

Definitions of other exposure variables

Race was based on self-report. Hypertension was defined as use of medication to treat high blood pressure, systolic blood pressure ≥ 140 mmHg, or diastolic blood pressure ≥ 90 mmHg. Diabetes mellitus was defined as a self-reported physician's diagnosis of diabetes, use of hypoglycemic medications, nonfasting serum glucose levels ≥ 200 mg/dL, or fasting serum glucose level ≥ 126 mg/dL. Heart failure at baseline was defined as the reported use of medications to treat heart failure in the previous two weeks or the presence of heart failure according to Gothenburg criteria. Incident heart failure at follow-up visits was defined as the presence of International Classification of Diseases, Ninth Revision code 428 in any hospitalization or death certificate during follow-up. Prevalent coronary heart disease was defined as physician-diagnosed coronary heart disease or the presence of a previous myocardial infarction by ECG. Incident coronary heart disease was adjudicated by the ARIC Morbidity and Mortality Classification Committee as previously described. Left ventricular hypertrophy was defined from the ECG based on Cornell criteria.

Participants were asked to fast for 12 hours and to refrain from smoking or ingestion of caffeine for at least 1 hour before the clinic examination. A standard supine 12-lead resting ECG was performed with MAC PC Personal Cardiographs (Marquette Electronics, Inc, Milwaukee, WI). Electrocardiograms were transmitted by telephone to the ARIC Central ECG Reading Center for coding, interpretation, and storage. Blood was drawn from an antecubital vein of seated participants into vacuum tubes for serum cholesterol measurements