Nutrients 2017, 9, x FOR PEER REVIEW

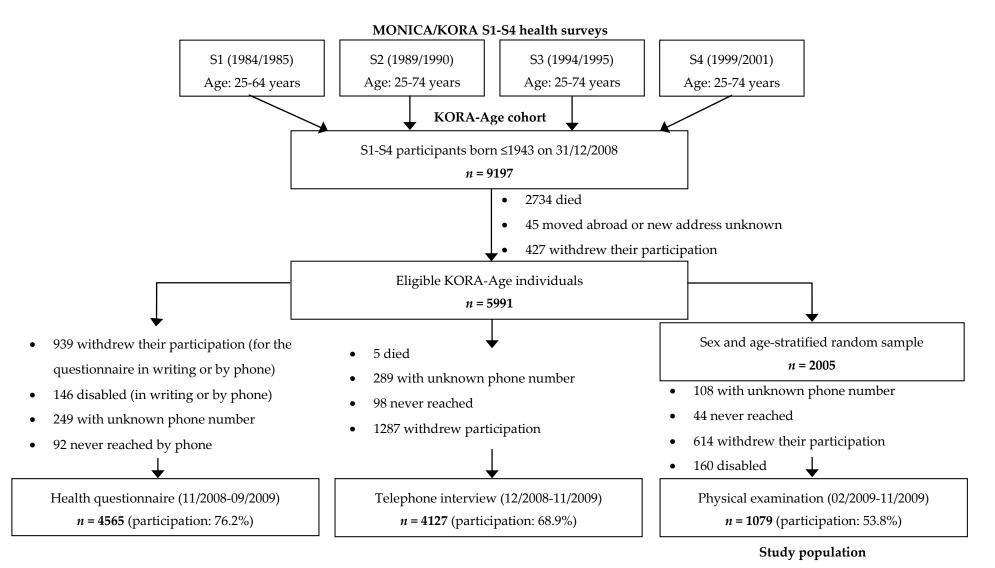


Figure S1: Flowchart of the KORA-Age 2008/2009 recruitment and retention profile.

Nutrients 2017, 9, x FOR PEER REVIEW

Table S1: Description of data collection and categorization methods for the investigated predictors in KORA-Age 2008/2009.

Predictor	Collection Method	Assessment Method	Categories
Socio-demographic factors			
Sex	Telephone interview	Short form of the Demographic Standards of the German Society of	Men; women
		Epidemiology [1]	
Age groups (years)	Telephone interview	Same as sex	65-74; 75-84; 85-93
Family status	Telephone interview	Same as sex	Living with a partner; living alone, divorced or widowed
Educational level (years)	Telephone interview	Estimated by recording years of school completed	Medium to high (10 to 17); low (8 to 9)
Lifestyle factors			
Nutritional status (GNRI)	Physical examination	Derived by combining information on albumin level, weight and height,	No risk (>98); low risk (92 to 98); moderate/ major risk (<92)
		defined in [2]	
Nutritional status (Nutrition	Telephone interview	Short version of SCREEN II questionnaire covering eating habits (e.g.	Low risk (41 to 48); medium risk (36 to <41); high risk (<36)
Score)		skipping meals, appetite, daily intake of fruits and vegetables) [3]	
Physical activity	Telephone interview	Two four-category questions on time spent per week on sport activities in	Very active (regular sports in summer and winter for >2
		summer and winter, respectively [4]	hours/week in both seasons) or moderately active (regular
			sports for ~1 hour/week in at least one season); less active
			(irregular sports for ~1 hour/week in at least one season) or
			inactive (no sports in summer or winter)
Alcohol consumption (g/day)	Physical examination	Self-reported amount of alcoholic drinks consumed (beer, wine and	0; >0 to <20; ≥20
		spirits) based on the last weekend and the last weekday using a validated	
		recall method [5]	
Smoking status	Health questionnaire	Questions: 1) Have you smoked more than 100 cigarettes in your life? 2)	Never smoker (if answer 'no' to question 1); ex-smoker (if
		Do you smoke cigarettes at the moment? 3) Do you smoke regularly or	answer 'yes' to question 1 but answer 'no' to question 2);
		occasionally? [6]	current smoker (if answer 'regularly' or 'occasionally' to
			question 3)

Nutrients 2017, 9, x FOR PEER REVIEW 3 of 7

Table S1: Cont.

Predictor	Collection Method	Assessment Method	Categories
Health factors			
BMI (kg/m²)	Physical examination	Body weight in kilograms divided by squared height in meters	According to WHO: normal (18.5 to <25); overweight (25 to
			<30); obese (≥30). One individual with a BMI of 18.3 was
			added to the category normal (18.5 to <25).
Frailty	Physical examination	Adapted version of the frailty phenotype proposed by Fried et al. [7],	Non-frail (no criteria); pre-frail (1-2 criteria); frail (≥3 criteria)
		defined by the presence of ≥3 criteria: weight loss (>5 kg in the past 6	
		months), exhaustion, low physical activity (by self-report), low walking	
		speed and weakness (as measured by grip strength)	
Polypharmacy	Physical examination	Use of ≥5 medications, taken regularly and prescribed (without herbal	No; yes
		or homeopathic medications)	
eGFR (mL/min/1.73m²)	Physical examination	Estimated from serum creatinine (mg/dL) according to formulas	Normal (≥60); low (<60)
		described in [8]	
Multi-morbidity	Health questionnaire +	Suffering from ≥2 morbidities including hypertension, eye disease,	No disease; one disease; two or more diseases
	telephone interview	heart disease, diabetes mellitus, joint disease, lung disease,	
		gastrointestinal disease, mental disease, stroke, cancer, kidney disease,	
		neurological disease, liver disease [9]	
Use of supplements	Physical examination	Use of medications and supplements ingested in the last 7 days	Regular intake; no/irregular intake
		collected through a database supported computer software (IDOM)	
		[10], together with mode, dosage and frequency of ingestion [11].	
		Micronutrient composition of supplements available from a database	
		established by Helmholtz Zentrum München staff [11].	

GNRI: Geriatric Nutritional Risk Index; SCREEN II: Seniors in the Community Risk Evaluation for Eating and Nutrition, version II; BMI: body mass index; WHO: World Health Organization; eGFR: estimated glomerular filtration rate; IDOM: Instrument for Databased Assessment Of Medication

Nutrients 2017, 9, x FOR PEER REVIEW

Table S2: Unadjusted ORs with 95% CIs for subclinical micronutrient deficiencies by categories of potential predictors: Results from binary logistic regression analyses in KORA-Age 2008/2009.

- ·		Low 25OHD				Low folate			Low vitamin B ₁₂			Low iron		
Predictor	Predictor Categories		95% CI	p	OR	95% CI	p	OR	95% CI	p	OR	95% CI	p	
Season of blood collection													_	
Months of blood collection	February-May vs June-August	1.8	1.3 – 2.3	< 0.001						·				
Months of blood collection	September-November vs June-August	0.9	0.7 - 1.3	0.713		•			•	•				
Socio-demographic factors														
Sex	Women vs men	1.6	1.3 - 2.1	< 0.001	1.2	0.8 - 1.8	0.479	0.8	0.6 – 1.1	0.180	0.5	0.3 - 0.7	0.001	
Age groups (years)	75-84 vs 65-74	1.6	1.2 – 2.0	0.001	1.2	0.7 - 2.0	0.494	1.3	0.9 - 1.7	0.124	1.5	1.0 – 2.3	0.075	
Age groups (years)	85-93 vs 65-74	3.7	2.4 - 5.8	< 0.001	3.1	1.7 - 5.6	< 0.001	1.9	1.3 - 2.9	0.002	2.8	1.6 - 4.8	< 0.001	
Family status	Living alone, divorced or widowed vs living with a partner	1.4	1.1 – 1.9	0.006	1.4	0.9 - 2.2	0.105	0.9	0.7 - 1.2	0.545	1.2	0.8 - 1.8	0.348	
Educational level (years)	Low (8 to 9) vs medium to high (10 to 17)	1.7	1.2 - 2.3	0.001	1.4	0.8 - 2.2	0.217	1.3	0.9 - 1.7	0.161	1.0	0.6 - 1.7	0.850	
Lifestyle factors														
Nutritional status	GNRI: Low (92 to 98) vs no risk (>98)	1.0	0.6 - 1.7	0.923	1.3	0.5 - 2.8	0.614	1.0	0.5 - 1.7	0.926	2.7	1.4 - 5.1	0.003	
Nutritional status	GNRI : Moderate/major (<92) vs no risk (>98)	1.5	0.6 - 3.8	0.367	1.2	0.2 - 4.1	0.840	0.6	0.2 - 1.7	0.386	4.8	1.8 – 11.9	0.001	
Nutritional status	Nutrition Score: High (<36) vs low risk (41 to 48)	1.5	1.1 - 2.0	0.019	2.0	1.2 - 3.5	0.012	1.2	0.8 - 1.7	0.393	1.7	1.1 - 2.8	0.016	
Nutritional status	Nutrition Score: Medium (36 to <41) vs low risk (41 to 48)	1.2	0.9 - 1.7	0.135	1.2	0.7 - 2.1	0.484	1.3	1.0 - 1.8	0.076	0.7	0.4 - 1.1	0.112	
Physical activity	Less active or inactive vs very active or moderately active	2.1	1.6 - 2.7	< 0.001	2.3	1.5 - 3.7	< 0.001	1.5	1.1-1.9	0.006	1.8	1.2 - 2.7	0.003	
Alcohol consumption (g/day)	>0 to <20 vs 0	0.8	0.6 - 1.0	0.056	0.9	0.5 - 1.4	0.571	1.1	0.8 - 1.5	0.612	0.9	0.6 - 1.5	0.763	
Alcohol consumption (g/day)	≥20 vs 0	0.5	0.4 - 0.7	<0.001	0.4	0.2 - 0.8	0.009	1.3	1.0 - 1.9	0.083	0.9	0.6 - 1.5	0.750	
Smoking status	Current smoker vs never smoker	0.8	0.4 - 1.4	0.345	0.9	0.3 - 2.4	0.893	1.6	0.9 – 3.0	0.107	2.2	1.0 - 4.6	0.043	
Smoking status	Former smoker vs never smoker	0.6	0.4 - 0.7	< 0.001	1.0	0.6 – 1.5	0.920	0.9	0.7 - 1.2	0.425	1.4	0.9 - 2.1	0.101	

Nutrients 2017, 9, x FOR PEER REVIEW 5 of 7

Table S2: Cont.

	Predictor categories	Low 25OHD			Low folate				Low vitamin	B ₁₂	Low iron		
Predictor		OR	95% CI	p	OR	95% CI	р	OR	95% CI	р	OR	95% CI	p
Health factors													
BMI (kg/m²)	Overweight (25 to <30) vs normal (18.5 to <25)	1.0	0.7 - 1.4	0.953	1.1	0.6 - 2.2	0.675	1.2	0.9 - 1.8	0.287	0.7	0.5 – 1.2	0.188
BMI (kg/m²)	Obese (≥30) vs normal (18.5 to <25)	1.7	1.2 - 2.5	0.003	1.6	0.8 - 3.0	0.162	1.2	0.8 - 1.8	0.378	0.5	0.3 - 0.9	0.020
Frailty	Missing value vs non-frail		1.2 - 3.6	0.016	3.1	1.4 - 6.5	0.003	1.4	0.7 - 2.4	0.297	4.1	1.9 - 8.4	< 0.001
Frailty	Pre-frail vs non-frail	2.2	1.7 – 2.8	< 0.001	1.5	0.9 - 2.5	0.091	1.2	0.9 – 1.7	0.156	3.3	2.1 – 5.2	< 0.001
Frailty	Frail vs non-frail	2.9	1.6 – 5.8	0.001	3.6	1.5 – 7.7	0.002	1.6	0.8 - 2.9	0.158	6.9	3.2 – 14.2	< 0.001
Polypharmacy	Yes vs no	1.3	1.0 – 1.6	0.079	1.0	0.7 – 1.6	0.852	0.6	0.4 - 0.8	0.001	2.2	1.5 – 3.2	< 0.001
eGFR (mL/min/1.73m²)	Low (<60) vs normal (≥60)	1.6	1.2 – 2.1	0.001	1.5	1.0 – 2.3	0.066	0.1	0.0 - 1.0	0.990	2.0	1.3 – 2.9	0.001
Multi-morbidity	One disease vs no disease	1.6	1.0 - 2.7	0.049	0.8	0.3 - 2.1	0.571	1.3	0.8 - 2.2	0.361	1.3	0.5 - 4.2	0.568
Multi-morbidity	Two or more disease vs no disease	2.4	1.5 – 3.8	< 0.001	1.3	0.6 - 3.1	0.571	1.0	0.6 – 1.8	0.861	2.5	1.1 – 7.3	0.051
Use of supplements	Vitamin D: No/irregular intake vs regular intake	3.4	2.3 – 5.2	< 0.001									
Use of supplements	Folic acid: No/irregular intake vs regular intake				3.8	1.4 – 15.6	0.026						
Use of supplements	Vitamin B12: No/irregular intake vs regular intake							4.8	2.5 – 10.4	< 0.001			
Use of supplements	Iron: No/irregular intake vs regular intake		·								4.1	0.9 – 73.7	0.164

25OHD=25-hydroxyvitamin D; GNRI: Geriatric Nutritional Risk Index; SCREEN II: Seniors in the Community Risk Evaluation for Eating and Nutrition, version II; BMI: body mass index; eGFR: estimated glomerular filtration rate; OR: odds ratio; CI: confidence interval; p: p-value; . : not investigated (see Methods); range of n for 25OHD: 1030-1040, folate: 1033-1043, vitamin B₁₂: 1034-1044, iron: 1040-1050; variables with p < 0.25 were selected for multiple logistic regression analysis; cut-offs for subclinical micronutrient deficiency: <50 nmol/L (25OHD); <13.6 nmol/L (folate); <221 pmol/L (vitamin B₁₂); men: <11.6 μ mol/L, women: <9.0 μ mol/L (iron)

Nutrients 2017, 9, x FOR PEER REVIEW 6 of 7

Table S3: Predictors with p < 0.25 in binary logistic regression which were entered into each multiple logistic regression model

Low 25OHD	Low folate	Low vitamin B ₁₂	Low iron		
Months of blood collection					
Sex*	Sex**	Sex*	Sex*		
Age groups*	Age groups*	Age groups*	Age groups*		
Family status	Family status	-	-		
Educational level	Educational level	Educational level	-		
-	-	-	Nutritional status (GNRI)		
Nutritional status (Nutrition Score)	Nutritional status (Nutrition Score)	Nutritional status (Nutrition Score)	Nutritional status (Nutrition Score)		
Physical activity	Physical activity	Physical activity	Physical activity		
Alcohol consumption	Alcohol consumption	Alcohol consumption	-		
Smoking status	-	Smoking status	Smoking status		
BMI	BMI	-	BMI		
Frailty	Frailty	Frailty	Frailty		
Polypharmacy	-	Polypharmacy	Polypharmacy		
eGFR	eGFR	-	eGFR		
Multi-morbidity	-	-	Multi-morbidity		
Use of supplements (Vitamin D)					
	Use of supplements (Folic acid)				
		Use of supplements (Vitamin B ₁₂)			
			Use of supplements (Iron)		

25OHD=25-hydroxyvitamin D; GNRI: Geriatric Nutritional Risk Index; BMI: body mass index; eGFR: estimated glomerular filtration rate; *: variables were forced in every model (*even if non-significant at p < 0.25); -: variable not significant at p < 0.25; .: not investigated (see Methods); cut-offs for subclinical micronutrient deficiency: <50 nmol/L (25OHD); <13.6 nmol/L (folate); <221 pmol/L (vitamin B₁₂); men: <11.6 µmol/L, women: <9.0 µmol/L (iron

References

1

- 2 1. Ahrens, W.; Bellach, B.-M.; Jöckel, K.-H. [Measurement and quantification of sociodemographic
- 3 characteristics in epidemiological studies]. German Society for Medical Informatics, Biometry and
- 4 Epidemiology (GMDS). **1998**. Available online:
- 5 <u>https://dgepi.de/fileadmin/pdf/leitlinien/11_MessungUndQuantifizierungSoziodemographischerMer</u>
- 6 <u>kmale_pdf2.pdf</u> (accessed on 14 November 2017).
- 7 2. Bouillanne, O.; Morineau, G.; Dupont, C.; Coulombel, I.; Vincent, J.P.; Nicolis, I.; Benazeth, S.;
- 8 Cynober, L.; Aussel, C. Geriatric Nutritional Risk Index: a new index for evaluating at-risk elderly
- 9 medical patients. *Am J Clin Nutr* **2005**, *82*, 777-783.
- 10 3. Keller, H.H.; Goy, R.; Kane, S.L. Validity and reliability of SCREEN II (Seniors in the community: risk
- evaluation for eating and nutrition, Version II). Eur J Clin Nutr **2005**, 59, 1149-1157.
- 12 10.1038/sj.ejcn.1602225.
- 13 4. Meisinger, C.; Lowel, H.; Thorand, B.; Doring, A. Leisure time physical activity and the risk of type 2
- diabetes in men and women from the general population. The MONICA/KORA Augsburg Cohort
- 15 Study. *Diabetologia* **2005**, 48, 27-34. 10.1007/s00125-004-1604-3.
- Doring, A.; Filipiak, B.; Stieber, J.; Keil, U. Trends in alcohol intake in a southern German population
- 17 from 1984-1985 to 1989-1990: results of the MONICA Project Augsburg. *J Stud Alcohol* **1993**, *54*, 745-749.
- 18 6. Strobl, R.; Muller, M.; Emeny, R.; Peters, A.; Grill, E. Distribution and determinants of functioning and
- disability in aged adults--results from the German KORA-Age study. BMC Public Health 2013, 13, 137.
- 20 10.1186/1471-2458-13-137.
- 7. Fried, L.P.; Tangen, C.M.; Walston, J.; Newman, A.B.; Hirsch, C.; Gottdiener, J.; Seeman, T.; Tracy, R.;
- Kop, W.J.; Burke, G., et al. Frailty in older adults: evidence for a phenotype. J Gerontol A Biol Sci Med Sci
- 23 **2001**, *56*, M146-156.
- Inker, L.A.; Schmid, C.H.; Tighiouart, H.; Eckfeldt, J.H.; Feldman, H.I.; Greene, T.; Kusek, J.W.; Manzi,
- 25 J.; Van Lente, F.; Zhang, Y.L., et al. Estimating glomerular filtration rate from serum creatinine and
- 26 cystatin C. N Engl J Med 2012, 367, 20-29. 10.1056/NEJMoa1114248.
- 27 9. Kirchberger, I.; Meisinger, C.; Heier, M.; Zimmermann, A.K.; Thorand, B.; Autenrieth, C.S.; Peters, A.;
- Ladwig, K.H.; Doring, A. Patterns of multimorbidity in the aged population. Results from the
- 29 KORA-Age study. *PLoS One* **2012**, 7, e30556. 10.1371/journal.pone.0030556.
- 30 10. Mühlberger, N.; Behrend, C.; Stark, R.; Holle, R. [Database-supported identification and entry of drug
- data in health studies experience with the IDOM software]. *Informatik Biometrie und Epidemiologie in*
- 32 *Medizin und Biologie* **2003**, 34, 601-611.
- 33 11. Schwab, S.; Heier, M.; Schneider, A.; Fischer, B.; Huth, C.; Peters, A.; Thorand, B. The use of dietary
- 34 supplements among older persons in southern Germany results from the KORA-age study. J Nutr
- 35 Health Aging **2014**, 18, 510-519. 10.1007/s12603-013-0418-8.



© 2017 by the authors. Submitted for possible open access publication under the terms and conditions of the Creative Commons Attribution (CC BY) license (http://creativecommons.org/licenses/by/4.0/).

36