

## Online Supporting Material

**Table S1. Participants baseline characteristics**

Characteristic	Study sample n=1,264
Age at baseline (y)	84 ± 3
Female (n, %)	812 (64.0)
BMI (kg/m <sup>2</sup> )	25.9 ± 3.7
<i>Missing values</i>	29
APOE ε4 status (n, %)	230 (18.2)
<i>Missing values</i>	41 (3.2)
Duration to develop dementia (y)	5 ± 2
Cognitive decline score	-0.1 ± 2.1
Serum parameters	
alpha-tocopherol (mg/L)	15.7 ± 6.4
<i>Missing values</i>	11
Triglycerides (g/L)	1.11 (IQR: 0.87-1.48)
<i>Missing values</i>	252
Total cholesterol (g/L)	2.21 ± 0.48
<i>Missing values</i>	29
Education (n, %)	
Lower	734 (58.1)
Middle	375 (29.7)
High	155 (12.3)
Physical activity index score* (n, %)	
Low (0-1)	100 (7.9)
Middle (2)	836 (66.1)
High (3-5)	302 (23.9)
<i>Missing values</i>	26 (2.1)
Smoking (n, %)	
Never	647 (51.2)
Past	542 (42.9)
Current	75 (5.9)
Lipid lowering medication <sup>y</sup> (n, %)	256 (20.3)

Values are means ± SD, numbers (valid percentages), or medians (interquartile range).

Abbreviations: g/L= grams per Liter; mg/L= milligrams per liter; n= number

of participants; y=years. \*The physical activity index includes six activities: bicycling, walking, swimming, gymnastics, chores/gardening, and a category of other physical leisure activities. Participants were given a score of 1 (i.e. once a week to each day = 1) or 0 (i.e. less than once a week or never= 0), which were summed up across the six activities to a total physical activity score (score: 0-6). <sup>y</sup>Statins and fibrates use.

**Table S2. Association between concentrations of serum arachidonic acid and incident all-cause dementia over a 7-year follow-up, stratified by APOE  $\epsilon$ 4 status**

<i>APOE <math>\epsilon</math>4 non-carriers</i>		
<i>(n=1,024)</i>		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Arachidonic acid (SD)	0.91 (0.76; 1.07)	0.88 (0.74; 1.05)
<i>P-value</i>	0.246	0.153
<i>APOE <math>\epsilon</math>4 carriers</i>		
<i>(n=240)</i>		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Arachidonic acid (SD)	1.17 (0.91; 1.49)	1.18 (0.91; 1.53)
<i>P-value</i>	0.229	0.212

Based on imputed data. P for interaction=0.078.

Abbreviations: APOE  $\epsilon$ 4= apolipoprotein E  $\epsilon$ 4; CI= confidence interval.

Model 1: age, sex and education.

Model 2: model 1 plus BMI, physical activity, smoking, cognitive decline, alpha- tocopherol, triglycerides, total cholesterol and lipid lowering medication (i.e. statins and fibrates). A P-value <0.05 is considered to be statistical significant.

**Table S3. Association between concentrations of serum alpha-Linolenic acid and incident all-cause dementia over a 7-year follow-up, stratified by APOE ε4 status**

<i>APOE ε4 non-carriers</i>		
(n=1,024)		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
alpha-Linolenic acid (SD)	0.86 (0.71; 1.05)	0.90 (0.75; 1.09)
<i>P-value</i>	0.138	0.293
<i>APOE ε4 carriers</i>		
(n=240)		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
alpha-Linolenic acid (SD)	1.00 (0.76; 1.32)	0.96 (0.71; 1.29)
<i>P-value</i>	0.978	0.764

Based on imputed data. P for interaction=0.052.

Abbreviations: APOE ε4= apolipoprotein E ε4; CI= confidence interval.

Model 1: age, sex and education.

Model 2: model 1 plus BMI, physical activity, smoking, cognitive decline, alpha- tocopherol, triglycerides, total cholesterol and lipid lowering medication (i.e. statins and fibrates). A P-value <0.05 is considered to be statistical significant.

**Table S4. Association between concentrations of serum EPA and incident all-cause dementia over a 7-year follow-up, stratified by APOE  $\epsilon$ 4 status**

<i>APOE <math>\epsilon</math>4 non-carriers</i>		
(n=1,024)		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	0.75 (0.61; 0.92)	0.76 (0.61; 0.94)
<i>P-value</i>	<b>0.006</b>	<b>0.010</b>
<i>APOE <math>\epsilon</math>4 carriers</i>		
(n=240)		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	1.08 (0.87; 1.33)	1.06 (0.86; 1.31)
<i>P-value</i>	0.497	0.592

Based on imputed data. P for interaction=0.004.

Abbreviations: APOE  $\epsilon$ 4= apolipoprotein E  $\epsilon$ 4; CI= confidence interval; EPA= Eicosapentaenoic acid.

Model 1: age, sex and education.

Model 2: model 1 plus BMI, physical activity, smoking, cognitive decline, alpha- tocopherol, triglycerides, total cholesterol and lipid lowering medication (i.e. statins and fibrates). A P-value <0.05 is considered to be statistical significant.

**Table S5. Association between concentrations of serum EPA and incident AD dementia over a 7-year follow-up, stratified by APOE  $\epsilon$ 4 status**

<i>APOE <math>\epsilon</math>4 non-carriers</i>		
<i>(n=994)</i>		
<b>Fatty acid</b>	<b>AD dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	0.66 (0.51; 0.84)	0.66 (0.51; 0.85)
<i>P-value</i>	<b>0.001</b>	<b>0.001</b>
<i>APOE <math>\epsilon</math>4 carriers</i>		
<i>(n=227)</i>		
<b>Fatty acid</b>	<b>AD dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	0.98 (0.74; 1.29)	0.98 (0.72; 1.32)
<i>P-value</i>	0.888	0.868

Based on imputed data. P for interaction=0.021.

Abbreviations: AD= Alzheimer's disease; APOE  $\epsilon$ 4= apolipoprotein E  $\epsilon$ 4; CI= confidence interval; EPA= eicosapentaenoic acid.

Model 1: age, sex and education.

Model 2: model 1 plus BMI, physical activity, smoking, cognitive decline, alpha- tocopherol, triglycerides, total cholesterol and lipid lowering medication (i.e. statins and fibrates). A P-value <0.05 is considered to be statistical significant.

**Table S6. Association between proportions of serum EPA and incident all-cause dementia over a 7-year follow-up, stratified by APOE  $\epsilon$ 4 status**

<i>APOE <math>\epsilon</math>4 non carriers</i>		
(n=1,024)		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	0.86 (0.71; 1.02)	0.87 (0.73; 1.04)
<i>P-value</i>	<i>0.086</i>	<i>0.128</i>
<i>APOE <math>\epsilon</math>4 carriers</i>		
(n=240)		
<b>Fatty acid</b>	<b>All-cause dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	1.07 (0.84; 1.35)	1.08 (0.85; 1.37)
<i>P-value</i>	<i>0.592</i>	<i>0.521</i>

Based on imputed data. P for interaction=0.061.

Abbreviations: APOE  $\epsilon$ 4= apolipoprotein E  $\epsilon$ 4; CI= confidence interval; EPA= eicosapentaenoic acid.

Model 1: age, sex and education.

Model 2: model 1 plus BMI, physical activity, smoking, cognitive decline, alpha- tocopherol, triglycerides, total cholesterol and lipid lowering medication (i.e. statins and fibrates). A P-value <0.05 is considered to be statistical significant.

**Table S7. Association between proportions of serum EPA and incident AD dementia over a 7-year follow-up, stratified by APOE  $\epsilon$ 4 status**

<i>APOE <math>\epsilon</math>4 non-carriers</i>		
<i>(n=994)</i>		
<b>Fatty acid</b>	<b>AD dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	0.79 (0.63; 0.97)	0.80 (0.65; 0.99)
<i>P-value</i>	<b>0.028</b>	<b>0.042</b>
<i>APOE <math>\epsilon</math>4 carriers</i>		
<i>(n=227)</i>		
<b>Fatty acid</b>	<b>AD dementia</b>	
	Model 1 HR (95%CI)	Model 2 HR (95%CI)
Eicosapentaenoic acid (SD)	0.98 (0.73; 1.32)	1.03 (0.76; 1.41)
<i>P-value</i>	0.912	0.868

Based on imputed data. P for interaction=0.067.

Abbreviations: AD= Alzheimer's disease; APOE  $\epsilon$ 4= apolipoprotein E  $\epsilon$ 4; CI= confidence interval; EPA= eicosapentaenoic acid;

Model 1: age, sex and education.

Model 2: model 1 plus BMI, physical activity, smoking, cognitive decline, alpha- tocopherol, triglycerides, total cholesterol and lipid lowering medication (i.e. statins and fibrates). A P-value <0.05 is considered to be statistical significant.



**Table S8. Specification of the multiple imputation procedure**

Software	IBM SPSS Statistics for Windows (Release 23)
Imputation method	Fully conditional specification (Markov chain Monte Carlo method)
Key settings	Maximum iterations: 20
Imputed data sets	10
Variables included in the imputation procedure (imputed or used as predictors of missing)	Linoleic acid (%); Linoleic acid ( $\mu\text{Mol/L}$ ); DGLA (%); DGLA ( $\mu\text{Mol/L}$ ); Arachidonic acid (%); Arachidonic acid ( $\mu\text{Mol/L}$ ); alpha-Linoleic acid (%); alpha-Linoleic acid ( $\mu\text{Mol/L}$ ); EPA (%); EPA ( $\mu\text{Mol/L}$ ); DHA (%); DHA ( $\mu\text{Mol/L}$ ); Follow up 3 aggregated variable: Healthy controls, MCI, dementia variable; Incident AD dementia FU8; incident all-cause dementia FU8; vascular dementia FU8; sex; age at FU3; <i>APOE</i> $\epsilon 4$ ; education; body weight at FU3 (kg); height at FU3 (cm); smoking; physical activity at FU3; CERAD delate recall baseline score; CERAD delate recall FU3 score; cholesterol (mg/dl); triglycerides (mg/dl); lipid lowering medication
Additionally added predictive variables to increase plausibility of missing at random	Body weight at FU4 (kg); height at FU4 (cm); HDL cholesterol FU3 (mg/dl), LDL cholesterol (mg/dl) FU3; HbA1c; fasting state at blood sampling; systolic blood pressure (mmHg) FU3; diastolic blood pressure (mmHg) FU3; depression FU3; coronary heart disease FU3; myocard infarct FU3; heart failure FU3; TIA FU3; skull or brain trauma FU3; hyperlipidemia and hyper cholesterolemia FU3; ability to conduct chorus around the house FU3; hypertension FU3; diabetes mellitus (unspecified) FU3; kidney failure FU3; elevated blood pressure FU3; medication use FU2 and FU3
Not normally distributed variables were treated with:	Predictive mean matching
Binary/categorical variables were treated with:	Logistic regression models

Abbreviations: AD= Alzheimer's disease; *APOE*  $\epsilon 4$ ; Apolipoprotein E  $\epsilon 4$ ; CERAD= Consortium to Establish a Registry for Alzheimer's Disease; DGLA= Dihomo- $\gamma$ -linolenic acid; DHA= docosahexaenoic acid; EPA= Eicosapentaenoic acid; FU= follow up visit; HbA1c= Hemoglobine A1c; HDL= high density lipoprotein; LDL= low density lipoprotein; TIA= transient ischemic attack.