adjusted. Error bars: SE of means.



**Figure S3. Stratified analysis of the association between the *FAIM2*-rs7138803 and diastolic blood pressure (DBP) (A) and heart rate (B) depending on hypertension.** Adjusted means depending on the hypertensive status diagnosed at baseline (yes or not) and the *FAIM2*-rs7138803. Means were adjusted for sex, age, centre, type 2 diabetes, medications, smoking, drinking, physical activity and total energy intake. The model for the polymorphism was additive for DBP (n=7,129) and recessive for heart rate (n=6,937). P-values for the interaction terms were multivariable adjusted. Multivariable adjusted P-values for the polymorphism in determining DBP were 0.089 and 0.036 in non-hypertensive subjects and hypertensive subjects, respectively. P-values for the polymorphism in determining heart rate in the same strata were 0.401 and 0.016, respectively. \*P<0.017. Error bars: SE of means.



**Supplemental Table 1: Demographic, lifestyle, clinical and biochemical characteristics of the participants depending on the *FAIM2*-rs7138803 polymorphism**

Parameter	GG (n=3,019)		GA (n=3,235)		AA (n=907)		P <sup>1</sup>
	Mean	SD	Mean	SD	Mean	SD	
Age (years)	67.0	± 6.2	66.9	(6.2)	66.9	(6.3)	0.528
Energy intake (kcal/d)	2274	± 605	2276	± 604	2275	± 601	0.988
Total fat (% energy)	39.2	± 6.8	39.2	± 6.8	39.1	± 6.5	0.963
Saturated fat (% energy)	10.0	± 2.3	10.0	± 2.2	10.0	± 2.2	0.901
MUFA (% energy)	19.4	± 4.6	19.4	± 4.6	19.4	± 4.3	0.511
Proteins (% energy)	16.6	± 2.8	16.5	± 2.8	16.6	± 2.8	0.608
Carbohydrates (% energy)	41.9	± 7.2	41.8	± 7.2	41.9	± 6.9	0.939
Adherence to the MedDiet	8.6	± 2.0	8.7	± 2.0	8.6	± 2.0	0.447
Alcohol consumption (g/d)	8.4	± 14.3	8.5	± 14.1	8.2	± 14.1	0.790
Physical activity (MET-min/day)	231	± 232	235	± 254	224	± 211	0.447
Fasting glucose <sup>^</sup> (mg/dL)	121.0	± 41.4	122.6	± 41.5	122.9	± 42.1	0.294
Total cholesterol <sup>^</sup> (mg/dL)	111.6	± 38.4	110.8	± 40.4	110.2	± 38.2	0.575
LDL-C <sup>^</sup> (mg/dL)	130.8	± 34.1	130.0	± 35.9	129.7	± 34.7	0.576
HDL-C <sup>^</sup> (mg/dL)	54.3	± 14.5	53.4	± 13.9	53.7	± 13.3	0.068
Triglycerides <sup>^</sup> (mg/dL)	135.0	± 75.9	139.2	± 82.2	137.9	± 76.3	0.133
Female sex : n, %	1761	(58.3)	1847	(57.1)	504	(55.6)	0.296
Type 2 diabetes: n, %	1436	(47.6)	1570	(48.5)	546	(50.3)	0.344
Hypertension: n, %	2492	(82.5)	2687	(83.1)	749	(84.6)	0.851
Dyslipidemia: n, %	2180	(72.2)	2346	(72.5)	646	(71.2)	0.743
Antihypertensive drugs: n, %	2195	(72.9)	2354	(72.8)	657	(72.4)	0.703
Lipid lowering drugs: n, %	1427	(47.3)	1581	(48.9)	441	(48.6)	0.354
Oral antidiabetic drugs: n;%	937	(31.0)	1026	(31.7)	322	(35.5)	0.141
Insulin: n, %	197	(6.5)	234	(7.2)	58	(6.4)	0.631
Current smokers: n, %	428	(14.2)	439	(13.6)	136	(15.0)	0.851

\*: Values are means and standard deviations (SD) or n (%) or odds ratio, OR and 95% confidence intervals (95% CI)

<sup>1</sup>: Unadjusted P values for mean comparison among genotypes

total energy intake, alcohol consumption, smoking and physical activity.

<sup>^</sup>: Fasting glucose, total cholesterol, LDL-C, HDL-C and triglycerides were obtained for n= 6317, n=6694, n=6612, n=6588, n=6622 subjects, respectively

**Supplemental Table 2: Association between the *FAIM2*-rs7138803 polymorphism and categories of obesity. Prevalence and odds ratios (OR). Unadjusted and adjusted models**

	<i>FAIM2</i> (G>A) Genotypes			Unadjusted <sup>1</sup>		Adjusted <sup>2</sup>	
	GG (n=3,019)	GA (n=3,235)	AA (n=907)	OR* (95%CI)	P <sup>1</sup>	OR* (95%CI)	P <sup>2</sup>
BMI<25 kg/m <sup>2</sup> , (%)	45.8	42.1	12.1	1 (ref)		1 (ref)	
BMI: 25-30 kg/m <sup>2</sup> , (%)	42.9	44.9	12.1	1.07 (0.93-1.22)	0.359	1.08 (0.94-1.23)	0.303
BMI: 30-35 kg/m <sup>2</sup> , (%)	41.0	46.0	13.0	1.13 (0.99-1.29)	0.082	1.13 (0.99-1.30)	0.077
BMI >=35 kg/m <sup>2</sup> , (%)	39.9	45.4	14.6	1.19 (1.01-1.40)	0.043	1.20 (1.01-1.44)	0.046
P for trend		0.008					

Values are prevalences in %, odds ratio (OR) and 95% confidence intervals (CI)

OR: Odds ratio for the corresponding category of BMI in comparison with the reference category (BMI<25 kg/m<sup>2</sup>) for each variant allele (additive model)

<sup>1</sup>: Unadjusted P values for the polymorphism (additive model)

<sup>2</sup>: Models adjusted for sex, age, center, type 2 diabetes, drinking, smoking, physical activity, adherence to Mediterranean diet and total energy intake. Further adjustment for hypertension did not change the statistical significance of results

**Supplemental Table 3. Association between the *FAIM2*-rs7138803 polymorphism and incidence of cardiovascular diseases in the whole population and by type 2 diabetes status. Hazard ratios (HR) and 95% confidence intervals (CI)**

	Whole population		Type 2 diabetes status	
	(n=7,161)		Type 2 diabetics (n=3,462)	No-diabetics (n=3,699)
	HR	95% CI	HR	95% CI
<b>Total cardiovascular events*</b>				
<i>FAIM2</i> genotypes (Model 1)				
G carriers	1.00	(ref.)	1.00	(ref.)
AA	1.18	(0.84-1.65)	1.08	(0.71-1.63)
	P <sup>1</sup> =0.344		P <sup>1</sup> =0.727	P <sup>1</sup> =0.293
<i>FAIM2</i> genotypes (Model 2)				
G carriers	1.00	(ref.)	1.00	(ref.)
AA	1.17	(0.83-1.62)	1.07	(0.79, 1.64)
	P <sup>2</sup> =0.399		P <sup>2</sup> =0.758	P <sup>2</sup> =0.303
<b>Myocardial Infarction</b>				
<i>FAIM2</i> genotypes (Model 1)				
G carriers	1.00	(ref.)	1.00	(ref.)
AA	1.60	(0.97-2.64)	1.83	(1.01-3.09)
	P <sup>1</sup> =0.065		P <sup>1</sup> =0.046	P <sup>1</sup> =0.697
<i>FAIM2</i> genotypes (Model 2)				
G carriers	1.00	(ref.)	1.00	(ref.)
AA	1.59	(0.97-2.63)	1.86	(1.03-3.37)
	P <sup>2</sup> =0.068		P <sup>2</sup> =0.041	P <sup>2</sup> =0.710
<b>Stroke</b>				
<i>FAIM2</i> genotypes (Model 1)				
G carriers	1.00	(ref.)	1.00	(ref.)
AA	1.01	(0.61-1.65)	0.89	(0.47-1.70)
	P <sup>1</sup> =0.981		P <sup>1</sup> =0.680	P <sup>1</sup> =0.563
<i>FAIM2</i> genotypes (Model 2)				
G carriers	1.00	(ref.)	1.00	(ref.)
AA	0.98	(0.60-1.61)	0.87	(0.46-1.64)
	P <sup>2</sup> =0.934		P <sup>2</sup> =0.668	P <sup>2</sup> =0.597

\*Composite end point including myocardial infarction, stroke and cardiovascular mortality

Model 1: Adjusted for sex, age, center and dietary intervention groups

Model 2: Adjusted for sex, age, center, dietary intervention groups, BMI, medications, type 2 diabetes, alcohol, smoking, total energy intake and physical activity

P<sup>1</sup>: P value obtained for the genotype effect (recessive model) of the polymorphism in the multivariable adjusted model 1. Cox regression models in the whole population or by type 2 diabetes

P<sup>2</sup>: P value obtained for the genotype effect (recessive model) of the polymorphism in the multivariable adjusted model 2. Cox regression models in the whole population or by type 2 diabetes

Additional adjustment of the models for hypertension (Model 3), did not change the statistical significance of the results

(P<sup>3</sup>: 0.069, 0.041 and 0.718 for the association between the *FAIM2* genotype and myocardial infarction in the whole population, in type 2 diabetic patients and in non-diabetic subjects, respectively)