Predicted cardiovascular risk and blood pressure for Americans with diabetes, chronic kidney disease, and ≥65 years of age

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In November 2017, the American College of Cardiology and the American Heart Association (ACC/AHA) published a guideline for the prevention, detection, evaluation, and management of high blood pressure (BP) in adults.(1) This guideline recommends using both predicted cardiovascular disease (CVD) risk and BP levels to guide the initiation of antihypertensive medication. All adults with systolic BP [SBP] ≥140 mm Hg or diastolic BP (DBP) ≥90 mm Hg, stage 2 hypertension in the guideline, are recommended to initiate antihypertensive medication. Additionally, adults with SBP between 130 and 139 mm Hg and/or DBP between 80 and 89 mm Hg, stage 1 hypertension in the guideline, who have high CVD risk are recommended to initiate antihypertensive medication. In the guideline, high CVD is defined by a history of CVD, a 10-year predicted risk for atherosclerotic CVD (ASCVD) ≥10%, the presence of diabetes mellitus or chronic kidney disease (CKD), and age ≥65 years of age.

The 2017 ACC/AHA guideline recommends estimating 10-year risk for ASCVD in all adults with hypertension, including those with diabetes, CKD or ≥ 65 years of age. However, the guideline states that the vast majority of adults with diabetes, CKD, or ≥65 years of age can be assumed to have a 10-year ASCVD risk ≥10%. The purpose of the current analysis was to estimate the proportion of US adults with diabetes, CKD, or ≥65 years of age, that have high ASCVD risk defined by a 10-year predicted ASCVD risk ≥ 10% or a history of CVD. A secondary objective was to estimate the proportion with high ASCVD risk among adults with diabetes, CKD or ≥65 years of age among those and stage 1 hypertension as the 2017 ACC/AHA BP guideline recommends initiation of antihypertensive medication for all of these adults. To accomplish these goals, we analyzed data from 3 cycles of the US National Health and Nutrition Examination Survey (NHANES).

# METHODS

NHANES was designed to assess the health and nutritional status of the non-institutionalized US population and is conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention.(2) Since 1999-2000, NHANES has been conducted in two-year cycles using a multistage probability sampling design to select participants. Each cycle is independent with different participants recruited. For the current analysis, the 3 cycles conducted in 2013-2014, 2015-2016, and 2017-2018 were pooled for analysis.(3) The protocols for each NHANES cycle were approved by the National Center for Health Statistics of the Centers for Disease Control and Prevention Institutional Review Board. Written informed consent was obtained from each participant. The University of Alabama at Birmingham Institutional Review Board considered the analysis of NHANES data to be exempt research.

The current analysis was restricted to adults aged 40 to 79 years of age who complete the NHANES interview and examination (n = 9,937). Participants < 40 or >79 years of age were not included because the Pooled Cohort risk equations are not recommended to be used in these age ranges.(4) Participants who did not have three SBP and DBP measurements (n = 565) and those who were missing information on age, race, sex, total and high-density lipoprotein cholesterol, smoking status, diabetes, or CKD status (n = 569) were excluded. After these exclusions, over the 3 NHANES cycles, a total of 8,803 survey participants were included in the analysis (Figure S1).

## Data collection

Data were collected during an in-home interview and a study visit completed at a mobile examination center. Standardized questionnaires were used to assess participants’ age, sex, race/ethnicity, smoking habits, medical history and use of antihypertensive medication, oral glucose lowering medication and insulin. Medical history included questions about whether the participant had been told by a doctor or other health professional that they have had a heart attack, coronary heart disease, stroke, or heart failure. Blood and urine samples were collected during the medical examination. Of relevance to the current analysis, serum creatinine, serum glucose and glycated hemoglobin (HbA1c) were measured. Diabetes was defined by fasting serum glucose ≥126 mg/dL, non-fasting glucose ≥200 mg/dL, HbA1c ≥6.5%, or self-reported use of insulin or oral glucose lowering medication. Estimated glomerular filtration rate was calculated using the Chronic Kidney Disease Epidemiology Collaboration equation.(5) Urinary albumin and creatinine levels were measured and used to calculate the albumin-to-creatinine ratio (ACR). CKD was defined by an estimated glomerular filtration rate <60 ml/min/1.73m2 or an ACR ≥30 mg/dL. Ten-year predicted risk for ASCVD was calculated using the pooled cohort risk equations for participants without a history of CVD.(4) Participants with a history of CVD were presumed to have 10-year risk for ASCVD ≥10%.

## Blood pressure measurements

The same protocol was followed to measure SBP and DBP in each NHANES cycle. After survey participants had rested 5 minutes, their BP was measured by a trained physician using a mercury sphygmomanometer and an appropriately sized cuff. Three BP measurements were obtained at 30 second intervals. The mean of all available measurements was used to define SBP and DBP. Quality control included re-certification of physicians every quarter with retraining if needed. All physicians participated in annual retraining.

## Blood pressure categories

Participants not taking antihypertensive medication were grouped into four non-overlapping categories based on the 2017 ACC/AHA BP guideline: Normal BP (SBP <120 mm Hg and DBP <80 mm Hg), elevated BP (SBP between 120 and 129 mm Hg and DBP <80 mm Hg), stage 1 hypertension (SBP between 130 and 139 mm Hg and/or DBP between 80 and 89 mm Hg with SBP <140 mm Hg and DBP <90 mm Hg), stage 2 hypertension (SBP ≥140 mm Hg or DBP ≥90 mm Hg). Participants taking antihypertensive medication were placed in a fifth category.

## Statistical analysis

Analyses were conducted for the overall population and among participants with diabetes, CKD, ≥65 years of age, and for those with any of these three conditions. Participant characteristics were summarized as mean with their standard error and percentage for continuous and categorical variables, respectively. The percentage of US adults in each of the five BP categories was computed. The median 10-year predicted ASCVD risk and the proportion with a 10-year predicted ASCVD risk ≥10% was computed for participants in each of the BP categories. To assess the extent to which participants with a 10-year predicted ASCVD risk <10% were close to the 10% threshold, the proportion of participants in this subgroup with predicted risk of 0% to <2.5%, 2.5% to <5.0%, 5.0% to <7.5%, and 7.5% to <10% was estimated. The probability of having a 10-year predicted ASCVD risk ≥10% was estimated for each year of age from 40 to 79 years using logistic regression. The above analyses were repeated among participants with stage 1 hypertension.

NHANES sampling weights, which were calculated as the inverse probability of being selected for the survey, were used in all calculations to obtain US nationally representative estimates. The survey design of NHANES was also taken into account. Data analysis was conducted using R version 4.0.2 (2020-06-22, Vienna Austria). P-values were two-sided.

# RESULTS

Among US adults who were 40 to 79 years of age in 2013-2018, the estimated prevalence (95% confidence interval [CI]) of diabetes and CKD was 17.2% (16.0%, 18.5%) and 17.2% (15.9%, 18.5%), respectively, and 25.4% (23.7, 27.2) were estimated to be ≥65 years of age (Table 1). An estimated 14.6% (95% CI: 13.3, 16.1) of US adults who were 40 to 79 years of age had stage 1 hypertension (Table 2). Among those with diabetes, CKD, and age ≥65 years, the estimated prevalence (95% CI) of stage 1 hypertension was 10.5% (8.5, 12.8), 8.9% (7.3, 10.8), and 9.1% (7.5, 10.9), respectively. Characteristics of US adults 40 to 79 years of age with stage 1 hypertension, overall, and among those with diabetes, CKD and age ≥65 years are presented in Table S1

## Predicted 10-year risk for atherosclerotic cardiovascular disease

Among US adults without a history of CVD, the estimated median (25th, 75th percentiles) 10-year predicted risk for ASCVD was 5.1% (1.9%, 11.4%) in the overall population and 14.4% (7.0%, 27.4%), 11.4% (4.8%, 22.3%), and 17.9% (11.2%, 27.4%) among those with diabetes, CKD, and age ≥65 years, respectively (Table 3; top panel). Among US adults with stage 1 hypertension without a history of CVD, the estimated median (25th, 75th percentiles) 10-year predicted risk for ASCVD was 4.2% (1.9%, 8.5%). Within this subgroup of adults with stage 1 hypertension, those with diabetes, CKD and age ≥65 years had median (25th, 75th percentiles) predicted risks of 8.9% (4.5%, 19.3%) and 7.4% (2.8%, 12.2%), and 13.8% (8.6%, 22.3%), respectively. Among all US adults with stage 1 hypertension, an estimated 55.0% (95% CI: 43.2, 66.3) of those with diabetes, 36.7% (95% CI: 26.7, 48.1) of those with CKD and 72.6% (95% CI: 62.0, 81.1) who were ≥65 years of age had high ASCVD risk defined by a 10-year predicted risk for ASCVD ≥10% or a history of CVD (Table 3; bottom panel).

## Distribution of predicted risk in low risk groups

An estimated 69.4% (95% CI: 67.5, 71.3) of US adults with 10-year predicted risk for ASCVD <10% without a history of CVD had a 10-year predicted ASCVD risk <5% (Figure 1). Also, among those with 10-year predicted risk for ASCVD <10% without a history of CVD, 47.7% (95% CI: 41.0, 54.5), 55.9% (95% CI: 50.3, 61.3), and 13.2% (95% CI: 8.4, 20.1) of those with diabetes, CKD and age ≥65 years had a 10-year predicted ASCVD risk <5%. Among US adults with 10-year predicted ASCVD risk <10% and stage 1 hypertension, 53.6% (95% CI: 35.6, 70.6), 52.2% (95% CI: 35.5, 68.5), and 7.4% (95% CI: 1.1, 35.8) of those with diabetes, CKD, and ≥65 years of age, respectively, had a 10-year predicted ASCVD risk <5% (Figure S2).

## Age-specific analysis of 10-year predicted ASCVD risk ≥10% or history of CVD

The estimated probability of having a 10-year predicted ASCVD risk ≥10% or a history of CVD increased with older age and exceeded 50% at 64.9 years for US adults without diabetes or CKD compared with 53.5 and 59.0 years of age for those with diabetes and CKD, respectively (Figure 2). Among US adults with stage 1 hypertension, the age at which the estimated probability of having a 10-year predicted ASCVD risk ≥10% or history of CVD exceeded 50% was 64.9, 54.9, and 65.0 years for US adults without diabetes or CKD, with diabetes, and with CKD, respectively (Figure S3). The minimum age where the probability of high ASCVD risk exceeded 50% was not determined for adults >= 65 years of age as the probability exceeded 50% at all ages above 65 years.

# DISCUSSION

In the current study, a majority of US adults with diabetes, CKD or age ≥ 65 years had a high risk for ASCVD, defined by a 10-year predicted ASCVD risk ≥ 10% or history of CVD. However, a substantial proportion of US adults with diabetes, CKD, and age ≥ 65 years and stage 1 hypertension did not have high ASCVD risk. Among US adults whose 10-year predicted risk for ASCVD was <10%, approximately half of those with diabetes or CKD had a 10-year predicted ASCVD risk < 5%. In contrast, over 80% of adults aged ≥65 years had 10-year predicted risk for ASCVD between 5% and 10%. The probability of having high risk was age-dependent with over 50% of those with diabetes who were 55 years of age and older and with CKD who were age 59 years of age and older having high ASCVD risk.

Previous studies have shown that the use of predicted ASCVD risk in addition to BP can direct antihypertensive medication to adults likely to receive the largest risk reduction benefit with treatment.(11, 12) In an analysis of the Reasons for Geographic and Racial Differences in Stroke (REGARDS) study, those with stage 1 hypertension recommended versus not recommended to initiate antihypertensive medication by the 2017 ACC/AHA BP guideline were roughly 6 times more likely to experience a CVD event over 8 years of follow-up. Although a substantial proportion of US adults with stage 1 hypertension and diabetes, CKD and age ≥ 65 years of age did not have a high ASCVD risk, they were substantially more likely to have high ASCVD risk when compared to their overall US population with stage 1 hypertension. This suggests adults with stage 1 hypertension and diabetes, CKD or age ≥ 65 years of age may obtain greater risk reduction versus the overall population by initiating antihypertensive medication.

It has been suggested that the vast majority of adults with diabetes, CKD, or ≥65 years of age have a 10-year predicted risk for ASCVD ≥10%. Diabetes or CKD are each associated with an increased risk for ASCVD events. (6–8) Moreover, in the current study, the mean age was 4 to 6 years older for US adults with diabetes and CKD versus the overall US population. Age is a strong risk factor for incident ASCVD and a strong contributor to 10-year predicted ASCVD risk in the Pooled Cohort risk equations.(9, 10) However, the current study estimates suggest that a high proportion of US adults with diabetes or CKD do not have a high 10-year predicted risk for ASCVD, especially those with stage 1 hypertension. Future studies should assess the absolute CVD risk reduction for this population with antihypertensive medication treatment.

Although a majority of older adults with diabetes and CKD had high ASCVD risk while the majority of younger adults did not have high ASCVD risk. However, most young adults with diabetes and CKD have a high lifetime CVD risk.(13, 14) Prior studies have found that cumulative exposure to high BP is associated with increased CVD risk.[CITE nori allen JAMA CARDIA, BP trajectory] Therefore, for younger adults with diabetes or CKD, antihypertensive medication may provide substantial reduction in ASCVD across their life course. Patient-provider discussions, including discussions of 10-year and lifetime risk for CVD, and patient preference should be used to guide the decision to initiate antihypertensive medication.

The current study has a number of strengths. The design of NHANES allows its results to be weighted to provide results that are representative of the US population. Additionally, NHANES data are collected following a rigorous protocol by trained study staff. BP was measured three times following a standardized protocol. However, the results of this study should be considered in the context of known and potential limitations. NHANES participants completed only one visit and guidelines recommend using the mean BP averaged over 2 or more visits. The use of predicted ASCVD risk rather than observed ASCVD events may have over- or under-estimated ASCVD risk in subgroups where the pooled cohort risk equations are not well-calibrated.

In conclusion, a majority of US adults aged 40 to 79 years with diabetes, CKD or ≥65 years of age had 10-year predicted risk for ASCVD ≥10%. However, a lower percentage of with stage 1 hypertension and diabetes, CKD or age ≥65 years of age had 10-year predicted risk for ASCVD ≥10%. While most older US adults with diabetes or CKD have high risk, a substantial proportion of younger adults with diabetes or CKD have a 10-year predicted risk for ASCVD <10%. While prevention of hypertension should be a primary goal, the early initiation of antihypertensive medication may be an important step towards lowering lifetime CVD risk.

Table 1: Characteristics of US adults overall and with diabetes, chronic kidney disease, and ≥65 years of age.

|  | | **Sub-groups** | | | |
| --- | --- | --- | --- | --- | --- |
| **Characteristic\*** | **Overall  N = 8,803** | **Diabetes  N = 2,000†** | **CKD  N = 1,790‡** | **Age 65+ years  N = 2,506** | **Diabetes, CKD, or age 65+ years  N = 4,252** |
| Age, years | 56.7 (0.2) | 60.3 (0.4) | 62.4 (0.4) | 70.6 (0.1) | 64.0 (0.2) |
| Male | 48.2 | 55.7 | 45.8 | 46.7 | 48.1 |
| Race / ethnicity | | | | | |
| Non-Hispanic White | 68.6 | 60.1 | 68.0 | 76.8 | 69.4 |
| Non-Hispanic Black | 10.1 | 13.6 | 12.2 | 7.8 | 10.6 |
| Hispanic | 12.6 | 15.9 | 11.8 | 8.3 | 11.6 |
| Non-Hispanic Asian | 5.2 | 7.0 | 4.6 | 4.5 | 5.1 |
| Other Race/ethnicity - Including Multi-Racial | 3.5 | 3.5 | 3.4 | 2.7 | 3.3 |
| Total cholesterol, mg/dl | 197.0 (0.9) | 183.1 (1.8) | 193.4 (1.7) | 188.8 (1.3) | 191.4 (1.2) |
| HDL-cholesterol, mg/dl | 54.9 (0.4) | 46.6 (0.5) | 53.2 (0.7) | 56.6 (0.7) | 53.8 (0.5) |
| Systolic blood pressure, mm Hg | 126.0 (0.3) | 130.6 (0.6) | 132.7 (0.7) | 131.8 (0.6) | 130.7 (0.5) |
| Diastolic blood pressure, mm Hg | 72.8 (0.3) | 71.6 (0.4) | 71.8 (0.4) | 68.2 (0.4) | 71.0 (0.3) |
| Antihypertensive medication use | 33.5 | 60.1 | 55.6 | 53.3 | 51.8 |
| Diabetes | 17.2 | 100.0 | 35.8 | 24.7 | 40.9 |
| Chronic kidney disease | 17.2 | 35.7 | 100.0 | 32.3 | 40.8 |
| Aged 65+ years | 25.4 | 36.5 | 47.9 | 100.0 | 60.4 |
| Current smoker | 17.3 | 14.5 | 16.7 | 10.0 | 14.3 |
| Prevalent CVD§ | 10.5 | 22.5 | 22.3 | 21.4 | 18.9 |
| \*Table values are mean (standard error) or proportion. | | | | | |
| †Diabetes was defined by fasting serum glucose ≥126 mg/dL, non-fasting glucose ≥200 mg/dL, HbA1c ≥6.5%, or self-reported use of insulin or oral glucose lowering medication. | | | | | |
| ‡Chronic kidney disease is defined by an albumin-to-creatinine ratio ≥30 mg/dl or an estimated glomerular filtration rate <60 ml/min/1.73m² | | | | | |
| §Prevalent cardiovascular disease was defined by self-report of previous heart failure, coronary heart disease, stroke, or myocardial infarction | | | | | |
| CKD = chronic kidney disease; CVD = cardiovascular disease; HDL = high density lipoprotein | | | | | |

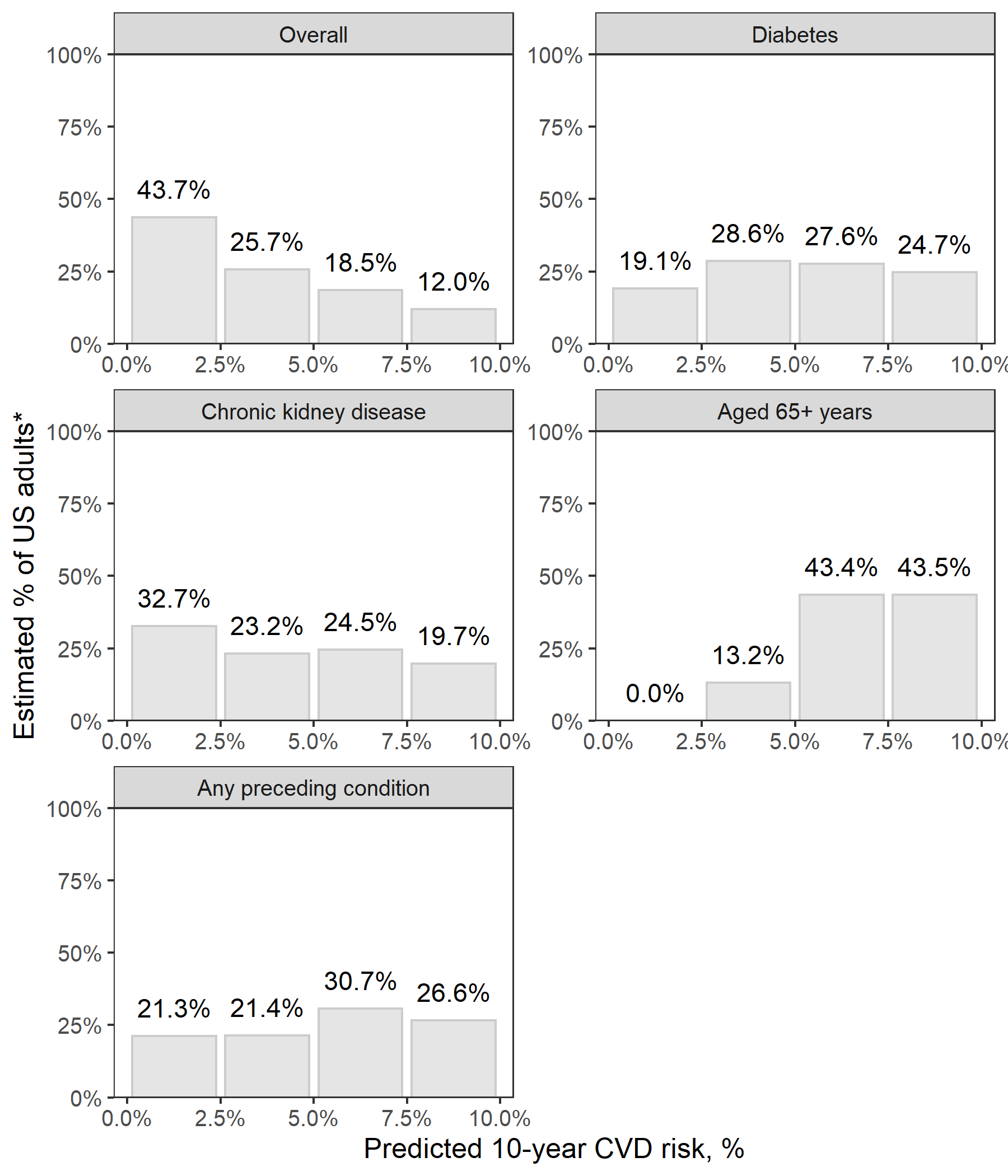
Table 2: Distribution of blood pressure categories among US adults, overall and for subgroups with diabetes, chronic kidney disease, and ≥65 years of age.

|  | | **Sub-groups** | | | |
| --- | --- | --- | --- | --- | --- |
| **Blood pressure category** | **Overall  N = 8,803** | **Diabetes  N = 2,000†** | **CKD  N = 1,790‡** | **Age 65+ years  N = 2,506** | **Diabetes, CKD, or age 65+ years  N = 4,252** |
| Normal blood pressure | 28.7% | 12.1% | 14.2% | 14.9% | 15.8% |
| Elevated blood pressure | 12.0% | 7.9% | 7.2% | 11.1% | 10.3% |
| Stage 1 hypertension | 14.6% | 10.5% | 8.9% | 9.1% | 10.2% |
| Stage 2 hypertension | 11.1% | 9.5% | 14.1% | 11.6% | 11.7% |
| Taking antihypertensive medication | 33.5% | 60.1% | 55.6% | 53.3% | 51.8% |
| \*Normal blood pressure: systolic/diastolic blood pressure < 120/80 mm Hg; Elevated blood pressure: systolic/diastolic blood pressure 120-129/<80 mm Hg; Stage 1 hypertension: systolic/diastolic blood pressure 130-139/80-89 mm Hg; Stage 2 hypertension: systolic/diastolic blood pressure ≥ 140/90 mm Hg. | | | | | |
| †Diabetes was defined by fasting serum glucose ≥126 mg/dL, non-fasting glucose ≥200 mg/dL, HbA1c ≥6.5%, or self-reported use of insulin or oral glucose lowering medication. | | | | | |
| ‡Chronic kidney disease is defined by an albumin-to-creatinine ratio ≥30 mg/dl or an estimated glomerular filtration rate <60 ml/min/1.73m² | | | | | |
| CKD = chronic kidney disease | | | | | |

Table 3: Median 10-year predicted risk for atherosclerotic cardiovascular disease and proportion of US adults with predicted risk ≥10% overall and among those with diabetes, chronic kidney disease, and ≥65 years of age, stratified by categorization of blood pressure according to the 2017 American College of Cardiology / American Heart Association blood pressure guidelines.

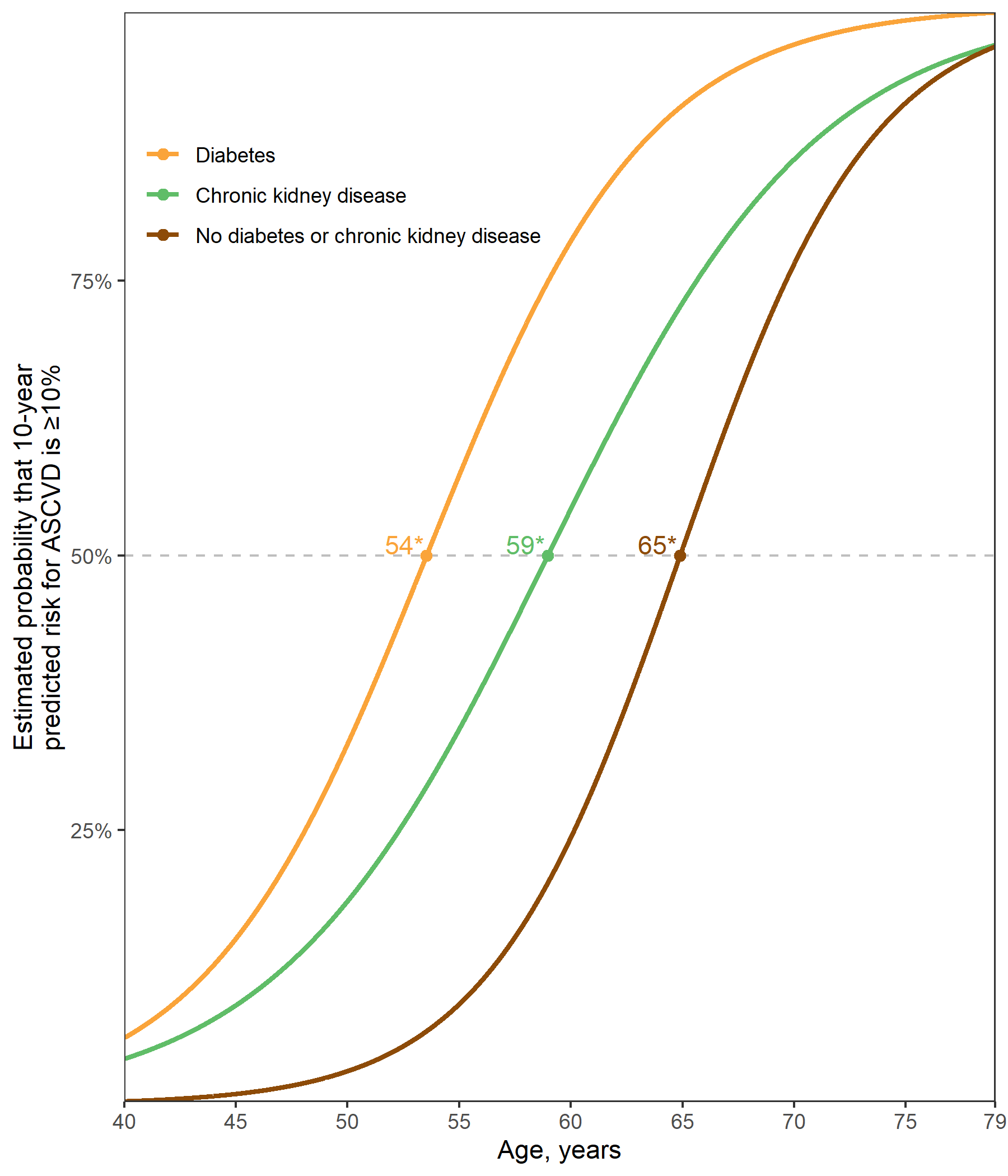
|  | | **Sub-groups** | | | |
| --- | --- | --- | --- | --- | --- |
| **Blood pressure category\*** | **Overall  N = 8,803** | **Diabetes  N = 2,000†** | **CKD  N = 1,790‡** | **Age 65+ years  N = 2,506** | **Diabetes, CKD, or age 65+ years  N = 4,252** |
| *Median (25th - 75th percentile) 10-years predicted risk for ASCVD¶* | | | | | |
| Overall | 5.1 (1.9, 11.4) | 14.4 (7.0, 27.4) | 11.4 (4.8, 22.3) | 17.9 (11.2, 27.4) | 13.3 (6.9, 22.0) |
| Normal blood pressure | 2.0 (0.8, 4.8) | 6.8 (2.9, 15.8) | 3.3 (1.1, 8.9) | 10.6 (6.7, 16.0) | 6.8 (3.2, 12.4) |
| Elevated blood pressure | 4.3 (1.9, 9.3) | 11.4 (4.2, 17.3) | 6.2 (1.6, 16.7) | 14.6 (7.5, 19.9) | 11.3 (5.6, 17.4) |
| Stage 1 hypertension | 4.2 (1.9, 8.5) | 8.9 (4.5, 19.3) | 7.4 (2.8, 12.2) | 13.8 (8.6, 22.3) | 9.8 (5.3, 16.5) |
| Stage 2 hypertension | 8.1 (4.2, 16.0) | 18.8 (10.1, 30.2) | 13.2 (6.6, 21.8) | 20.4 (16.0, 29.6) | 16.8 (8.6, 24.6) |
| Taking antihypertensive medication | 10.5 (5.2, 19.8) | 17.4 (9.8, 31.6) | 16.8 (8.4, 28.7) | 21.4 (14.0, 31.6) | 16.9 (9.8, 27.1) |
| *Proportion (95% confidence interval) with 10-year predicted risk for ASCVD ≥10% or prevalent cardiovascular disease§‖* | | | | | |
| Overall | 36.7 (34.8, 38.6) | 72.5 (69.4, 75.6) | 64.5 (61.4, 67.7) | 83.9 (81.7, 86.1) | 69.1 (66.9, 71.3) |
| Normal blood pressure | 13.7 (11.4, 16.0) | 46.8 (39.0, 54.6) | 34.7 (26.2, 43.1) | 64.4 (57.7, 71.2) | 44.9 (39.1, 50.7) |
| Elevated blood pressure | 27.4 (23.3, 31.5) | 57.7 (49.6, 65.8) | 48.9 (39.0, 58.7) | 69.8 (59.6, 79.9) | 57.0 (49.8, 64.3) |
| Stage 1 hypertension | 24.3 (20.7, 27.9) | 55.0 (43.7, 66.4) | 36.7 (26.2, 47.2) | 72.6 (63.2, 81.9) | 54.4 (46.7, 62.1) |
| Stage 2 hypertension | 45.8 (40.5, 51.1) | 79.0 (69.3, 88.7) | 63.2 (53.5, 72.9) | 90.2 (83.9, 96.6) | 74.3 (67.4, 81.2) |
| Taking antihypertensive medication | 62.0 (59.5, 64.5) | 81.6 (78.0, 85.2) | 79.0 (75.3, 82.7) | 92.8 (91.0, 94.5) | 80.7 (78.2, 83.1) |
| \*Normal blood pressure: systolic/diastolic blood pressure < 120/80 mm Hg; Elevated blood pressure: systolic/diastolic blood pressure 120-129/<80 mm Hg; Stage 1 hypertension: systolic/diastolic blood pressure 130-139/80-89 mm Hg; Stage 2 hypertension: systolic/diastolic blood pressure ≥ 140/90 mm Hg. | | | | | |
| †Diabetes was defined by fasting serum glucose ≥126 mg/dL, non-fasting glucose ≥200 mg/dL, HbA1c ≥6.5%, or self-reported use of insulin or oral glucose lowering medication. | | | | | |
| ‡Chronic kidney disease is defined by an albumin-to-creatinine ratio ≥30 mg/dl or an estimated glomerular filtration rate <60 ml/min/1.73m² | | | | | |
| §Prevalent cardiovascular disease was defined by self-report of previous heart failure, coronary heart disease, stroke, or myocardial infarction | | | | | |
| ‖Predicted risk for cardiovascular disease was computed using the Pooled Cohort Risk equations, based on the guideline by American College of Cardiology / American Heart Association, 2013 | | | | | |
| ¶Data from survey participants with prevalent cardiovascular disease were not included for these statistics | | | | | |
| ASCVD = atherosclerotic cardiovascular disease; CKD = chronic kidney disease | | | | | |

Figure 1: Estimated distribution of 10-year predicted atherosclerotic cardiovascular disease risk among US adults with predicted risk <10% overall and for those with diabetes, chronic kidney disease, ≥65 years of age, or any of the preceding conditions.



Results do not include data from survey participants with prevalent cardiovascular disease or 10-year predicted risk for atherosclerotic cardiovascular disease ≥ 10%.

Figure 2: Estimated Probability of ten-year predicted risk for atherosclerotic cardiovascular disease ≥10% by age for US adults with diabetes, with chronic kidney disease, and without diabetes or chronic kidney disease.



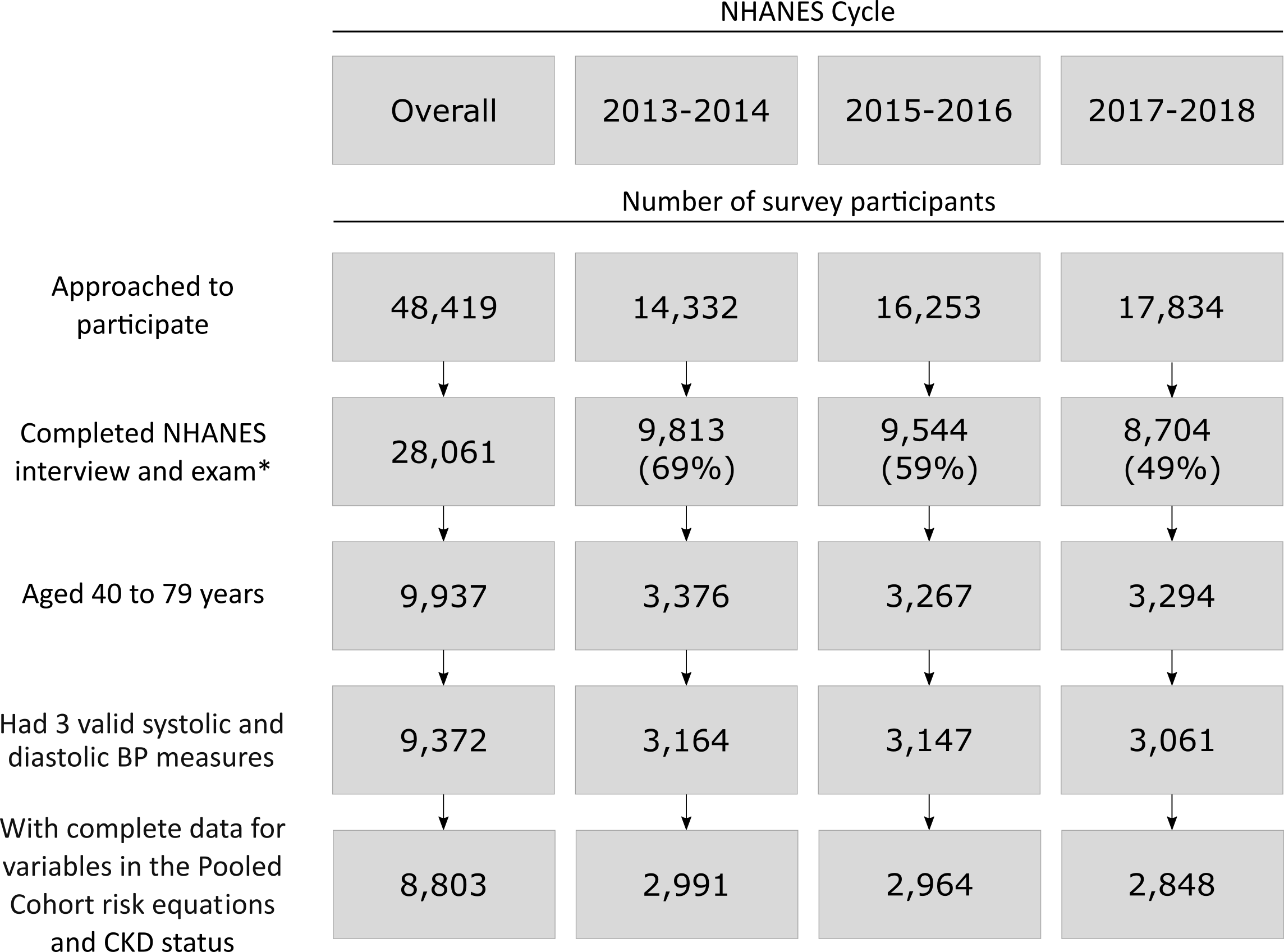
Age at which 50% of the population is expected to have a predicted 10-year risk for atherosclerotic cardiovascular disease ≥10%.

**SUPPLEMENT**

Table S1: Characteristics of US adults with stage 1 hypertension, overall and with diabetes, chronic kidney disease, ≥65 years of age, or any of the three preceding conditions

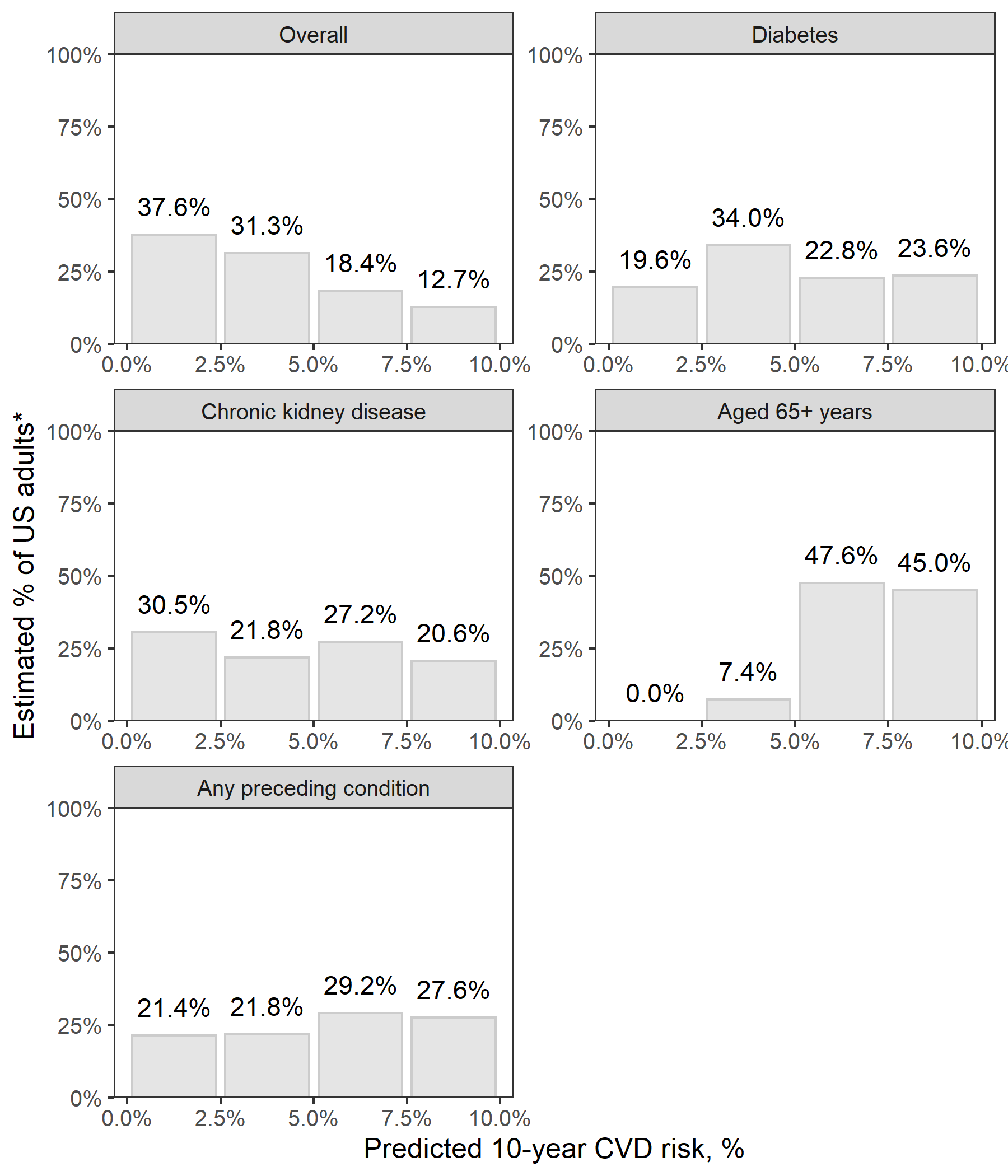
|  | | **Sub-groups** | | | |
| --- | --- | --- | --- | --- | --- |
| **Characteristic\*** | **Overall  N = 1,271** | **Diabetes  N = 204†** | **CKD  N = 174‡** | **Age 65+ years  N = 236** | **Diabetes, CKD, or age 65+ years  N = 460** |
| Age, years | 54.0 (0.4) | 56.8 (1.2) | 57.7 (1.1) | 69.7 (0.4) | 61.5 (0.8) |
| Male | 52.3 | 58.5 | 49.3 | 51.5 | 51.9 |
| Race / ethnicity | | | | | |
| Non-Hispanic White | 66.3 | 60.0 | 61.6 | 73.8 | 65.3 |
| Non-Hispanic Black | 9.8 | 11.4 | 11.0 | 7.4 | 10.1 |
| Hispanic | 14.2 | 19.9 | 18.1 | 10.3 | 15.2 |
| Non-Hispanic Asian | 6.0 | 7.6 | 6.2 | 4.2 | 5.9 |
| Other Race/ethnicity - Including Multi-Racial | 3.7 | 1.2 | 3.0 | 4.4 | 3.4 |
| Total cholesterol, mg/dl | 205.0 (2.4) | 188.8 (4.6) | 196.5 (4.3) | 195.4 (3.5) | 195.7 (2.8) |
| HDL-cholesterol, mg/dl | 54.0 (0.7) | 47.1 (1.5) | 53.6 (2.0) | 57.9 (1.4) | 53.8 (1.0) |
| Systolic blood pressure, mm Hg | 129.6 (0.3) | 131.1 (0.7) | 131.4 (0.6) | 132.5 (0.6) | 131.4 (0.4) |
| Diastolic blood pressure, mm Hg | 78.6 (0.4) | 76.7 (1.0) | 75.8 (0.8) | 72.2 (1.0) | 75.2 (0.7) |
| Antihypertensive medication use | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Diabetes | 12.3 | 100.0 | 30.1 | 21.0 | 41.7 |
| Chronic kidney disease | 10.5 | 25.6 | 100.0 | 19.8 | 35.5 |
| Aged 65+ years | 15.7 | 26.9 | 29.9 | 100.0 | 53.4 |
| Current smoker | 19.3 | 18.8 | 20.5 | 10.7 | 16.2 |
| Prevalent CVD§ | 5.8 | 15.2 | 11.1 | 13.2 | 11.2 |
| \*Table values are mean (standard error) or proportion. | | | | | |
| †Diabetes was defined by fasting serum glucose ≥126 mg/dL, non-fasting glucose ≥200 mg/dL, HbA1c ≥6.5%, or self-reported use of insulin or oral glucose lowering medication. | | | | | |
| ‡Chronic kidney disease is defined by an albumin-to-creatinine ratio ≥30 mg/dl or an estimated glomerular filtration rate <60 ml/min/1.73m² | | | | | |
| §Prevalent cardiovascular disease was defined by self-report of previous heart failure, coronary heart disease, stroke, or myocardial infarction | | | | | |
| CKD = chronic kidney disease; CVD = cardiovascular disease; HDL = high density lipoprotein | | | | | |

Figure S1: Flowchart showing the number of NHANES participants included in the current analyses.



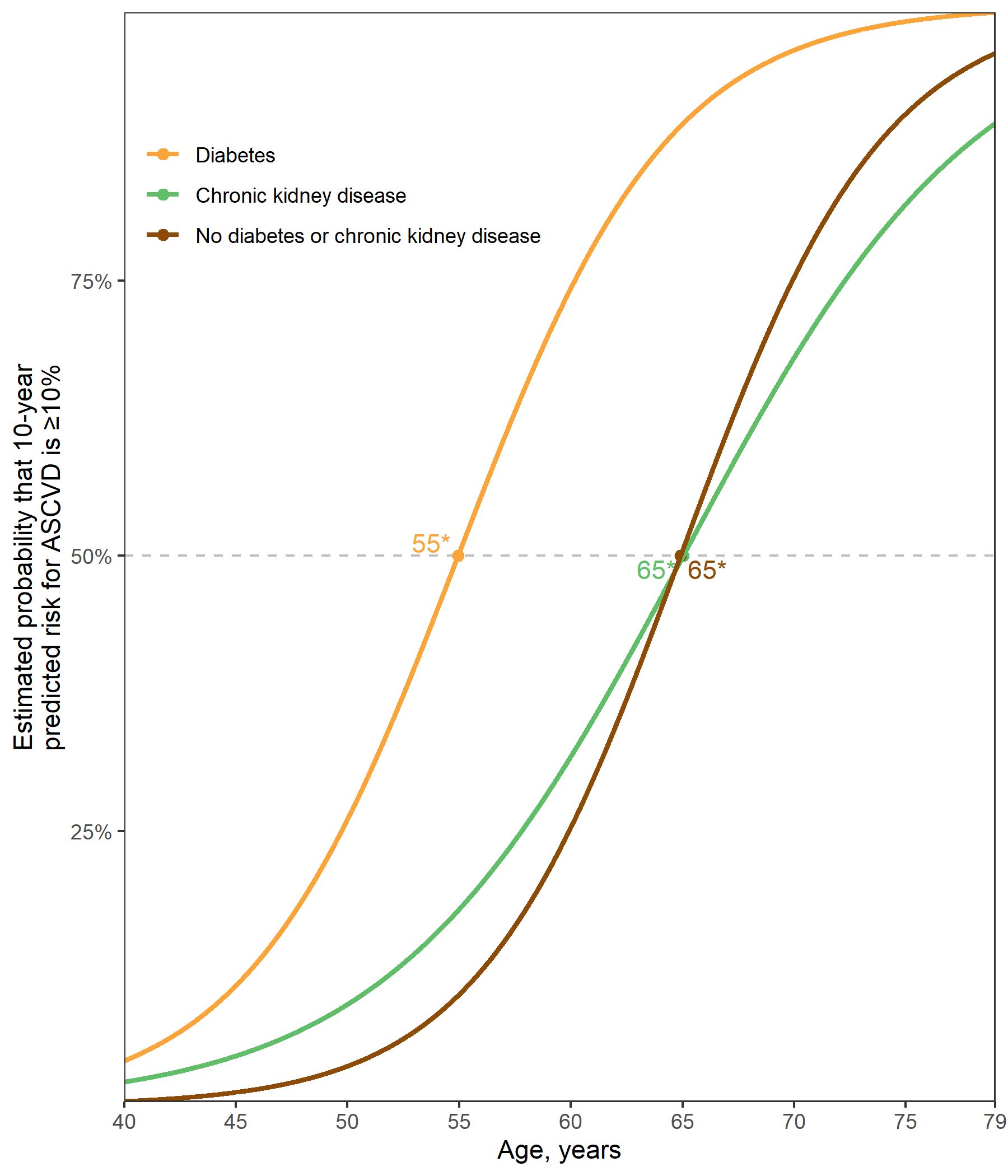
BP: blood pressure; NHANES: National Health and Nutrition Examination Survey. The Completed NHANES interview and exam cells include number with the response rate in parentheses.

Figure S2: Estimated distribution of 10-year predicted atherosclerotic cardiovascular disease risk among US adults with stage 1 hypertension and predicted risk < 10% overall and for those with diabetes, chronic kidney disease, ≥65 years of age, or any of the preceding conditions.



Results do not include data from survey participants with prevalent cardiovascular disease or 10-year predicted risk for atherosclerotic cardiovascular disease ≥ 10%.

Figure S3: Estimated Probability of ten-year predicted risk for atherosclerotic cardiovascular disease ≥10% by age among US adults with stage 1 hypertension and diabetes, chronic kidney disease, and without diabetes or chronic kidney disease.



Age at which 50% of the population is expected to have a predicted 10-year risk for atherosclerotic cardiovascular disease ≥ 10%.

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