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Appendix 1: STROBE 2007 Statement—Checklist of items that should be included in reports of cohort studies

Section/Topic	Item #	Recommendation	Reported on page #
Title and abstract	1	(a) Indicate the study’s design with a commonly used term in the title or the abstract	Page 1
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	Page 2
Introduction			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	Page 3
Objectives	3	State specific objectives, including any prespecified hypotheses	Page 4
Methods			
Study design	4	Present key elements of study design early in the paper	Study Design and Participants
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	Study Design and Participants
Participants	6	(a) Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up	Study Design and Participants
		(b) For matched studies, give matching criteria and number of exposed and unexposed	Not applicable
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	Risk Factor Assessment
Data sources/ measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	Risk Factor Assessment
Bias	9	Describe any efforts to address potential sources of bias	Statistical Analyses
Study size	10	Explain how the study size was arrived at	Statistical Analyses
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	Statistical Analyses
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	Statistical Analyses
		(b) Describe any methods used to examine subgroups and interactions	Statistical Analyses
		(c) Explain how missing data were addressed	Not applicable
		(d) If applicable, explain how loss to follow-up was addressed	Not applicable
		(e) Describe any sensitivity analyses	Statistical Analyses

Results			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Study Design and participants
		(b) Give reasons for non-participation at each stage	
		(c) Consider use of a flow diagram	
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Results; Tables 1 and 2
		(b) Indicate number of participants with missing data for each variable of interest	
		(c) Summarise follow-up time (eg, average and total amount)	Results
Outcome data	15*	Report numbers of outcome events or summary measures over time	Results
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	Results; Tables 3 and 4
		(b) Report category boundaries when continuous variables were categorized	Results; Tables 3 and 4
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Results; Figures 2 and 3; Appendices 2-6
Discussion			
Key results	18	Summarise key results with reference to study objectives	Discussion - Summary of main findings
Limitations			
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	Discussion
Generalisability	21	Discuss the generalisability (external validity) of the study results	Discussion
Other information			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	Page 12

Appendix 2. Hazard ratios of paraoxonase-1 and incident hypertension risk by several participant level characteristics

Hazard ratios were adjusted for age, sex, smoking status, history of diabetes, systolic blood pressure, total cholesterol, body mass index, parental history of hypertension, alcohol consumption, and estimated glomerular filtration rate (GFR) (as calculated using the Chronic Kidney Disease Epidemiology Collaboration combined creatinine-cystatin C equation); CI, confidence interval (bars); HDL-C, high-density lipoprotein cholesterol; HR, hazard ratio; hsCRP, high-sensitivity; PON-1, paraoxonase-1; SD, standard deviation; UAE, urine albumin excretion; *, *p* value for interaction; cut-offs used for body mass index, systolic blood pressure, total cholesterol, HDL-C, eGFR, and hsC-reactive protein are median values.

Appendix 3. Association of serum paraoxonase-1 activity with incident hypertension, as defined by systolic blood pressure ≥ 140 mmHg and/or use of antihypertensive medication

PON-1 activity (U/L)	Events/ Total	Model 1		Model 2		Model 3		Model 4	
		HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value
Per 1 SD increase	1,194 / 3,988	1.01 (0.96 to 1.07)	0.659	0.99 (0.93 to 1.05)	0.757	0.99 (0.93 to 1.05)	0.744	1.00 (0.94 to 1.06)	0.963
Q1 (0.84-43.95)	312 / 997	ref		ref		ref		ref	
Q2 (43.95-53.63)	304 / 997	1.00 (0.85 to 1.17)	0.998	0.90 (0.77 to 1.05)	0.185	0.90 (0.77 to 1.06)	0.200	0.91 (0.78 to 1.07)	0.260
Q3 (53.64-65.85)	281 / 997	0.97 (0.82 to 1.14)	0.695	0.88 (0.74 to 1.03)	0.113	0.88 (0.75 to 1.04)	0.130	0.90 (0.77 to 1.07)	0.233
Q4 (65.85-148.69)	297 / 997	1.07 (0.91 to 1.25)	0.422	0.98 (0.83 to 1.15)	0.781	0.98 (0.83 to 1.15)	0.805	1.01 (0.86 to 1.19)	0.926

PON-1, paraoxonase-1; Q, quartile; SD, standard deviation

Model 1: Age and sex

Model 2: Model 1 plus smoking status, history of type 2 diabetes, systolic blood pressure, total cholesterol, body mass index, parental history of hypertension, alcohol consumption, and estimated glomerular filtration rate (as calculated using the Chronic Kidney Disease Epidemiology Collaboration combined creatinine-cystatin C equation)

Model 3: Model 2 plus $\log_e$ urinary albumin excretion and $\log_e$ homeostasis model assessment of insulin resistance, and $\log_e$ high-sensitivity C-reactive protein

Model 4: Model 3 plus high-density lipoprotein cholesterol

Appendix 4. Association of serum high-density lipoprotein cholesterol with incident hypertension, as defined by systolic blood pressure ≥ 140 mmHg and/or use of antihypertensive medication

Serum HDL- cholesterol (mmol/l)	Events/ Total	Model 1		Model 2		Model 3		Model 4	
		HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value
Q1 (0.36-1.08)	391 / 1,010	ref		ref		ref		ref	
Q2 (1.09-1.32)	284 / 984	0.69 (0.59 to 0.81)	< 0.001	0.77 (0.65 to 0.90)	0.001	0.77 (0.66 to 0.90)	0.001	0.77 (0.66 to 0.91)	0.001
Q3 (1.33-1.63)	262 / 1,007	0.60 (0.51 to 0.71)	< 0.001	0.74 (0.62 to 0.87)	< 0.001	0.76 (0.64 to 0.90)	0.002	0.76 (0.64 to 0.90)	0.002
Q4 (1.64-3.42)	257 / 987	0.62 (0.52 to 0.74)	< 0.001	0.77 (0.64 to 0.93)	0.007	0.81 (0.67 to 0.99)	0.036	0.81 (0.67 to 0.99)	0.039

HDL, high-density lipoprotein; Q, quartile

Model 1: Age and sex

Model 2: Model 1 plus smoking status, history of type 2 diabetes, systolic blood pressure, total cholesterol, body mass index, parental history of hypertension, alcohol consumption, and estimated glomerular filtration rate (as calculated using the Chronic Kidney Disease Epidemiology Collaboration combined creatinine-cystatin C equation)

Model 3: Model 2 plus $\log_e$ urinary albumin excretion and $\log_e$ homeostasis model assessment of insulin resistance, and $\log_e$ high-sensitivity C-reactive protein

Model 4: Model 3 plus paraoxonase-1

Appendix 5. Association of serum high-density lipoprotein cholesterol with incident hypertension on exclusion of participants with prevalent type 2 diabetes

Serum HDL-cholesterol (mmol/l)	Events/ Total	Model 1		Model 2		Model 3		Model 4	
		HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value	HR (95% CI)	<i>p</i> value
Q1 (0.36-1.08)	391 / 1,001	ref		ref		ref		ref	
Q2 (1.09-1.32)	291 / 1,008	0.69 (0.59 to 0.80)	< 0.001	0.77 (0.65 to 0.90)	0.001	0.77 (0.65 to 0.90)	0.001	0.77 (0.65 to 0.90)	0.001
Q3 (1.33-1.63)	255 / 974	0.59 (0.50 to 0.70)	< 0.001	0.72 (0.61 to 0.86)	< 0.001	0.74 (0.62 to 0.89)	0.001	0.74 (0.62 to 0.89)	0.001
Q4 (1.64-3.42)	259 / 986	0.62 (0.52 to 0.74)	< 0.001	0.76 (0.63 to 0.92)	0.004	0.80 (0.66 to 0.97)	0.024	0.80 (0.66 to 0.97)	0.025

HDL, high-density lipoprotein; Q, quartile

Model 1: Age and sex

Model 2: Model 1 plus smoking status, systolic blood pressure, total cholesterol, body mass index, parental history of hypertension, alcohol consumption, and estimated glomerular filtration rate (as calculated using the Chronic Kidney Disease Epidemiology Collaboration combined creatinine-cystatin C equation)

Model 3: Model 2 plus log_e urinary albumin excretion and log_e homeostasis model assessment of insulin resistance, and log_e high-sensitivity C-reactive protein

Model 4: Model 3 plus paraoxonase-1