### Electronic supplementary material

**ESM Table 4  Plasma renin activity**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Baseline</th>
<th>Tel+Pl</th>
<th>Tel+NaCl</th>
<th>Tel+HCT+Pl</th>
<th>Tel+HCT+NaCl</th>
</tr>
</thead>
<tbody>
<tr>
<td>LDS</td>
<td>1.49×/±1.26</td>
<td>4.43×/±1.34</td>
<td>2.54×/±1.33</td>
<td>8.67×/±1.30</td>
<td>5.33×/±1.46</td>
</tr>
<tr>
<td>HDS</td>
<td>0.80×/±1.29</td>
<td>2.05×/±1.45</td>
<td>1.38×/±1.31</td>
<td>3.76×/±1.34</td>
<td>1.76×/±1.37</td>
</tr>
</tbody>
</table>

Plasma renin activity (PRA) is given in ng ml⁻¹ h⁻¹ (geometric mean ×/± tolerance factor); given the positive skewness of PRA data, a log transformation was used.

PRA was significantly higher in the LDS group than in the HDS group \( (p=0.046) \). NaCl supplementation significantly suppressed PRA compared with placebo (Pl) in HDS and LDS groups \( (p<0.001) \). Addition of hydrochlorothiazide (HCT) significantly increased PRA in both HDS and LDS groups \( (p<0.001) \).

Tel, telmisartan