

refined/milled grains. The conversion of intake in servings to gram per kg (body weight) and day (g/kg/d) was based on USDA United State Department of Agriculture Nutrient data base (eTable 2).¹

eTable 2. Assumed protein content per serving size and conversion between servings and gram based on USDA United State Department of Agriculture National Nutrient database for standard reference.

Food	Portion size	Gram protein
Red and white meat	100g	28.87
Egg (01128)	46g	6.29
Fish (15237)	1 filet = 154g	39.18
Dairy	1 cup	7.86
Legumes	1 cup	15.35
Tofu	28.35g	4.87
Whole wheat bread (18075)	1 slice (28g)	3.63
White bread (18069)	1 slice (28g)	2.56
Aggregate variables given in gram	consisting of	
Animal protein (g)	(meat/poultry * 28.87) + (fish * 39.18) + (eggs * 6.29) + (dairy products * 7.86)	
Plant protein (g)	(legumes * 15.35) + (tofu/soybean curd * 4.87) + (whole grains * 3.63) + (refined/milled grains * 2.56)	
Total protein (g)	animal protein (g) + plant protein (g)	

(Release 18; <http://www.nal.usda.gov/fnic/foodcomp/Data/SR18/sr18.html>; Accessed March 18, 2013)

Calculation of mAHEI

With the Food Frequency Questionnaire eight of the nine food items included in the AHEI were recorded.²⁻⁴ Of these, five variables were identical (vegetables, fruits, nuts and soy proteins, multivitamins, and alcohol intake) and three items were comparable (whole grains in place of cereal fibre, deep fried food in place of trans fats, and fish to meat and eggs ratio in place of white to red meat). Assuming each serving of whole grain contains five grams of fibre, we assigned ten points for three or more servings of whole grains and zero points for zero intake. Conversely, for deep fried food/snacks/fast food the highest score was given for the lowest intake (ten points for ≤ 0.5 times/day; zero point for \geq four times/day). The ratio of PUFA/SFA was excluded from the mAHEI as we were unable to compute the daily intake of these nutrients.

Estimated 24-hour Potassium and Sodium Urinary Excretion

At baseline 24-hour potassium and sodium urinary excretion were estimated from a fasting morning urine sample as previously described.⁵ The Kawasaki formula was applied for the estimated 24-hour urinary sodium and potassium.⁶

2. Study Outcomes

The definition of new micro- or macro-albuminuria included an increase of at least 30% in UACR between baseline and 5 years follow-up measurements. eTable 2 shows the change in the number of participants with new micro- or macro-albuminuria at the end of the study when the minimum increase in UACR between baseline and 5 years follow-up measurement would be 0, 15, or 45%.

eTable 3. Changes in the number of participants with new micro- or macro-albuminuria at study end when the minimum increase in UACR between baseline and 5 years follow-up measurement is changed.

Minimum increase in UACR	Participants with	
	new microalbuminuria	new macroalbuminuria
0%	688	306
15%	684	305
30%	678	301
45%	668	300

With the micro- and macroalbuminuria definition of a minimum increase in UACR of at least 30% 979 (15.76%) participants were defined as alive with an incidence or progression of CKD. In case of no minimum