

## Appendix 3. Detailed information on sample and outcome ascertainment of cohort studies.

	Reference	Study name	Type of sample	Outcome ascertainment
1	Clays, 2014 <sup>1</sup>	BELFIT study	All male industry workers (age 40–55 years) who were regularly employed by a selection of organisations were invited, of which 75% participated.	Mortality was ascertained from the national registry and death certificates from the National Institute of Statistics were used to assess cause of death.
2	Saidj, 2013 <sup>2</sup>	Health 2006 (H2006)	Working participants from a population-based cohort, a random sample of the population aged 18–69 years and living in the South-Western part of the greater Copenhagen area	Mortality was ascertained through the national register (information obtained after personal communication with the researchers).
3	Sjø, 2003 <sup>3</sup>	MONICA Denmark	Selection of three surveys of the general population in 11 suburban municipalities in the Copenhagen county. Random sample were drawn among participants aged 30, 40, 50 and 60 years. Mean participation rate was 79%.	Mortality was ascertained through the national register (information obtained after personal communication with the researchers).
4	Krause, 2017 <sup>4</sup>	KIHD study	Random ethnically homogeneous sample of Eastern Finnish men, residing in the city of Kuopio or its surrounding rural communities.	Data from the National Death registry were used to ascertain mortality. At the National Center of Statistics of Finland, cause of mortality was assessed using ICD codes.
5	Pulsford, 2015 <sup>5</sup>	Whitehall II study	All London-based civil servants 35–55 years were invited to participate. There was a 73% participation rate.	Mortality was ascertained through the national mortality register.
6	Eaton, 1995 <sup>6</sup>	IHDS study	A sample (using purposeful sampling to ensure an adequate sample from all regions of origin) of Israeli male government employees was conducted.	Hospital records, death certificates and autopsy reports were used to ascertain mortality and determine cause of death.
7	Autenrieth, 2011 <sup>7</sup>	MONICA/KORA Augsburg	A random sample from all residents (age 25–74 years) of the city of Augsburg and adjacent counties	Population registries inside and outside the study area were used to ascertain mortality. Death certificates were obtained from local authorities to assess cause of death (using ICD classifications).
8	Rosengren, 1997 <sup>8</sup>	Primary Prevention Study	All men born in the city of Göteborg between 1915 and 1925 were invited. There was a 75% response rate.	National registry was used to ascertain mortality and cause of death.
9	Richard, 2015 <sup>9*</sup>	NHANES study	Population-based study, which used a multistage probability sampling of the noninstitutionalized US population	Mortality was ascertained from the follow-up data of NHANES, with death certificate records from the National Death Index (NDI)
10	Moe, 2013 <sup>10</sup>	HUNT study	Population-based health survey in Nord-Trøndelag County. All inhabitants ≥20 years were invited (70% response rate).	Cause of Death Registry in Norway was used to ascertain mortality and cause of mortality using ICD classification.
11	Franzon, 2015 <sup>11</sup>	ULSAM study	All men born between 1920 and 1924 living in Uppsala were invited, of which 82% participated.	National Swedish Death Registry was used to ascertain mortality.

12	Huerta, 2016 <sup>12</sup>	EPIC Spain study	Participants were 29 to 69 year old and were recruited from five regions in Spain. Participants were blood donors, civil servants and from the general population.	Mortality was ascertained with registry information from the Spanish National Statistics Institute, with cause of death assessed using ICD classification.
13	Johnsen, 2016 <sup>13</sup>	WOLF study	Workers were recruited through 33 out of 36 occupational health services in the counties of Stockholm, Jämtland and Västernorrland, serving 60 companies.	Mortality was ascertained with national registers (personal communication with researchers)
14	Bahls, 2018 <sup>14</sup>	SHIP-START1 study	Random sample of the inhabitants of the region of West-Pomerania	Death certificates were requested from the local health authorities and were coded by two certified physicians according to the ICD classification
15	Bahls, 2018 <sup>14</sup>	CARLA study	Representative sample of the citizens of the city of Halle	Death certificates were requested from the local health authorities and were coded by a certified according to the ICD classification
16	Wanner, 2014 <sup>15</sup>	The Swiss MONICA study	Conducted in three waves among participants from French and Italian language regions in Switzerland.	Mortality ascertained from Swiss National Cohort data (94% of participants could be linked).
17	Wanner, 2014 <sup>15</sup>	NRP 1A study	Combination of a random and convenience sample among participants in the three main language regions in Switzerland; i.e., a random sample from a population registry plus a convenience sample from volunteers (often family members of sampled participants).	Mortality ascertained from Swiss National Cohort data (97% of participants could be linked).
18	Petersen, 2012 <sup>16</sup>	Danish National Health Interview Surveys	A national representative random sample of the Danish population aged 16 or above selected from the Danish Civil Registration System	Data were linked to nation-wide registers by using the unique personal identification number. Information on cause-specific mortality was obtained from the Danish Register of Causes of Death
19	Dalene, 2021 <sup>17</sup>	Norwegian study	Data from the Norwegian population-based health examination surveys were used. The surveys cover all parts of and sub-populations in Norway.	Data on all-cause mortality during follow-up were obtained from the Norwegian Cause of Death Registry.
20	Holtermann, 2012 <sup>18</sup>	Copenhagen City Heart Study	The Copenhagen City Heart Study is a prospective cardiovascular population study comprising a random sample of men and women aged 20-101 years, drawn from the Copenhagen Population Register as of 1 January 1976.	Subjects were followed in national registers. Episodes of non-fatal myocardial infarction were retrieved from the National Hospital Discharge Register. Deaths were obtained from the Civil Registration System and causes of death from the National Register of Causes of Death.
21	Holtermann, 2021 <sup>19</sup>	Copenhagen General Population Study	In the Copenhagen General Population Study, women and men aged 20-100 years were randomly invited from the general population of the greater Copenhagen area including both high and low income areas, using the Danish Central Person	Outcomes were identified by linkage to the national Danish Patient Registry covering all Danish hospitals and to the national Danish Cause of Death Registry

			Registration number, which uniquely identifies all individuals living in Denmark.	
22	Holtermann, 2009 <sup>20</sup>	Copenhagen male study	The Copenhagen Male Study comprised of male employees, aged 40–59 years, from 14 companies in the railway, public road construction, military, postal and telephone services, customs, national banking, and medical industries.	Data on death diagnoses were obtained from official national registers.
* Although a reference is made to the paper by Richard and colleagues (which is the only paper we identified on the topic using NHANES data), different measurement waves were included for our meta-analysis. Measurements of the following waves were used in which all dependent and confounding variables were assessed: 2005-2006, 2007-2008, 2009-2010, and 2011-2012. For outcomes the 2015 follow-up measurements were used.				

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