### Variable | Definition
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**Hypertension** | Systolic and diastolic brachial blood pressures were measured in the right arm to the nearest 2 mmHg using a stethoscope and an aneroid sphygmomanometer (Acceson, AC Cossor & Son (Surgical), Harlow, UK). Blood pressure >130/85 mmHg and/or the use of antihypertensive therapy.

**Obesity measures** | BMI was calculated using measurements of standing height and weight. Waist and hip circumferences were measured to the nearest 0.1cm. Body fat percentage was taken as the average of three consecutive readings (to the nearest 0.1%), using an OMRON BF306 Body Fat Monitor (OMRON Healthcare [UK], Henfield, UK).

**Dyslipidaemia** | HDL-cholesterol lower than 1.0 mmol/l and/or the use of lipid-lowering therapy.

**Myocardial infarction** | Two out of the first three of the following criteria were met, or if both the first and last criteria were met:
1. self-report of heart attack
2. myocardial infarction indicated by WHO Chest Pain Questionnaire [1]
3. ECG evidence of ischaemia
4. prior hospital discharge code for myocardial infarction (ICD-10 codes I21–I23, I252)

**Angina** | Two out of the first three of the following criteria were met, or if both the first and last criteria were met:
1. self-report of doctor-diagnosed angina or taking regular anti-anginal medication
2. angina indicated on WHO Chest Pain Questionnaire
3. ischaemic ECG code
4. prior hospital discharge code for ischaemic heart disease (ICD-10 codes I20–25)

**Ischaemic heart disease** | History of either myocardial infarction or angina.

**Stroke** | Two out of three of the following criteria were met:
1. participant recall of a doctor’s diagnosis of stroke
2. prior hospital discharge code consistent with stroke (ICD-10 codes I61, I63–I66, I679, I694)
3. confirmation by clinical notes review that event not due to transient ischaemic attack (TIA)

**TIA** | Two out of three of the following criteria were met:
1. participant recall of a doctor’s diagnosis of stroke
2. prior hospital discharge code consistent with TIA (ICD-10 codes G45 and G659)
3. confirmation by clinical notes review that event due to TIA

**Cerebrovascular disease** | History of either stroke or TIA.

**Neuropathy** | Neuropathy was evaluated with hand-held neurothesiometer readings taken from the apex of the great toe (Horwell Neurothesiometer, Scientific Laboratory Supplies, Nottingham, UK). Neurothesiometer threshold higher than 15 V. This vibration perception threshold has been previously used in the literature to define moderate to high neuropathy [2].

**Retinopathy** | Standard 7 field digital retinal colour photographs of both eyes were taken at 30° by a single specially trained medical photographer, following pupillary dilatation and using a high resolution digital retinal camera (TOPCON TRC-50FX). Graded as present (mild, moderate or severe) or absent based on a modification of the system described by the Early Treatment Diabetic Retinopathy Study Research Group [3].

**ACR** | Calculated by dividing the urinary albumin concentration (mg) by the urinary creatinine concentration (mmol).

**ABPI** | Right and left brachial, posterior tibial and dorsalis pedis systolic pressures were recorded using an aneroid sphygmomanometer and a Doppler probe (Dopplex Advanced Pocket Doppler, Huntleigh Healthcare, Cardiff, UK) and the ABPI calculated by dividing the lowest of the ankle pressures by the higher of the two arm pressures.

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References

