

Supporting information

Ethnic differences in associations between fat deposition and incident diabetes, and underlying mechanisms: the SABRE study.

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a) VAT in cm²

| Gender/ ethnic group | Prediction equation | Adjusted R ² |
|-------------------------|---|-------------------------|
| White European men | $67.88 + (1.87 \times \text{age}) + (2.80 \times \text{weight}) - (1.79 \times \text{height}) + (7.57 \times \text{waist}) - (4.91 \times \text{hip}) - (2.85 \times \text{thigh})$ | 0.69 |
| South Asian men | $39.24 + (1.18 \times \text{age}) + (2.16 \times \text{weight}) - (2.35 \times \text{height}) + (6.56 \times \text{waist}) - (2.15 \times \text{hip}) - (1.81 \times \text{thigh})$ | 0.61 |
| African Caribbean men | $-422.31 + (0.94 \times \text{age}) + (8.63 \times \text{waist}) - (3.86 \times \text{hip}) + (1.47 \times \text{thigh})$ | 0.73 |
| White European women | $-250.86 + (0.90 \times \text{age}) + (2.71 \times \text{weight}) + (2.62 \times \text{waist}) - (1.75 \times \text{thigh})$ | 0.62 |
| South Asian women | $475.69 + (1.13 \times \text{age}) + (6.28 \times \text{weight}) - (2.47 \times \text{height}) + (1.85 \times \text{waist}) - (3.71 \times \text{hips}) - (4.35 \times \text{thigh})$ | 0.55 |
| African Caribbean women | $323.39 + (2.20 \times \text{age}) + (3.20 \times \text{weight}) - (2.42 \times \text{height}) + (3.35 \times \text{waist}) - (4.93 \times \text{hip})$ | 0.56 |

b) SAT in cm²

| Gender/ ethnic group | Prediction equation | Adjusted R ² |
|-------------------------|---|-------------------------|
| White European men | $-28.95 - (1.19 \times \text{age}) + (2.29 \times \text{weight}) - (2.00 \times \text{height}) + (2.34 \times \text{waist}) + (2.49 \times \text{hip})$ | 0.72 |
| South Asian men | $48.58 + (0.63 \times \text{age}) + (3.88 \times \text{weight}) - (3.21 \times \text{height}) + (1.43 \times \text{waist}) + (2.54 \times \text{hip})$ | 0.75 |
| African Caribbean men | $-373.61 - (0.08 \times \text{age}) - (2.09 \times \text{height}) + (3.83 \times \text{waist}) + (6.52 \times \text{hip}) - (1.23 \times \text{thigh})$ | 0.81 |
| White European women | $24.98 - (0.99 \times \text{age}) + (3.76 \times \text{weight}) - (3.07 \times \text{height}) + (7.01 \times \text{hip}) - (3.03 \times \text{thigh})$ | 0.80 |
| South Asian women | $404.25 - (1.72 \times \text{age}) + (3.94 \times \text{weight}) - (5.21 \times \text{height}) + (5.63 \times \text{hip})$ | 0.81 |
| African Caribbean women | $-896.27 + (0.23 \times \text{age}) + (2.24 \times \text{waist}) + (9.48 \times \text{hip})$ | 0.86 |

Table S1. Prediction equations for a) VAT and b) SAT, by sex and ethnicity: SABRE study (7). Models used the following predictors for both depots: age (years), weight (kg), height (cm), waist circumference (cm), hip circumference (cm), thigh circumference (cm).

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| Variable | Participants with available follow-up data | Participants without available follow-up data | p |
|--------------------------------|--|---|--------|
| Age, years | 52.2±7.0 | 52.6±6.8 | 0.06 |
| Non-European ethnicity, % | 51 | 53 | 0.13 |
| Estimated VAT, cm ² | 133±76 | 133±76 | 0.98 |
| Estimated SAT, cm ² | 213±84 | 281±85 | 0.07 |
| Truncal skinfolds, mm | 45±18 | 45±18 | 0.30 |
| Leg skinfolds, mm | 29±17 | 31±19 | <0.001 |
| Ever smoked, % | 47 | 46 | 0.63 |
| Physical activity (MJ/wk) | 10(6-14) | 10(5-14) | 0.27 |
| Systolic BP, mmHg | 124±18 | 125±17 | 0.06 |
| HDL, mmol/l | 1.30(1.08-1.57) | 1.32(1.08-1.61) | 0.05 |
| Fasting glucose, mmol/l | 6.02±2.18 | 5.90±1.92 | 0.28 |
| Post-load glucose, mmol/l | 6.07±2.98 | 5.95±2.64 | 0.15 |
| Fasting insulin, pmol/l | 8.40(5.31-12.50) | 8.00(5.30-12.49) | 0.19 |
| Post-load insulin, pmol/l | 27.80(16.40-49.30) | 26.96(15.80-47.10) | 0.14 |
| HbA _{1c} , % | 5.7(5.4-6.0) | 5.7(5.4-6.0) | 0.33 |
| HOMA2-IR | 1.0(0.6-1.5) | 0.9(0.6-1.4) | 0.13 |
| Matsuda index | 0.15(0.09-0.25) | 0.14(0.09-0.24) | 0.11 |

Table S2. Comparison of baseline characteristics for individuals with and without follow-up data for diabetes: SABRE study. Data are mean±SD or median (IQR) unless otherwise indicated, VAT= visceral adipose tissue, SAT= subcutaneous adipose tissue, truncal skinfolds= subscapular skinfold + suprailiac skinfold, leg skinfolds= thigh skinfold + suprapatellar skinfold.

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| European men | | | | |
|--------------------------------|--------------|--------------|------------|------------|
| | VAT | SAT | TSF | LSF |
| VAT | 1 | | | |
| SAT | 0.83* | 1 | | |
| TSF | 0.61* | 0.74* | 1 | |
| LSF | 0.34* | 0.53* | 0.62* | 1 |
| South Asian men | | | | |
| | VAT | SAT | TSF | LSF |
| VAT | 1 | | | |
| SAT | 0.91* | 1 | | |
| TSF | 0.56* | 0.65* | 1 | |
| LSF | 0.44* | 0.55* | 0.65* | 1 |
| African Caribbean men | | | | |
| | VAT | SAT | TSF | LSF |
| VAT | 1 | | | |
| SAT | 0.91* | 1 | | |
| TSF | 0.75* | 0.77* | 1 | |
| LSF | 0.51* | 0.55* | 0.64* | 1 |
| European women | | | | |
| | VAT | SAT | TSF | LSF |
| VAT | 1 | | | |
| SAT | 0.88* | 1 | | |
| TSF | 0.74* | 0.72* | 1 | |
| LSF | 0.48* | 0.57* | 0.69* | 1 |
| South Asian women | | | | |
| | VAT | SAT | TSF | LSF |
| VAT | 1 | | | |
| SAT | 0.51* | 1 | | |
| TSF | 0.55* | 0.66* | 1 | |
| LSF | 0.31* | 0.71* | 0.55* | 1 |
| African Caribbean women | | | | |
| | VAT | SAT | TSF | LSF |
| VAT | 1 | | | |
| SAT | 0.51* | 1 | | |
| TSF | 0.64* | 0.74* | 1 | |
| LSF | 0.17 | 0.71* | 0.60* | 1 |

Table S3. Correlations between adiposity measures, by sex and ethnicity: SABRE study.

Data are Pearson's correlation coefficients, *p<0.001. Coefficients shown in bold font were significantly different to those seen in Europeans (P<0.005). VAT= visceral adipose tissue, SAT= subcutaneous adipose tissue, TSF=truncal skinfolds= subscapular skinfold + suprailiac skinfold, LSF=leg skinfolds= thigh skinfold + suprapatellar skinfold.

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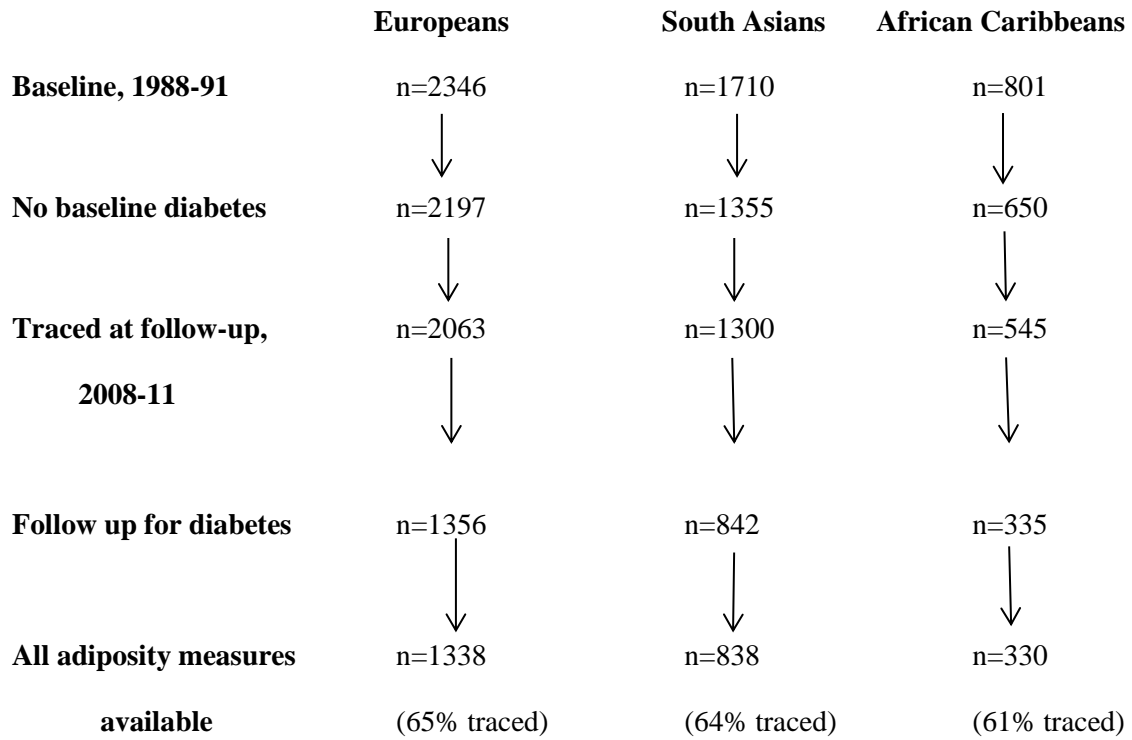


Figure S1. Follow-up of the SABRE cohort, 1988-2011.

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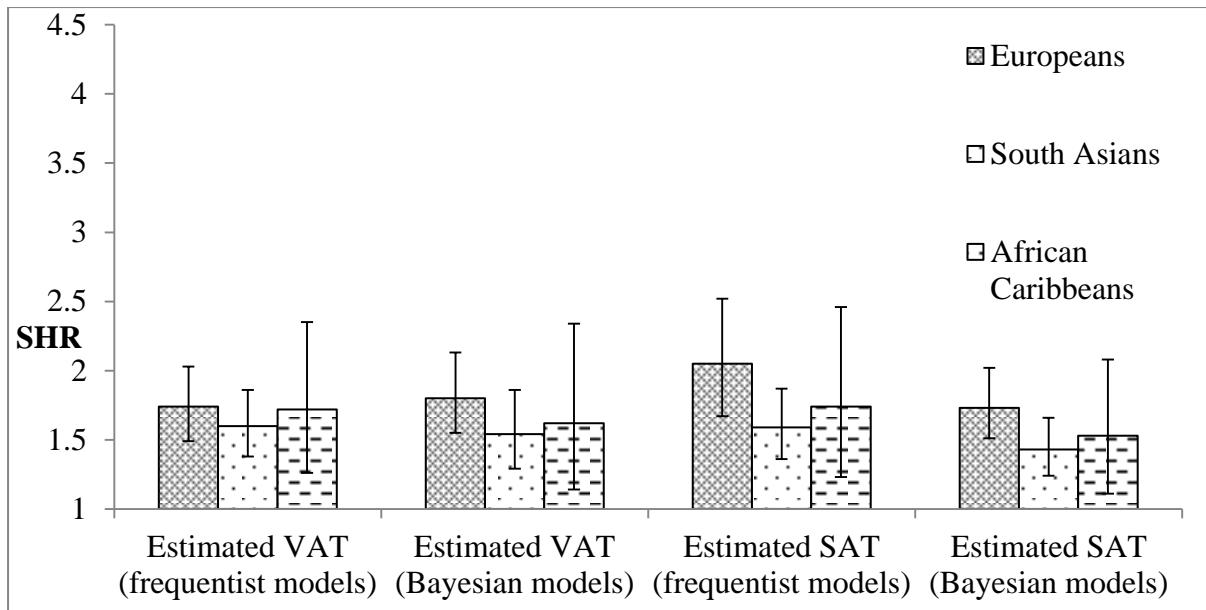


Figure S2. Age-adjusted univariate associations between estimated VAT or SAT and diabetes in men: a comparison of estimates with and without allowances for uncertainty in the coefficients of the prediction equations used to derive baseline estimated VAT or SAT. SHR=sub-hazard ratio (competing risks models) showing the effect of a 1 SD increase in each adiposity measure on incident diabetes, lines indicate 95% confidence intervals (frequentist models) or 95% credible intervals (Bayesian models). Bayesian models incorporate uncertainty in the beta-coefficients of the prediction equations used to derive baseline adiposity measures, whereas frequentist models do not. VAT= visceral adipose tissue, SAT= subcutaneous adipose tissue.

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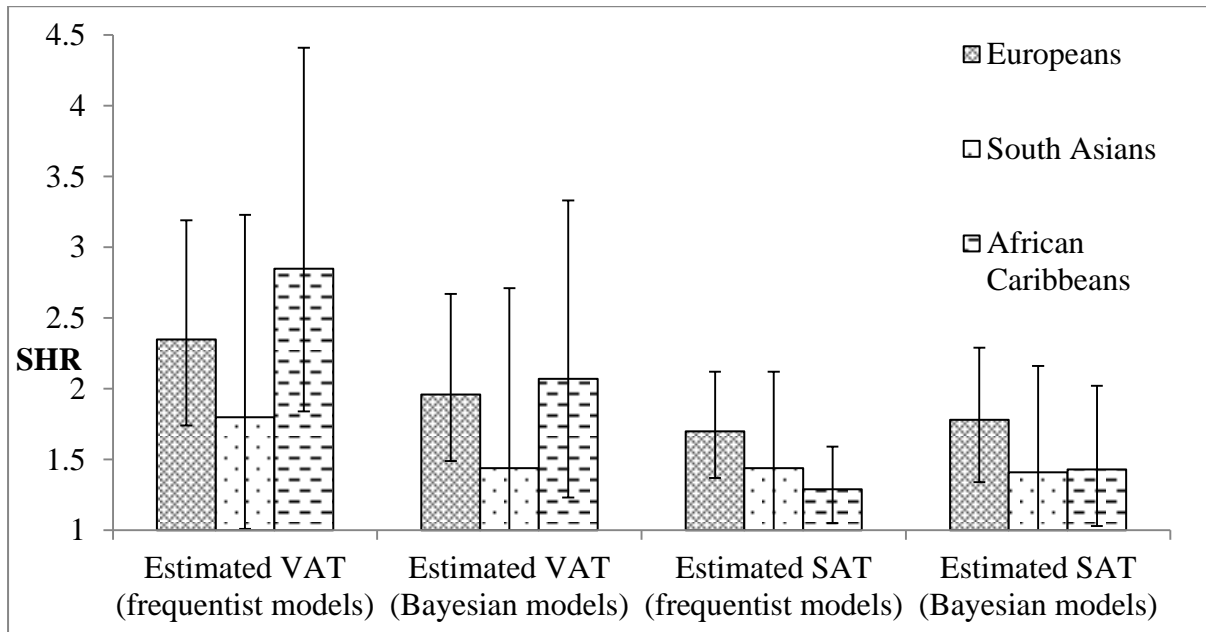


Figure S3. Age-adjusted univariate associations between estimated VAT or SAT and diabetes in women: a comparison of estimates with and without allowances for uncertainty in the coefficients of the prediction equations used to derive baseline estimated VAT or SAT. SHR=sub-hazard ratio (competing risks models) showing the effect of a 1 SD increase in each adiposity measure on incident diabetes, lines indicate 95% confidence intervals (frequentist models) or 95% credible intervals (Bayesian models). Bayesian models incorporate uncertainty in the beta-coefficients of the prediction equations used to derive baseline adiposity measures, whereas frequentist models do not. VAT= visceral adipose tissue, SAT= subcutaneous adipose tissue.