

# **SUPPLEMENTAL MATERIAL**

## **Data S1.**

### **Detailed Methods. Assessment and Statistical Analysis**

#### **Assessment of lifestyle and covariates**

Height was assessed at baseline. Body weight and cigarette smoking were assessed every 2 years. We also asked participants to recall their body weight at age 18 years in the NHS and 21 years in the HPFS. BMI was calculated as weight in kilograms divided by the square of height in meter ( $\text{kg}/\text{m}^2$ ). We assessed physical activity biennially by a validated questionnaire<sup>56</sup> and calculated the total hours per week for moderate-to-vigorous intensity activity (including brisk walking) that requires the expenditure of at least 3 metabolic equivalents per hour. Diet was assessed every 4 years with a validated food frequency questionnaire<sup>26, 27</sup> by inquiring the usual frequency of consumption for various foods during the previous year. Nutrient intake was calculated by multiplying the nutrient content of each food by the frequency of intake and then summing across all food items. Nutrient intakes were adjusted for total energy intake using the residual method.<sup>57</sup> Diet quality was assessed with the Alternate Healthy Eating Index-2010 (AHEI-2010) score,<sup>29</sup> which was designed to target food choices and macronutrient sources associated with reduced chronic disease risk. AHEI-2010 score was calculated based on the consumption of vegetables, fruits, whole grains, sugar-sweetened beverages, fruit juice, nuts, legumes, other vegetable proteins, red and processed meat, trans-isomers of fatty acids, n-3 fatty acids, polyunsaturated fatty acids, and sodium.<sup>29</sup> The validity of these lifestyle measures have been documented previously in our cohorts.<sup>26, 27, 52, 53, 56, 58-60</sup>

We also collected detailed information of potential confounders, including age, ethnicity, current multivitamin use, family history of diabetes, cancer and myocardial infarction, and menopausal status and postmenopausal hormone use (women only).

#### **Assessment of medication use**

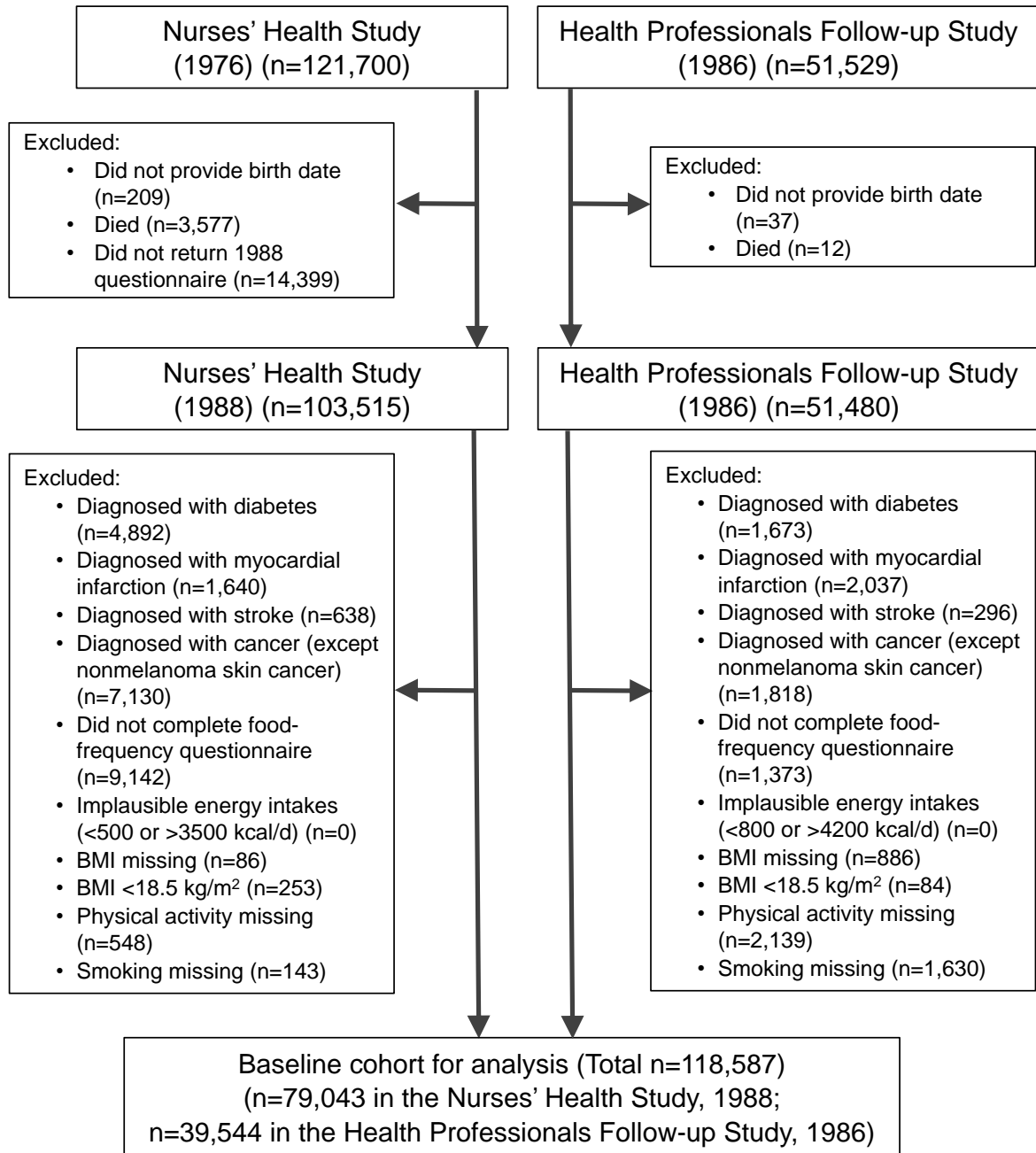
We considered all medications of these 3 groups on the US market during the study period. Specifically, aspirin included standard-dose and baby aspirin; antihypertensives included thiazide diuretic, furosemide-like diuretics, beta blockers, calcium channel blockers, angiotensin converting enzyme (ACE) inhibitor, potassium, angiotensin receptor blockers (ARB), and other antihypertensives; lipid-lowering medications included lovastatin, simvastatin, rosuvastatin, pravastatin, atorvastatin, fluvastatin, and other lipid-lowering medications.

## **Statistical analysis**

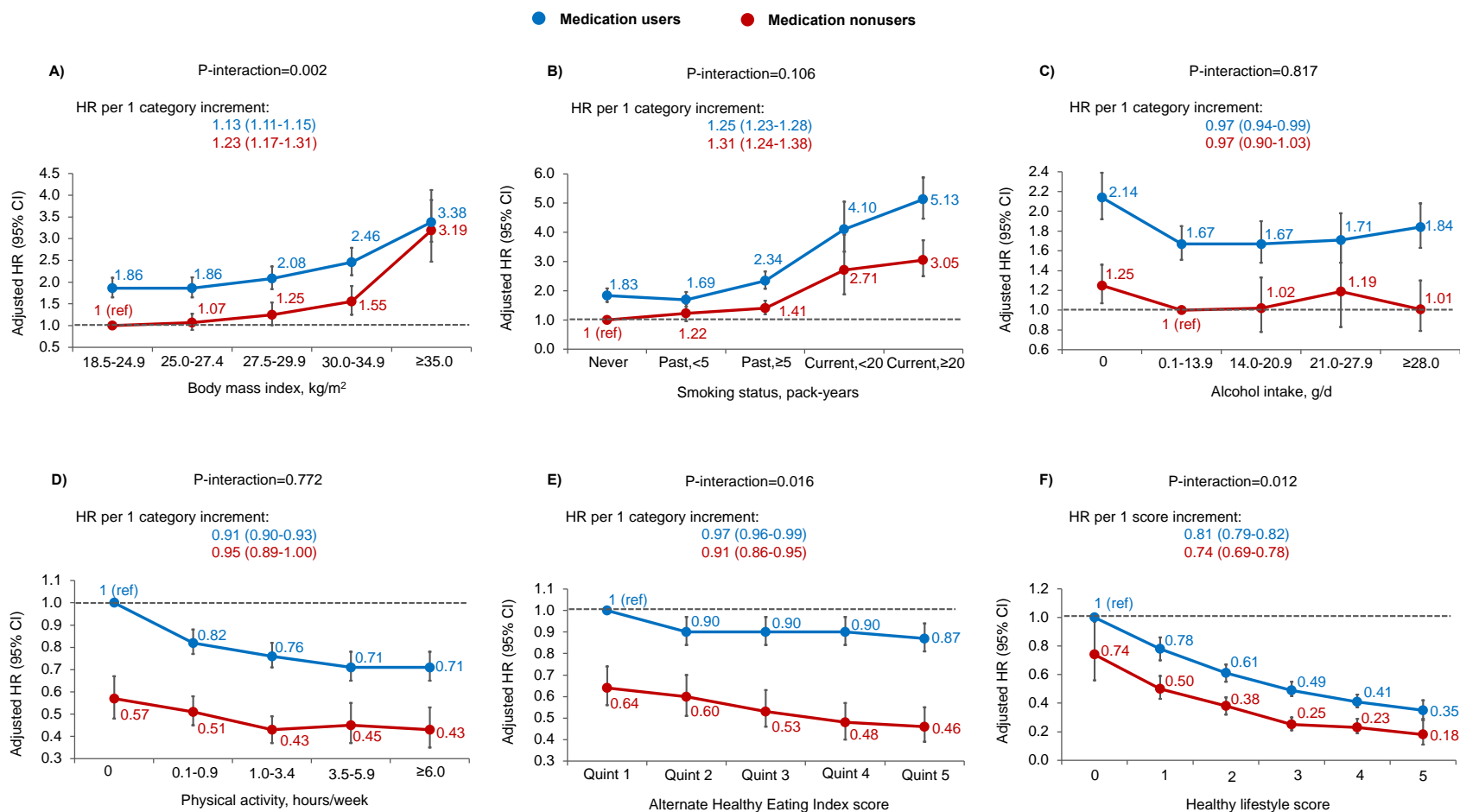
We calculated cumulative average levels of physical activity, AHEI score, and alcohol intake from our repeated questionnaires. For example, in the NHS, physical activity data collected on the 1988 questionnaire was used to assess risk of death that occurred between 1988 and 1990, the average of the 1988 and 1990 physical activity measurements was used for mortality between 1990 and 1992, the average of the 1988, 1990 and 1992 measurements was used for mortality between 1992 and 1994, and so on. For BMI, to minimize reverse causality resulting from weight loss caused by preexisting diseases, we used the maximum BMI reported throughout the follow-up.<sup>32</sup> For example, in the NHS we used the maximum value of BMI reported for age 18 years and between the cohort enrollment in 1976 and 1988 to associate mortality between 1988 and 1990, and the maximum BMI for age 18 and from 1976 to 1990 for mortality between 1990 and 1992, and so on.

The analyses were conducted using SAS version 9.4 (SAS Institute, Cary, NC). All statistical tests were two sided and  $P < 0.05$  was considered statistically significant.

**Figure S1. Flowchart of participants' selection in the Nurses' Health Study and Health Professionals Follow-up Study.**



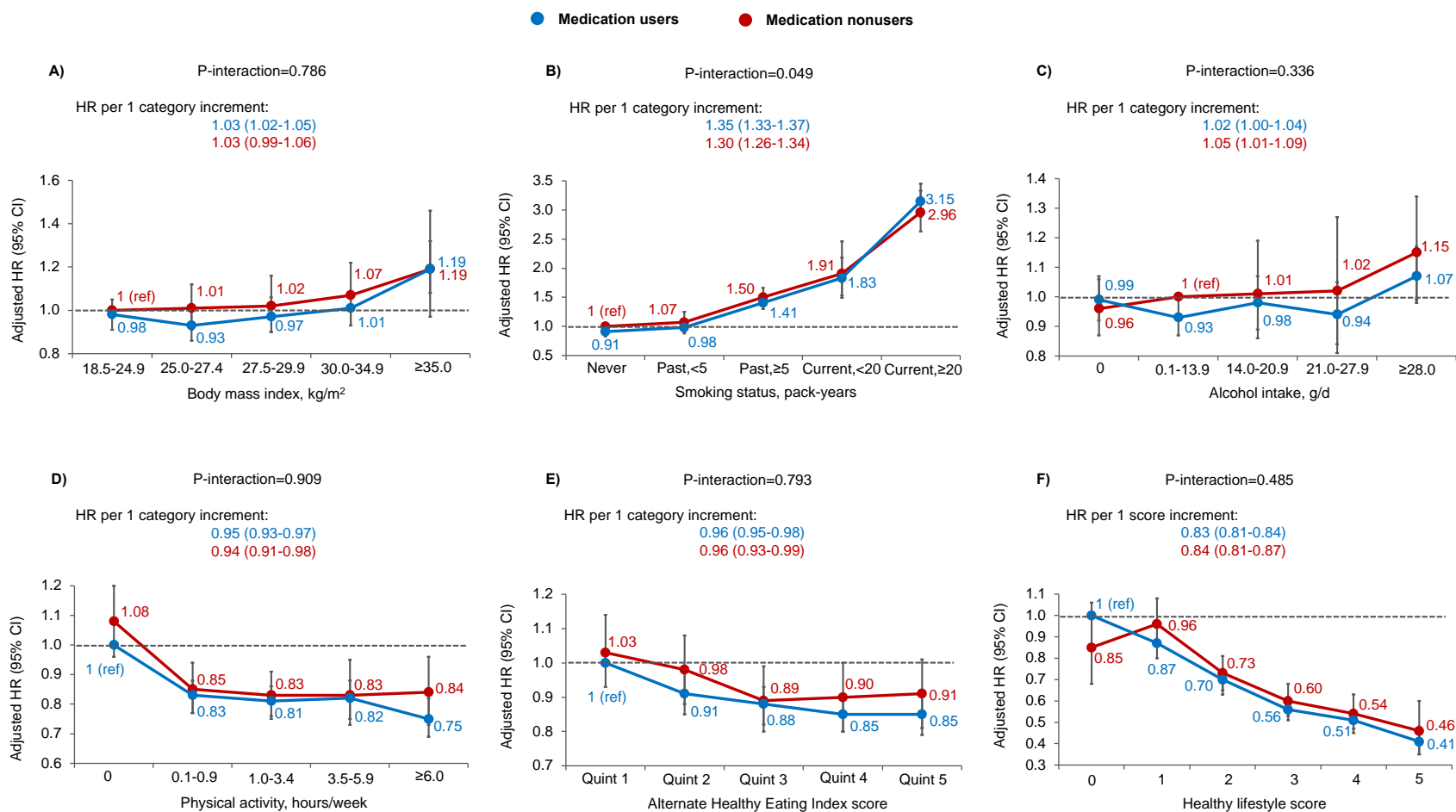
**Figure S2. Associations of body mass index (panel A), smoking (panel B), alcohol intake (panel C), physical activity (panel D), the Alternate Healthy Eating Index score (panel E), and healthy lifestyle score (panel F) with cardiovascular disease (CVD) mortality according to regular use of common preventive medications.**



Healthy lifestyle score (range, 0-5) was defined as the number of the 5 healthy lifestyle factors: healthy body weight (body mass index, ≥18.5 and <27.5 kg/m<sup>2</sup>), never smoking, light-to-moderate alcohol intake (>0 and <1 drink [14g alcohol]/d for women, >0 and <2 drink [28g alcohol]/d for men), physical active (≥30 min/d of moderate-to-vigorous intensity activity), and high quality diet (upper 40% of Alternate Healthy Eating Index

score). Common preventive medications included aspirin, antihypertensives, and lipid-lowering medications; regular medication use was defined as use  $\geq 2$  tablets/week or  $\geq 2$  times/week. Multivariable Cox proportional hazards regression was used to calculate the hazard ratios (HRs) and 95% confidence intervals (CIs) while adjusting for age, calendar period, ethnicity, current multivitamin use, family history of diabetes, myocardial infarction, or cancer, menopausal status and hormone use (women only), and the other 4 of the 5 lifestyle factors (except healthy lifestyle score). Error bars indicate 95% CIs.

**Figure S3. Associations of body mass index (panel A), smoking (panel B), alcohol intake (panel C), physical activity (panel D), the Alternate Healthy Eating Index score (panel E), and healthy lifestyle score (panel F) with cancer mortality according to regular use of common preventive medications.**

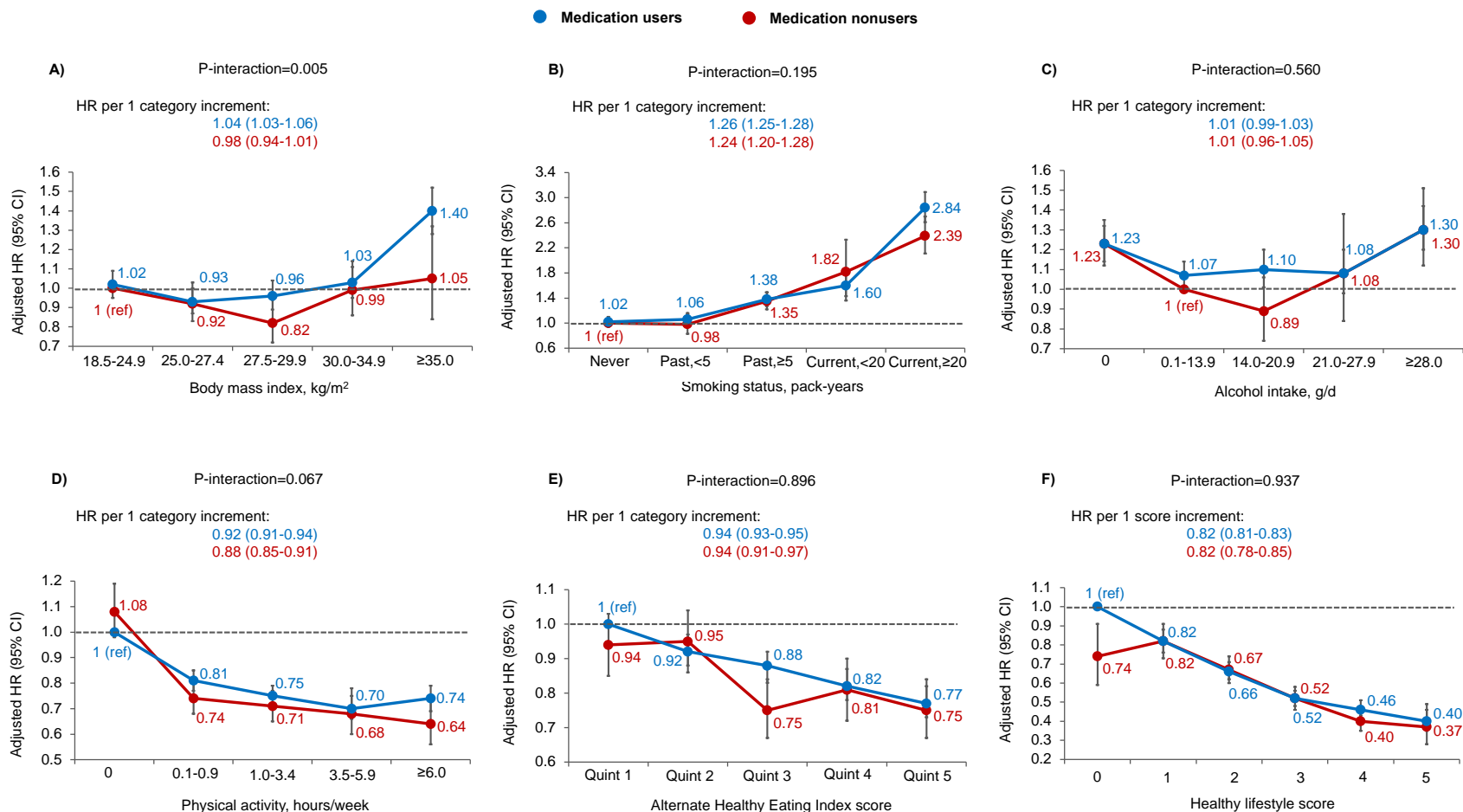


Healthy lifestyle score (range, 0-5) was defined as the number of the 5 healthy lifestyle factors: healthy body weight (body mass index, ≥18.5 and <27.5 kg/m<sup>2</sup>), never smoking, light-to-moderate alcohol intake (>0 and <1 drink [14g alcohol]/d for women, >0 and <2 drink [28g alcohol]/d for men), physical active (≥30 min/d of moderate-to-vigorous intensity activity), and high quality diet (upper 40% of Alternate Healthy Eating Index)

score). Common preventive medications included aspirin, antihypertensives, and lipid-lowering medications; regular medication use was defined as use  $\geq 2$  tablets/week or  $\geq 2$  times/week. Multivariable Cox proportional hazards regression was used to calculate the hazard ratios (HRs) and 95% confidence intervals (CIs) while adjusting for age, calendar period, ethnicity, current multivitamin use, family history of diabetes, myocardial infarction, or cancer, menopausal status and hormone use (women only), and the other 4 of the 5 lifestyle factors (except healthy lifestyle score). Error bars indicate 95% CIs.



**Figure S4. Associations of body mass index (panel A), smoking (panel B), alcohol intake (panel C), physical activity (panel D), the Alternate Healthy Eating Index score (panel E), and healthy lifestyle score (panel F) with mortality due to other causes than cardiovascular diseases (CVD) and cancer according to regular use of common preventive medications.**



Healthy lifestyle score (range, 0-5) was defined as the number of the 5 healthy lifestyle factors: healthy body weight (body mass index, ≥18.5 and <27.5 kg/m<sup>2</sup>), never smoking, light-to-moderate alcohol intake (>0 and <1 drink [14g alcohol]/d for women, >0 and <2 drink [28g alcohol]/d for men), physical active (≥30 min/d of moderate-to-vigorous intensity activity), and high quality diet (upper 40% of Alternate Healthy Eating Index)

score). Common preventive medications included aspirin, antihypertensives, and lipid-lowering medications; regular medication use was defined as use  $\geq 2$  tablets/week or  $\geq 2$  times/week. Multivariable Cox proportional hazards regression was used to calculate the hazard ratios (HRs) and 95% confidence intervals (CIs) while adjusting for age, calendar period, ethnicity, current multivitamin use, family history of diabetes, myocardial infarction, or cancer, menopausal status and hormone use (women only), and the other 4 of the 5 lifestyle factors (except healthy lifestyle score). Error bars indicate 95% CIs.

**Table S1. Associations of individual lifestyle factors and healthy lifestyle score with all-cause mortality according to regular use of common preventive medications\* in women (NHS) and men (HPFS).**

Lifestyle factors	HR (95% CI) <sup>†</sup>			
	Women (NHS)		Men (HPFS)	
	Medication users	Medication nonusers	Medication users	Medication nonusers
BMI, kg/m <sup>2</sup>				
18.5-24.9	1.11 (1.04-1.17)	1.00 (reference)	1.14 (1.05-1.23)	1.00 (reference)
25.0-27.4	1.04 (0.98-1.11)	0.99 (0.90-1.08)	1.10 (1.02-1.19)	0.98 (0.89-1.09)
27.5-29.5	1.07 (1.00-1.14)	1.00 (0.89-1.12)	1.21 (1.12-1.31)	0.98 (0.87-1.12)
30.0-34.9	1.15 (1.08-1.22)	1.07 (0.96-1.19)	1.35 (1.23-1.47)	1.16 (1.00-1.34)
≥35.0	1.52 (1.42-1.63)	1.41 (1.22-1.64)	1.70 (1.51-1.92)	1.34 (1.03-1.75)
P-interaction	0.657		0.183	
Smoking, pack-years				
Never	1.10 (1.03-1.18)	1.00 (reference)	1.14 (1.05-1.23)	1.00 (reference)
Past smoker, <5	1.12 (1.03-1.22)	1.10 (0.95-1.27)	1.17 (1.07-1.29)	1.04 (0.91-1.20)
Past smoker, ≥5	1.70 (1.58-1.81)	1.65 (1.51-1.80)	1.44 (1.33-1.56)	1.27 (1.15-1.40)
Current smoker, <20	2.12 (1.85-2.43)	2.13 (1.75-2.59)	2.01 (1.70-2.36)	1.64 (1.23-2.17)
Current smoker, ≥20	3.35 (3.11-3.60)	2.85 (2.58-3.14)	3.00 (2.72-3.30)	2.37 (2.05-2.73)
P-interaction	0.628		0.750	
Alcohol intake, g/d				
0	1.21 (1.14-1.29)	1.08 (1.00-1.17)	1.36 (1.26-1.47)	1.13 (1.01-1.25)
0.1-13.9	1.05 (1.00-1.11)	1.00 (reference)	1.15 (1.08-1.23)	1.00 (reference)
14-20.9	1.11 (1.03-1.20)	0.90 (0.77-1.04)	1.15 (1.06-1.25)	1.04 (0.89-1.21)
21-27.9	1.12 (1.02-1.23)	1.03 (0.82-1.28)	1.15 (1.04-1.26)	1.12 (0.91-1.37)
≥28	1.30 (1.20-1.41)	1.29 (1.11-1.49)	1.30 (1.20-1.40)	1.14 (1.00-1.30)
P-interaction	0.505		0.483	
Physical activity, h/wk <sup>‡</sup>				
0	1.00 (reference)	0.95 (0.87-1.04)	1.00 (reference)	0.93 (0.83-1.04)
0.1-0.9	0.79 (0.76-0.83)	0.73 (0.68-0.79)	0.92 (0.86-0.97)	0.74 (0.66-0.81)
1.0-3.4	0.74 (0.70-0.77)	0.66 (0.61-0.71)	0.82 (0.78-0.87)	0.72 (0.65-0.79)
3.5-5.9	0.71 (0.66-0.75)	0.66 (0.59-0.74)	0.79 (0.73-0.84)	0.70 (0.62-0.79)
≥6	0.71 (0.66-0.76)	0.66 (0.57-0.75)	0.75 (0.70-0.80)	0.66 (0.58-0.74)
P-interaction	0.750		0.981	
Diet quality <sup>§</sup>				
Quint 1	1.00 (reference)	0.93 (0.86-1.00)	1.00 (reference)	0.84 (0.76-0.93)
Quint 2	0.91 (0.87-0.95)	0.89 (0.82-0.96)	0.90 (0.85-0.95)	0.84 (0.76-0.93)
Quint 3	0.87 (0.83-0.91)	0.74 (0.67-0.81)	0.89 (0.84-0.94)	0.78 (0.71-0.87)
Quint 4	0.84 (0.80-0.88)	0.78 (0.71-0.85)	0.86 (0.81-0.91)	0.72 (0.65-0.80)
Quint 5	0.77 (0.73-0.81)	0.72 (0.66-0.79)	0.85 (0.80-0.90)	0.73 (0.65-0.81)
P-interaction	0.649		0.638	
Healthy lifestyle score				
0	1.00 (reference)	0.83 (0.70-0.97)	1.00 (reference)	0.66 (0.52-0.84)
1	0.80 (0.75-0.85)	0.79 (0.72-0.86)	0.83 (0.76-0.91)	0.77 (0.68-0.87)
2	0.64 (0.60-0.68)	0.62 (0.57-0.67)	0.68 (0.62-0.74)	0.59 (0.53-0.66)
3	0.50 (0.47-0.53)	0.46 (0.41-0.50)	0.56 (0.51-0.61)	0.50 (0.45-0.56)
4	0.42 (0.39-0.45)	0.37 (0.33-0.43)	0.50 (0.46-0.55)	0.43 (0.37-0.49)
5	0.35 (0.30-0.40)	0.31 (0.23-0.42)	0.42 (0.37-0.47)	0.35 (0.28-0.44)

P-interaction	0.471		0.808	
% PAR of healthy lifestyle score of 5	44 (36-51)	47 (29-61)	30 (23-37)	36 (21-49)

HR, hazard ratio; CI, confidence interval; BMI, body mass index; PAR, population-attributable risk.

\* Common preventive medications included aspirin, antihypertensives, and lipid-lowering medications; regular medication use was defined as use  $\geq 2$  tablets/week or  $\geq 2$  times/week.

† HRs and 95% CIs were calculated adjusting for age, calendar period, ethnicity, current multivitamin use, family history of diabetes, myocardial infarction, or cancer, menopausal status and hormone use (women only), and the other 4 of the 5 lifestyle factors (except healthy lifestyle score).

‡ Physical activity was of moderate-to-vigorous intensity requiring the expenditure of  $\geq 3$  metabolic equivalents per hour.

§ Diet quality was based on Alternate Healthy Eating Index (AHEI) score.

**Table S2. Associations of individual lifestyle factors and healthy lifestyle score with all-cause mortality according to regular use of common preventive medications\* in participants aged <70 and ≥70 years.**

Lifestyle factors	HR (95% CI) <sup>†</sup>			
	<70 years old		≥70 years old	
	Medication users	Medication nonusers	Medication users	Medication nonusers
BMI, kg/m <sup>2</sup>				
18.5-24.9	1.10 (1.01-1.19)	1.00 (reference)	1.14 (1.07-1.21)	1.00 (reference)
25.0-27.4	1.01 (0.92-1.10)	0.91 (0.82-1.01)	1.09 (1.02-1.16)	1.02 (0.93-1.11)
27.5-29.5	1.07 (0.98-1.18)	0.96 (0.85-1.09)	1.14 (1.07-1.22)	0.99 (0.89-1.11)
30.0-34.9	1.14 (1.04-1.24)	1.04 (0.92-1.19)	1.24 (1.16-1.32)	1.11 (0.98-1.24)
≥35.0	1.50 (1.35-1.66)	1.43 (1.20-1.71)	1.59 (1.48-1.71)	1.28 (1.06-1.55)
P-interaction	0.537		0.262	
Smoking, pack-years				
Never	1.04 (0.95-1.14)	1.00 (reference)	1.12 (1.05-1.19)	1.00 (reference)
Past smoker, <5	1.17 (1.04-1.32)	1.11 (0.95-1.30)	1.14 (1.05-1.23)	1.07 (0.94-1.21)
Past smoker, ≥5	1.63 (1.49-1.77)	1.49 (1.34-1.65)	1.56 (1.46-1.67)	1.45 (1.33-1.58)
Current smoker, <20	2.47 (2.08-2.94)	2.09 (1.67-2.62)	1.90 (1.66-2.16)	1.84 (1.46-2.32)
Current smoker, ≥20	3.51 (3.20-3.86)	2.97 (2.65-3.32)	3.08 (2.86-3.31)	2.31 (2.05-2.60)
P-interaction	0.055		0.135	
Alcohol intake, g/d				
0	1.36 (1.25-1.47)	1.18 (1.07-1.30)	1.22 (1.15-1.29)	1.04 (0.95-1.13)
0.1-13.9	1.09 (1.02-1.17)	1.00 (reference)	1.08 (1.02-1.14)	1.00 (reference)
14-20.9	1.12 (1.00-1.26)	1.09 (0.93-1.28)	1.11 (1.04-1.18)	0.86 (0.74-1.00)
21-27.9	1.11 (0.97-1.28)	1.00 (0.79-1.26)	1.11 (1.02-1.20)	1.11 (0.91-1.35)
≥28	1.32 (1.19-1.46)	1.25 (1.08-1.45)	1.23 (1.15-1.32)	1.07 (0.94-1.22)
P-interaction	0.496		0.989	
Physical activity, h/wk <sup>‡</sup>				
0	1.00 (reference)	0.83 (0.74-0.92)	1.00 (reference)	0.97 (0.88-1.06)
0.1-0.9	0.73 (0.67-0.78)	0.64 (0.58-0.70)	0.86 (0.83-0.90)	0.77 (0.71-0.83)
1.0-3.4	0.65 (0.60-0.70)	0.63 (0.57-0.69)	0.80 (0.77-0.84)	0.69 (0.64-0.74)
3.5-5.9	0.63 (0.57-0.70)	0.59 (0.51-0.67)	0.77 (0.73-0.81)	0.70 (0.63-0.78)
≥6	0.59 (0.53-0.66)	0.61 (0.53-0.70)	0.75 (0.71-0.79)	0.64 (0.57-0.71)
P-interaction	0.011		0.141	
Diet quality <sup>§</sup>				
Quint 1	1.00 (reference)	0.92 (0.83-1.01)	1.00 (reference)	0.85 (0.78-0.93)
Quint 2	0.88 (0.82-0.95)	0.87 (0.78-0.96)	0.91 (0.87-0.95)	0.87 (0.79-0.94)
Quint 3	0.88 (0.81-0.95)	0.75 (0.67-0.83)	0.88 (0.84-0.92)	0.76 (0.70-0.83)
Quint 4	0.80 (0.74-0.87)	0.74 (0.66-0.83)	0.86 (0.82-0.89)	0.76 (0.70-0.83)
Quint 5	0.83 (0.76-0.91)	0.73 (0.65-0.82)	0.80 (0.76-0.83)	0.72 (0.66-0.79)
P-interaction	0.399		0.713	
Healthy lifestyle score				
0	1.00 (reference)	0.87 (0.71-1.06)	1.00 (reference)	0.64 (0.53-0.78)
1	0.84 (0.75-0.93)	0.76 (0.67-0.86)	0.81 (0.76-0.86)	0.77 (0.70-0.84)
2	0.61 (0.55-0.68)	0.58 (0.52-0.65)	0.67 (0.63-0.70)	0.60 (0.56-0.65)
3	0.46 (0.41-0.51)	0.42 (0.37-0.48)	0.54 (0.51-0.57)	0.50 (0.46-0.54)
4	0.40 (0.35-0.45)	0.35 (0.30-0.42)	0.47 (0.44-0.50)	0.42 (0.37-0.47)
5	0.28 (0.22-0.36)	0.32 (0.24-0.43)	0.41 (0.37-0.45)	0.33 (0.26-0.42)

P-interaction	0.566		0.523	
% PAR of healthy lifestyle score of 5	51 (40-61)	37 (18-53)	35 (29-40)	41 (26-54)

HR, hazard ratio; CI, confidence interval; BMI, body mass index; PAR, population-attributable risk.

\* Common preventive medications included aspirin, antihypertensives, and lipid-lowering medications; regular medication use was defined as use  $\geq 2$  tablets/week or  $\geq 2$  times/week.

† HRs and 95% CIs were calculated adjusting for age, calendar period, ethnicity, current multivitamin use, family history of diabetes, myocardial infarction, or cancer, menopausal status and hormone use (women only), and the other 4 of the 5 lifestyle factors (except healthy lifestyle score).

‡ Physical activity was of moderate-to-vigorous intensity requiring the expenditure of  $\geq 3$  metabolic equivalents per hour.

§ Diet quality was based on Alternate Healthy Eating Index (AHEI) score.

**Table S3. Associations of individual lifestyle factors and healthy lifestyle score with all-cause mortality according to regular use of common preventive medications\* in participants having and not having major medication indications†**

Lifestyle factors	HR (95% CI)‡			
	Having indications		Not having indications	
	Medication users	Medication nonusers	Medication users	Medication nonusers
BMI, kg/m <sup>2</sup>				
18.5-24.9	1.12 (1.04-1.19)	1.00 (reference)	1.06 (0.98-1.15)	1.00 (reference)
25.0-27.4	1.06 (0.99-1.13)	0.98 (0.89-1.09)	0.99 (0.91-1.08)	0.95 (0.87-1.04)
27.5-29.5	1.12 (1.04-1.20)	0.98 (0.87-1.10)	1.04 (0.93-1.15)	0.96 (0.85-1.09)
30.0-34.9	1.20 (1.12-1.29)	1.10 (0.97-1.23)	1.12 (1.00-1.26)	1.05 (0.92-1.20)
≥35.0	1.57 (1.46-1.70)	1.54 (1.31-1.80)	1.33 (1.10-1.59)	1.13 (0.90-1.41)
P-interaction	0.977		0.605	
Smoking, pack-years				
Never	1.08 (1.01-1.16)	1.00 (reference)	1.08 (0.99-1.18)	1.00 (reference)
Past smoker, <5	1.12 (1.04-1.22)	1.03 (0.90-1.19)	1.09 (0.95-1.25)	1.13 (0.98-1.31)
Past smoker, ≥5	1.54 (1.43-1.65)	1.38 (1.26-1.51)	1.57 (1.44-1.72)	1.58 (1.44-1.73)
Current smoker, <20	1.98 (1.75-2.23)	2.28 (1.83-2.84)	2.40 (1.85-3.12)	1.73 (1.36-2.20)
Current smoker, ≥20	3.12 (2.90-3.36)	2.67 (2.38-3.00)	3.28 (2.94-3.67)	2.73 (2.43-3.05)
P-interaction	0.732		0.269	
Alcohol intake, g/d				
0	1.27 (1.20-1.35)	1.18 (1.08-1.29)	1.28 (1.17-1.41)	1.03 (0.93-1.13)
0.1-13.9	1.12 (1.05-1.18)	1.00 (reference)	1.01 (0.94-1.08)	1.00 (reference)
14-20.9	1.16 (1.08-1.24)	0.93 (0.79-1.09)	0.99 (0.87-1.11)	0.99 (0.86-1.15)
21-27.9	1.15 (1.06-1.24)	1.11 (0.89-1.37)	1.03 (0.87-1.21)	1.02 (0.83-1.26)
≥28	1.29 (1.20-1.38)	1.26 (1.09-1.45)	1.13 (1.00-1.29)	1.09 (0.95-1.25)
P-interaction	0.987		0.091	
Physical activity, h/wk <sup>§</sup>				
0	1.00 (reference)	0.97 (0.88-1.06)	1.00 (reference)	0.93 (0.81-1.05)
0.1-0.9	0.84 (0.81-0.87)	0.75 (0.70-0.81)	0.80 (0.71-0.89)	0.71 (0.63-0.79)
1.0-3.4	0.78 (0.75-0.81)	0.68 (0.63-0.74)	0.69 (0.61-0.77)	0.67 (0.60-0.75)
3.5-5.9	0.75 (0.71-0.78)	0.73 (0.65-0.82)	0.67 (0.59-0.77)	0.61 (0.53-0.71)
≥6	0.74 (0.70-0.78)	0.64 (0.56-0.73)	0.61 (0.53-0.70)	0.63 (0.55-0.73)
P-interaction	0.389		0.296	
Diet quality <sup>  </sup>				
Quint 1	1.00 (reference)	0.92 (0.85-1.00)	1.00 (reference)	0.93 (0.83-1.03)
Quint 2	0.90 (0.86-0.93)	0.87 (0.79-0.94)	0.97 (0.88-1.08)	0.94 (0.84-1.05)
Quint 3	0.88 (0.84-0.91)	0.75 (0.69-0.83)	0.90 (0.80-1.00)	0.81 (0.72-0.91)
Quint 4	0.85 (0.82-0.88)	0.75 (0.68-0.82)	0.83 (0.74-0.93)	0.82 (0.73-0.92)
Quint 5	0.80 (0.77-0.83)	0.73 (0.66-0.80)	0.83 (0.74-0.93)	0.77 (0.68-0.87)
P-interaction	0.392		0.922	
Healthy lifestyle score				
0	1.00 (reference)	0.78 (0.66-0.93)	1.00 (reference)	0.74 (0.57-0.95)
1	0.81 (0.77-0.86)	0.79 (0.72-0.86)	0.83 (0.70-0.98)	0.77 (0.64-0.91)
2	0.66 (0.63-0.69)	0.61 (0.56-0.66)	0.60 (0.51-0.71)	0.59 (0.50-0.70)
3	0.53 (0.50-0.56)	0.47 (0.43-0.52)	0.46 (0.39-0.55)	0.47 (0.39-0.56)
4	0.46 (0.43-0.49)	0.40 (0.35-0.45)	0.42 (0.35-0.51)	0.39 (0.32-0.47)
5	0.38 (0.35-0.42)	0.33 (0.25-0.44)	0.37 (0.29-0.47)	0.32 (0.24-0.43)

P-interaction	0.452		0.467	
% PAR of healthy lifestyle score of 5	36 (30-42)	39 (21-55)	31 (18-43)	40 (25-53)

HR, hazard ratio; CI, confidence interval; BMI, body mass index; PAR, population-attributable risk.

\* Common preventive medications included aspirin, antihypertensives, and lipid-lowering medications; regular medication use was defined as use  $\geq 2$  tablets/week or  $\geq 2$  times/week.

† The medication indications included diabetes, hypertension, hyperlipidemia, myocardia infraction, stroke, and angina.

‡ HRs and 95% CIs were calculated adjusting for age, calendar period, ethnicity, current multivitamin use, family history of diabetes, myocardial infarction, or cancer, menopausal status and hormone use (women only), and the other 4 of the 5 lifestyle factors (except healthy lifestyle score).

§ Physical activity was of moderate-to-vigorous intensity requiring the expenditure of  $\geq 3$  metabolic equivalents per hour.

|| Diet quality was based on Alternate Healthy Eating Index (AHEI) score.