Albuminuria within normal range can predict all-cause mortality and cardiovascular mortality

Supplemental Figure 1 to 3

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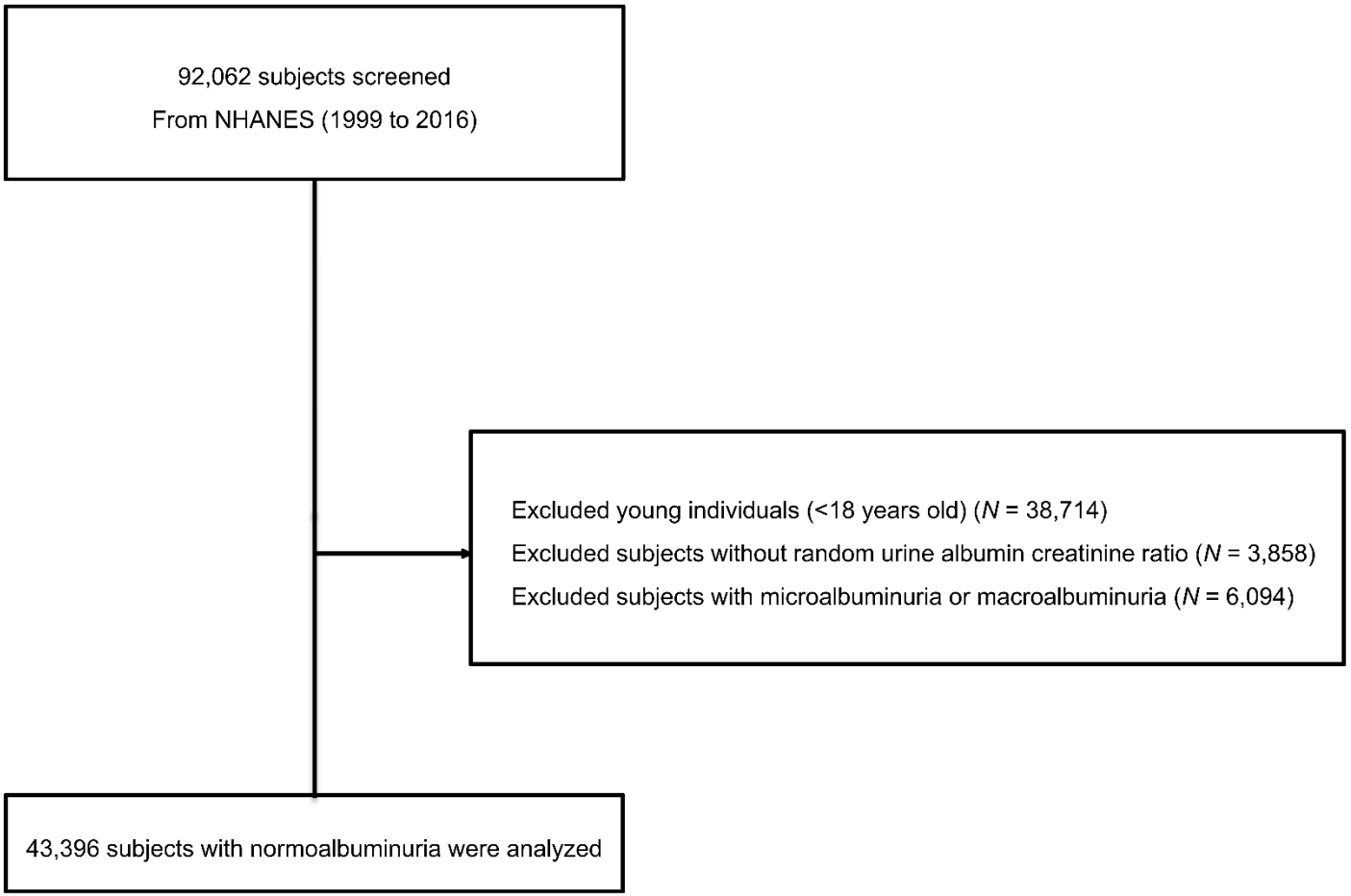
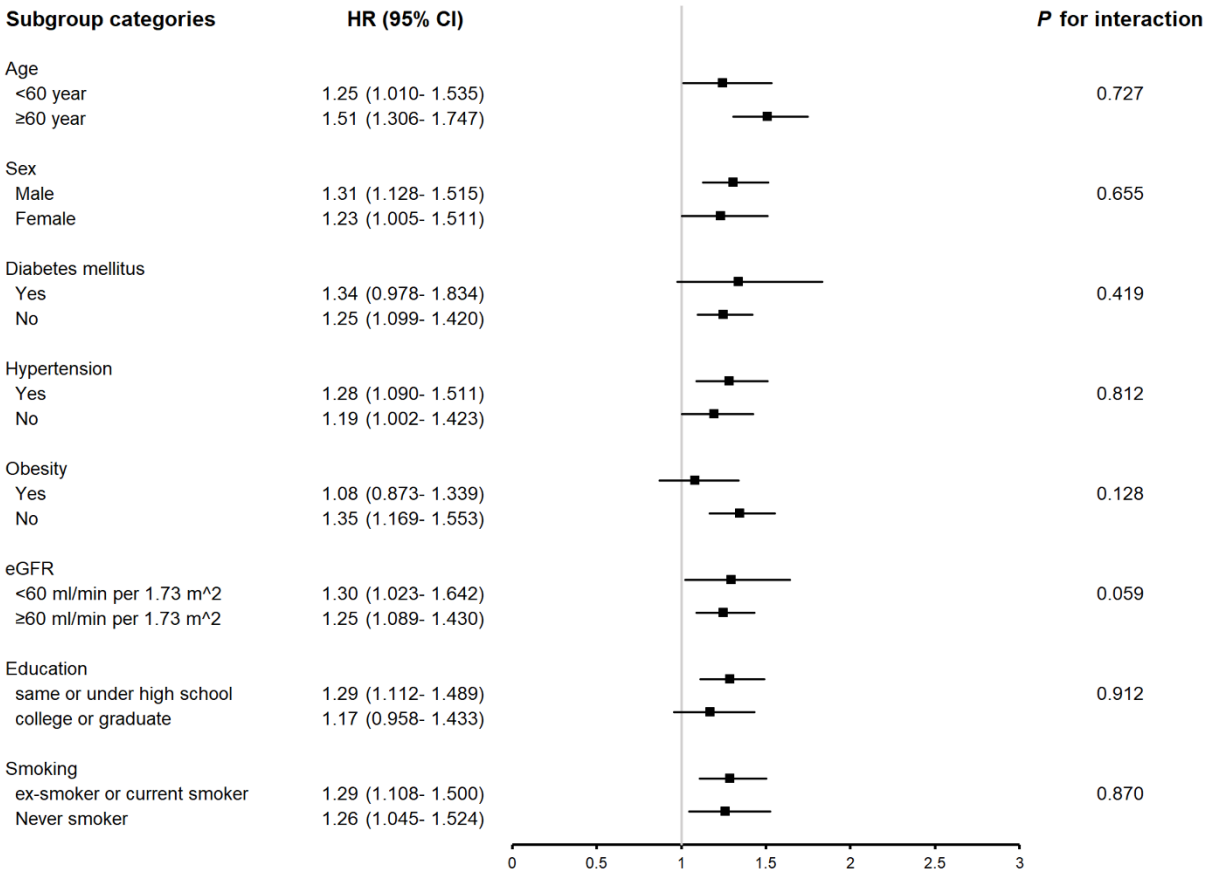
Contents

Supplemental Figure 1. Flow diagram of study cohort.



Supplemental Figure 2. Subgroup associations of urine albumin creatine ratio with all-cause mortality. The risks for all-cause mortality of the third quartile (6.211≤ <10.010 mg/g) for the first quartile (<4.171 mg/g) were shown. Hazard ratios (HRs) were adjusted for age, sex, race, education, body mass index, smoking, diabetes mellitus, hypertension, cardiovascular event, and baseline eGFR. HR, hazard ratio; CI, confidence interval; eGFR, estimated glomerular filtration rate



Supplemental Figure 3. The relationship between the urine albumin-creatinine ratio and mortality. Cubic spline curves showed that there was a linear association of the urine albumin-creatinine ratio with all-cause mortality when the reference was ACR = 4.00 mg/g (a), ACR = 5.00 mg/g (b), and ACR = 6.00 mg/g (c). All curves represent multivariable adjusted hazard ratios. Hazard ratios were adjusted for age, sex, race, education, body mass index, smoking, diabetes mellitus, hypertension, cardiovascular event, and baseline eGFR.