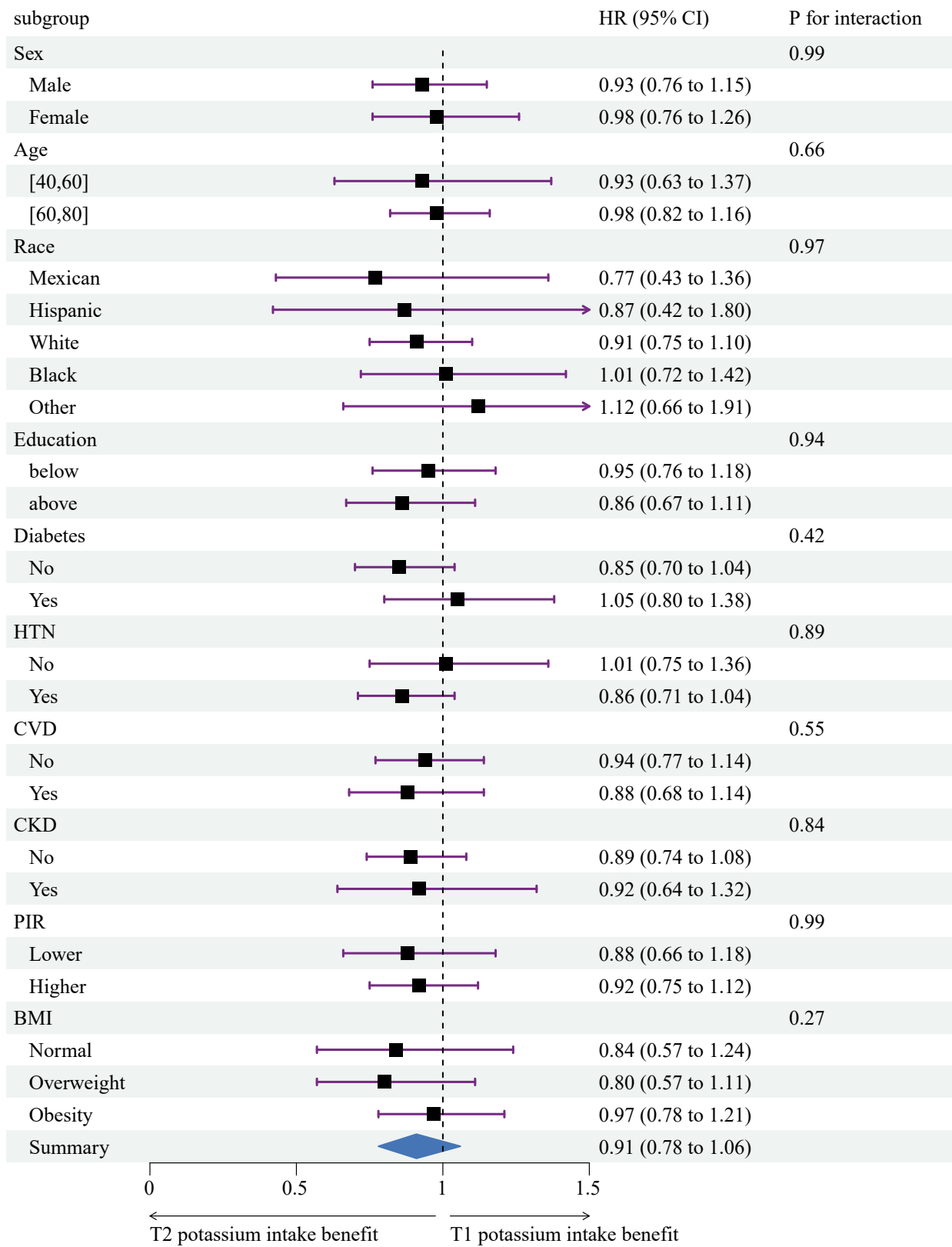Supplement Figure 4.The association between potassium intake and all-cause mortality with T2 potassium intake compared to T1 potassium intake in each subgroups.

subgroup	HR (95% CI)	P for interaction
Sex		0.99
Male	0.93 (0.76 to 1.15)	
Female	0.98 (0.76 to 1.26)	
Age		0.66
[40,60]	0.93 (0.63 to 1.37)	
[60,80]	0.98 (0.82 to 1.16)	
Race		0.97
Mexican	0.77 (0.43 to 1.36)	
Hispanic	0.87 (0.42 to 1.80)	
White	0.91 (0.75 to 1.10)	
Black	1.01 (0.72 to 1.42)	
Other	1.12 (0.66 to 1.91)	
Education		0.94
below	0.95 (0.76 to 1.18)	
above	0.86 (0.67 to 1.11)	
Diabetes		0.42
No	0.85 (0.70 to 1.04)	
Yes	1.05 (0.80 to 1.38)	
HTN		0.89
No	1.01 (0.75 to 1.36)	
Yes	0.86 (0.71 to 1.04)	
CVD		0.55
No	0.94 (0.77 to 1.14)	
Yes	0.88 (0.68 to 1.14)	
CKD		0.84
No	0.89 (0.74 to 1.08)	
Yes	0.92 (0.64 to 1.32)	
PIR		0.99
Lower	0.88 (0.66 to 1.18)	
Higher	0.92 (0.75 to 1.12)	
BMI		0.27
Normal	0.84 (0.57 to 1.24)	
Overweight	0.80 (0.57 to 1.11)	
Obesity	0.97 (0.78 to 1.21)	
Summary	0.91 (0.78 to 1.06)	

T2 potassium intake benefit ← → T1 potassium intake benefit

Forest plots of stratified analyses of potassium 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.