ESM table 2 Associations between 'medium' and 'high' dietary salt intake (vs. 'low' salt intake) and prevalent albuminuria and retinopathy in individuals without CVD and who do not use antihypertensive medication

model	salt intake	Microalbuminuria (116/794)			Macroalbuminuria (41/719)			Non-proliferative retinopathy (367/642)			Proliferative retinopathy (92/367)		
		OR	95% CI	p	OR	95% CI	p	OR	95% CI	p	OR	95% CI	p
1	7.5-10 g/day	0.96	0.56; 1.65	0.87	0.98[a]	0.41; 2.37	0.97	1.01	0.67; 1.52	0.97	1.37	0.73; 2.55	0.33
	>10 g/day	1.33	0.81; 2.18	0.26	1.25[b]	0.56; 2.77	0.59	0.99	0.68; 1.46	0.97	1.07	0.58; 1.98	0.83
2	7.5-10 g/day	0.92	0.53; 1.59	0.76	1.09[a]	0.45; 2.68	0.85	0.94	0.62; 1.43	0.77	1.38	0.74; 2.60	0.31
	>10 g/day	1.19	0.71; 2.02	0.51	1.35[b]	0.58; 3.17	0.49	0.82	0.54; 1.24	0.34	1.09	0.57; 2.09	0.80
3	7.5-10 g/day	0.94	0.54; 1.64	0.83	1.19[a]	0.47; 2.98	0.71	0.90	0.59; 1.39	0.64	1.42	0.73; 2.75	0.30
	>10 g/day	1.26	0.74; 2.15	0.40	1.34[b]	0.55; 3.27	0.52	0.77	0.50; 1.19	0.24	0.98	0.49; 1.97	0.95

OR, odds ratio indicates the odds of prevalent albuminuria or retinopathy for salt intake of 7.5-10 and >10 g/day vs. salt intake of <7.5 g/day. Model 1: adjusted for age and sex; Model 2: model 1 + BMI, smoking (never, ex, current), urinary potassium excretion and use of antihypertensive medication; Model 3: model 2 + physical activity (0, ≤sex-specific median, >sex-specific median), total energy intake, protein intake, saturated fat intake, fibre intake, alcohol intake (0, ≤sex-specific median, >sex-specific median).

[a] n=11 vs. 10 cases

[b] n=20 vs. 10 cases