Supplement Figure 3. The association between sodium intake and all-cause mortality with high sodium intake compared to low sodium intake in each subgroups.

subgroup			HR (95% CI)	P for interaction
Sex				0.6
Male	—	1	0.63 (0.43 to 0.93)	
Female	—		0.68 (0.39 to 1.19)	
Age				0.02*
[40,60]	├		0.35 (0.18 to 0.65)	
[60,80]	-	-	0.87 (0.60 to 1.26)	
Race				0.77
Mexican	<u> </u>	+ >	1.18 (0.37 to 3.72)	
Hispanic	-	+ >	1.34 (0.40 to 4.52)	
White	-	→	0.66 (0.45 to 0.98)	
Black	—		0.62 (0.31 to 1.22)	
Other	-	+ • • • • • • • • • • • • • • • • • • •	1.19 (0.41 to 3.43)	
Education		!	,	0.98
below	—	<u> </u>	0.63 (0.38 to 1.04)	
above	—	<u> </u>	0.80 (0.50 to 1.27)	
Diabetes			.,	0.98
No	—	-	0.67 (0.45 to 1.00)	
Yes	—	1	0.74 (0.45 to 1.22)	
HTN			(****	0.97
No	—	1	0.86 (0.52 to 1.42)	
Yes	—	→	0.62 (0.39 to 0.99)	
CVD		1	0.02 (0.05 to 0.55)	0.31
No	—	1	0.73 (0.50 to 1.08)	0.01
Yes			0.53 (0.30 to 0.94)	
PIR	·	1	0.55 (0.50 to 0.51)	0.08
Lower		i e	1.03 (0.65 to 1.63)	0.00
Higher			0.60 (0.41 to 0.89)	
BMI	•		0.00 (0.11 to 0.05)	0.99
Normal	—		0.69 (0.36 to 1.34)	0.77
Overweight	· ·	•	• 0.99 (0.53 to 1.87)	
Obesity		, 1	0.61 (0.40 to 0.94)	
CKD	•	1	0.01 (0.40 to 0.54)	0.36
No		_i	0.67 (0.46 to 0.97)	0.30
Yes	· •		0.65 (0.31 to 1.37)	
Summary		-	0.69 (0.50 to 0.96)	
Summary]	
	0 0.5	1 1	.5	
	High sodium intake benefit Low sodium intake benefit			

Forest plots of stratified analyses of sodium intake and all-cause mortality. all covariates except for the factor defining the subgroup were adjusted . The multicollinearity test was conducted for all variables in the models. There is a certain degree of multicollinearity (VIF>10) present in the populations of Mexico, Spain, and others, which may hinder the extrapolation of this conclusion to these populations.