FIGURE LEGENDS

Figure 1. Ten-year all-cause mortality in the Health ABC Study according to baseline sodium intake. The log-rank chi-square test was 5.22 with d.f. =2; P=0.074.

Supplemental Figure 1. Restricted cubic spline model of sodium intake as a univariate predictor of mortality. The cubic spline model improved the likelihood ratio chi-square over the linear model (from 10.71 to 12.33), but the gain in fit did not justify the increased model complexity (the Bayesian information criterion, which penalizes for unnecessary complexity, increased from 13527 to 13546 indicating that the linear model is preferable).

Supplemental Table 1. Association of baseline sodium intake >3000 mg and >4000 mg with 10-year outcomes

	Unadjusted		Adjusted ^a	
	(s)HR (95% CI)	Р	(s)HR (95% Cl)	Р
>3000 mg (N=890) vs. ≤3000 mg (N=1752)				
Mortality	1.18 (1.03–1.36)	0.016	1.06 (0.92–1.22)	0.42
Incident CVD ^b	1.09 (0.92–1.30)	0.31	0.97 (0.81–1.16)	0.74
Incident HF	0.90 (0.73–1.11)	0.32	0.82 (0.65–1.02)	0.075
>4000 mg (N=336) vs. ≤4000 mg (N=2306)				
Mortality	1.25 (1.04–1.51)	0.017	1.04 (0.85–1.25)	0.72
Incident CVD ^c	1.33 (1.06–1.67)	0.013	1.18 (0.93–1.49)	0.18
Incident HF	1.22 (0.93–1.61)	0.14	1.12 (0.84–1.49)	0.44

CI: confidence interval; HR: hazard ratio; sHR: subhazard ratio (hazard ratio conditional on the competing risk of death).

^a Adjusted for age, gender, race, baseline hypertensive status, body mass index, smoking, physical activity, prevalent cardiovascular disease (for heart failure events), lung disease, diabetes, depression, blood pressure, heart rate, ECG abnormalities, and serum glucose, albumin, creatinine, and cholesterol levels. ^bN=667 vs. N=1314. ^c N=248 vs. N=1733

Supplemental Figure 1. Restricted cubic spline model of sodium intake as a univariate predictor of mortality.

