

Supplementary Figure 1 Association between dietary fiber intake and diabetic kidney disease as indicated by odds ratio. Solid and dashed lines represent the predicted value and 95% confidence intervals, respectively. The analyses are adjusted for age, sex, race/ethnicity, educational level, marital status, family income, smoking status, coronary heart disease, hypertension, calorie consumption, protein consumption, duration of diabetes, insulin use, and HbA1c, HOMA-IR, TC, ALT, SUA, and hemoglobin levels. Only 99% of the data are shown.

			Model 1		Model 2		Model 3	
Variable	Total, n	Events, n (%)	OR (95% CI)	P Val ue	OR (95% CI)	P Val ue	OR (95% CI)	P Val ue
Tertile groups (g/1000kcal/day)								
T1(≤6.4)	1932	747 (38.7)	1(referen ce)		1(referen ce)		1(referen ce)	
T2(6.5-10.0)	1967	790 (40.2)	0.96 (0.84-1.1 0)	0.53 9	0.96 (0.84-1.1 0)	0.57 9	1.00 (0.86-1.1 6)	0.99 6
T3(≥10.1)	2011	734 (36.5)	0.79 (0.68-0.9 0)	0.00 1	0.78 (0.68-0.9 1)	0.00 1	0.82 (0.70-0.9 6)	0.01 1
P for Trend				0.00 1		0.00 1		0.01 0

Supplementary Table 1 Association between dietary fiber and diabetic kidney disease in participants without extreme energy intake

Model 1 was adjusted for age, sex, race/ethnicity, educational level, marital status, and family income. Model 2 was adjusted for all covariates in Model 1 in addition to smoking status, coronary heart disease, hypertension, calorie consumption, and protein consumption. Model 3 was adjusted for all covariates in Model 2 plus the duration of diabetes, insulin use, and HbA1c, HOMA-IR, TC, ALT, SUA, hemoglobin levels. CI: confidence interval; OR, odds ratio.