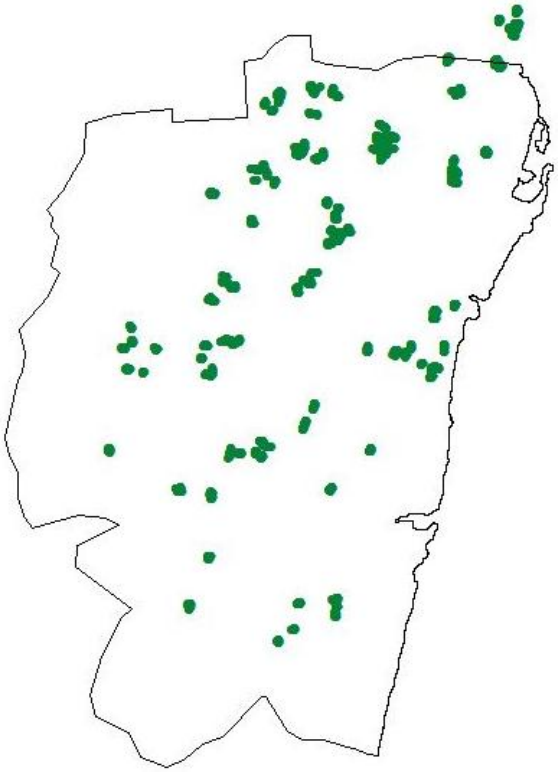
SUPPLEMENTAL TABLE A. Comparison of participants with and without data on serum creatinine and/or urine albumin-to-creatinine ratio

	Analytic group *N=9797* **Mean ± SD or N (%)**		**All participants from Delhi & Chennai** *N=12 271* **Mean ± SD or N (%)**	
	Men	*Women*	*Men*	*Women*
	4559 (44)	5238 (56)	5869 (48)	6402 (52)
Demographics				
Mean age (years)	44.0 ± 13.8	40.4 ± 12.1	43.7 ± 13·5	41.8 ± 12.7
20 to 44	2488 (55)	3163 (60)	3265 (56)	3892 (61)
45 to 64	1702 (37)	1786 (34)	2130 (36)	2143 (33)
≥ 65	369 (8)	289 (6)	474 (8)	367 (6)
Education (years)				
<1 to 4	557 (12)	1231 (24)	752 (13)	1575 (25)
5 to 12	3016 (66)	3262 (62)	3862 (66)	3877 (60)
≥ 12	986 (22)	745 (14)	1255 (21)	950 (15)
Occupation				
Not working[#]	670 (15)	4431 (85)	863 (15)	5393 (84)
Unskilled & semiskilled	1682 (37)	448 (8)	2179 (37)	550 (9)
Skilled	1939 (42)	329 (6)	2462 (42)	419 (6)
White collar	268 (6)	30 (1)	365 (6)	40 (1)
Asset index				
Low	1636 (36)	2050 (39)	2197 (37)	2524 (39)
Medium	1458 (32)	1672 (32)	1842 (31)	1971 (31)
High	1465 (32)	1515 (29)	1831 (31)	1906 (30)
Current tobacco use	1736 (38)	249 (5)	2326 (40)	316 (5)

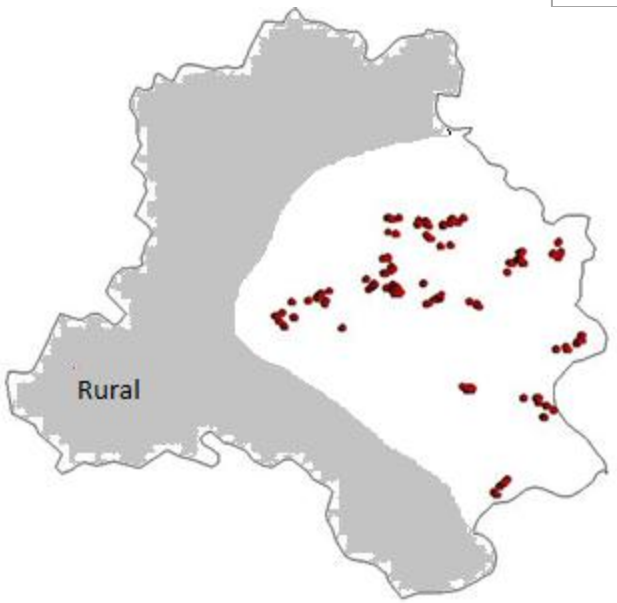
Overall, the analytic group is generally representative of the all CARRS participants from Delhi and Chennai. However, men were less likely to provide data on serum creatinine and/or urine albumin-to-creatinine ratio; men in the analytic group were also less likely to endorse using tobacco. Women in the analytic group were slightly younger and more likely to have received 5 to 12 years of education.

Definitions:
#Not working category includes home-makers or retired participants.

(i) Chennai Households

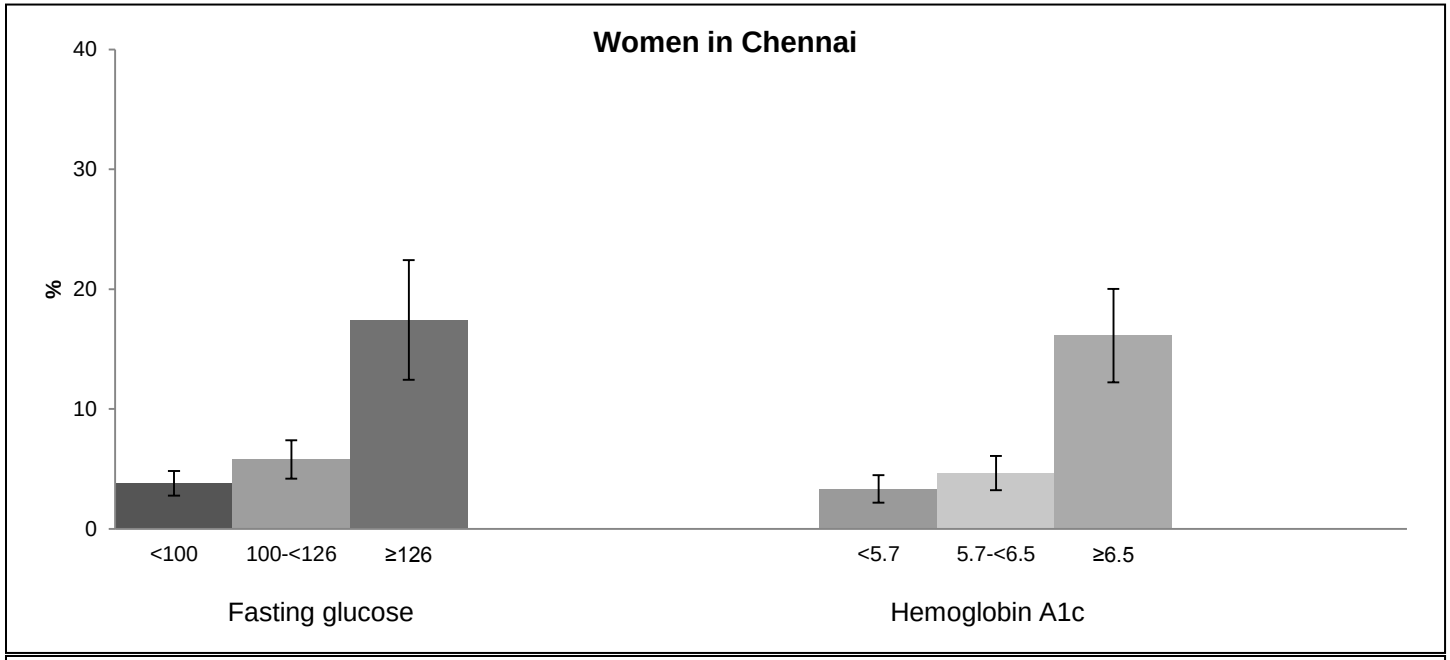


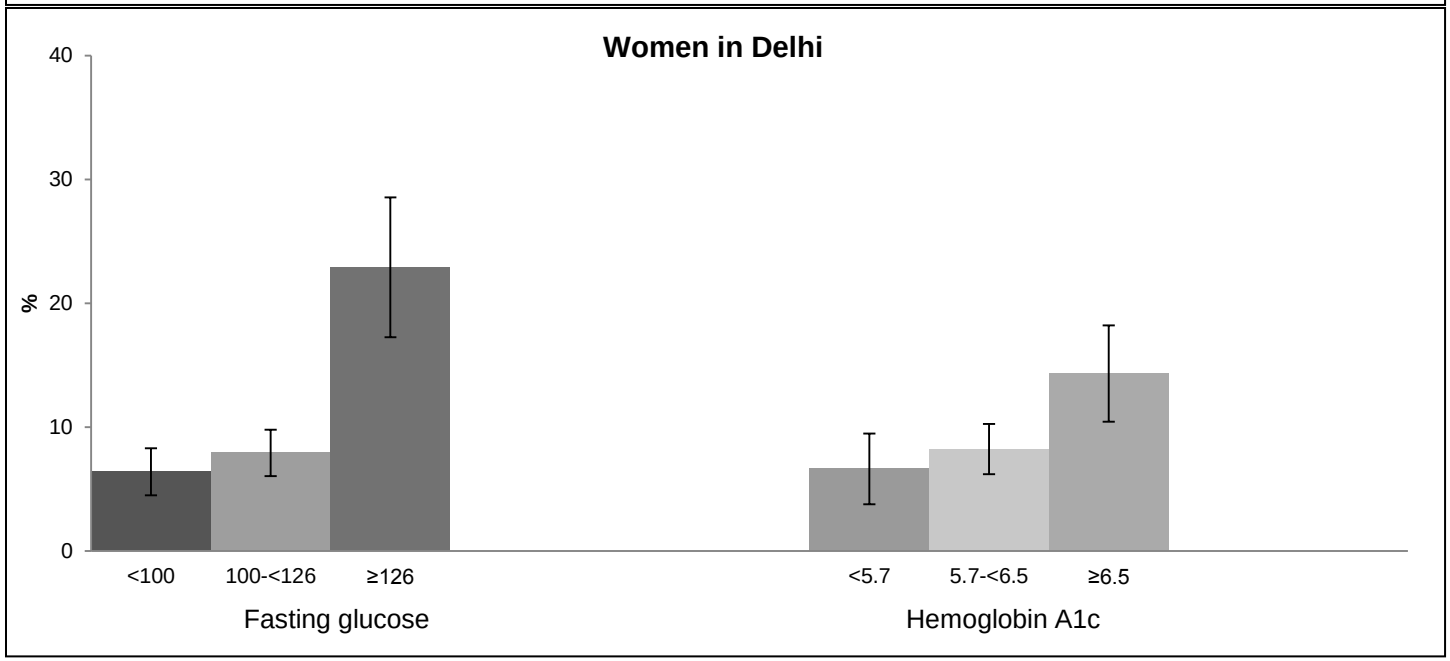
(ii) Delhi Households



Supplemental Figure A (i-ii).

Map of surveyed households overlaid on maps of Chennai and Delhi.

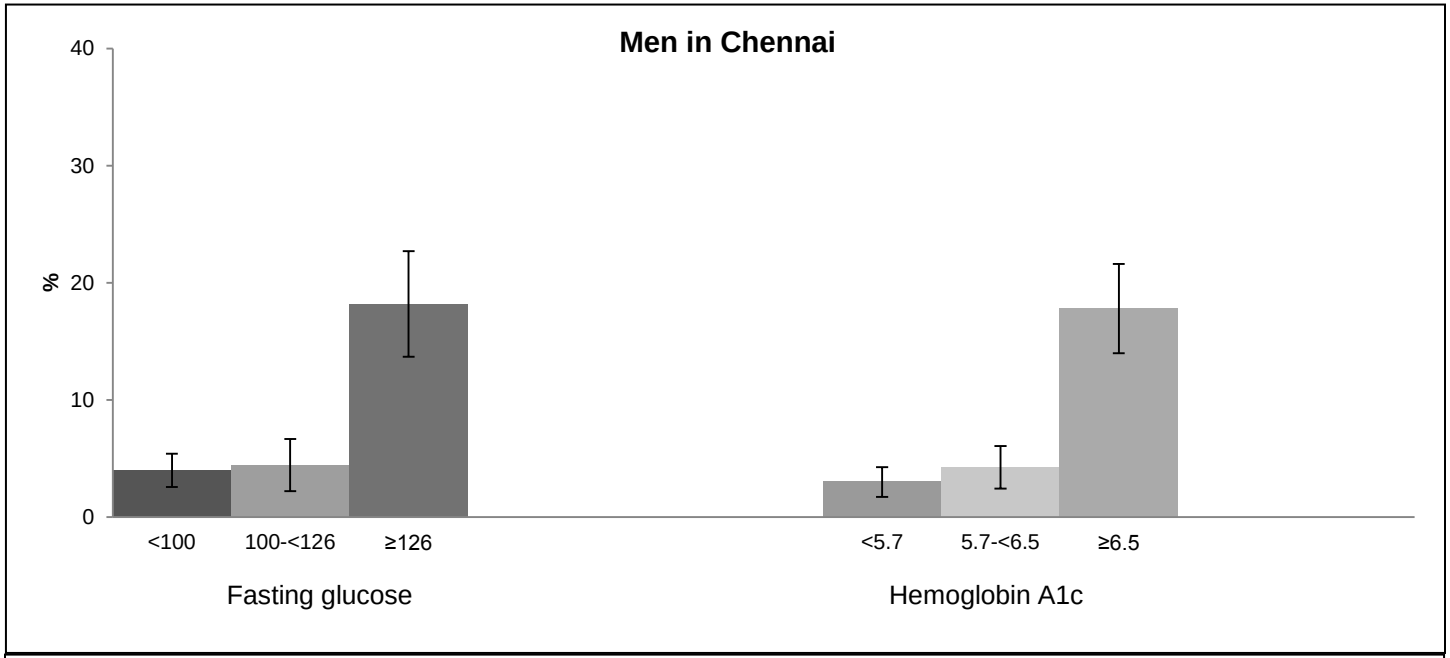


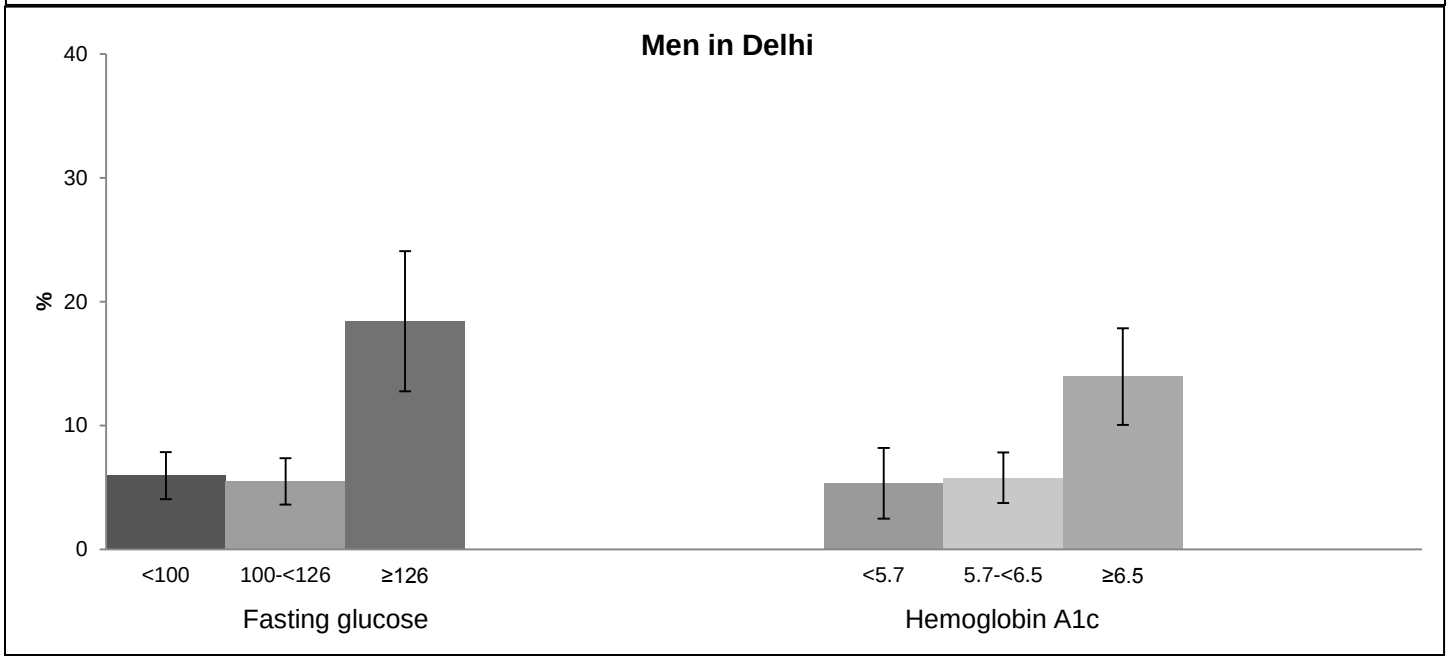


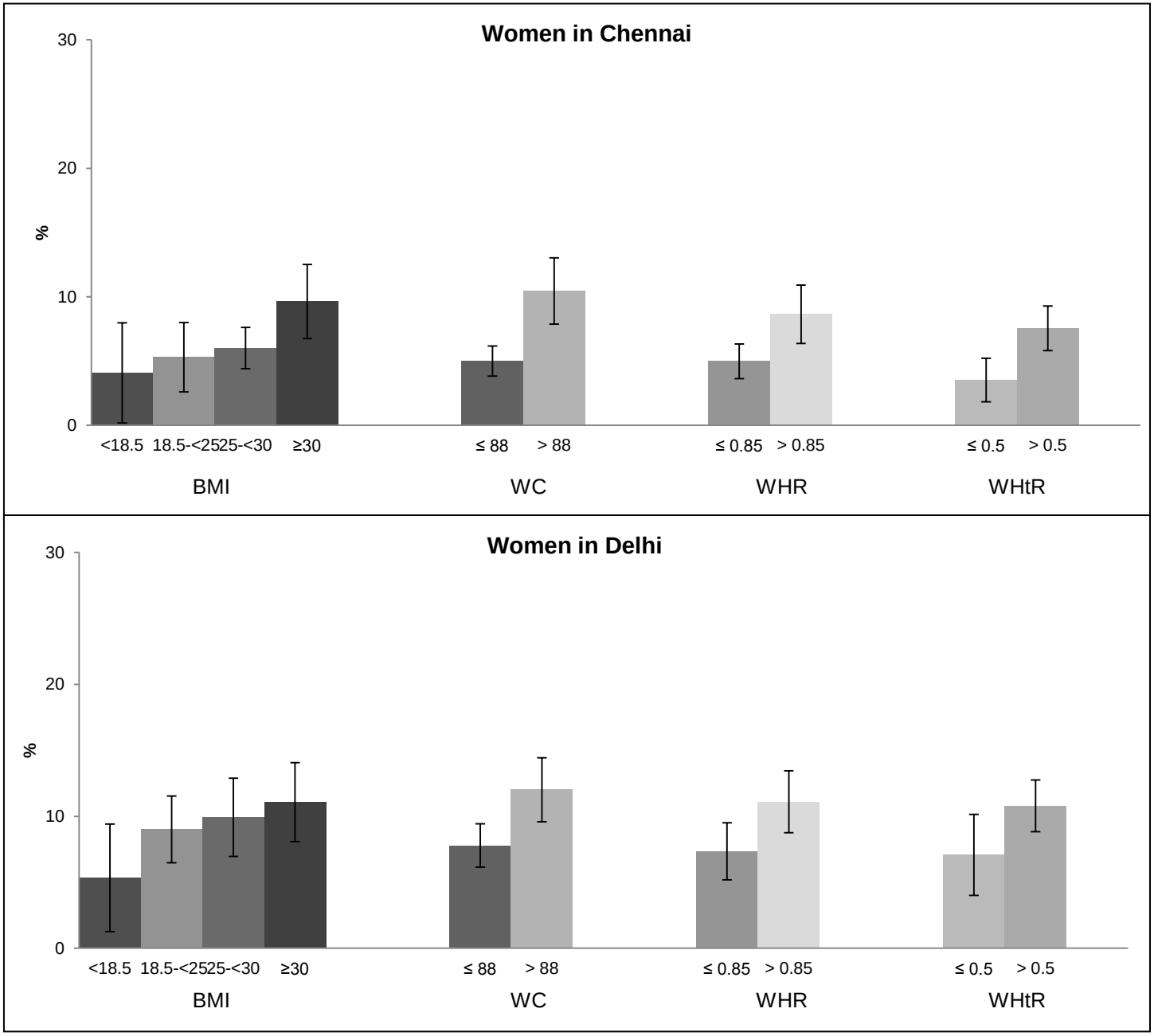
Supplemental Figure B (i-iv) CKD prevalence in the CARRS study according to measures of diabetes. Error bars represent 95% confidence intervals. Prevalence of CKD was notably higher when participants had FG or A1c in the diabetes range compared with participants with normal values (prevalence difference for FG: 14.2% [95% CI: 11.6-16.8%]; prevalence difference for A1c: 11.2% [95% CI: 9.0-13.4%]).

CKD prevalence was slightly higher in women with FG in the pre-diabetes range compared with women with normal FG (prevalence difference for FG: 2.2% [95% CI: 0.6-3.8%] prevalence difference for women for A1c:1.6% [95% CI: -0.03-3.5]). No significant prevalence difference was observed among men in these categories.

Abbreviations: CARRS-Center for Cardiometabolic Risk Reduction in South Asia; CKD-Chronic kidney disease. FG-Fasting glucose in mg/dL.

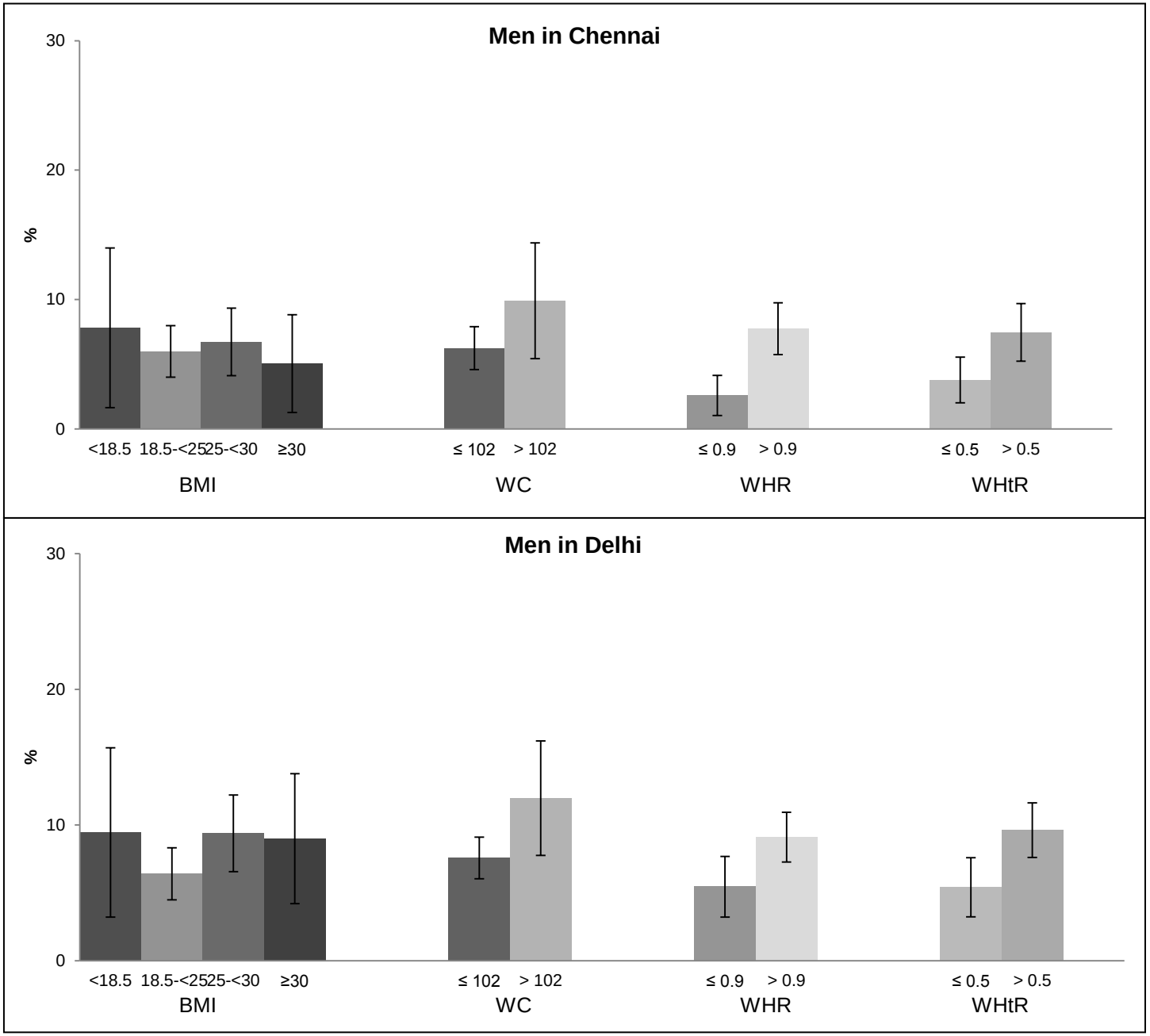

Men in Chennai
40
30
20
10
0
%
<100
100-<126
≥126
Fasting glucose
<5.7
5.7-<6.5
≥6.5
Hemoglobin A1c


Men in Delhi
40
30
20
10
0
%
<100
100-<126
≥126
Fasting glucose
<5.7
5.7-<6.5
≥6.5
Hemoglobin A1c



Supplemental Figure C i-iv: CKD prevalence in the CARRS study according to measures of obesity. Error bars represent 95% confidence intervals. No single marker of obesity was consistently associated with significantly higher prevalence of CKD across the city- and sex-stratified subgroups.

Abbreviations: CARRS-Center for Cardiometabolic Risk Reduction in South Asia; CKD-Chronic kidney disease; BMI-body mass index (in kg/m^2); WC-waist circumference (in cm); WHR-Waist-to-hip ratio; WHtR-waist-to-height ratio.


Men in Chennai
30
20
10
0
%
<18.5
18.5-<25
25-<30
≥30
BMI
≤ 102
> 102
WC
≤ 0.9
> 0.9
WHR
≤ 0.5
> 0.5
WHtR
Men in Delhi
30
20
10
0
%
<18.5
18.5-<25
25-<30
≥30
BMI
≤ 102
> 102
WC
≤ 0.9
> 0.9
WHR
≤ 0.5
> 0.5
WHtR

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