| **Study** | **Participants** | **Exposure** | **IntakeStatus Ascertainment** | **Results** |
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| O'Donnell, 2011127; Ontarget Investigators, 2008128; Telmisartan Randomised AssessmeNt Study in ACEiswcDI,, 2008129; Kawasaki, 1993130Location: 40 countriesSetting: Clinical research center basedDesign: Prospective Cohort studyStudy Name:Cohorts from ONTARGET and TRANSCEND. | Study of: AdultsN: 28880% Male: 70.6Mean Age/Range/Age at Baseline: mean 66.52 (SD 7.22)Race: NRSystolic BP: mean 141. 72 (SD 17.29) mmHgDiastolic BP: NRMagnesium: NRCalcium: NROther Minerals: NRMean BMI: mean 28.10 (SD 4.55)% with Hypertension: 69.9% with history of CVD: strok 21.2% MI 48.4%% with Type 2 diabetes: 37.1% with Kidney disease: NR% with history of Kidney stones: NRInclusion: Participants aged >=55 years with established CV disease or high-risk diabetes mellitus, who had heart failure, low ejection fraction, significant valvular disease, serum creatinine greater than 3.0 mg/dL (265 mol/l), renal artery stenosis, nephrotic range proteinuria, or blood pressure higher than 160/100 mmHg were included.Exclusion: NA | Exposure Type: Estimated Sodium Excretion (Kawasaki equation)Exposure Unit: g/dDuration(in months): 56Exposure to Follow Up Time: NRDose format: rangeG1, Dose: <2G2, Dose: 2-2.99G3, Dose: 3-3.99G4, Dose: 4-5.99G5, Dose: 6-6.99G6, Dose: 42924G7, Dose: >8 | Sodium measure: Single 24-hour urine analysis with validationBest sodium measure recorded: once, before the run-in period of the trialSodium, Method of Validation: The Kawasaki formula was used to estimate 24-hour sodium urinary excretion from a fasting morning urine sample and the approach was valid by previous studies in healthy control participants (ref 18) and patients taking antihypertensive therapy (ref 19). Additional assessment of validity was conduct in subsample at 2- year follow-up and final visit., Single 24-hour urine analysis with validationBest potassium measure recorded: once, before the run-in period of the trialPotassium, Method of Validation: The Kawasaki formula was used to estimate 24-hour potassium urinary excretion from a fasting morning urine sample. Additional assessment of validity was conduct in subsample at 2- year follow-up and final visit.Mortality Outcomes-Method of Ascertainment: Hospital recordsCVD, CHD, stroke, kidney stones/disease Outcomes-Method of ascertainment: Hospital records | CV events (Composite outcome includes CV mortality, MI, stroke, and hospitalization for CHF) (g/d/Outcome):Median 56 months (IQR 53-60) FUG1 cases: NR, total: 818, G2 cases: NR, total: 2654, G3 cases: NR, total: 5699, G4 cases: NR, total: 14156, G5 cases: NR, total: 3380, G6 cases: NR, total: 1326, G7 cases: NR, total: 847Adjustment: UnivariateCompared to those with estimated baseline sodium excretion of 4 to 5.99 g per day, higher baseline sodium excretion was associated with an increased risk of CVD death, MI, stroke, and hospitalization for CHF. Lower sodium excretion was associated with an increased risk of CVD death, and hospitalization for CHF in multivariable analysis. |