## **Supplementary Tables**

A Challenging Interaction of Chronic Kidney Disease With Other Metabolic Disorders: Paradoxes in Cardiometabolic Risk Factors. **Panahi et al. Iran J Kidney Dis. 2016;10(5)** 

Table 1. Multivariable Adjusted Hazard Ratios of Multiplicative Interaction of Chronic Kidney Disease (CKD) With Elevated Waist Circumference (WC) to Predict Coronary Heart Disease in Patients With Lower Body Mass Index\*

	Men		Women	
Factor	Hazard Ratio (95% Confidence Interval)	Р	Hazard Ratio (95% Confidence Interval)	Р
CKD	1.48 (0.96 to 2.29)	.08	1.30 (0.69 to 2.45)	.42
Elevated WC	2.32 (1.44 to 3.74)	.001	1.41 (0.49 to 4.10)	.53
CKD × elevated WC	0.49 (0.21 to 1.14)	> .99	0.71 (0.19 to 2.63)	.61

\*Adjusted for age, education, smoking, high total colostrol, family history of cardiovascular disease, intervention and propensity score of follow-up, elevated triglyceride, reduced high-density liporpotein cholesterol, elevated blood pressure, and elevated fasting glucose.

Table 2. Multivariable Adjusted Hazard Ratios of Multiplicative Interaction of Chronic Kidney Disease (CKD) With Elevated Triglyceride to Predict Coronary Heart Disease in Patients With Lower Body Mass Index\*

Men			Women	
Factor	Hazard Ratio (95% Confidence Interval)	Р	Hazard Ratio (95% Confidence Interval)	Р
СКD	1.76 (1.03 to 3.00)	.04	1.00 (0.36 to 2.76)	1.00
Elevated triglyceride	1.55 (1.00 to 2.42)	.05	1.44 (0.67 to 3.09)	.35
CKD × elevated triglyceride	0.54 (0.27 to 1.07)	.08	1.33 (0.44 to 4.07)	.61

\*Adjusted for age, education, smoking, high total colostrol, family history of cardiovascular disease, intervention and propensity score of follow-up, elevated waist circumference, reduced high-density liporpotein cholesterol, elevated blood pressure, and elevated fasting glucose.

Table 3. Multivariable Adjusted Hazard Ratios of Multiplicative Interaction of Chronic Kidney Disease (CKD) With Reduced High-Density Liporpotein Cholesterol (HDLC) to Predict Coronary Heart Disease in Patients With Lower Body Mass Index\*

	Men		Women	
Factor	Hazard Ratio (95% Confidence Interval)	Р	Hazard Ratio (95% Confidence Interval)	Р
CKD	1.49 (0.83 to 2.67)	.18	1.83 (0.72 to 4.68)	.21
Reduced HDLC	1.66 (1.08 to 2.56)	.02	1.57 (0.69 to 3.58)	.28
CKD × reduced HDLC	0.75 (0.37 to 1.51)	.42	0.54 (0.18 to 1.62)	.27

\*Adjusted for age, education, smoking, high total colostrol, family history of cardiovascular disease, intervention and propensity score of follow-up, elevated triglyceride, elevated waist circumference, elevated blood pressure, and elevated fasting glucose.

Table 4. Multivariable Adjusted Hazard Ratios of Multiplicative Interaction of Chronic Kidney Disease (CKD) With Elevated Fasting Glucose (FG) to Predict Coronary Heart Disease in Patients With Lower Body Mass Index\*

	Men		Women	
Factor	Hazard Ratio (95% Confidence Interval)	Р	Hazard Ratio (95% Confidence Interval)	Ρ
СКD	1.56 (1.00 to 2.44)	.05	1.91 (0.79 to 4.58)	.15
Elevated FG	1.00 (0.65 to 1.53)	.99	4.89 (2.36 to 10.14)	< .001
CKD × elevated FG	0.46 (0.21 to 1.0)	.05	0.50 (0.18 to 1.37)	.18

\*Adjusted for age, education, smoking, high total colostrol, family history of cardiovascular disease, intervention and propensity score of follow-up, elevated triglyceride, reduced high-density liporpotein cholesterol, elevated blood pressure, and elevated waist circumference.

Table 5. Multivariable Adjusted Hazard Ratios of Multiplicative Interaction of Chronic Kidney Disease (CKD) With Elevated Blood Pressure (BP) to Predict Coronary Heart Disease in Patients With Lower Body Mass Index\*

	Men		Women	
Factor	Hazard Ratio (95% Confidence Interval)	Р	Hazard Ratio (95% Confidence Interval)	Р
СКD	1.42 (0.76 to 2.64)	.27	3.24 (1.44 to 7.30)	.005
Elevated BP	1.77 (1.19 to 2.64)	.005	1.97 (0.94 to 4.14)	.07
CKD × elevated BP	0.83 (0.40 to 1.71)	.61	0.19 (0.07 to 0.51)	.001

\*Adjusted for age, education, smoking, high total colostrol, family history of cardiovascular disease, intervention and propensity score of follow-up, elevated triglyceride, reduced high-density liporpotein cholesterol, elevated waist circumference, and elevated fasting glucose.