Adverse muscle composition is linked to poor functional performance and metabolic comorbidities in NAFLD

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Supplementary materials

Protocol description for recording of hand grip strength in UK Biobank (UK Biobank Field IDs 46, 47)

(Cited. <u>http://biobank.ndph.ox.ac.uk/showcase/docs/Gripstrength.pdf</u>, Accessed April 2019)

- 1. The staff member explains that the first measure will be of grip strength (indicating the Jamar dynamometer device to be used) and that strength in both hands will be measured in turn.
- 2. The participant is asked to sit upright in a chair and place their forearms on armrests. With dynamometer handle set to the second incremental slot the participant is asked to hold it first in their right hand. For participants with very large hands the handle is moved to the third slot.
- 3. The participant's elbow of the arm hBolding the dynamometer is against their side and bent to a 90° angle so that their forearm is pointing forwards with their thumb uppermost. Their wrist is straight so that their hand is either pointing forwards or bent slightly outwards.
- 4. The staff member supports the dynamometer lightly with one hand and rotates the red peak-hold needle anti-clockwise to zero. They explain to the participant that the adjustable handle of the dynamometer does not move while they are gripping it, but it will measure the strength of their grip. The participant is asked to squeeze the handle of the dynamometer as strongly as they can for about 3 seconds. They are given encouragement while doing so.
- 5. After 3 seconds the participant is asked to stop, the dynamometer is taken from them and the maximum hand grip strength is read in whole kilogram force units as indicated on the outer aspect of the dial by the red peak-hold needle. This value is entered into the computer (see below).

MRI scanning protocol and image analysis

The subjects were scanned in supine position in a Siemens MAGNETOM Aera 1.5 T MRI scanner (Siemens, Erlangen, Germany) using the dual-echo Dixon Vibe protocol covering neck to knees. Common parameters for all slabs were: flip angle=10°, TR=6.69 ms, TE=2.39/4.77 ms, and bandwidth=440 Hz. The first slab, over the neck, consisted of 64 slices, voxel size 2.23×2.23×3 mm³, and 224×168 matrix; slabs two to four were acquired during 17-second expiration breath-holds with 44 slices, voxel size 2.23×2.23×4.5 mm³, and 224×162 matrix; slab six of 64 slices, voxel size 2.23×2.3×3.5 mm³, and 224×162 matrix; slab six of 64 slices, voxel size 2.23×2.23×3.5 mm³, and 224×162 matrix; slab six of 64 slices, voxel slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab six of 64 slices, voxel slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab six of 64 slices, voxel slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab six of 64 slices, voxel slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slice 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slixe 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slixe 2.23×2.23×3.5 mm³, and 224×162 matrix; slab slix of 64 slices, voxel slixe 2.23×2.23×3.5 mm³, and 224×162 matrix; slixe 2.23×2.23×3

size 2.23×2.23×4 mm³, and 224×156 matrix.

For liver proton density fat fraction (PDFF) quantification, nine regions of interest (ROI) were placed while avoiding major vessels and bile ducts (see figure to the right). The liver water, fat and T2* of each ROI were computed by magnitude-based chemical shift technique¹ with a 6-peak lipid model². To correct for T1bias, caused by differences in water and fat T1, a correction factor was applied to the water signal. The correction factor was computed using the body Dixon images of the first 3,000 scanned UK Biobank participants as reference. The liver ROIs were transferred to, and compared with, the fat Dixon images intensities, which were calibrated using the adipose tissue as an intensity reference^{3,4} and corrected using the liver T2*, a process which results in T1 insensitive fat measurements⁵.



For whole body measurements, the image analysis consisted of (1) image calibration, (2) fusion of image stacks, (3) image segmentation, and (4) quantification of fat and muscle volumes^{4,6-9} and included manual quality

control by an analysis engineer. Muscle volumes were calculated as fat-tissue free muscle volumes⁴. MFI was calculated as the average T2*-corrected fat value and converted to proton density fat fraction (PDFF)².

Translation of current sarcopenia thresholds from DXA to MRI

Methods: To leverage the full dataset (N=9,545) for sarcopenia assessment, sex-specific thresholds for low muscle quantity based on DXA (ALM/height² <6.0/7.0 kg/m² (females/males)) were translated to MRI (thigh FFMV/height²) utilizing the subset with DXA and hand grip strength data available (N=4,553). Thresholds were determined by optimizing sensitivity and specificity for detecting individuals with low muscle quantity. Diagnostic performance (area under receiver operator characteristic (AUROC) curve), sensitivity, and specificity for sarcopenia detection were determined using derived FFMV/height² thresholds compared to ALM/height² thresholds.

Results: The correlation between ALM/height² and thigh FFMV/height² was 0.93 (95% CI: 0.92-0.93). Resulting thresholds for thigh FFMV/height² were 3.0/3.6 L/m² (females/males). Sensitivity and specificity for sarcopenia detection using MRI-measured thigh FFMV/height² instead of DXA-measured ALM/height² were 0.93 and 0.99, respectively. AUROC was 0.96 (95% CI: 0.93-0.98). Applying sarcopenia-detection thresholds based on DXA-based ALM/height² and hand grip strength stratified 101 (2.2%) participants from the DXA subset. Applying derived MRI-based thigh FFMV/height² and hand grip strength thresholds for sarcopenia detection stratified 241 (2.5%) participants from the whole cohort. Supplemental material includes a comparison between characteristics for the DXA subset and the whole cohort (**Table S1** below).

2000–2010).				
	Whole cohort	Females	Males	DXA subset
N participants	9,545	5,026	4,519	4,553
% females	52.66	100.00	0.00	53.00
Age, years	62.59 (7.49)	61.86 (7.33)	63.41 (7.59)	62.31 (7.51)
Weight, kg	75.52 (14.77)	68.66 (12.91)	83.14 (12.85)	75.46 (14.77)
Height, cm	169.06 (8.93)	162.96 (6.15)	175.84 (6.26)	168.99 (9.05)
BMI, kg/m ²	26.34 (4.33)	25.86 (4.71)	26.87 (3.8)	26.34 (4.33)
Visceral adipose tissue volume (L)	3.68 (2.21)	2.63 (1.51)	4.84 (2.27)	3.69 (2.21)
Abdominal subcutaneous adipose tissue volume (L)	7.01 (3.19)	8.04 (3.41)	5.85 (2.46)	7 (3.15)
Appendicular lean mass/height ² , kg/m ²	7.34 (1.23)	6.55 (0.85)	8.24 (0.94)	7.34 (1.23)
Liver fot %	2.36	1.99	2.85	2.35
	(1.49-4.57)	(1.34-3.73)	(1.74-5.59)	(1.49-4.62)
Muscle composition				
Fat-tissue free muscle volume, L	10.34 (2.56)	8.36 (1.18)	12.54 (1.77)	10.25 (2.56)
Fat-tissue free muscle volume z-score (FFMV _{VCG})	0.00 (0.98)	0.00 (0.99)	0.00 (0.98)	-0.07 (0.97)
Muscle fat infiltration, %	7.40 (1.85)	7.92 (1.83)	6.83 (1.71)	7.44 (1.81)
% Adverse muscle composition (AMC)	10.20 %	9.47 %	11.02 %	10.74 %
% Only high muscle fat	14.76 %	15.44 %	14.01 %	14.78 %
% Only low muscle volume	14.57 %	15.60 %	13.43 %	16.25 %
% Normal muscle composition	60.46 %	59.49 %	61.54 %	58.23 %
Functional performance & metabo	olic comorbidity			
Sarcopenia	2.52 %	3.20 %	1.77 %	3.34 %
Low hand grip strength	6.34 %	6.65 %	6.00 %	8.02 %
Slow walking pace	4.40 %	4.80 %	3.96 %	4.22 %
No stair climbing	7.87 %	7.62 %	8.14 %	7.29 %
More than one fall last year	4.83 %	5.83 %	3.72 %	4.61 %

Table S1. Cohort characteristics comparing complete dataset (whole cohort) to DXA subset. Values are mean (standard deviation). For liver fat, median (interquartile range) is shown. VCG, virtual control group adjusted. Low hand grip defined as below 16/27 kg (females/males). [†] Data extracted from baseline assessment (years 2006–2010).

Coronary heart disease (prevalent)	4.70 %	2.71 %	6.93 %	4.96 %
Coronary heart disease (incident)	1.72 %	0.78 %	2.77 %	2.35 %
Type 2 diabetes	4.48 %	2.88 %	6.26 %	4.33 %
Biomarker panel [†]				
Glycated haemoglobin (HbA1c), mmol/mol	35.11 (5.00)	34.9 (4.58)	35.35 (5.42)	35.07 (4.96)
Glucose mmol/L	5.01 (1.01)	4.96 (0.84)	5.06 (1.16)	5.00 (1.06)
Albumin, g/L	45.29 (2.51)	45.03 (2.53)	45.56 (2.47)	45.21 (2.49)
Direct bilirubin, umol/L	1.84 (0.79)	1.67 (0.69)	1.99 (0.84)	1.85 (0.81)
Total bilirubin, umol/L	9.33 (4.49)	8.31 (3.83)	10.45 (4.87)	9.39 (4.60)
Gamma glutamyltransferase, U/L	34.14 (33.93)	27.31 (27.95)	41.63 (38.09)	34.52 (35.79)
Alanine aminotransferase, U/L	22.9 (14.06)	19.51 (13.51)	26.62 (13.71)	23.10 (14.66)
Aspartate aminotransferase, U/L	25.84 (11.70)	24.11 (12.98)	27.75 (9.75)	25.99 (13.29)
Cholesterol, mmol/L	5.72 (1.09)	5.88 (1.07)	5.56 (1.10)	5.71 (1.09)
HDL-cholesterol, mmol/L	1.47 (0.37)	1.62 (0.37)	1.30 (0.30)	1.46 (0.37)
LDL direct, mmol/L	3.58 (0.83)	3.62 (0.82)	3.54 (0.84)	3.57 (0.83)
Triglycerides, mmol/L	1.67 (0.98)	1.46 (0.80)	1.89 (1.10)	1.67 (0.99)
C-reactive protein, mg/L	2.17 (3.68)	2.25 (3.70)	2.07 (3.66)	2.15 (3.70)
AST:ALT	1.27 (0.44)	1.37 (0.45)	1.16 (0.40)	1.27 (0.44)
FIB-4	1.32 (0.52)	1.24 (0.48)	1.42 (0.55)	1.32 (0.54)
NAFLD fibrosis score (NFS)	-2.04 (1.00)	-2.17 (1.00)	-1.90 (0.98)	-2.04 (1.00)

Regression modelling of muscle biomarkers and functional performance

Logistic regression modelling was used to investigate the associations between each outcome and muscle volume (FFMV_{VCG}) and muscle fat (MFI) as continuous variables. Results showed both FFMV_{VCG} and MFI were significantly associated with low hand grip strength, slow walking pace, CHD and T2D within NAFLD. Differences between variables were found for stair climbing (FFMV_{VCG} significant; MFI nonsignificant) and falls (MFI significant; FFMV_{VCG} nonsignificant). **Table S2** presents summary of results below.

Table S2. Results from logistic regression modelling within the NAFLD population using fat-tissue free muscle volume z-score (FFMV_{VCG}) and muscle fat infiltration_{adj} (MFI_{adj} – sex-adjusted MFI) as predictors respectively. Models adjusted for sex, age, BMI and liver fat. VCG, virtual control group adjusted.

	Muscle volume z-score (FF	MV _{VCG})	Muscle fat infiltration _{adj} (MFI _{adj})		
	Odds ratio	p-value	Odds ratio	p-value	
Low hand grip strength	0.60 (0.46-0.78)	< 0.001	1.21 (1.08-1.36)	0.001	
Slow walking pace	0.58 (0.45-0.73)	< 0.001	1.27 (1.14-1.42)	< 0.001	
No stair climbing	0.78 (0.62-0.96)	0.023	1.04 (0.93-1.15)	ns	
More than 1 fall last year	0.83 (0.64-1.07)	ns	1.16 (1.03-1.30)	0.012	
Coronary heart disease	0.68 (0.53-0.88)	0.003	1.22 (1.09-1.36)	< 0.001	
Type 2 diabetes	0.64 (0.52-0.78)	< 0.001	1.30 (1.19-1.43)	< 0.001	

Medications

Insulin: Participants taking insulin were identified using UK Biobank field IDs 6153 'Medication for cholesterol, blood pressure, diabetes, or take exogenous hormones', 6177 'Medication for cholesterol, blood pressure or diabetes' (gathered through touchscreen questionnaires). Participants reporting using of insulin at any of the visits were considered currently on insulin treatment.

Statins: Participants taking statins were identified by searching UK Biobank field ID 20003 'Treatment/medication code' (gathered through verbal interview with a trained nurse) for the UK brands listed below. Participants with any of the corresponding codes reported were considered currently on statin treatment.

Brand name	UK Biobank	Brand name	UK Biobank
	Field ID 20003 coding		Field ID 20003 coding
advicor	Not found	lipostat	1140861970
altocor	Not found	livalo	Not found
altoprev	Not found	lovastatin	Not found
atorvastatin	1141146234	mevacor	Not found
baycol	Not found	pitava	Not found
compactin	Not found	pravastatin	1140888648
crestor	1141192414	ptavastatin	Not found
fluvastatin	1140888594	rosuvastatin	1141192410
lescol	1140864592	simvastatin	1140861958
lipex	Not found	vyforin	Not found
lipitor	1141146138	zecor	Not found

Supplementary results

Table S3 Comparison of population characteristics between different muscle composition groups within NAFLD: (1) adverse muscle composition (AMC), (2) low FFMV_{VCG} only, (3) high MFI only, and (4) moderate to high FFMV_{VCG} and low to moderate MFI (normal muscle composition). Factor shows difference in mean between the two groups. p-values shown for unadjusted and adjusted (sex, age, BMI, liver fat) modelling. FFMV, fat-tissue free muscle volume; MFI, muscle fat infiltration; PDFF, proton density fat fraction; VCG, virtual control group adjusted.

Muscle composition groups	Population characteristics	Factor	p-value	p-value
within NAFLD	0/ E1	0.09	0.822	(adjusted)
	% Females	0.98	0.822	-
	Age	1.08	< 0.001	- 0.704
	weight DMI	1.04	0.006	0./94
(1) Adverse muscle composition (AMC)	$\frac{BMI}{2}$	1.06	< 0.001	-
VS	% With overweight (BMI > 25 kg/m ²)	1.09	0.005	0.999
(4) Normal muscle composition	Visceral adipose tissue	1.28	< 0.001	< 0.001
	Abdominal subcutaneous adipose tissue	1.19	< 0.001	< 0.001
	Fat-tissue free muscle volume	0.84	< 0.001	< 0.001
	Appendicular lean mass/height ²	0.93	< 0.001	< 0.001
	Liver fat (PDFF)	1.01	0.772	-
	% Females	1.01	0.967	-
	Age	1.04	0.002	-
	Weight	1.12	< 0.001	0.243
(1) Adverse muscle composition (AMC)	BMI	1.12	< 0.001	-
VS	% With overweight (BMI > 25 kg/m^2)	1.37	< 0.001	1.000
(2) Only low muscle volume (FFMV _{VCG})	Visceral adipose tissue	1.27	< 0.001	< 0.001
	Abdominal subcutaneous adipose tissue	1.22	< 0.001	0.998
	Fat-tissue free muscle volume	1.02	0.517	0.265
	Appendicular lean mass/height ²	1.05	0.066	0.188
	Liver fat (PDFF)	1.12	0.103	-
	% Females	0.68	< 0.001	-
	Age	1.03	0.003	-
	Weight	0.96	0.011	0.174
(1) Adverse muscle composition (AMC)	BMI	0.94	< 0.001	-
VS	% With overweight (BMI > 25 kg/m ²)	1.02	0.490	0.997
(3) Only high muscle fat (MFI)	Visceral adipose tissue	1.10	0.002	< 0.001
	Abdominal subcutaneous adipose tissue	0.90	0.001	< 0.001
	Fat-tissue free muscle volume	0.90	< 0.001	< 0.001
	Appendicular lean mass/height ²	0.90	< 0.001	< 0.001
	Liver fat (PDFF)	0.89	0.024	-
	% Females	0.97	0.807	-
	Age	1.03	0.010	-
	Weight	0.93	< 0.001	0.098
(2) Only low muscle volume (FFMV _{VCG})	BMI	0.94	< 0.001	-
vs	% With overweight (BMI > 25 kg/m ²)	0.80	< 0.001	0.997
(4) Normal muscle composition	Visceral adipose tissue	1.01	0.848	0.003
	Abdominal subcutaneous adipose tissue	0.98	0.603	< 0.001
	Fat-tissue free muscle volume	0.83	< 0.001	< 0.001
	Appendicular lean mass/height ²	0.88	< 0.001	< 0.001
	Liver fat (PDFF)	0.91	0.089	-
	% Females	0.68	< 0.001	-
	Age	0.99	0.441	-
(2) Only low muscle volume (FFMVvcc)	Weight	0.85	< 0.001	0.016
VS	BMI	0.84	< 0.001	-
(3) Only high muscle fat (MFI)	% With overweight (BMI > 25 kg/m ²)	0.01	< 0.001	0 996
	Visceral adipose tissue	0.87	< 0.001	0.649
	Abdominal subcutaneous adipose tissue	0.74	< 0.001	< 0.001

	Fat-tissue free muscle volume	0.88	< 0.001	< 0.001
	Appendicular lean mass/height ²	0.85	< 0.001	< 0.001
	Liver fat (PDFF)	0.80	< 0.001	-
	% Females	1.44	< 0.001	-
	Age	1.04	< 0.001	-
	Weight	1.09	< 0.001	0.150
(2) Only high mugale for (MEI)	BMI	1.12	< 0.001	-
(3) Only high muscle fat (MFT)	% With overweight (BMI > 25 kg/m ²)	1.07	0.004	0.996
vs (4) Normal muscle composition	Visceral adipose tissue	1.16	< 0.001	< 0.001
(4) Normal muscle composition	Abdominal subcutaneous adipose tissue	1.32	< 0.001	0.161
	Fat-tissue free muscle volume	0.94	< 0.001	0.002
	Appendicular lean mass/height ²	1.04	0.022	0.079
	Liver fat (PDFF)	1.13	0.001	-

Table S4 Comparison between different muscle composition groups within NAFLD: (1) adverse muscle composition (AMC), (2) low FFMV_{VCG} only, (3) high MFI only, and (4) moderate to high FFMV_{VCG} and low to moderate MFI (normal muscle composition). Factor shows difference in prevalence of outcomes between the two groups. p-values shown for unadjusted and adjusted (sex, age, BMI, liver fat) modelling. FFMV, fat-tissue free muscle volume; MFI, muscle fat inifiltration; VCG, virtual control group adjusted. Low hand grip defined as below 16/27 kg (females/males).

Muscle composition groups	Functional performance &	Factor	p-value	p-value
within NAFLD	metabolic comorbidity		-	(adjusted)
	Low hand grip strength	2.24	0.006	0.026
	Slow walking pace	3.87	< 0.001	< 0.001
(1) Adverse muscle composition (AMC)	No stair climbing	1.86	0.007	0.191
VS	More than one fall last year	2.70	< 0.001	0.001
(4) Normal muscle composition	Coronary heart disease (prevalent)	3.84	< 0.001	< 0.001
	Coronary heart disease (incident)	1.86	0.122	0.390
	Type 2 diabetes	3.31	< 0.001	< 0.001
	Low hand grip strength	1.27	0.527	0.623
(1) A terms in a second streng (AMC)	Slow walking pace	2.19	0.027	0.538
(1) Adverse muscle composition (AMC)	No stair climbing	1.66	0.129	0.421
vs (2) Only low muscle volume (EEMV)	More than one fall last year	3.70	0.012	0.023
(2) Only low muscle volume (FFWIVVCG)	Coronary heart disease (prevalent)	2.58	0.005	0.076
	Coronary heart disease (incident)	4.93	0.116	0.225
	Type 2 diabetes	1.41	0.143	0.670
	Low hand grip strength	1.38	0.310	0.354
	Slow walking pace	1.08	0.754	0.076
(1) Adverse muscle composition (AMC)	No stair climbing	1.47	0.134	0.301
VS (2) Only high mugale fat (MEI)	More than one fall last year	1.69	0.073	0.019
(3) Only high muscle lat (MFI)	Coronary heart disease (prevalent)	2.79	< 0.001	0.001
	Coronary heart disease (incident)	2.37	0.106	0.180
	Type 2 diabetes	1.25	0.198	0.139
	Low hand grip strength	1.76	0.114	0.182
	Slow walking pace	1.76	0.130	0.028
(2) Only low muscle volume (FFMV _{VCG})	No stair climbing	1.12	0.729	0.920
VS	More than one fall last year	0.73	0.547	0.629
(4) Normai muscle composition	Coronary heart disease (prevalent)	1.49	0.275	0.357
	Coronary heart disease (incident)	0.38	0.356	0.391
	Type 2 diabetes	2.35	0.001	< 0.001
	Low hand grip strength	1.09	0.847	0.803
	Slow walking pace	0.49	0.034	0.541
(2) Only low muscle volume ($FFMV_{VCG}$)	No stair climbing	0.88	0.690	0.975
vs	More than one fall last year	0.46	0.139	0.380
(3) Only high muscle fat (MFI)	Coronary heart disease (prevalent)	1.08	0.834	0.451
	Coronary heart disease (incident)	0.48	0.507	0.654
	Type 2 diabetes	0.89	0.620	0.460
	Low hand grip strength	1.62	0.072	0.190
	Slow walking pace	3.59	< 0.001	0.021
(3) Only high muscle fat (MFI)	No stair climbing	1.27	0.265	0.854
vs	More than one fall last year	1.60	0.094	0.447
(4) Normal muscle composition	Coronary heart disease (prevalent)	1.38	0.248	0.922
-	Coronary heart disease (incident)	0.79	0.663	0.497
	Type 2 diabetes	2.64	< 0.001	< 0.001

Table S5 Comparison for the biomarker panel between different muscle composition groups within NAFLD: (1) adverse muscle composition (AMC), (2) low FFMV_{VCG} only, (3) high MFI only, and (4) moderate to high FFMV_{VCG} and low to moderate MFI (normal muscle composition). Factor shows difference in mean of outcomes between the two groups. p-values shown for unadjusted and adjusted (sex, age, BMI, liver fat) modelling. [†] Data extracted from baseline assessment (years 2006-2010). FFMV, fat-tissue free muscle volume; MFI, muscle fat infiltration; VCG, virtual control group adjusted

Muscle composition groups	Biomarker panel [†]	Factor	p-value	p-value
within NAFLD	r i r i r i r		I	(adjusted)
	Glycated haemoglobin (HbA1c)	1.08	< 0.001	0.001
	Glucose	1.08	0.002	0.026
	Albumin	0.98	0.001	0.034
	Direct bilirubin	0.99	0.884	0.980
	Total bilirubin	0.95	0.252	0.374
	Gamma glutamyltransferase	1.16	0.070	0.111
	Alanine aminotransferase	0.94	0.197	0.235
(1) Adverse muscle composition (AMC)	Aspartate aminotransferase	0.97	0.425	0.178
	Cholesterol	0.98	0.354	0.563
(4) Normal muscle composition	HDL-cholesterol	1.02	0.254	0.275
	LDL direct	0.97	0.129	0.267
	Triglycerides	1.04	0.443	0.289
	C-reactive protein	1.31	0.021	0.072
	AST:ALT	1.04	0.175	0.327
	FIB-4	1.04	0.331	0.031
	NAFLD fibrosis score (NFS)	0.86	0.003	0.262
	Glycated haemoglobin (HbA1c)	1.04	0.058	0.381
	Glucose	1.05	0.164	0.456
	Albumin	0.98	0.007	0.132
	Direct bilirubin	1.04	0.460	0.334
	Total bilirubin	1.04	0.547	0.305
	Gamma glutamyltransferase	1.10	0.369	0.580
(1) Adverse muscle composition (AMC)	Alanine aminotransferase	1.06	0.463	0.617
VS	Aspartate aminotransferase	1.04	0.380	0.685
(2) Only low muscle volume ($FFMV_{VCG}$)	Cholesterol	1.00	1.000	0.740
	HDL-cholesterol	1.00	0.941	0.838
	LDL direct	1.00	0.942	0.745
	Triglycerides	1.05	0.429	0.454
	C-reactive protein	1.22	0.205	0.771
	AST:ALT	1.02	0.569	0.456
	FIB-4	1.08	0.141	0.567
	NAFLD fibrosis score (NFS)	0.80	0.001	0.667
	Glycated haemoglobin (HbA1c)	1.01	0.588	0.751
	Glucose	1.00	0.969	0.906
	Albumin	1.01	0.069	0.366
	Direct bilirubin	1.05	0.249	0.983
(1) Adverse muscle composition (AMC)	Total bilirubin	1.03	0.514	0.542
VS	Gamma glutamyltransferase	1.04	0.677	0.836
(3) Only high muscle fat (MFI)	Alanine aminotransferase	0.94	0.279	0.129
	Aspartate aminotransferase	0.95	0.146	0.050
	Cholesterol	1.00	0.815	0.673
	HDL-cholesterol	1.00	0.925	0.259
	LDL direct	0.98	0.424	0.853
	Triglycerides	1.05	0.329	0.446

	C-reactive protein	0.90	0.326	0.742
	AST:ALT	1.04	0.228	0.173
	FIB-4	0.99	0.757	0.015
	NAFLD fibrosis score (NFS)	1.10	0.137	0.059
	Glycated haemoglobin (HbA1c)	1.03	0.068	0.07
	Glucose	1.03	0.322	0.29
	Albumin	1.00	0.680	0.969
	Direct bilirubin	0.95	0.314	0.250
	Total bilirubin	0.91	0.088	0.042
	Gamma glutamyltransferase	1.05	0.630	0.46
(2) Only low muscle volume ($FFMV_{VCG}$)	Alanine aminotransferase	0.89	0.048	0.09
VS	Aspartate aminotransferase	0.93	0.083	0.094
(4) Normal muscle composition	Cholesterol	0.98	0.427	0.36
	HDL-cholesterol	1.03	0.288	0.47
	LDL direct	0.97	0.166	0.17
	Triglycerides	0.98	0.774	0.98
	C-reactive protein	1.07	0.633	0.21
	AST:ALT	1.02	0.628	0.96
	FIB-4	0.96	0.353	0.00
	NAFLD fibrosis score (NFS)	1.08	0.138	0.12
	Glycated haemoglobin (HbA1c)	0.97	0.109	0.50
	Glucose	0.96	0.137	0.37
	Albumin	1.03	< 0.001	0.01
	Direct bilirubin	1.01	0.840	0.30
	Total bilirubin	1.00	0.934	0.10
	Gamma glutamyltransferase	0.94	0.538	0.68
	Alanine aminotransferase	0.89	0.079	0.06
(2) Only low muscle volume ($FFMV_{VCG}$)	Aspartate aminotransferase	0.91	0.025	0.03
VS	Cholesterol	1.00	0.837	0.99
(3) Only high muscle fat (MFI)	HDL-cholesterol	1.00	0.870	0.46
	LDL direct	0.98	0.434	0.61
	Triglycerides	1.00	0.996	0.88
	C-reactive protein	0.74	0.024	0.97
	AST:ALT	1.02	0.660	0.71
	FIB-4	0.92	0.058	0.00
	NAFLD fibrosis score (NFS)	1.37	< 0.001	0.03
	Glycated haemoglobin (HbA1c)	1.07	< 0.001	0.00
	Glucose	1.08	< 0.001	0.00
	Albumin	0.97	< 0.001	<0.00
	Direct bilirubin	0.94	0.080	0.95
	Total bilirubin	0.92	0.022	0.80
	Gamma glutamyltransferase	1.12	0.102	0.11
(3) Only high muscle fat (MFI) vs	Alanine aminotransferase	1.00	0.927	0.56
	Aspartate aminotransferase	1.03	0.308	0.33
	Cholesterol	0.99	0.419	0.22
(4) Normal muscle composition	HDL-cholesterol	1.02	0.212	0.86
	LDL direct	0.99	0.452	0.29
	Triglycerides	0.98	0.690	0.79
	C-reactive protein	1 46	< 0.001	0.09
	AST:ALT	1.40	0 995	0.54
	FIB-4	1.00	0 105	0.54
		1.00	V. I V.	0.55

Supplementary references

- Reeder SB, Cruite I, Hamilton G, Sirlin CB. Quantitative Assessment of Liver Fat with Magnetic Resonance Imaging and Spectroscopy. JMRI 2011;34(4):spcone. <u>10.1002/jmri.22775</u>
- Hamilton G, Yokoo T, Bydder M, Cruite I, Schroeder ME, Sirlin CB, Middleton MS. In Vivo Characterization of the Liver Fat ¹H MR Spectrum. NMR Biomed 2011;24(7):784–90. <u>10.1002/nbm.1622</u>
- Romu T, Borga M, OD Leinhard. MANA-Multi Scale Adaptive Normalized Averaging. In: Proceedings of the 2011 IEEE International Symposium on Biomedical Imaging. 2011;361-4. <u>10.1109/ISBI.2011.5872424</u>
- 4. OD Leinhard, A Johansson, J Rydell, Smedby Ö, Nyström F, Lundberg P, Borga M. Quantitative Abdominal Fat Estimation Using MRI Pattern Recognition. In: Proceedings of the 19th International Conference on Pattern Recognition (ICPR) 08-11 Dec, 2008; Tampa, FL. <u>10.1109/ICPR.2008.4761764</u>
- Peterson P, Romu T, Brorson H, Dahlqvist Leinhard O, Månsson S. Fat Quantification in Skeletal Muscle Using Multigradient-Echo Imaging: Comparison of Fat and Water References. JMRI 2016;43:203–12.
 <u>10.1002/jmri.24972</u>
- Karlsson A, Rosander J, Romu T, Tallberg J, Grönqvist A, Borga M, Dahlqvist Leinhard O. Automatic and Quantitative Assessment of Regional Muscle Volume by Multi-Atlas Segmentation Using Whole-Body Water–Fat MRI. JMRI 2015;41(6):1558-69. <u>10.1002/jmri.24726</u>
- West J, Romu T, Thorell S, Lindblom H, Berin E, Spetz Holm A, Lindh Åstrand L, Karlsson A, Borga M, Hammar M, Dahlqvist Leinhard O. Precision of MRI-based body composition measurements of postmenopausal women. *PLoS One* 2018;13(2):e0192495. <u>10.1371/journal.pone.0192495</u>
- West J, Dahlqvist Leinhard O, Romu T, et al. Feasibility of MR-based body composition analysis in large scale population studies. PLoS ONE 2016; 11:e0163332. <u>10.1371/journal.pone.0163332</u>
- Borga M, Thomas EL, Romu T, et al. Validation of a fast method for quantification of intra-abdominal and subcutaneous adipose tissue for large scale human studies. NMR Biomed 2015;28:1747-1753.
 <u>10.1002/nbm.3432</u>