

Appendix 2 (as supplied by the authors): Study quality assessment

The Newcastle-Ottawa Scale used to grade the quality of each study (maximum=9 stars, higher is better) is as follows:

Study	Selection	Comparability	Outcome	Total
Gillum, et al. 1991 ¹	***	**	***	*****
Sandvik et al. 1993 ²	***	**	**	*****
Mensink et al. 1997 ³	**	**	***	*****
Benetos et al. 1999 ⁴	***	**	**	*****
Greenland et al. 1999 ⁵	****	**	***	*****
Palatine et al. 1999 ⁶	**	**	**	*****
Kristal-Boneh et al. 2000 ⁷	***	*	**	*****
Reunanan et al. 2000 ⁸	***	**	**	*****
Nilsson et al. 2001 ⁹	****	**	***	*****
Seccareccia et al. 2001 ¹⁰	**	**	**	*****
Cheng et al. 2002 ¹¹	****	**	**	*****
Kado et al. 2002 ¹²	**	**	**	*****
Chang et al. 2003 ¹³	**	**	*	****
Hozawa et al. 2004 ¹⁴	**	**	***	*****
Okamura et al. 2004 ¹⁵	****	**	**	*****
Fisher et al. 2006 ¹⁶	**	*	**	****
Savonen et al. 2006 ¹⁷	***	**	***	*****
Theobald et al. 2007 ¹⁸	**	**	***	*****
Adabag et al. 2008 ¹⁹	****	**	**	*****
Hansen et al. 2008 ²⁰	**	**	*	****
Kizilbash et al. 2008 ²¹	***	**	***	*****
Tverdal et al. 2008 ²²	****	**	**	*****
Mai et al. 2009 ²³	***	**	**	*****
Batty et al. 2010 ²⁴	*	**	**	****
Cooney et al. 2010 ²⁵	****	**	**	*****
Nauman et al. 2010 ²⁶	****	*	**	*****
Jensen et al. 2011 ²⁷	****	**	**	*****
Jouven et al. 2011 ²⁸	***	*	**	****
Legeai et al. 2011 ²⁹	**	**	*	****
Nabi et al. 2011 ³⁰	**	**	*	****
Nauman et al. 2011 ³¹	****	**	***	*****
Inoue et al. 2012 ³²	***	**	**	*****
Leistner et al. 2012 ³³	***	**	*	****
Woodward et al. 2012 ³⁴	***	**	*	****
Jensen et al. 2013 ³⁵	***	**	**	*****
Johansen et al. 2013 ³⁶	***	**	**	*****
Pittaras et al. 2013 ³⁷	***	**	**	*****
Plichart et al. 2013 ³⁸	***	**	*	****
Saxena et al. 2013 ³⁹	****	**	**	*****
Aladin et al. 2014 ⁴⁰	***	**	**	*****

Floyd et al. 2014 ⁴¹	***	**	**	*****
Hisamatsu et al. 2014 ⁴²	***	**	**	*****
Ho et al. 2014 ⁴³	***	**	**	*****
Ó Hartaigh et al. 2014 ⁴⁴	**	**	**	*****
Ryu et al. 2014 ⁴⁵	***	**	**	*****
Wang et al. 2014 ⁴⁶	****	**	*	*****

The scales allocate stars, maximum of nine, for quality of selection, comparability, exposure and outcome of study participants.

RHR and risk of all-cause mortality

Every 10 bpm increment: 35 results from 27 studies^{3-5, 7-12, 15, 17, 19-20, 22-23, 25, 27, 29, 32, 34-36, 39, 41, 43-44, 46} were used, because 8 studies^{3-5, 8-9, 15, 22, 25} reported results by sex.

60-80 bpm: 25 results from 21 studies^{1, 4, 7-8, 10, 19, 22, 24, 28-31, 33-35, 37, 39-40, 44-46} were used, because 4 studies^{1, 4, 8, 22} reported results by sex.

>80 bpm: 32 results from 27 studies^{1, 4, 6-8, 10, 13, 16, 18-19, 22-24, 28-31, 33-35, 37-40, 44-46} were used, because 5 studies^{1, 4, 8, 22, 38} reported results by sex.

RHR and risk of cardiovascular mortality

10 bpm: 32 results from 23 studies^{2-5, 7-11, 14-15, 17, 20-22, 25, 27, 29, 31-32, 34, 39, 43} were used, because 9 studies^{3-5, 8-9, 15, 21-22, 25} reported results by sex.

60-80 bpm: 19 results from 14 studies^{1, 4, 7-8, 10, 21-22, 28-29, 33-34, 39, 42, 45} were used, because 5 studies^{1, 4, 8, 21-22} reported results by sex.

>80 bpm: 22 results from 16 studies^{1, 4, 6-8, 10, 21-22, 26, 28-29, 33-34, 39, 42, 45} were used, because 6 studies^{1, 4, 8, 21-22, 26} reported results by sex.

Dose-response analysis with restricted cubic spline functions

For all-cause mortality, data from 13 studies^{4, 7-8, 10, 15, 19, 22, 29, 31, 35, 39, 44, 46} were used.

For cardiovascular mortality, data from 10 studies^{4, 7-8, 10, 14-15, 21-22, 29, 39} were used.

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