Supplementary Online Content

Association between Visual Acuity and Incident Atherosclerotic Cardiovascular Disease: A Longitudinal test of Mediators

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This supplementary material has been provided by the authors to give readers additional information about their work.

Supplementary Table 1. UK Biobank Showcase Variables Used in the Study.

Measure	Field ID	Time	Description
		Visual acui	ty
Visual acuity (right), logMAR	5201	Baseline assessment	The procedure for Visual Acuity testing at an Assessment Centre of the UK Biobank follow the manual:https://biobank.ndph.ox.ac.uk/showcase/uk b/docs/Visualacuity.pdf.
Visual acuity (left), logMAR	5208	Baseline assessment	The procedure for Visual Acuity testing at an Assessment Centre of the UK Biobank follow the manual:https://biobank.ndph.ox.ac.uk/showcase/uk b/docs/Visualacuity.pdf.
		Incident ASC	CVD
	41270 (code I21-I23, I460, I20-25, I60-I64)	From the date of baseline assessment to either the	Hospital in-patient records with ASCVD as main or any secondary diagnoses based on the 10th edition of the WHO International Classification of Diseases (ICD-10).
Incident ASCVD	41280	date of onset ASCVD, the date of	The date each ICD-10 diagnosis code was first recorded in either the primary or secondary position in the participant's hospital inpatient records.
	40001 (code I21-I23, I460, I20-25, I60-I64)	death, or the end of follow-up (28 April 2021)	Underlying/primary cause of death reported for participant.
		Mediators	S
	20002 (code 1065, 1072)		Self-reported hypertension.
Hypertension	6153 (code 2)	Baseline assessment	Use of antihypertensive drugs.
	4080		Average systolic blood pressure of at least 130mmHg.
	4079		Average diastolic blood pressure of at least 80mmHg.
	2443		Doctor-diagnosed diabetes mellitus. Touchscreen question "Has a doctor ever told you that you have diabetes?"
	20003	Baseline	The use of anti-hyperglycemic medications.
Diabetes mellitus	6153 (code 3)	assessment	The use of insulin.
	30750		Glycated hemoglobin level measured by HPLC analysis on a Bio-Rad VARIANT II Turbo (≥ 48 mmol/mol).
	20002		Self-reported depression.
D	2050	Baseline	Frequency of depressed mood in last 2 weeks
Depression	Depression 2060		Frequency of unenthusiasm / disinterest in last 2 weeks

diastolic blood pressure	4079	Baseline	Blood pressure, automated reading, diastolic. Two
Systolic blood pressure	4080	Baseline assessment	Blood pressure, automated reading, systolic. Two measures of blood pressure were taken a few moments apart.
	30690		Blood cholesterol level Measured by CHO-POD analysis on a Beckman Coulter AU5800(≥ 6.21 mmol/L).
Hyperlipidemia	6153 20003	Baseline assessment	The use of statins. The use of hyperlipidemia-related medication.
	(code 1473)	<i>p</i>	Self-reported hyperlipidemia.
Smoking status	20116	Baseline assessment	This field summarises the current/past smoking status of the participant.
Physical activity levels	22036	Baseline assessment	Indicates whether a person met the 2017 UK Physical activity guidelines of 150 minutes of walking or moderate activity per week or 75 minutes of vigorous activity.
Education attainment	6138	Baseline assessment	Touchscreen question "Which of the following qualifications do you have? (You can select more than one)".
	20111 (code 1,2)		Illnesses of siblings. Touchscreen question "Have any of your brothers or sisters suffered from any of the following diseases? (You can select more than one answer)".
Family history of ASCVD	20110 (code 1,2)	Baseline assessment	Illnesses of mother. Touchscreen question "Has/did your mother ever suffer from? (You can select more than one answer)".
	20107 (code 1,2)		Illnesses of father. Touchscreen question "Has/did your father ever suffer from? (You can select more than one answer)".
Ethnic background	21000	Baseline assessment	Recorded as white and non-white.
Sex	31	Baseline assessment	Sex of participant.
Age	21003	Baseline assessment	Refer to the age of the participant on the day they attended an Assessment Centre, year.
	De	mographic info	_
Townsend deprivation index	189	Baseline assessment	Townsend deprivation index calculated immediately prior to participant joining UK Biobank based on the preceding national census output areas. Each participant is assigned a score corresponding to the output area in which their postcode is located.
Incident depression	41270 (code F32, F33)	online mental health questionnair e	Hospital in-patient records with depression as main or any secondary diagnoses based on the 10th edition of the WHO International Classification of Diseases (ICD-10).
Incident diabetes	41270 (code E10- E14)	to the date of onset anxiety /the date of	Hospital in-patient records with diabetes as main or any secondary diagnoses based on the 10th edition of the WHO International Classification of Diseases (ICD-10).
Incident hypertension	41270 (code I10-I15)	From the date of baseline assessment	Hospital in-patient records with hypertension as main or any secondary diagnosis based on the 10th edition of the WHO International Classification of Diseases (ICD-10).

		assessment	measures of blood pressure were taken a few		
			moments apart.		
HbA1c	30750	Baseline	Measured by HPLC analysis on a Bio-Rad		
HOATC	30730	assessment	VARIANT II Turbo		
LDL	LDL 30780		Measured by enzymatic protective selection		
LDL	30780	assessment	analysis on a Beckman Coulter AU5800		
HDL	<mark>30760</mark>	Baseline	Measured by enzyme immunoinhibition analysis on		
HDL		assessment	a Beckman Coulter AU5800		
cholesterol	30690	Baseline	Measured by CHO-POD analysis on a Beckman		
cholesterol	30090	assessment	Coulter AU5800		
triglycerides	30870	Baseline	Measured by GPO-POD analysis on a Beckman		
urgrycerides	308/0	assessment	Coulter AU5800		

ASCVD, atherosclerotic cardiovascular disease; LogMAR, logarithm of the minimum angle of resolution; HbA1c, Glycated Hemoglobin; LDL, low-density lipoprotein; HDL, high-density lipoprotein.

Supplementary Table 2. Baseline Characteristics Stratified by Incident ASCVD^a.

Baseline	Total	Sample without	Sample with	HR (95% CI) ^a	P value
Characteristics		Incident ASCVD	Incident ASCVD		
N	110,522	105,026 (95.03)	5,496 (4.97)	-	-
Age, mean (SD), yrs	56.55 (8.12)	56.33 (8.13)	60.79 (6.60)	1.08 (1.08, 1.08)	<0.001
Gender, No. (%)					
Female	61,500 (55.65)	59,368 (56.53)	2,132 (38.79)	1 [Reference]	
Male	49,022 (44.35)	45,658 (43.47)	3,364 (61.21)	1.98 (1.83, 2.04)	<0.001
Ethnicity, No. (%)					
White	98,341 (88.98)	93,443 (88.97)	4,898 (89.12)	1 [Reference]	
Non-white	12,181 (11.02)	11,583 (11.03)	598 (10.88)	1.32 (1.21, 1.43)	<0.001
Townsend index, mean (SD)	-0.96 (3.00)	- 0.97 (3.00)	- 0.85 (3.06)	1.03 (1.03, 1.05)	<0.001
Education level, No.					
College or university	39,021 (35.31)	37,510 (35.71)	1,511 (27.49)	1 [Reference]	
degree					
Others	71,501 (64.69)	67,516 (64.29)	3,985 (72.51)	1.32 (1.25, 1.40)	<0.001
Smoking status, No.					
(%) Never	61,890 (56.36)	59,317 (56.84)	2,573 (47.22)	1 [Reference]	
Former/current	47,926 (43.64)	45,050 (43.16)	2,876 (52.78)	1.25 (1.18, 1.32)	<0.001
Family history of	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,000 (10110)	2,0.0 (02.70)	1120 (1110, 1102)	10.001
ASCVD, No. (%)					
No	50,599 (45.78)	48,750 (46.32)	1,942 (35.33)	1 [Reference]	
Yes	59,923 (54.22)	56,500 (53.68)	3,554 (64.67)	1.42 (1.34, 1.50)	<0.001
Physical activity, No.					
Not meeting recommendation	15,688 (17.45)	14,797 (17.29)	891 (20.55)	1 [Reference]	
Meeting recommendation	74,232 (82.55)	70,787 (82.71)	3,445 (79.45)	0.77 (0.71, 0.83)	<0.001

History of diabetes,					
No. (%)					
No	104,020	99,271 (94.52)	4,749 (86.41)	1 [Reference]	
	(94.12)				
Yes	6,502 (5.88)	5,755 (5.48)	747 (13.59)	2.08 (1.92, 2.25)	<0.001
History of					
hypertension,					
No. (%)					
No	28,906 (26.16)	28,202 (26.85)	704 (12.81)	1 [Reference]	
Yes	81,616 (73.85)	76,824 (73.15)	4,792 (87.19)	1.67 (1.54, 1.81)	<0.001
History of					
hyperlipidemia, No.					
(%)					
No	61,828 (55.94)	59,528 (56.68)	2,300 (41.85)	1 [Reference]	
Yes	48,694 (44.06)	45,498 (43.32)	3,196 (58.15)	1.47 (1.39, 1.55)	<0.001
History of depression,					
No. (%)					
No	104,485	99,358 (94.60)	5,127 (93.29)	1 [Reference]	
	(94.54)				
Yes	6,037 (5.46)	5,668 (5.40)	369 (6.71)	1.57 (1.45, 1.70)	<0.001
LogMAR of visual	-0.04 (0.15)	-0.05 (0.15)	-0.01 (0.16)	1.97 (1.68, 2.31)	<0.001
acuity (better eye)					

^aNote: Cox proportional hazards regression models adjusted for age and gender.

ASCVD, atherosclerotic cardiovascular disease; No., number; HR, hazard ratio; CI, confidence interval;

SD, standard deviation; LogMAR, logarithm of the minimum angle of resolution.

Supplementary Table 3. Sensitivity Analysis: Cox Proportional Hazards Models for Incident ASCVD by VA.^a

	Model 1		Model 2		
	HR (95% CI)	P value	HR (95% CI)	P value	
Total analysis					
Visual acuity	1.85 (1.54, 2.22)	< 0.001	1.50 (1.21, 1.87)	< 0.001	
(Continue variable, per 0.1					
LogMAR)					
Visual acuity (Category variable)					
T1 (high visual acuity level)	1 [Reference]		1 [Reference]		
T2 (moderate visual acuity level)	1.10 (1.02, 1.19)	0.014	1.00 (0.92, 1.10)	0.951	
T3 (lowest visual acuity level)	1.26 (1.17, 1.36)	< 0.001	1.13 (1.04, 1.23)	0.001	
P for trend		< 0.001		0.004	
Stratification analysis					
Stratified by gender					
Female	1.93 (1.44, 2.58)	< 0.001	1.48 (1.03, 2.12)	0.029	
Male	1.80 (1.43, 2.28)	< 0.001	1.51 (1.15, 1.98)	0.003	
Test for interaction		0.348		0.620	

^a In sensitivity analysis, we removed all incident ASCVD cases that occurred within two years of follow-up to minimize the possibility of reverse causality.

We used Cox proportional hazards regression for the incident ASCVD. Model 1 was adjusted for baseline measurements of age and gender. Model 2 additionally adjusted for risk factors shared between VA and ASCVD, measured at baseline, including ethnicity, smoking status, education level, Townsend index, family history of severe ASCVD, physical activity level, and comorbidities (depression, diabetes, hypertension, and hyperlipidemia).

T, tertiles of LogMAR value.

VA, visual acuity; ASCVD, atherosclerotic cardiovascular disease; HR, hazard ratio; LogMAR, logarithm of the minimum angle of resolution.

Supplementary Table 4. Sensitivity Analysis: Cox Proportional Hazards Models for Incident ASCVD by VA. ^a

	Model 1		Model 2		
	HR (95% CI)	P value	HR (95% CI)	P value	
Total analysis					
Visual acuity					
(Continuous variable, per 0.1	1.97 (1.68, 2.31)	< 0.001	1.65 (1.34, 2.03)	< 0.001	
LogMAR)					
Visual acuity (Categorical variable)					
T1 (high visual acuity level)	1 [Reference]		1 [Reference]		
T2 (moderate visual acuity level)	1.10 (1.03, 1.18)	0.005	1.00 (0.91, 1.08)	0.833	
T3 (lowest visual acuity level)	1.30 (1.20, 1.37)	< 0.001	1.16 (1.07, 1.26)	0.001	
P for trend		< 0.001		< 0.001	
Stratification analysis					
Stratified by gender					
Female	1.93 (1.49, 2.51)	< 0.001	1.43 (1.00, 2.06)	0.052	
Male	1.99 (1.62, 2.43)	< 0.001	1.77 (1.37, 2.28)	< 0.001	
Test for interaction		0.725		0.819	

^a In sensitivity analysis, we further adjusted for clinically relevant variables, including systolic and diastolic blood pressure, HbA1c levels, LDL, HDL, and total cholesterol, to ensure that the findings remained consistent under additional levels of adjustment.

We used Cox proportional hazards regression for the incident ASCVD. Model 1 was adjusted for baseline measurements of age and gender. Model 2 additionally adjusted for risk factors shared between VA and ASCVD, measured at baseline, including ethnicity, smoking status, education level, Townsend index, family history of severe ASCVD, physical activity level, and comorbidities (depression, diabetes, hypertension, and hyperlipidemia), and clinically relevant variables (HbA1c levels, LDL, HDL, cholesterol, triglycerides).

T, tertiles of LogMAR value.

VA, visual acuity; ASCVD, atherosclerotic cardiovascular disease; HR, hazard ratio; LogMAR, logarithm of the minimum angle of resolution.

Supplementary Table 5. Mediation Analysis and Four-Way Decomposition of Associations of VA with ASCVD via Potential Mediators^a.

	Over	Overall		nen	Me	n
Measure	β	P Value	β	P Value	β	P Value
Hypertension						
Total effect	-0.497	< 0.001	-0.452	0.002	-0.519	< 0.001
Controlled direct effect	-0.365	< 0.001	-0.278	0.005	-0.425	0.001
Reference interaction	-0.126	0.040	-0.163	0.205	-0.092	0.080
Mediated interaction	0.012	0.117	0.020	0.255	0.004	0.558
Pure indirect effect	-0.019	0.019	-0.031	0.015	-0.005	0.537
Proportion mediated, %	3.8	-	6.8	-	1.0	-
Diabetes						
Total effect	-0.452	< 0.001	-0.320	0.029	-0.516	< 0.001
Controlled direct effect	-0.245	< 0.001	-0.278	< 0.001	-0.202	0.034
Reference interaction	-0.198	0.031	-0.040	0.809	-0.303	0.012
Mediated interaction	0.005	0.052	0.000	0.810	0.012	0.035
Pure indirect effect	-0.015	< 0.001	-0.009	0.026	-0.023	< 0.001
Proportion mediated, %	3.3	-	2.8	-	4.5	-
Depression						
Total effect	-0.462	< 0.001	-0.400	0.002	-0.493	< 0.001
Controlled direct effect	-0.354	< 0.001	-0.305	0.006	-0.380	0.001
Reference interaction	-0.088	0.361	-0.056	0.741	-0.103	0.398
Mediated interaction	0.006	0.366	0.005	0.741	0.004	0.418
Pure indirect effect	-0.026	< 0.001	-0.040	< 0.001	-0.014	0.007
Proportion mediated, %	5.7	-	10.0	-	2.6	-
Townsend deprivation index						
Total effect	-0.491	< 0.001	-0.424	< 0.001	-0.527	< 0.001
Controlled direct effect	-0.467	< 0.001	-0.387	0.003	-0.508	< 0.001
Reference interaction	-0.013	0.785	-0.003	0.969	0.019	0.715
Mediated interaction	0.008	0.800	0.003	0.956	0.146	0.718
Pure indirect effect	-0.29	0.005	-0.037	0.009	-0.023	0.128
Proportion mediated, %	5.9		8.8		4.3	-

^a Apart from the mediator being analyzed, other mediators were included as covariates to account for their potential influence on the mediator-outcome relationship. Additionally, the analysis adjusted for baseline measurements of age, gender, ethnicity, smoking status, education level, Townsend index, family history of severe ASCVD, physical activity level, and hyperlipidemia.

VA, visual acuity; ASCVD, Atherosclerotic Cardiovascular Disease;

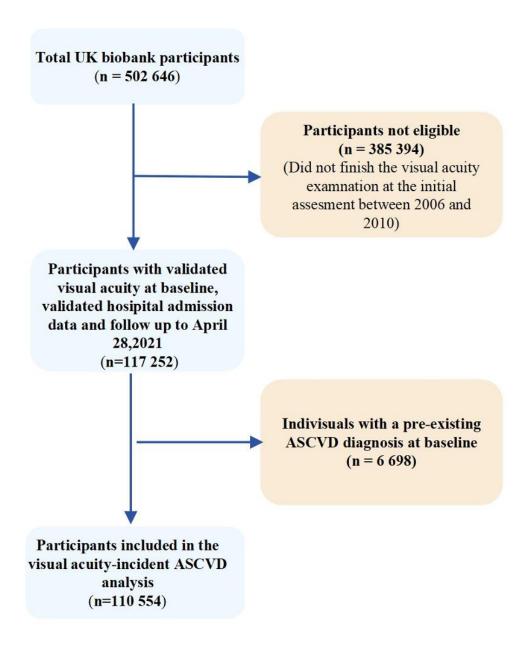
Supplementary Table 6. Sensitive Analysis: Mediation Analysis and Four-Way Decomposition of Associations of VA with ASCVD via Potential Mediators^a.

	Overall		Wor	nen	Men	
Measure	β	P Value	β	P Value	β	P Value
Hypertension						
Total effect	-0.515	< 0.001	-0.444	0.002	-0.551	< 0.001
Controlled direct effect	-0.382	< 0.001	-0.283	0.003	-0.451	< 0.001
Reference interaction	-0.124	0.054	-0.143	0.324	-0.098	0.056
Mediated interaction	0.013	0.114	0.018	0.353	0.006	0.407
Pure indirect effect	-0.022	0.008	-0.036	0.009	-0.009	0.363
Proportion mediated, %	4.2	-	8.1	-	1.6	-
Diabetes						
Total effect	-0.483	< 0.001	-0.394	0.003	-0.532	< 0.001
Controlled direct effect	-0.234	< 0.001	-0.256	< 0.001	-0.200	< 0.001
Reference interaction	-0.238	0.006	-0.129	0.373	-0.321	0.056
Mediated interaction	0.007	0.017	0.002	0.400	0.015	0.407
Pure indirect effect	-0.018	< 0.001	-0.011	0.011	-0.027	0.363
Proportion mediated, %	3.7	-	2.8	-	5.0	-
Depression						
Total effect	-0.470	< 0.001	-0.396	0.002	-0.505	< 0.001
Controlled direct effect	-0.354	< 0.001	-0.294	0.005	-0.389	< 0.001
Reference interaction	-0.094	0.301	-0.065	0.692	-0.105	0.363
Mediated interaction	0.006	0.308	0.006	0.693	0.004	0.384
Pure indirect effect	-0.028	< 0.001	-0.043	< 0.001	-0.015	0.005
Proportion mediated, %	5.9	-	10.9	-	2.8	-
Townsend deprivation index						
Total effect	-0.528	< 0.001	-0.465	< 0.001	-0.563	< 0.001
Controlled direct effect	-0.483	< 0.001	-0.416	< 0.001	-0.525	< 0.001
Reference interaction	0.001	0.785	-0.007	0.931	0.006	0.906
Mediated interaction	0.001	0.800	0.006	0.899	-0.003	0.941
Pure indirect effect	-0.047	0.005	-0.058	< 0.001	-0.040	0.007
Proportion mediated, %	8.9	-	12.4	-	7.1	-

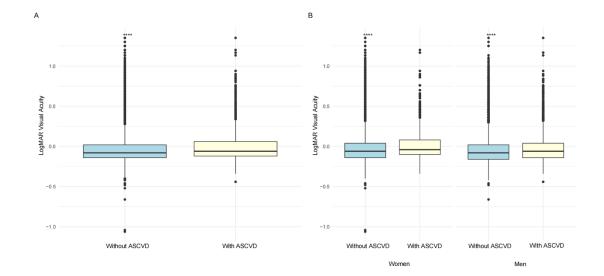
^aA sensitivity analysis was performed in which other mediators were excluded as covariates to assess the robustness of the results.

The analysis adjusted for age, gender, ethnicity, smoking status, education level, Townsend index, family history of severe ASCVD, physical activity level, and hyperlipidemia.

VA, visual acuity; ASCVD, Atherosclerotic Cardiovascular Disease;



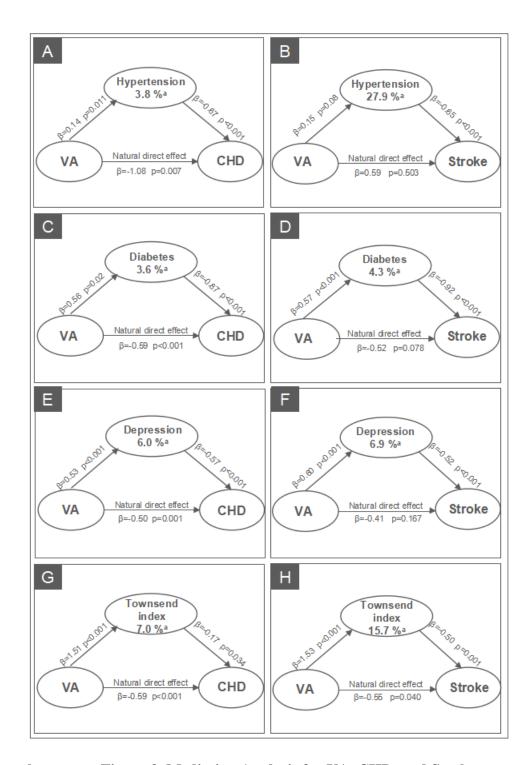
Supplementary Figure 1. Flow Chart of the Study Sample Selection from the UK Biobank.



Supplementary Figure 2. Mean LogMAR Visual Acuity Stratified by Incident ASCVD.

(A) Total mean LogMAR values. (B) Sex-specific mean LogMAR values. Boxes contain 50% of the data, and the error bars contain the remainder. The horizontal lines indicate medians.

ASCVD, Atherosclerotic Cardiovascular Disease; LogMAR, logarithm of the minimum angle of resolution.



Supplementary Figure 3. Mediation Analysis for VA, CHD, and Stroke.

Mediation analyses were performed between VA-CHD for hypertension (panel A), for hypertension (panel C), for diabetes status (panel E) and for Townsend index (panel G) separately. Mediation analyses were performed between VA-Stroke for hypertension (panel B), for hypertension (panel D), for diabetes status (panel F) and for Townsend index (panel H) separately. Apart from the mediator being analyzed, other mediators were included as covariates to account for their potential influence on the mediator-outcome relationship. Additionally, the analysis adjusted for baseline measurements of age, gender,

ethnicity, smoking status, education level, Townsend index, family history of severe ASCVD, physical activity level, and hyperlipidemia. ^aP for indirect effect <0.05.

VA, visual acuity; ASCVD, atherosclerotic cardiovascular disease; CHD, coronary heart disease.