Metabolic Dysfunction Modifies the Influence of Traffic-Related Air Pollution and Noise Exposure on Late-life Dementia and Cognitive Impairment

-A cohort study of older Mexican-Americans

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Table S1. Definition of metabolic dysfunction according to the recommendations of the Third Adult Treatment Panel of the National Cholesterol Education Program (NCEP ATP III).

Metabolic Dysfunction	NCEP ATP III Criteria
Abdominal Obesity	Waist Circumference: ≥ 40 inches (Male), ≥ 35 inches (Female)
Hyperglycemia	Fasting glucose ≥ 100 mg/dl
Low HDL-cholesterol	HDL-Cholesterol:< 40 mg/dl (Male), < 50 mg/dl (Female)

Note: HDL, high density lipoprotein;

Table S2. Air pollutions and noise exposure measure means, variances, and distributions.

Exposure	N	Mean	Variance	Percentile								
	11	wican	variance .	0	5	10	25	50	75	90	95	100
Traffic-related NOx (ppb) ^a	1612	2.59	4.69	0.01	0.43	0.67	1.15	1.90	3.34	5.22	6.93	13.20
24-hour noise (dB) ^a	1612	68.46	78.78	39.4	55.1	57.5	62.4	67.6	74.2	81.3	84.4	100.0

Note: NOx, nitrogen oxides; dB, decibels; ppb, part per billion.

a. The Pearson correlation among the air pollution and noise exposures estimates is 0.43.

TableS3. Effect estimates (and 95% CI) of traffic-related NOx and 24-hour noise exposures (single exposure models) and each metabolic dysfunction on incident dementia/CIND from adjusted Cox proportional hazards regression models ^a.

Parameter	Model 1	Model 2	Model 3	Model4	Model 1	Model 2	Model 3	Model4
rarameter	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
Traffic-related NOx (per 2.29 ppb increase)	1.2 (1.0, 1.4)	1.2 (1.0, 1.4)	1.2 (0.98, 1.4)	1.2 (0.99, 1.4)				
24-hour noise (per 11.6 dB increase)					1.2 (1.0, 1.5)	1.2 (0.96, 1.5)	1.2 (1.0, 1.5)	1.2 (1.0, 1.5)
Obesity (Yes vs No) b		1.1 (0.78, 1.6)				1.1 (0.78, 1.6)		
Hyperglycemia (Yes vs No) b			1.5 (1.0, 2.1)				1.5 (1.1, 2.1)	
Low HDL-cholesterol (Yes vs No) b				1.3 (0.91, 1.8)				1.3 (0.91, 1.8)

Note: CIND, cognitive impairment without dementia; HDL, high density lipoprotein; dB, decibels; ppb, part per billion.

a. All the models were adjusted with baseline age, sex, education, occupation held during most of the life, neighborhood socio-economic status, smoking status, alcohol status, residential county, physical activity and household income, baseline cognition function.

b. Definitions for metabolic dysfunction: (i) obesity: waist circumference of ≥40 in. in men; ≥35 in. in women; (ii) hyperglycemia: fasting glucose ≥100 mg/dl, or use of glucose-lowering medications; (iii) low HDL cholesterol: men:<40 mg/dl; women:<50 mg/dl, or use of statins.

Table S4. Superadditivity and multiplicativity for joint effect analyses a between traffic-related NOx (<3.44 vs ≥ 3.44 ppb) or 24-hour noise exposure (<65 vs ≥ 65 dB) and metabolic dysfunction on incident dementia/CIND.

		-related NOx vs ≥ 3.44 ppb)	24-hour noise (<65 vs ≥ 65 dB)					
Risk factor	Superadditivity (RERI)	Multiplicat (Interaction	•	Superadditivity (RERI)	Multiplicat (Interaction	•		
	RERI (95% CI)	HR (95% CI)	p-value	RERI (95% CI)	HR (95% CI)	p-value		
Obesity b	0.20 (-0.81, 1.2)	1.2 (0.51, 2.7)	0.72	-0.11 (-1.1, 0.90)	0.87 (0.39, 1.9)	0.74		
Hyperglycemia ^b	0.50 (-0.52, 1.5)	1.4 (0.6, 3.3)	0.40	0.32 (-0.54, 1.2)	0.99 (0.46, 2.1)	0.97		
Low HDL-cholesterol b	1.1 (0.03, 2.1)	2.2 (1.0, 4.8)	0.05	-0.01 (-0.93, 0.90)	0.88 (0.42, 1.9)	0.74		

Note: CIND, cognitive impairment without dementia; HDL, high density lipoprotein; NOx, nitrogen oxides; dB, decibels; ppb, part per billion; HR, hazard ratio; 95% CI, 95% confidence interval, RERI, relative excess risk due to interaction.

a. All the models were adjusted with baseline age, sex, education, occupation held during most of the life, neighborhood socio-economic status, smoking status, alcohol status, residential county, physical activity and household income, baseline cognition function.

b. Definitions for metabolic dysfunction: (i) obesity: waist circumference of ≥40 in. in men; ≥35 in. in women; (ii) hyperglycemia: fasting glucose ≥100 mg/dl, or use of glucose-lowering medications; (iii) low HDL cholesterol: men:<40 mg/dl; women:<50 mg/dl, or use of statins.

Table S5. Joint effects ^a for traffic-related NOx (<2.68 vs ≥ 2.68 ppb) or 24-hour noise exposure (<75 dB vs ≥ 75 dB) and metabolic dysfunction on incident dementia/CIND.

			Traffic-re	elated NOx			24-hour noise						
	NO:	x <2.68	3 ppb	$NOx \ge 2.68 ppb$			24-hou	r noise	< 75dB	24-hour noise ≥ 75dB			
Risk Factor	Case/Total	HR	95% CI	Case/Total	HR	95% CI	Case/Total	HR	95% CI	Case/Total	HR	95% CI	
Obesity b													
No	33/400	1.00	-	18/207	1.25	(0.67, 2.32)	40/466	1.00	-	11/141	1.07	(0.52, 2.18)	
Yes	62/589	1.15	(0.70, 1.88)	32/312	1.59 ^c	(0.92, 2.73)	65/696	1.05	(0.67, 1.64)	29/205	1.79 ^c	(1.05, 3.06)	
Hyperglycemia ^b													
No	52/581	1.00	-	21/259	1.01	(0.55, 1.87)	48/648	1.00	-	25/192	1.72	(0.95, 3.12)	
Yes	51/481	1.41	(0.89, 2.23)	35/291	2.09 ^c	(1.29, 3.40)	66/594	1.79	(1.16, 2.76)	20/178	2.35^{c}	(1.34, 4.13)	
Low HDL-Cholesterol b													
No	62/671	1.00	-	32/355	1.29	(0.78, 2.11)	64/788	1.00	-	30/238	1.79	(1.07, 3.00)	
Yes	41/391	1.31	(0.83, 2.07)	24/195	1.85°	(1.08, 3.18)	50/454	1.53	(0.99, 2.34)	15/132	1.76 ^c	(0.96, 3.23)	

Note: CIND, cognitive impairment without dementia; HDL, high density lipoprotein; NOx, nitrogen oxides; dB, decibels; ppb, part per billion; HR, hazard ratio; 95% CI, 95% confidence interval.

a. All the models were adjusted with baseline age, sex, education, occupation held during most of the life, neighborhood socio-economic status, smoking status, alcohol status, residential county, physical activity and household income, baseline cognition function.

b. Definitions for metabolic dysfunction: (i) obesity: waist circumference of ≥40 in. in men; ≥35 in. in women; (ii) hyperglycemia: fasting glucose ≥100 mg/dl, or use of glucose-lowering medications; (iii) low HDL cholesterol: men:<40 mg/dl; women:<50 mg/dl, or use of statins.

Table S6. Effect estimates (and 95% CI) for traffic-related NOx and 24-hour noise exposures (single exposure models) and each metabolic dysfunction (defined without considering medication information) on incident dementia/CIND from adjusted Cox proportional hazards regression models ^a.

Parameter	Model 1	Model 2	Model 3	Model4	Model 1	Model 2	Model 3	Model4
1 ai ametei	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
Traffic-related NOx (per 2.29 ppb increase)	1.2 (1.0, 1.4)	1.2 (1.0, 1.4)	1.2 (0.98, 1.4)	1.2 (0.99, 1.4)				
24-hour noise (per 11.6 dB increase)					1.2 (1.0, 1.5)	1.2 (0.96, 1.5)	1.2 (0.97, 1.5)	1.2 (0.96, 1.5)
Obesity (Yes vs No) ^b Hyperglycemia (Yes vs No) ^b		1.1 (0.78, 1.6)	1.6 (1.1, 2.2)			1.1 (0.78, 1.6)	1.6 (1.1, 2.2)	
Low HDL-cholesterol (Yes vs No) ^b				1.4 (0.97, 2.0)				1.4 (0.96, 2.0)

Note: CIND, cognitive impairment without dementia; HDL, high density lipoprotein; NOx, nitrogen oxides; dB, decibels; ppb, part per billion; HR, hazard ratio; 95% CI, 95% confidence interval.

- a. All the models were adjusted with baseline age, sex, education, occupation held during most of the life, neighborhood socio-economic status, smoking status, alcohol status, residential county, physical activity and household income, baseline cognition function.
- b. Definitions for metabolic dysfunction: (i) obesity: waist circumference of ≥40 in. in men; ≥35 in. in women; (ii) hyperglycemia: fasting glucose ≥100 mg/dl; (iii) low HDL cholesterol: men:<40 mg/dl; women:<50 mg/dl.

Table S7. Joint effects a between traffic-related NOx (<3.44 vs ≥ 3.44 ppb) or 24-hour noise (<65 vs ≥ 65 dB) exposure and metabolic dysfunction (defined without considering medication information) on incident dementia/CIND.

			Traffic-re	elated NOx			24-hour noise							
	NO	x <3.44	ppb	NO	$NOx \ge 3.44 ppb$		24hr noise < 65dB			24hr noise \geq 65dB				
Risk Factor	Case/Total	HR	95% CI	Case/Total	HR	95% CI	Case/Total	HR	95% CI	Case/Total	HR	95% CI		
Obesity b														
No	38/463	1.00	-	13/144	1.31	(0.67, 2.58)	16/226	1.00	-	35/381	1.45	(0.76, 2.78)		
Yes	69/678	1.14	(0.72, 1.80)	25/223	1.73 ^c	(0.99, 3.03)	31/339	1.31	(0.67, 2.53)	63/562	1.65 ^c	(0.89, 3.07)		
Hyperglycemia ^b														
No	51/614	1.00	-	12/168	1.07	(0.54, 2.09)	19/303	1.00	-	44/479	1.29	(0.73, 2.29)		
Yes	54/519	1.45	(0.95, 2.22)	27/200	2.42 ^c	(1.44, 4.04)	26/256	1.60	(0.87, 2.95)	55/463	2.21 ^c	(1.27, 3.85)		
Low HDL-Cholesterol b														
No	69/756	1.00	-	18/256	0.97	(0.55, 1.69)	29/383	1.00	-	58/629	1.31	(0.80, 2.14)		
Yes	37/379	1.13	(0.73, 1.77)	21/112	2.85°	(1.65, 4.91)	17/178	1.48	(0.79, 2.75)	41/313	1.89 ^c	(1.12, 3.20)		

Note: CIND, cognitive impairment without dementia; HDL, high density lipoprotein; NOx, nitrogen oxides; dB, decibels; ppb, part per billion; HR, hazard ratio; 95% CI, 95% confidence interval.

a. All the models were adjusted with baseline age, sex, education, occupation held during most of the life, neighborhood socio-economic status, smoking status, alcohol status, residential county, physical activity and household income, baseline cognition function.

b. Definitions for metabolic dysfunction: (i) obesity: waist circumference of ≥40 in. in men; ≥35 in. in women; (ii) hyperglycemia: fasting glucose ≥100 mg/dl; (iii) low HDL cholesterol: men:<40 mg/dl; women:<50 mg/dl.