

SUPPLEMENTARY DATA

Supplementary Table 1. Independent predictors of urinary sodium excretion in patients with type 1 diabetes on multivariate regression analysis.

| Predictor variables | Standardized β-coefficients | P value |
|--|---|----------------|
| Age (years) | 0.115 | <0.001 |
| Male gender (yes/no) | 0.273 | <0.001 |
| BMI (kg/m ²) | 0.175 | <0.001 |
| Macrovascular disease (yes/no) | -2.993 | 0.003 |
| Duration of diabetes (years) | -0.101 | <0.001 |
| HDL cholesterol (mmol/L) | 0.049 | 0.016 |
| Albumin excretion rate (mg/min) | 0.077 | 0.001 |
| Estimated GFR (ml/min/1.73m ²) | 0.083 | <0.001 |

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Supplementary Table 2. Variables independently associated with all-cause mortality in patients with type 1 diabetes from the FinnDiane cohort in a Cox regression model. The model was well specified (Harrell's C = 0.84, Goodness of Fit; P=0.70, Adjusted R²: 0.80 (0.72, 0.85)).

| Predictor variables | Hazard ratio | [95% CI] | P value |
|---|--------------|-------------|---------|
| Microalbuminuria (yes/no) | 2.536 | 1.678-3.834 | <0.001 |
| Macroalbuminuria (yes/no) | 3.065 | 2.041-4.603 | <0.001 |
| Age (years) | 1.061 | 1.047-1.076 | <0.001 |
| Macrovascular disease (yes/no) | 2.504 | 1.753-3.576 | <0.001 |
| High sensitivity CRP (IU/mL) | 1.026 | 1.015-1.036 | <0.001 |
| HbA _{1c} (%) | 1.978 | 1.450-2.701 | <0.001 |
| Estimated GFR (ml/min/1.73m ²) ^a | 2.061 | 1.500-2.831 | <0.001 |
| HDL cholesterol ^a | 0.692 | 0.546-0.877 | 0.002 |
| HDL cholesterol ^a | 1.547 | 1.207-1.985 | 0.001 |
| Urinary sodium excretion ^a | 0.765 | 0.574-1.021 | 0.069 |
| Urinary sodium excretion ^a | 2.090 | 1.498-2.916 | <0.001 |

^aNon-linear relationships were established by fractional polynomials, which are extensions of the conventional polynomial, allowing unique and repeated powers of a (positive) continuous variable, the powers being (2, 1, 0.5, 0, 0.5, 1, 2, 3) and the power 0=logarithm. Thus a 2,2 fractional polynomial (FP) has the general form: $0 + 1x^2 + 2x^2 \log x$, where 0 is the intercept and x, the continuous covariate (20). HbA_{1c} is modelled as a 3rd degree FP, estimated GFR as a -0.5 FP; daily urinary sodium excretion as a 0,0 FP and HDL cholesterol 3,3 FP.

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Supplementary Table 3. Competing risk model of variables associated with the cumulative incidence of ESRD in patients with type 1 diabetes and macroalbuminuria from the FinnDiane cohort, taking into account the competing risk of pre-ESRD death

| Predictor variables | Sub-hazard ratio | [95% CI] | P value |
|--|------------------|-------------|---------|
| Age (years) | 0.947 | 0.926-0.968 | <0.001 |
| HbA _{1c} (%) | 1.318 | 1.173-1.481 | <0.001 |
| Estimated GFR (ml/min/1.73m ²) | 0.987 | 0.949-1.027 | 0.521 |
| Urinary sodium excretion ^a | 2.685 | 1.300-5.546 | 0.008 |
| Urinary sodium excretion ^a | 2.150 | 1.487-3.108 | <0.001 |
| Interaction term ^b | 0.190 | 0.053-0.681 | 0.011 |
| Interaction term ^b | 0.521 | 0.324-0.840 | 0.007 |
| Interaction term ^b | 1.727 | 1.377-2.166 | <0.001 |

^aModelled as a Cubic spline with a knot at 104.6 mmol/day

^bInteraction between sodium excretion and estimated GFR modelled as a cubic regression spline with knots at 4842 and 8010. For each of Daily urinary sodium excretion and Interaction term, the first entry refers to the basis function of the spline and the {second} and {second and third} terms relate to the knots.