| **Study** | **Participants** | **Exposure** | **IntakeStatus Ascertainment** | **Results** |
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| O'Donnell, 2014124Location: 17 low-, middle-, and high-income countriesSetting: CommunityDesign: Prospective Cohort studyStudy Name:The Prospective Urban and Rural Epidemiology (PURE) study. | Study of: AdultsN: 101945% Male: 42.5Mean Age/Range/Age at Baseline: mean 51.01 (SD 9.72) yearsRace: 48.4 AsianSystolic BP: mean 131.7 (SD 22.30)Diastolic BP: mean 82.24 (SD 15.65)Magnesium: NRCalcium: NROther Minerals: NRMean BMI: NR% with Hypertension: 41.5% with history of CVD: 8.3% with Type 2 diabetes: 9.1% with Kidney disease: NR% with history of Kidney stones: NRInclusion: Study selected a number of countries representing different economic levels, and selected urban and rural communities based on predetermined guidelines. Households and individuals were selected to fulfill maximum representativeness. Selected individuals aged between 35-70.Exclusion: Excluded those who refused to participate. | Exposure Type: Estimated Potassium Excretion (Kawasaki equation)Exposure Unit: g/dayExposure Type: Estimated Sodium Excretion (Kawasaki equation)Exposure Unit: g/dayDuration: NRExposure to Follow Up Time: mean 3.7 yearsDose format: rangeG1, Dose: <3G2, Dose: 3-5.99G3, Dose: >=6Q1, Dose: <1.50Q2, Dose: 1.50-1.99Q3, Dose: 2.00-2.49Q4, Dose: 2.50-3.00Q5, Dose: >3.00 | Sodium measure: Partial or spot urine with validated prediction equationBest sodium measure recorded: collected one morning fasting midstream urine sample (Kawasaki formula)Sodium, Method of Validation: A validation study using the Kawasaki formula with actual 24-hour urine collection in 1,083 people from 11 countries showed an intraclass correlation coefficient of 0.71 (95% confidence interval (CI), 0.65 to 0.76).Potassium measure: Partial or spot urine with validated prediction equation\_1Best potassium measure recorded: collected one morning fasting midstream urine sample (Kawasaki formula)Potassium, Method of Validation: A validation study using the Kawasaki formula with actual 24-hour urine collection in 1,083 people from 11 countries showed an intraclass correlation coefficient of 0.71 (95% confidence interval (CI), 0.65 to 0.76).Mortality Outcomes-Method of Ascertainment: Standardized case-report forms (adjudicated by trained physicians using standardized definitions, Contact family members, Captured best available information from reliable sourcesCVD, CHD, stroke, kidney stones/disease Outcomes-Method of ascertainment: Interview with participant or proxy, Standardized case-report forms (adjudicated by trained physicians using standardized definitions), Captured best available information from reliable sources | All-cause mortality and Major Cardiovascular Event (g/day/Outcome):Mean 3.7 y FUG1 cases: NR, total: 10810, G2 cases: NR, total: 67794, G3 cases: NR, total: 23341Adjustment: All analyses adjusted for age, sex, education, ethnicity (Asian versus non-Asian), alcohol intake, diabetes mellitus, body mass index, a history of cardiovascular events and current smoking, using logistic regression with generalized estimating equation models.The association between estimated sodium excretion and the composite outcome was strongest among participants with hypertension, with an increased risk at an estimated sodium excretion of 6.00 g or more per day.All-cause mortality and Major Cardiovascular Event (g/day/Outcome):Mean 3.7 y FUQ1 cases: NR, total: 14262, Q2 cases: NR, total: 31466, Q3 cases: NR, total: 30956, Q4 cases: NR, total: 17171, Q5 cases: NR, total: 8032Adjustment: All analyses adjusted for age, sex, education, ethnicity (Asian versus non-Asian), alcohol intake, diabetes mellitus, body mass index, a history of cardiovascular events and current smoking, using logistic regression with generalized estimating equation models.No significant association between potassium intake and risk of death and major CVD events among those BMI>=30. |