Supplementary Online Content

Chen V, Ning H, Allen N, et al. Lifetime risks for hypertension by contemporary guidelines in African American and white men and women. *JAMA Cardiol.* Published online March 27, 2019. doi:10.1001/jamacardio.2019.0529

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This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Baseline Characteristics of ARIC Study Sample by Race and Sex Group

	AAM	AAW	WM	WW
Sample size (N)	1222	1949	4756	5334
Age, mean	53.7 (5.9)	53.3 (5.8)	54.8 (5.7)	54.0 (5.7)
Blood Pressure, mean (SD), mmHg				
Systolic	129.5 (21.2)	127.5 (20.8)	120.0 (15.8)	116.8 (17.5)
Diastolic	82.5 (12.6)	78.1 (11.6)	73.2 (9.7)	69.5 (9.7)
No. with AHA/ACC 2017 HTN (%)	867 (71.7)	1394 (71.5)	2180 (45.8)	2230 (41.8)
BMI, mean (SD), kg/m^2	27.8 (4.9)	30.9 (6.5)	27.4 (3.9)	26.6 (5.4)
TC, mean (SD), mg/dL	211.6 (44.2)	218.0 (46.2)	211.1 (38.5)	218.3 (41.2)
HDL-C, mean (SD), mg/dL	50.3 (16.6)	58.0 (17.4)	42.9 (12.4)	57.6 (17.1)
No. with diabetes (%)	194 (16.2)	350 (18.2)	405 (8.6)	357 (6.7)
No. current smokers (%)	457 (37.4)	457 (23.5)	1100 (23.1)	1285 (24.1)

Abbreviations: AAM – African American men, AAW – African American women, WM – white men, WW – white women, SBP – systolic blood pressure, DBP – diastolic blood pressure, HTN – hypertension, BMI –body mass index, TC – total cholesterol, HDL-C – high-density lipoprotein cholesterol

eTable 2. Baseline Characteristics of CARDIA Study Sample by Race and Sex Group

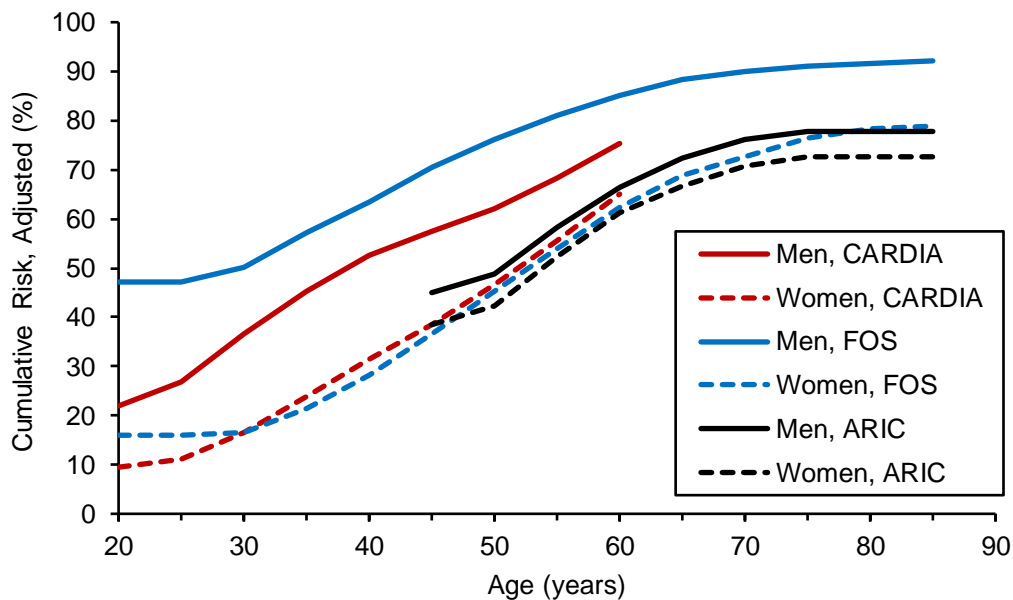|	AAM	AAW	WM	WW
Sample size (N)	1078	1409	1140	1279
Age, mean	24.6 (3.3)	24.8 (3.5)	25.6 (3.1)	25.6 (3.2)
Blood Pressure, mean (SD), mmHg				
Systolic	115.8 (10.5)	107.9 (10.1)	114.3 (10.2)	104.6 (9.3)
Diastolic	70.8 (10.3)	67.2 (9.7)	70.8 (9.4)	66.1 (8.3)
No. with AHA/ACC 2017 HTN (%)	249 (23.1)	175 (12.4)	241 (21.1)	85 (6.7)
BMI, mean (SD), kg/m^2	24.7 (4.3)	26.1 (6.6)	24.3 (3.6)	23.1 (4.4)
TC, mean (SD), mg/dL	177.1 (34.8)	177.5 (33.5)	177.0 (33.9)	175.5 (31.0)
HDL-C, mean (SD), mg/dL	53.7 (13.6)	55.0 (12.7)	46.9 (11.1)	56.3 (13.1)
No. with diabetes (%)	6 (0.56)	14 (0.99)	6 (0.53)	8 (0.63)
No. current smokers (%)	397 (37.2)	444 (31.7)	299 (26.5)	336 (26.4)

Abbreviations: AAM – African American men, AAW – African American women, WM – white men, WW – white women, SBP – systolic blood pressure, DBP – diastolic blood pressure, HTN – hypertension, BMI –body mass index, TC – total cholesterol, HDL-C – high-density lipoprotein cholesterol

eTable 3. Baseline Characteristics of FOS Study Sample by Race and Sex Group

	WM	**WW**
Sample size (N)	2081	2322
Age, mean	36.5 (9.5)	35.8 (9.4)
Blood Pressure, mean (SD), mmHg		
Systolic	125.4 (14.2)	116.6 (14.8)
Diastolic	81.4 (9.6)	75.1 (9.7)
No. with AHA/ACC 2017 HTN (%)	1238 (59.5)	742 (32.0)
BMI, mean (SD), kg/m^2	26.5 (3.5)	24.1 (4.4)
TC, mean (SD), mg/dL	199.3 (38.2)	191.5 (37.5)
HDL-C, mean (SD), mg/dL	44.6 (11.5)	56.8 (14.6)
No. with diabetes (%)	66 (3.17)	28 (1.21)
No. current smokers (%)	896 (43.3)	994 (42.9)

Abbreviations: WM – white men, WW – white women, SBP – systolic blood pressure, DBP – diastolic blood pressure, HTN – hypertension, BMI –body mass index, TC – total cholesterol, HDL-C – high-density lipoprotein cholesterol

eFigure. Cohort-Specific Cumulative Risks for HTN under AHA/ACC Threshold, Adjusted for Cohort Baseline Prevalence

Cumulative risks for attaining BP ≥130/80 mmHg for CARDIA (red), FOF (blue) and ARIC (black). Age-specific cumulative incidence was calculated using the practical incidence estimator (PIE) macro in 5-year groupings starting from initial ages for each cohort (20 years for CARDIA and FOS, 45 years for ARIC)[1]. Baseline rates of BP ≥130/80 or BP treatment were used to adjust the initial survival rates for each cohort[2]. Solid lines represent cumulative risks over age for men; dotted lines represent cumulative risks for women.

References

1.   A. B, R.B. DS, S. S, et al. Computing estimates of incidence, including lifetime risk: Alzheimer's disease in the Framingham Study. The Practical Incidence Estimators (PIE) macro. *Stat Med*. 2000.
2.   Pencina MJ, D'Agostino RB, Beiser AS, Cobain MR, Vasan RS. Estimating lifetime risk of developing high serum total cholesterol: Adjustment for baseline prevalence and single-occasion measurements. *Am J Epidemiol*. 2007. doi:10.1093/aje/kwk025