

Khera et al. “The Impact of 2017 ACC/AHA Guidelines on the Prevalence of Hypertension and Eligibility for Anti-Hypertensive Therapy in the United States and China”

Online Supplement

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STROBE Statement—Checklist of items for *cross-sectional studies*

	Item No	Recommendation	Page No
Title and abstract	1	(a) Indicate the study's design with a commonly used term in the title or the abstract <input checked="" type="checkbox"/>	2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found <input checked="" type="checkbox"/>	2-3
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported <input checked="" type="checkbox"/>	6
Objectives	3	State specific objectives, including any prespecified hypotheses <input checked="" type="checkbox"/>	6
Methods			
Study design	4	Present key elements of study design early in the paper <input checked="" type="checkbox"/>	6
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection <input checked="" type="checkbox"/>	6-7
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants <input checked="" type="checkbox"/>	6-7
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable <input checked="" type="checkbox"/>	7-8
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group <input checked="" type="checkbox"/>	7-8
Bias	9	Describe any efforts to address potential sources of bias <input type="checkbox"/> N/A	-
Study size	10	Explain how the study size was arrived at <input type="checkbox"/> N/A	-
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why <input checked="" type="checkbox"/>	8-9
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding <input checked="" type="checkbox"/>	8
		(b) Describe any methods used to examine subgroups and interactions <input checked="" type="checkbox"/>	8-9
		(c) Explain how missing data were addressed <input checked="" type="checkbox"/>	7
		(d) If applicable, describe analytical methods taking account of sampling strategy <input checked="" type="checkbox"/>	9
		(e) Describe any sensitivity analyses <input type="checkbox"/> N/A	-
Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed <input checked="" type="checkbox"/>	10-11
		(b) Give reasons for non-participation at each stage <input type="checkbox"/> N/A	-
		(c) Consider use of a flow diagram – <input type="checkbox"/> Reported in text	10-11

Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders <input checked="" type="checkbox"/>	23
		(b) Indicate number of participants with missing data for each variable of interest <input checked="" type="checkbox"/>	7
Outcome data	15*	Report numbers of outcome events or summary measures <input checked="" type="checkbox"/> <i>(the results of this study include numerical estimates in all sections)</i>	10-13
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included <input type="checkbox"/> N/A	-
		(b) Report category boundaries when continuous variables were categorized <input type="checkbox"/> N/A	-
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period <input type="checkbox"/> N/A	-
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses <input type="checkbox"/> N/A	-
Discussion			
Key results	18	Summarise key results with reference to study objectives <input checked="" type="checkbox"/>	13-14
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias <input checked="" type="checkbox"/>	16-17
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence <input checked="" type="checkbox"/>	17
Generalisability	21	Discuss the generalisability (external validity) of the study results <input checked="" type="checkbox"/>	17
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based <input checked="" type="checkbox"/>	18

Figure A: Prevalence of hypertension among study participants in the US and China, based on 2014 evidence-based guidelines for the management of high blood pressure in adults developed by the panel members appointed to the eighth Joint National Committee (JNC-8) and the 2017 ACC/AHA hypertension guidelines in the US (NHANES) and in China (CHARLS), among those between 45 to 75 years of age. Data are shown stratified by age and sex.

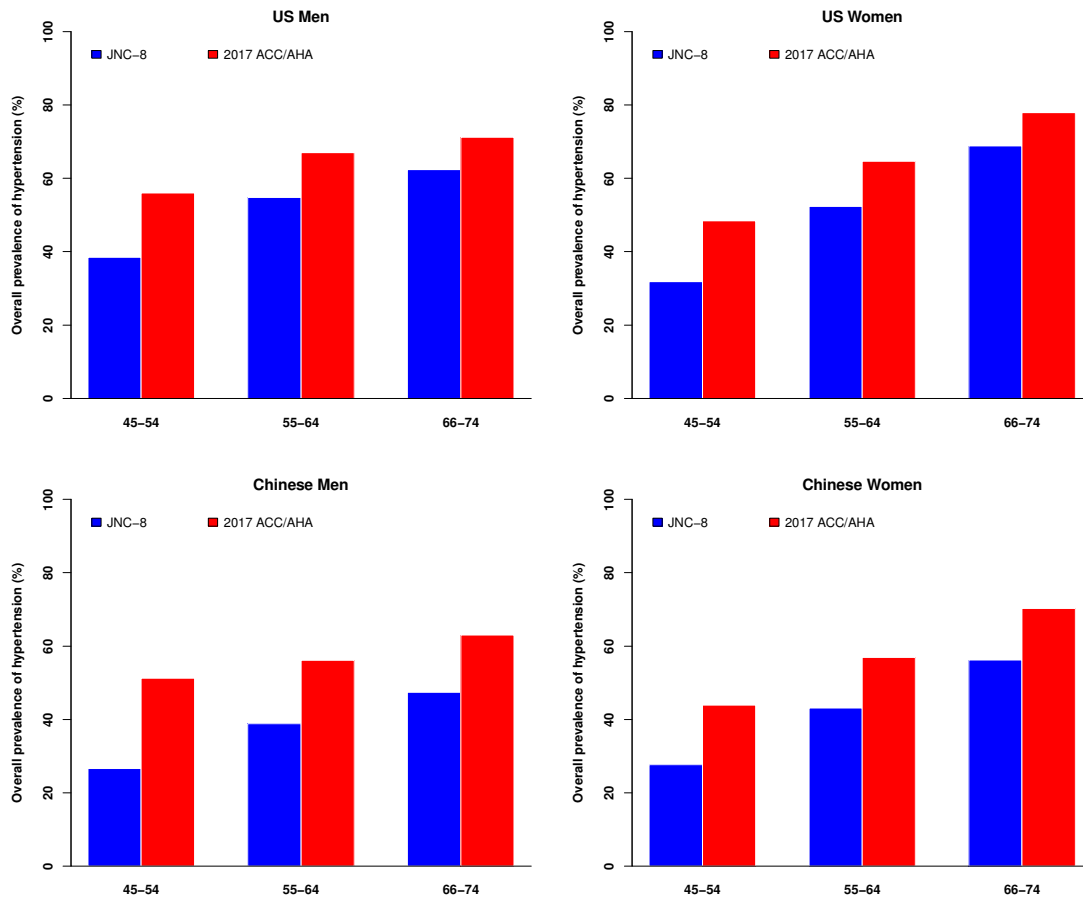


Figure B: Rate of non-treatment among study participants with hypertension in the US and China, based on 2014 evidence-based guidelines for the management of high blood pressure in adults developed by the panel members appointed to the eighth Joint National Committee (JNC-8) and the 2017 ACC/AHA hypertension guidelines in the US (NHANES) and in China (CHARLS), among those between 45 to 75 years of age. Data are shown stratified by age and sex.

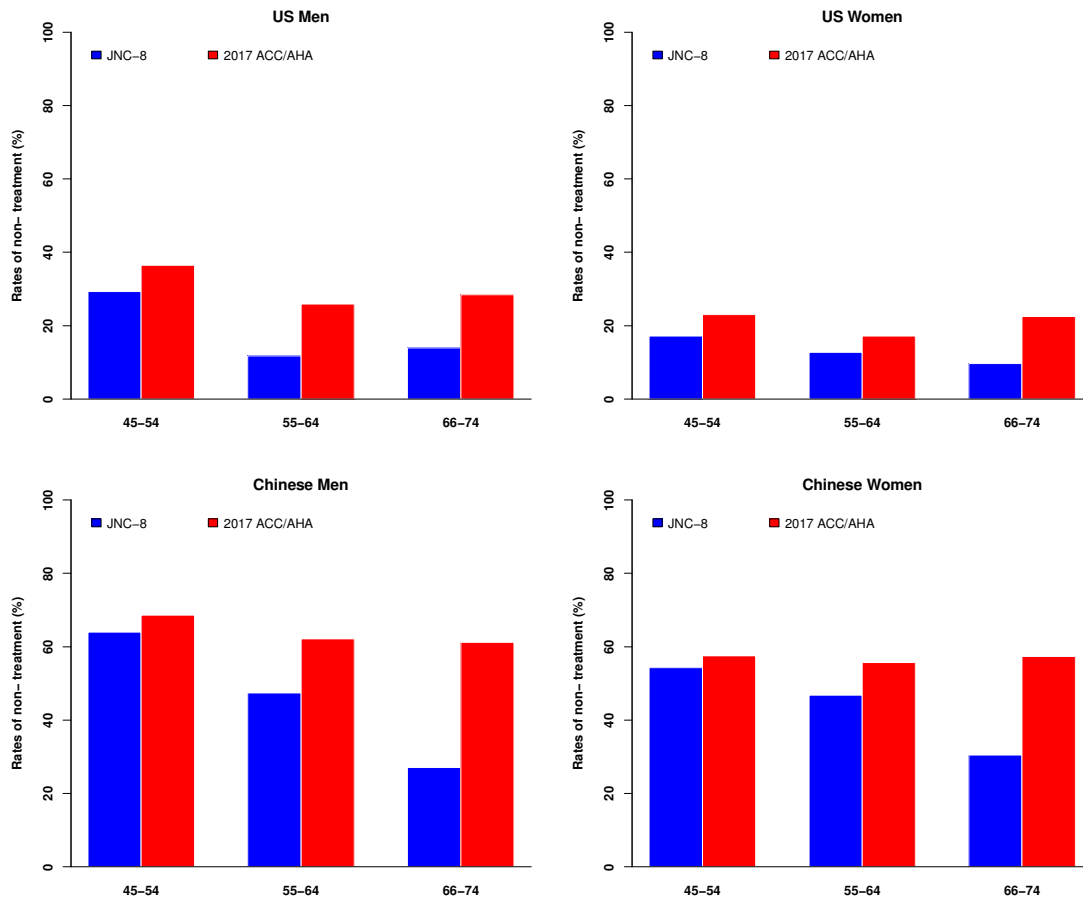


Figure C: Rate of under-treatment among study participants with hypertension in the US and China, based on 2014 evidence-based guidelines for the management of high blood pressure in adults developed by the panel members appointed to the eighth Joint National Committee (JNC-8) and the 2017 ACC/AHA hypertension guidelines in the US (NHANES) and in China (CHARLS). Data are shown stratified by age and sex.

