|                           | All                      | Sodium <3 g/d | Sodium 3-5 g/d | Sodium >5 g/d |
|---------------------------|--------------------------|---------------|----------------|---------------|
|                           |                          | Potassium ≤2g/day | Potassium >2g/day | Potassium ≤2g/day | Potassium >2g/day |
| Participants, n (%)       | 7621 (7.4)               | 3434 (3.3)     | 24834 (24.0)   | 22751 (22.0)   | 14313 (13.8)     | 30617 (29.6)     |
| Estimated Sodium Excretion, mean (SD), g/d | 4.9 (1.7)               | 2.4 (0.5)      | 2.5 (0.4)      | 4.0 (0.6)      | 4.1 (0.5)       | 6.2 (1.2)        | 6.6 (1.4)       |
| Estimated Potassium Excretion, mean (SD), g/d | 2.1 (0.6)               | 1.5 (0.4)      | 2.4 (0.3)      | 1.6 (0.3)      | 2.5 (0.4)      | 1.7 (0.3)        | 2.6 (0.5)       |
| Age, mean (SD), years     | 51.0 ( 9.7)              | 51.5 (10.2)    | 53.5 (9.2)     | 50.6 (10.0)    | 52.0 (9.5)     | 50.8 ( 9.9)      | 50.2 (9.4)      |
| Male, n (%)               | 44287 (42.8)             | 2162 (28.4)    | 1129 (32.9)    | 8612 (34.7)    | 9597 (42.2)    | 6375 (44.5)      | 16412 (53.6)    |
| Smoking (Current)         | 22180 (21.6)             | 1679 (22.1)    | 536 (15.7)     | 5701 (23.1)    | 3867 (17.1)    | 3507 (24.8)      | 6890 (22.8)     |
| Smoking (Former)          | 13261 (12.9)             | 887 (11.7)     | 844 (24.7)     | 2294 (9.3)     | 4257 (18.8)    | 1086 (7.7)       | 3893 (12.9)     |
| Systolic BP, mean(SD), mmHg | 131.6 (21.7)            | 127.9 (22.4)   | 127.8 (19.0)   | 129.7 (22.0)   | 129.9 (20.1)   | 136.0 (23.3)     | 133.7 (21.5)    |
| Diastolic BP, mean(SD), mmHg | 82.0 (12.4)             | 80.1 (12.7)    | 80.2 (11.4)    | 80.8 (12.5)    | 81.4 (11.7)    | 83.9 (13.0)      | 83.2 (12.4)     |
| History of CVD, n (%)*    | 9029 (8.7)               | 669 (8.8)      | 365 (10.6)     | 2011 (8.1)     | 2224 (9.8)     | 1151 (8.0)       | 2609 (8.5)      |
| Diabetes mellitus, n (%)  | 7373 (7.1)               | 678 (8.9)      | 298 (8.7)      | 1411 (5.7)     | 1857 (8.2)     | 841 (5.9)        | 2288 (7.5)      |
| BMI, mean (SD)            | 26.1 (5.1)               | 25.1 (5.2)     | 26.9 (5.2)     | 25.2 (4.9)     | 26.8 (5.0)     | 25.5 (4.9)       | 26.7 (5.3)      |
| BMI ≥ 30, n (%)           | 18864 (18.3)             | 1183 (15.6)    | 789 (23.0)     | 3609 (14.6)    | 4832 (21.3)    | 2076 (14.5)      | 6375 (20.9)     |
### Physical Activity (Low Level) (%)**

|        |        |        |        |        |        |        |
|--------|--------|--------|--------|--------|--------|--------|
|        | 13678 (14.2) | 952 (14.0) | 340 (10.8) | 3336 (14.5) | 2677 (12.6) | 2134 (15.8) | 4239 (14.7) |
| Caloric intake, mean(SD), kcal | 2117.1 (780.0) | 2110.5 (846.0) | 2220.3 (812.1) | 2088.6 (783.0) | 2180.5 (804.0) | 2045.0 (735.9) | 2118.0 (755.5) |
| mAHEI score, mean (SD) | 34.9 (8.3) | 34.1 (8.4) | 36.8 (9.7) | 33.6 (8.1) | 35.6 (8.8) | 34.7 (7.8) | 35.7 (8.0) |
| Mediterranean Diet Score, mean (SD) | 3.5 (1.4) | 3.4 (1.4) | 4.1 (1.5) | 3.3 (1.3) | 3.7 (1.4) | 3.4 (1.3) | 3.5 (1.3) |
| Fruit and Vegetable Intake, mean (SD) | 4.8 (4.5) | 5.1 (4.9) | 8.2 (6.3) | 4.1 (3.7) | 6.4 (5.5) | 3.1 (2.6) | 4.4 (4.1) |
| Alcohol (Current), n (%) | 30914 (30.0) | 1934 (25.4) | 1682 (49.1) | 6248 (25.3) | 8703 (38.4) | 3534 (24.9) | 8813 (29.1) |
| Alcohol (drinks per day), mean (SD) | 1.0 (1.5) | 0.9 (1.5) | 0.9 (1.2) | 1.0 (1.7) | 0.9 (1.3) | 1.0 (1.5) | 1.0 (1.5) |

Percentages are of the columns, i.e. the group based on particular levels of estimated sodium excretion. *proportion with prior history of cardiovascular disease or taking *defined as < 600 METS/week. For conversion from estimated sodium excretion g per day to salt intake g per day, multiply estimated sodium excretion X 2.5. Abbreviations: BMI, body mass index; BP, blood pressure; CVD, cardiovascular disease; Categorical variables cells are reported as No. (%) and continuous variables are reported as mean (SD). Missing data for age (0%), sex (0%), (0.49%), a history of cardiovascular events (0.14%), diabetes mellitus (0%), body mass index (0.40%), physical activity (7%), dietetic variables (4.5%) alcohol intake (0.37%). BMI is calculated as the weight in kilograms divided by height in meters squared. Fruit and vegetable intake is mean servings per day.

We calculated a Mediterranean Diet score indicating the degree of adherence to the traditional Mediterranean diet similar to previous tools (Trichopoulou et al, 2003) but excluding grains (since classification into whole and refined varieties is broad and the classification into specific grain types is not yet completed) and alcohol intake. The score included seven components, each scored as 0 (unhealthy) or 1 (healthy) according to whether the participant’s intake was above or below the cohort median level. For beneficial components (fruit, vegetables, legumes, nuts, fish, and monounsaturated-to-saturated fat ratio), persons whose consumption was below the median were assigned a value of 0, and persons whose consumption was at or above the median were assigned a value of 1. For red meat which is presumed to be detrimental, persons whose consumption was below the median were assigned a value of 1, and persons whose consumption was at or above the median were assigned a value of 0. Thus, the total Mediterranean-diet score ranged from 0 (minimal adherence) to 9 (maximal adherence).

Reference:

Trichopoulou A, Costacou T, Bamia C, Trichopoulos D. Adherence to a Mediterranean diet and survival in a Greek population. N Engl J Med 2003; 348: 2599-608.
### Supplementary Table 2 Association between Estimated Urinary Sodium Excretion and Mortality and Cardiovascular Events

| Estimated Sodium Excretion g/day | <3 g/d (n=11,002) | 3-3.99 g/d (n=21,417) | 4-4.99 g/d (n=26,012) | 5-5.99g/d (n=21,093) | 6-6.99 g/d (n=12,458) | ≥ 7 g/d (n=11,218) |
|----------------------------------|-------------------|-----------------------|-----------------------|----------------------|-----------------------|-------------------|
| HR (95%CI)                       | HR (95%CI)        | HR (95%CI)            | HR (95%CI)            | HR (95%CI)           | HR (95%CI)           | HR (95%CI)        |
| **Major Cardiovascular events**  |                   |                       |                       |                      |                      |                   |
| Univariate                       | 529               | 915                   | 1120                  | 1036                 | 641                   | 648               |
| Multivariable (Primary model)    | 1.21 (1.08-1.34)  | 1.03 (0.94-1.12)      | 1.00                  | 1.08 (0.99-1.17)     | 1.07 (0.97-1.19)     | 1.13 (1.02-1.25)  |
| Primary (+Diet*)                 | 1.19 (1.06-1.33)  | 1.07 (0.97-1.17)      | 1.00                  | 1.07 (0.98-1.17)     | 1.09 (0.98-1.21)     | 1.20 (1.08-1.34)  |
| Primary (+Diet + BP/HR)          | 1.16 (1.02-1.31)  | 1.06 (0.97-1.17)      | 1.00                  | 1.07 (0.97-1.17)     | 1.08 (0.97-1.20)     | 1.22 (1.09-1.37)  |
| **CV Mortality**                 |                   |                       |                       |                      |                      |                   |
| Univariate                       | 181               | 249                   | 295                   | 243                  | 156                   | 169               |
| Multivariable (Primary)          | 1.46 (1.21-1.77)  | 1.02 (0.87-1.21)      | 1.00                  | 1.01 (0.85-1.19)     | 1.10 (0.91-1.34)     | 1.39 (1.15-1.70)  |
| Primary (+Diet)                  | 1.35 (1.09-1.69)  | 1.06 (0.88-1.27)      | 1.00                  | 0.98 (0.82-1.18)     | 1.12 (0.91-1.38)     | 1.49 (1.21-1.84)  |
| Primary (+Diet + BP/HR)          | 1.27 (1.00-1.62)  | 1.03 (0.85-1.24)      | 1.00                  | 0.99 (0.82-1.19)     | 1.13 (0.91-1.41)     | 1.56 (1.25-1.95)  |
| **Primary (+Diet + BP/HR)**      | 1.26 (0.97-1.63)  | 1.07 (0.87-1.31)      | 1.00                  | 1.00 (0.82-1.21)     | 1.00 (0.88-1.38)     | 1.37 (1.09-1.71)  |
## Supplementary Table 2 Association between Estimated Urinary Sodium Excretion and Mortality and Cardiovascular Events

| Estimated Sodium Excretion g/day | Stroke | Myocardial Infarction |
|----------------------------------|--------|-----------------------|
|                                 | HR (95%CI) | HR (95%CI) | HR (95%CI) | HR (95%CI) | HR (95%CI) | HR (95%CI) |
| <3 g/d (n=11,002)               | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 | 1.00 |
| 3-3.99 g/d (n=21,417)           | 1.29 (1.11-1.50) | 0.98 (0.86-1.11) | 1.02 (0.91-1.15) | 0.98 (0.85-1.12) | 1.02 (0.89-1.16) | 1.02 (0.89-1.16) |
| 4-4.99 g/d (n=26,012)           | 1.24 (1.05-1.46) | 0.98 (0.86-1.12) | 1.02 (0.90-1.16) | 1.02 (0.89-1.18) | 1.15 (0.99-1.32) | 1.15 (0.99-1.32) |
| 5-5.99 g/d (n=21,093)           | 1.20 (1.01-1.43) | 0.98 (0.85-1.12) | 1.02 (0.90-1.16) | 1.03 (0.89-1.19) | 1.16 (1.00-1.34) | 1.16 (1.00-1.34) |
| 6-6.99 g/d (n=12,458)           | 1.23 (1.03-1.47) | 0.98 (0.85-1.13) | 0.98 (0.86-1.11) | 0.97 (0.83-1.12) | 1.00 (0.86-1.16) | 1.00 (0.86-1.16) |
| ≥ 7 g/d (n=11,218)              | 1.10 (0.93-1.30) | 1.09 (0.95-1.25) | 1.07 (0.93-1.22) | 1.18 (1.01-1.38) | 1.17 (0.99-1.39) | 1.17 (0.99-1.39) |

### Univariate

|                      | Stroke | Myocardial Infarction |
|----------------------|--------|-----------------------|
| Univariate           | 1.29 (1.11-1.50) | 0.98 (0.86-1.11) |
| Multivariable (Primary) | 1.24 (1.05-1.46) | 0.98 (0.86-1.12) |
| Primary (+Diet)      | 1.20 (1.01-1.43) | 0.98 (0.85-1.12) |
| Primary (+Diet + BP/HR) | 1.23 (1.03-1.47) | 0.98 (0.85-1.13) |

### Multivariable (Primary)

|                      | Stroke | Myocardial Infarction |
|----------------------|--------|-----------------------|
| Myocardial Infarction | 1.10 (0.93-1.30) | 1.09 (0.95-1.25) |
| Multivariable (Primary) | 1.10 (0.91-1.32) | 1.16 (1.01-1.34) |
| Primary (+Diet)      | 1.07 (0.87-1.30) | 1.16 (1.00-1.34) |
| Primary (+Diet + BP/HR) | 1.15 (0.99-1.34) | 1.00 |

### Primary (+Diet + BP/HR)

|                      | Stroke | Myocardial Infarction |
|----------------------|--------|-----------------------|
| Myocardial Infarction | 1.10 (0.93-1.30) | 1.09 (0.95-1.25) |
| Multivariable (Primary) | 1.10 (0.91-1.32) | 1.16 (1.01-1.34) |
| Primary (+Diet)      | 1.07 (0.87-1.30) | 1.16 (1.00-1.34) |
| Primary (+Diet + BP/HR) | 1.15 (0.99-1.34) | 1.00 |
| Estimated Sodium Excretion g/day | <3 g/d (n=10,810) | 3-3.99 g/d (n=21,131) | 4-4.99 g/d (n=26,012) | 5-5.99 g/d (n=21,093) | 6-6.99 g/d (n=12,324) | ≥ 7 g/d (n=11,017) |
|---------------------------------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|
| Heart Failure                   | HR (95%CI)          | HR (95%CI)            | HR (95%CI)            | HR (95%CI)            | HR (95%CI)            | HR (95%CI)          |
| Univariate                      | 67                  | 114                  | 118                  | 117                  | 55                    | 63                  |
| Multivariable (Primary)         | 1.19 (0.88-1.61)    | 1.12 (0.86-1.45)     | 1.00                 | 1.28 (0.99-1.45)     | 1.08 (0.78-1.49)     | 1.52 (1.11-2.09)    |
| Primary (+Diet)                 | 1.15 (0.81-1.63)    | 1.20 (0.90-1.59)     | 1.00                 | 1.30 (0.99-1.72)     | 1.09 (0.77-1.54)     | 1.34 (0.94-1.91)    |
| Primary (+Diet + BP/HR)         | 1.15 (0.80-1.67)    | 1.19 (0.89-1.60)     | 1.00                 | 1.30 (0.98-1.73)     | 1.05 (0.74-1.51)     | 1.22 (0.84-1.76)    |
| Fatal Stroke                    | 67                  | 83                   | 112                  | 102                  | 58                    | 82                  |
| Univariate                      | 1.56 (1.14-2.12)    | 0.94 (0.71-1.25)     | 1.00                 | 1.06 (0.8-1.39)      | 0.99 (0.72-1.36)     | 1.54 (1.14-2.07)    |
| Multivariable (Primary)         | 1.30 (0.90-1.87)    | 0.94 (0.69-1.29)     | 1.00                 | 1.05 (0.78-1.40)     | 1.06 (0.75-1.50)     | 1.76 (1.28-2.41)    |
| Primary (+Diet)                 | 1.27 (0.86-1.90)    | 0.94 (0.68-1.29)     | 1.00                 | 1.06 (0.79-1.44)     | 1.11 (0.78-1.58)     | 1.89 (1.36-2.63)    |
| Primary (+Diet + BP/HR)         | 1.36 (0.90-2.07)    | 0.98 (0.70-1.37)     | 1.00                 | 1.03 (0.75-1.41)     | 1.02 (0.71-1.48)     | 1.55 (1.10-2.19)    |
| Fatal Myocardial Infarction     | 90                  | 131                  | 137                  | 105                  | 77                    | 67                  |
| Univariate                      | 1.49 (1.13-1.95)    | 1.12 (0.88-1.43)     | 1.00                 | 0.97 (0.75-1.25)     | 1.25 (0.95-1.66)     | 1.33 (0.98-1.80)    |
| Multivariable (Primary)         | 1.50 (1.11-2.04)    | 1.18 (0.91-1.53)     | 1.00                 | 0.92 (0.70-1.21)     | 1.16 (0.86-1.57)     | 1.37 (1.00-1.87)    |
| Primary (+Diet)                 | 1.38 (0.98-1.94)    | 1.14 (0.87-1.50)     | 1.00                 | 0.91 (0.68-1.20)     | 1.17 (0.85-1.61)     | 1.47 (1.05-2.05)    |
| Primary (+Diet + BP/HR)         | 1.32 (0.92-1.91)    | 1.21 (0.91-1.61)     | 1.00                 | 0.93 (0.69-1.24)     | 1.19 (0.86-1.66)     | 1.34 (0.95-1.89)    |
| Estimated Sodium Excretion g/day | <3 g/d (n=10,810) | 3-3.99 g/d (n=21,131) | 4-4.99 g/d (n=26,012) | 5-5.99 g/d (n=21,093) | 6-6.99 g/d (n=12,324) | ≥ 7 g/d (n=11,017) |
|---------------------------------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------|
| HR (95%CI)                      | HR (95%CI)          | HR (95%CI)            | HR (95%CI)            | HR (95%CI)            | HR (95%CI)            | HR (95%CI)          |
| **All-cause Mortality**         | 637                 | 939                   | 1045                  | 897                   | 504                   | 502                 |
| Univariate                      | 1.33 (1.20-1.47)    | 1.06 (0.97-1.15)      | 1.00                  | 1.09 (0.99-1.19)      | 1.07 (0.96-1.19)      | 1.30 (1.16-1.45)    |
| Multivariable (Primary)         | 1.26 (1.12-1.41)    | 1.05 (0.96-1.16)      | 1.00                  | 1.06 (0.96-1.17)      | 1.06 (0.94-1.19)      | 1.36 (1.20-1.53)    |
| Primary (+Diet)                 | 1.21 (1.07-1.38)    | 1.06 (0.96-1.17)      | 1.00                  | 1.09 (0.99-1.21)      | 1.11 (0.98-1.25)      | 1.44 (1.27-1.63)    |
| Primary (+Diet + BP/HR)         | 1.19 (1.04-1.37)    | 1.05 (0.94-1.19)      | 1.00                  | 1.10 (0.99-1.23)      | 1.13 (1.00-1.28)      | 1.38 (1.22-1.58)    |
| **Cancer**                      | 443                 | 765                   | 863                   | 612                   | 329                   | 251                 |
| Univariate                      | 1.01 (0.90-1.13)    | 0.97 (0.88-1.07)      | 1.00                  | 0.99 (0.89-1.10)      | 1.00 (0.88-1.13)      | 0.92 (0.88-1.13)    |
| Multivariable (Primary)         | 0.99 (0.87-1.12)    | 0.96 (0.86-1.06)      | 1.00                  | 0.97 (0.87-1.08)      | 1.01 (0.88-1.15)      | 0.95 (0.81-1.11)    |
| Primary (+Diet)                 | 0.99 (0.86-1.12)    | 0.98 (0.88-1.09)      | 1.00                  | 1.00 (0.89-1.11)      | 1.03 (0.89-1.18)      | 0.99 (0.84-1.16)    |
| **Cancer Mortality**            | 117                 | 218                   | 269                   | 243                   | 139                   | 124                 |
| Univariate                      | 1.08 (0.86-1.35)    | 0.99 (0.83-1.19)      | 1.00                  | 1.12 (0.94-1.33)      | 1.10 (0.89-1.35)      | 1.09 (0.87-1.36)    |
| Multivariable (Primary)         | 1.13 (0.89-1.43)    | 0.97 (0.80-1.18)      | 1.00                  | 1.08 (0.90-1.30)      | 1.11 (0.89-1.38)      | 1.10 (0.88-1.39)    |
| Primary (+Diet)                 | 1.10 (0.85-1.41)    | 1.00 (0.82-1.21)      | 1.00                  | 1.12 (0.93-1.35)      | 1.15 (0.92-1.44)      | 1.16 (0.91-1.47)    |

OR=Odds ratio, CI=confidence intervals. Primary model: age, sex, education, alcohol intake, diabetes mellitus, body mass index, a history of cardiovascular events and current smoking. Diet, adjusted for caloric intake, potassium excretion, mAHEI score and waist-to-hip ratio. BP=blood pressure, HR=heart rate.
## Supplementary Table 3 Association between Estimated Urinary Potassium Excretion and Mortality and Cardiovascular Events

| Estimated Potassium Excretion g/day | <1.5 g/d (n=14,817) | 1.5-1.99 g/d (n=31,765) | 2-2.49 g/d (n=31,202) | 2.5-3 g/d (n=17,257) | >3 g/d (n=8,159) |
|-----------------------------------|---------------------|------------------------|-----------------------|----------------------|------------------|
| HR (95%CI)                        | HR (95%CI)          | HR (95%CI)             | HR (95%CI)           | HR (95%CI)          |
| **Mortality and Cardiovascular Events** |                     |                        |                       |                      |
| 1351                              | 2549                | 2295                   | 1193                 | 496                 |
| Univariate*                       | 1.00                | 0.96 (0.90-1.03)       | 0.91 (0.84-0.97)     | 0.89 (0.82-0.96)    | 0.80 (0.72-0.89) |
| Multivariable (Primary)           | 1.00                | 0.99 (0.91-1.06)       | 0.91 (0.84-0.99)     | 0.95 (0.86-1.04)    | 0.83 (0.73-0.94) |
| Primary (+Diet)                   | 1.00                | 0.99 (0.92-1.08)       | 0.91 (0.84-1.00)     | 0.93 (0.84-1.03)    | 0.80 (0.70-0.91) |
| Primary (+Diet + BP/HR)           | 1.00                | 1.03 (0.94-1.12)       | 0.98 (0.89-1.07)     | 1.03 (0.92-1.14)    | 0.90 (0.79-1.04) |
| **Major Cardiovascular events**   | 674                 | 1571                   | 1503                  | 794                  | 347              |
| Univariate*                       | 1.00                | 1.03 (0.93-1.13)       | 0.98 (0.89-1.08)     | 0.96 (0.86-1.07)    | 0.92 (0.80-1.06) |
| Multivariable (Primary)           | 1.00                | 0.98 (0.89-1.08)       | 0.92 (0.83-1.02)     | 0.93 (0.83-1.05)    | 0.87 (0.75-1.02) |
| Primary (+Diet)                   | 1.00                | 0.98 (0.89-1.09)       | 0.92 (0.82-1.03)     | 0.92 (0.81-1.05)    | 0.85 (0.72-1.00) |
| Primary (+Diet + BP/HR)           | 1.00                | 1.04 (0.93-1.16)       | 1.01 (0.90-1.13)     | 1.04 (0.91-1.19)    | 1.01 (0.86-1.19) |
|                      | Estimated Potassium Excretion g/day |
|----------------------|-------------------------------------|
|                      | <1.5 g/d  | 1.5-1.99 g/d | 2-2.49 g/d | 2.5-3 g/d | >3 g/d |
|                      | (n=14,267) | (n=31,473)    | (n=30,964) | (n=17,173) | (n=8,068) |
|                      | HR (95%CI) | HR (95%CI)    | HR (95%CI) | HR (95%CI) | HR (95%CI) |
| **CV Mortality**     |           |              |            |            |          |
| Univariate*          | 250       | 439          | 373        | 164        | 67       |
| Multivariable (Primary) | 1.00     | 0.93 (0.79-1.09) | 0.87 (0.74-1.04) | 0.74 (0.60-0.91) | 0.66 (0.50-0.88) |
| Primary (+Diet)      | 1.00      | 0.95 (0.78-1.11) | 0.87 (0.70-1.07) | 0.79 (0.61-1.02) | 0.61 (0.43-0.87) |
| Primary (+Diet + BP/HR) | 1.00     | 1.01 (0.82-1.24) | 0.96 (0.77-1.20) | 0.94 (0.72-1.23) | 0.80 (0.56-1.14) |
| **Stroke**           |           |              |            |            |          |
| Univariate*          | 369       | 808          | 811        | 381        | 157      |
| Multivariable (Primary) | 1.00     | 0.94 (0.83-1.07) | 0.95 (0.84-1.08) | 0.87 (0.75-1.01) | 0.85 (0.70-1.03) |
| Primary (+Diet)      | 1.00      | 0.92 (0.83-1.11) | 0.94 (0.81-1.08) | 0.89 (0.75-1.06) | 0.85 (0.68-1.07) |
| Primary (+Diet + BP/HR) | 1.00     | 0.96 (0.83-1.11) | 1.04 (0.90-1.21) | 1.03 (0.87-1.23) | 1.04 (0.82-1.31) |
| **Myocardial Infarction** |     |              |            |            |          |
| Univariate*          | 226       | 618          | 566        | 328        | 155      |
| Multivariable (Primary) | 1.00     | 1.25 (1.06-1.46) | 1.12 (0.95-1.32) | 1.16 (0.97-1.39) | 1.14 (0.91-1.41) |
| Primary (+Diet)      | 1.00      | 1.18 (1.00-1.40) | 1.03 (0.86-1.23) | 1.09 (0.90-1.33) | 1.02 (0.80-1.29) |
| Primary (+Diet + BP/HR) | 1.00     | 1.14 (0.96-1.36) | 1.00 (0.83-1.21) | 1.05 (0.85-1.30) | 0.97 (0.75-1.26) |
| Estimated Potassium Excretion g/day | <1.5 g/d (n=14,267) | 1.5-1.99 g/d (n=31,473) | 2-2.49 g/d (n=30,964) | 2.5-3 g/d (n=17,173) | >3 g/d (n=8,068) |
|------------------------------------|----------------------|--------------------------|------------------------|----------------------|------------------|
| Heart Failure                       | HR (95%CI)           | HR (95%CI)               | HR (95%CI)             | HR (95%CI)           | HR (95%CI)       |
|                                    | 69                   | 160                      | 163                    | 103                  | 39               |
| Univariate*                        | 1.00                 | 0.91 (0.69-1.22)         | 0.90 (0.67-1.21)       | 0.98 (0.71-1.35)     | 0.73 (0.48-1.10) |
| Multivariable (Primary)            | 1.00                 | 0.91 (0.66-1.26)         | 0.84 (0.60-1.17)       | 0.96 (0.67-1.40)     | 0.65 (0.40-1.04) |
| Primary (+Diet)                    | 1.00                 | 0.90 (0.64-1.26)         | 0.78 (0.55-1.11)       | 0.87 (0.59-1.29)     | 0.62 (0.37-1.02) |
| Primary (+Diet + BP/HR)            | 1.00                 | 0.85 (0.61-1.19)         | 0.76 (0.54-1.09)       | 0.89 (0.60-1.32)     | 0.66 (0.40-1.10) |
| Fatal Stroke                       | 98                   | 172                      | 155                    | 56                   | 23               |
| Univariate*                        | 1.00                 | 0.92 (0.71-1.19)         | 0.92 (0.70-1.20)       | 0.66 (0.47-0.94)     | 0.64 (0.40-1.03) |
| Multivariable (Primary)            | 1.00                 | 0.85 (0.64-1.13)         | 0.94 (0.70-1.26)       | 0.73 (0.50-1.07)     | 0.68 (0.40-1.07) |
| Primary (+Diet)                    | 1.00                 | 0.92 (0.68-1.25)         | 0.98 (0.71-1.35)       | 0.71 (0.47-1.07)     | 0.56 (0.31-1.00) |
| Primary (+Diet + BP/HR)            | 1.00                 | 0.90 (0.66-1.24)         | 1.05 (0.75-1.47)       | 0.79 (0.51-1.21)     | 0.72 (0.40-1.30) |
| Fatal Myocardial Infarction        | 111                  | 215                      | 178                    | 73                   | 30               |
| Univariate*                        | 1.00                 | 1.04 (0.82-1.31)         | 0.95 (0.74-1.23)       | 0.75 (0.54-1.02)     | 0.65 (0.43-1.00) |
| Multivariable (Primary)            | 1.00                 | 1.03 (0.79-1.34)         | 0.88 (0.66-1.17)       | 0.77 (0.55-1.09)     | 0.68 (0.43-1.08) |
| Primary (+Diet)                    | 1.00                 | 1.06 (0.80-1.41)         | 0.92 (0.68-1.26)       | 0.81 (0.55-1.18)     | 0.63 (0.38-1.06) |
| Primary (+Diet + BP/HR)            | 1.00                 | 1.23 (0.90-1.69)         | 1.08 (0.76-1.52)       | 1.02 (0.68-1.53)     | 0.86 (0.50-1.47) |
| Estimated Potassium Excretion g/day | <1.5 g/d (n=14,267) | 1.5-1.99 g/d (n=31,473) | 2-2.49 g/d (n=30,964) | 2.5-3 g/d (n=17,173) | >3 g/d (n=8,068) |
|------------------------------------|----------------------|-------------------------|-----------------------|----------------------|------------------|
| **HR (95%CI)**                     | **HR (95%CI)**       | **HR (95%CI)**          | **HR (95%CI)**        | **HR (95%CI)**      | **HR (95%CI)**   |
| **All-cause Mortality**            | 966                  | 1492                    | 1245                  | 590                  | 231 (            |
| Univariate*                        | 1.00                 | 0.90 (0.83-0.98)        | 0.84 (0.77-0.92)      | 0.77 (0.69-0.86)    | 0.65 (0.56-0.75) |
| Multivariable (Primary)            | 1.00                 | 0.96 (0.87-1.06)        | 0.88 (0.79-0.98)      | 0.88 (0.78-1.00)    | 0.71 (0.60-0.85) |
| Primary (+Diet)                    | 1.00                 | 0.99 (0.89-1.09)        | 0.89 (0.80-1.00)      | 0.87 (0.76-1.00)    | 0.67 (0.56-0.81) |
| Primary (+Diet + BP/HR)            | 1.00                 | 1.00 (0.89-1.13)        | 0.94 (0.81-1.09)      | 0.94 (0.81-1.09)    | 0.73 (0.60-0.89) |
| **Cancer**                         | 331                  | 912                     | 998                   | 700                  | 322              |
| Univariate*                        | 1.00                 | 1.06 (0.93-1.20)        | 1.00 (0.87-1.14)      | 1.06 (0.92-1.22)    | 0.90 (0.76-1.06) |
| Primary (+Diet)                    | 1.00                 | 1.00 (0.87-1.15)        | 0.90 (0.78-1.04)      | 1.02 (0.87-1.18)    | 0.85 (0.71-1.01) |
| Primary (+Diet + BP/HR)            | 1.00                 | 1.02 (0.89-1.18)        | 0.93 (0.80-1.07)      | 1.03 (0.88-1.21)    | 0.87 (0.72-1.06) |
| **Cancer Mortality**               | 148                  | 363                     | 338                   | 188                  | 73               |
| Univariate*                        | 1.00                 | 1.13 (0.93-1.37)        | 1.07 (0.87-1.31)      | 1.04 (0.83-1.31)    | 0.83 (0.62-1.11) |
| Primary (+Diet)                    | 1.00                 | 1.09 (0.89-1.35)        | 1.02 (0.82-1.27)      | 1.09 (0.85-1.40)    | 0.82 (0.60-1.14) |
| Primary (+Diet + BP/HR)            | 1.00                 | 1.15 (0.93-1.43)        | 1.08 (0.86-1.36)      | 1.09 (0.84-1.42)    | 0.85 (0.60-1.20) |

OR=Odds ratio, CI=confidence intervals. Primary model: age, sex, education, alcohol intake, diabetes mellitus, body mass index, a history of cardiovascular events and current smoking. Diet, adjusted for caloric intake, potassium excretion, mAHEI score and waist-to-hip ratio. BP=blood pressure, HR=heart rate.
Supplementary Figure 1 Association of Estimated ‘Usual’ 24-hour Urinary Sodium Excretion with Mortality and Major Cardiovascular Event
Appendix 1: The Prospective Urban Rural Epidemiological Study (PURE Study) Design

The Prospective Urban Rural Epidemiological Study (PURE Study) enrolled 168,067 individuals between 35 and 70 years of age from 21 low, middle and high-income countries (1,2). The study includes population samples from 664 communities from 21 countries from 5 continents representing a broad range of economic and social circumstances (1,2). PURE includes countries in four income strata based on World Bank classification in 2006: five low-income countries (Bangladesh, India, Pakistan, Tanzania, and Zimbabwe), five lower middle-income countries (China, Colombia, Iran, Occupied Palestinian Territory, and the Philippines), seven upper middle-income countries (Argentina, Brazil, Chile, Malaysia, Poland, South Africa, and Turkey), and four high-income countries (Canada, Saudi Arabia, Sweden, and United Arab Emirates). Recruitment began on Jan 1, 2003, and was completed in the first wave of 18 countries by March 31, 2013. The second wave of three countries (Philippines, Saudi Arabia, and Tanzania) began on January 1, 2012 and was completed by June 2014. The study is coordinated by the Population Health Research Institute, Hamilton Health Sciences and McMaster University, Canada.

Participant Selection Methodology as Excerpted from Teo et al. (1)

Selection of Countries

The choice and number of countries selected in PURE reflects a balance between involving a large number of communities in countries at different economic levels, with substantial heterogeneity in social and economic circumstances and policies, and the feasibility of centers to successfully achieve long-term follow-up. Thus, PURE included sites in which investigators are committed to collecting good-quality data for a low-budget study over the planned 10-year follow-up period and did not aim for a strict proportionate sampling of the entire world.

Selection of Communities

Within each country, urban and rural communities were selected based on broad guidelines. A common definition for “community” that is applicable globally is difficult to establish (3). In PURE, a
community was defined as a group of people who have common characteristics and reside in a defined geographic area. A city or large town was not usually considered to be a single community, rather communities from low-, middle-, and high-income areas were selected from sections of the city and the community area defined according to a geographical measure (e.g., a set of contiguous postal code areas or a group of streets or a village). The primary sampling unit for rural areas in many countries was the village. The reason for inclusion of both urban and rural communities is that for many countries, urban and rural environments exhibit distinct characteristics in social and physical environment, and hence, by sampling both, we ensured considerable variation in societal factors across PURE communities. The number of communities selected in each country varied, with the aim to recruit communities with substantial heterogeneity in social and economic circumstances balanced against the capacity of local investigators to maintain follow-up. In some countries (e.g., India, China, Canada, and Colombia), communities from several states/provinces were included to capture regional diversity, in policy, socioeconomic status, culture, and physical environment. In other countries (e.g., Iran, Poland, Sweden, and Zimbabwe), fewer communities were selected.

Selections of Households and Individuals

Within each community, sampling was designed to achieve a broadly representative sample of that community of adults aged between 35 and 70 years. The choice of sampling frame within each centre was based on both “representativeness” and feasibility of long-term follow-up, following broad study guidelines. Once a community was identified, where possible, common and standardized approaches were applied to the enumeration of households, identification of individuals, recruitment procedures, and data collection. The method of approaching households differed between regions. For example, in rural areas of India and China, a community announcement was made to the village through contact of a community leader, followed by in-person door-to-door visits of all households. In contrast in Canada, initial contact was by mail followed by telephone inviting members of the households to a central clinic. For each approach, at least 3 attempts at contact were made. Households were eligible if at least 1 member of the household was between the ages of 35 and 70 years and the household members intended to continue living in their current home for a further 4 years. All individuals within these households
between 35 and 70 years providing written informed consent were enrolled. When a household refused to participate, demographics and simple self-report risk factor data were recorded in a non-responder form.

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Appendix 2. The Kawasaki method for estimating sodium intake

We used the Kawasaki formula (1) to estimate 24-h urinary excretion of sodium and potassium (in grams /d) from a fasting morning specimen. Previous studies (1,2) and our validation of the method in 11 countries,(3) showed that the estimated sodium excretion from the morning urine specimen shows a good correlation with direct measures of sodium excretion from the actual 24-h urine collection (intra-class correlation coefficient of 0.70; 95% CI 0.61–0.77]. The BP change per g of sodium was 2.11/0.78 mm Hg,(4) which is consistent with the results of a meta-analysis of randomised controlled trials of sodium lowering in which sodium intake was measured using repeated 24 hour urine collections (5)(see summary Table below).

| Summary of validity, degree of bias, and reliability results for different methods of estimated 24-hour sodium excretion versus measured excretion (From Mente A, et al, 2014. J Hypertens 32:1005-14) (3). |
|---------------------------------------------------------------|
| 24-hour measured excretion | Kawasaki method |
| Mean (±SD) sodium excretion, mg/day | 4116± 1978 | 4430 ± 1253 † |
| Degree of bias (95% CI), mg/day | Reference | 313 (182 to 444) |
| Validation ICC (95% CI) | All | Reference | 0.71 (0.65 to 0.76) |
| | Excluding anti-hypertensive medication | Reference | 0.73 (0.65 to 0.79) |
| Test-retest ICC (95% CI) | All | 0.72 (0.65 to 0.77) | 0.68 (0.58 to 0.75) |
| | Excluding anti-hypertensive medication | 0.76 (0.68 to 0.81) | 0.70 (0.59 to 0.77) |
| Pearson correlation coefficient vs. BP | | | |
|                      | Measured          | Kawasaki          |
|----------------------|-------------------|-------------------|
| Systolic BP          | 0.14 (0.06 to 0.22) | 0.16 (0.08 to 0.24) |
| Diastolic BP         | 0.18 (0.10 to 0.26) | 0.19 (0.11 to 0.27) |

ICC, intraclass correlation coefficient; BP, blood pressure.

† Significantly higher than 24-hour measured excretion.
‡ Significantly lower than 24-hour measured excretion and Kawasaki estimated excretion.
* Significantly greater bias than Kawasaki estimated excretion.

**Measured vs. Kawasaki Sodium**

Intraclass correlation coefficient (ICC) = 0.71 (95% CI: 0.65 to 0.76) (p<0.0001)

**Figure.** Scatter plot of estimated versus measured 24-hour urinary sodium excretion.

(From Mente A, et al, 2014. J Hypertens 32:1005-14) (3).

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