Table S2. Sensitivity analyses on the incidence rates and hazard ratios for end-stage renal disease associated with treatment-resistant hypertension among REasons for Geographic And Racial Differences in Stroke (REGARDS) study participants

	No treatment-resistant hypertension	Treatment-resistant hypertension
Limited to individuals with perfect medication adherence†		
N (at risk)	5,395	1,412
ESRD events, N (%)	29 (0.54)	67 (4.75)
ESRD incidence rate (per 1,000 person-years)	0.88 (0.61, 1.27)	8.21 (6.46, 10.43)
Hazard ratio (95% CI) for ESRD		
Crude	1 (ref)	9.36 (6.05, 14.47)
Age, race, sex-adjusted	1 (ref)	7.49 (4.81, 11.64)
Multivariable adjusted[1]	1 (ref)	5.50 (3.43, 8.80)
Including individuals with uncontrolled BP on 1 or 2 classes of antihypertensive medication		
N (at risk)	11,292	2,147
ESRD events, N (%)	129 (1.14)	110 (5.12)
ESRD incidence rate (per 1,000 person-years)	1.88 (1.58, 2.23)	8.86 (7.35, 10.68)
Hazard ratio (95% CI) for ESRD		
Crude	1 (ref)	4.73 (3.67, 6.10)
Age, race, sex-adjusted	1 (ref)	4.09 (3.16, 5.29)
Multivariable adjusted[1]	1 (ref)	3.15 (2.39, 4.15)
Including adjustment for albumin-to-creatinine ratio and estimated glomerular filtration rate		
N (at risk)	7,827	2,147
ESRD events, N (%)	42 (0.54)	110 (5.12)
ESRD incidence rate (per 1,000 person-years)	0.88 (0.65, 1.19)	8.86 (7.35, 10.68)
Hazard ratio (95% CI) for ESRD		
Crude	1 (ref)	10.06 (7.05, 14.36)
Age, race, sex-adjusted	1 (ref)	8.34 (5.82, 11.96)
Multivariable adjusted[2]	1 (ref)	1.39 (0.92, 2.11)

ESRD: end-stage renal disease

† Defined as a score of 0 on the 4-item Morisky medication adherence scale

‡ Defined as systolic or diastolic BP that remains above goal despite concurrent use of ≥ 2 antihypertensive medication classes plus a diuretic or use of ≥ 3 antihypertensive medication classes plus a diuretic, regardless of BP level

[1]Adjusted for age, race, sex, region of residence, education, income, physical activity, current smoking, alcohol use, statin use, waist circumference, diabetes, total cholesterol, high-density lipoprotein cholesterol, c-reactive protein, history of myocardial infarction, and history of stroke.

[2]Adjusted for model 1 plus albumin-to-creatinine ratio (log transformed) and estimated glomerular filtration rate.