

Figure K.4c: Intake of SSBs at baseline and measures of waist circumference and abdominal fat





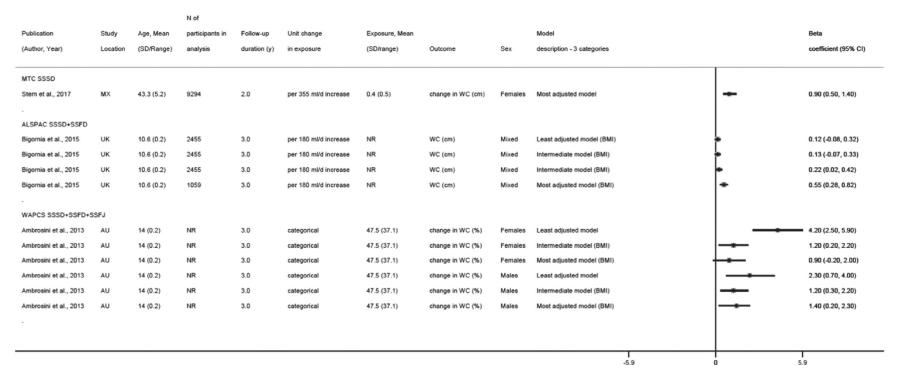


Figure K.4d: Change in intake of SSBs and measures of waist circumference and abdominal fat



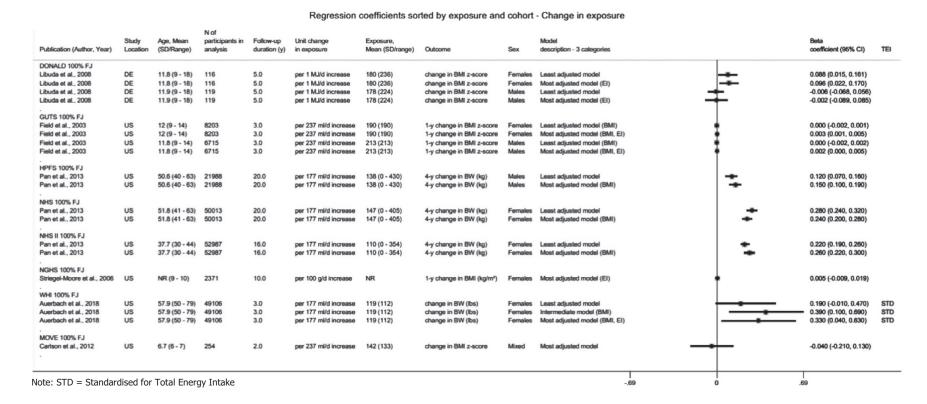


Figure K.5: Change in intake of Fruit juices and measures of body weight and body mass index



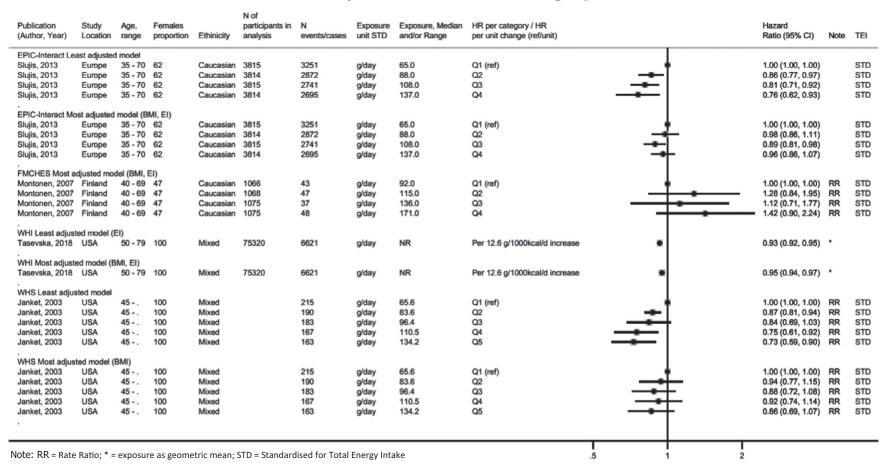


Figure K.6: Intake of total sugars and incidence of type 2 diabetes mellitus



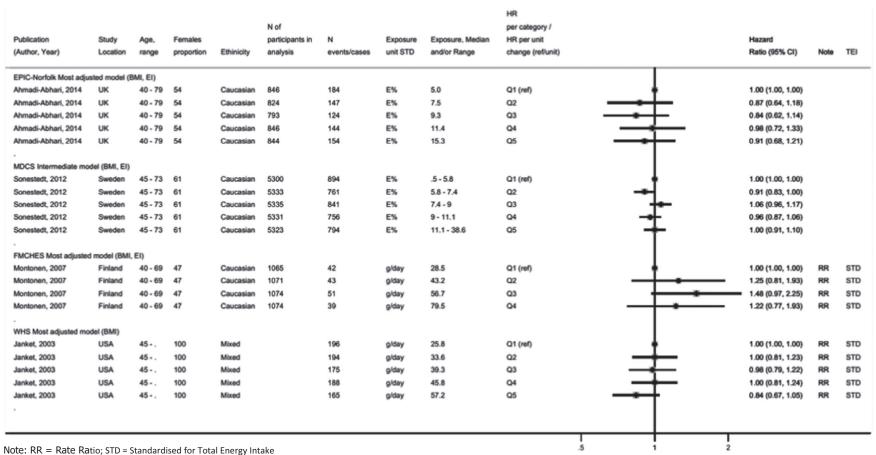


Figure K.7: Intake of sucrose and incidence of type 2 diabetes mellitus



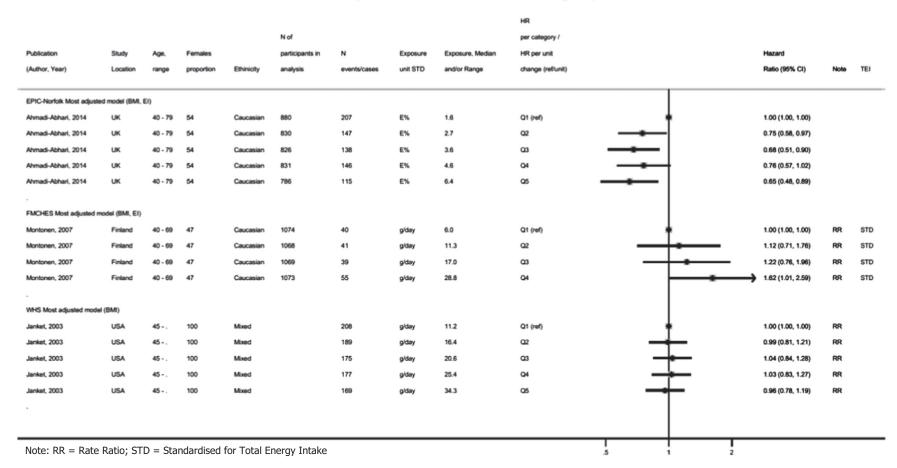
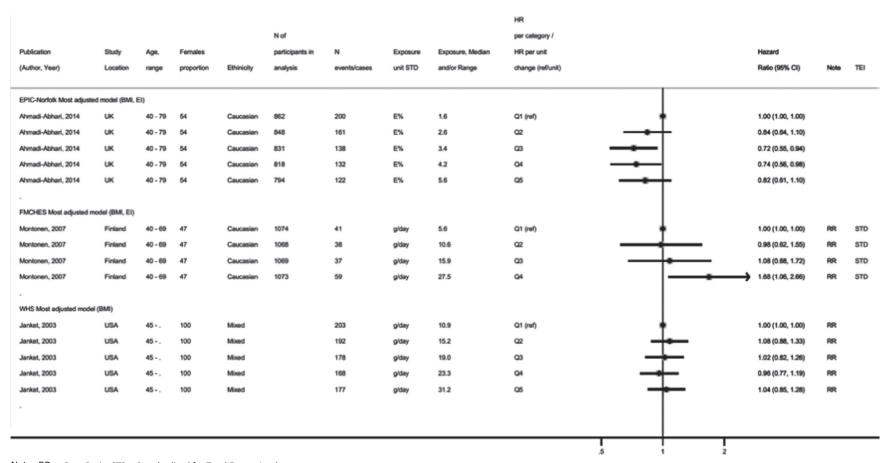


Figure K.8: Free fructose and incidence of type 2 diabetes mellitus

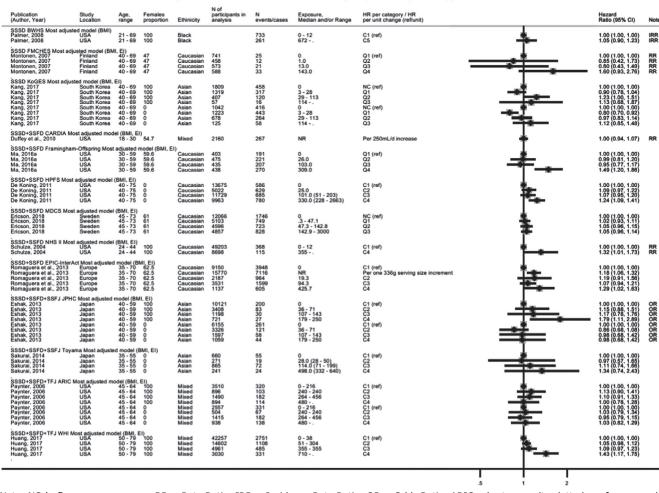




Note: RR = Rate Ratio; STD = Standardised for Total Energy Intake

Figure K.9: Free glucose intake and incidence of type 2 diabetes mellitus



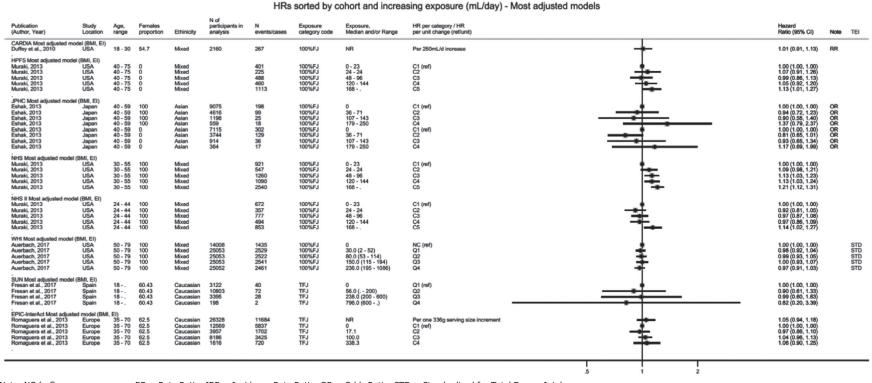


HRs sorted by source, cohort and increasing exposure (mL/day) - Most ADJ models

Note: NC (ref) = non-consumers; RR = Rate Ratio; IRR = Incidence Rate Ratio; OR = Odds Ratio; ARIC cohort = results plotted are from a model that did not include BMI and EI as covariates, however, the authors stated adjustment for these covariates did not materially change the HRs (datawas not shown); in Framingham-Offspring cohort (Ma et al., 2016a) exposure = cumulative average intake (mean intake reported at examinations up to and including the examination of prediabetes diagnosis)

Figure K.10: SSBs and incidence of type 2 diabetes mellitus

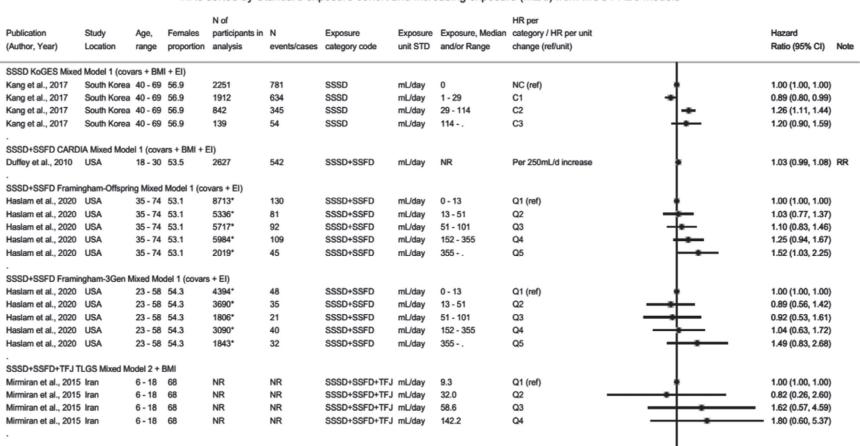




Note: NC (ref) = non-consumers; RR = Rate Ratio; IRR = Incidence Rate Ratio; OR = Odds Ratio; STD = Standardised for Total Energy Intake

Figure K.11: Fruit juices and incidence of type 2 diabetes mellitus





HRs sorted by Standard exposure cohort and increasing exposure (mL/d) from MOST ADJ models

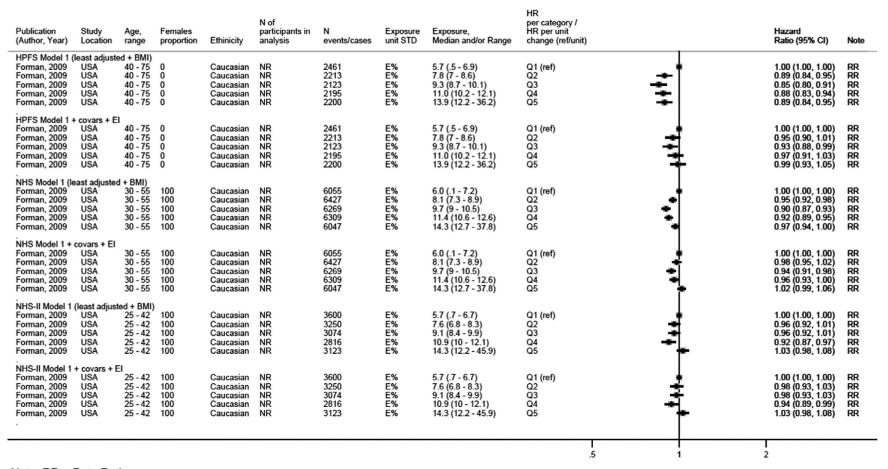
Note: RR = relative risk; * = person-years; in Duffey et al. (2010) exposure = average across years 0 and 7; in Framingham-Offspring cohort (Haslam et al., 2020) exposure = cumulative average intake (the mean intake reported at examinations up to and including the examination of dyslipidaemia diagnosis)

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Figure K.12: SSBs and incidence of high triglycerides



Categorical HRs sorted by cohort, model and increasing exposure

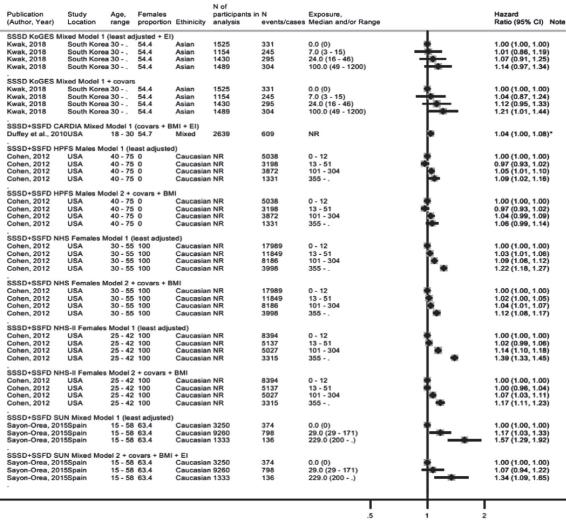


Note: RR = Rate Ratio

Figure K.13: Fructose and incidence of hypertension



Categorical HRs sorted by Standard exposure, cohort, model and increasing exposure

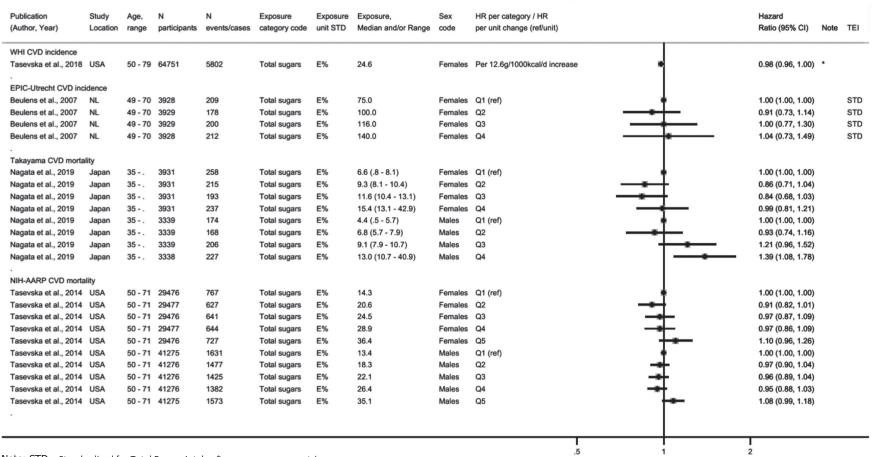


Note: * = per 250 ml/d increase; Unit of exposure = ml/day; in Duffey et al. (2010) exposure = average across years 0 and 7.

Figure K.14: Intake of SSBs and incidence of hypertension



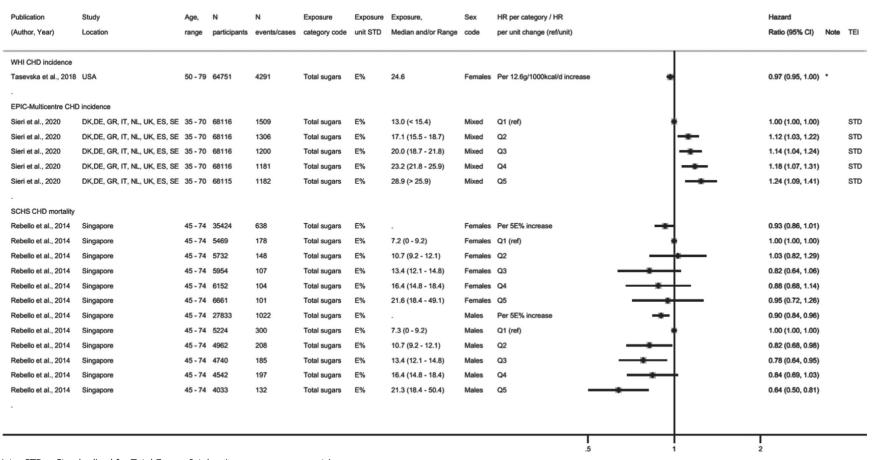
Figure K.15: Intake of total sugars and incidence and mortality of cardiovascular diseases



Note: STD = Standardised for Total Energy Intake; *=exposure as geometric mean.

Figure K.15a: Intake of total sugars and cardiovascular disease (composite endpoints) incidence and mortality

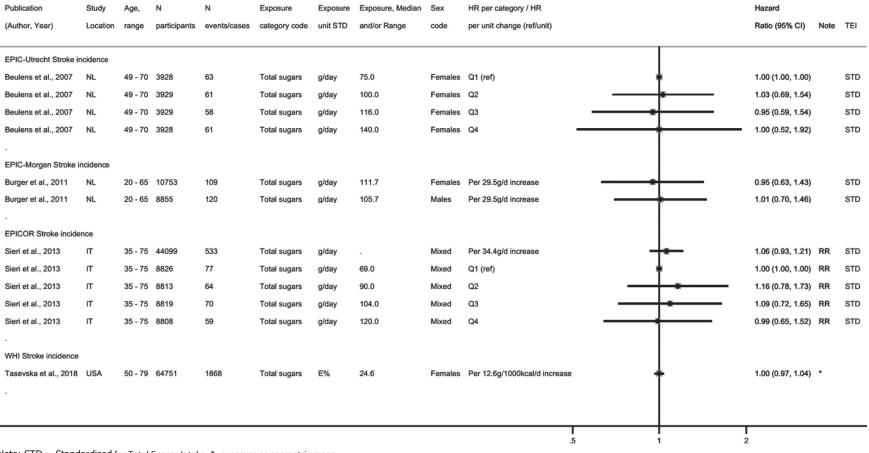




Note: STD = Standardised for Total Energy Intake; *=exposure as geometric mean.

Figure K.15b: Intake of total sugars and coronary heart disease incidence and mortality





Note: STD = Standardised for Total Energy Intake; *=exposure as geometric mean.

Figure K.15c: Intake of total sugars and stroke incidence and mortality



Figure K.16: Intake of fructose and incidence and mortality of cardiovascular diseases

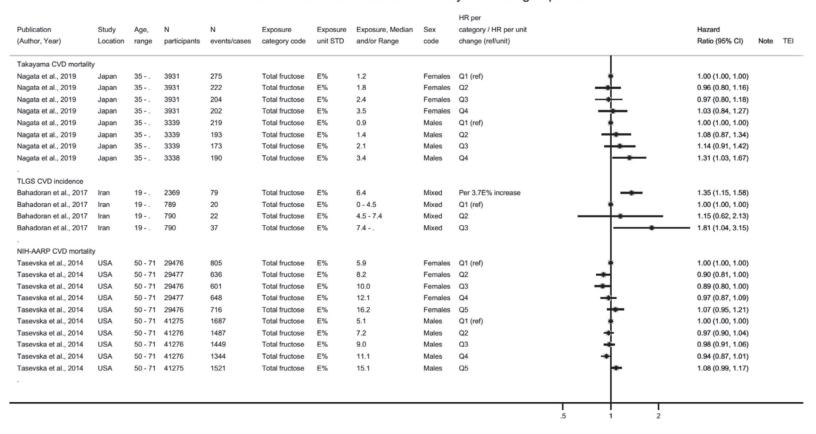


Figure K.16a: Intake of fructose and incidence and mortality of cardiovascular diseases (composite endpoint) – General plot



Highest vs. Lowest HRs from MOST ADJ models sorted by increasing exposure

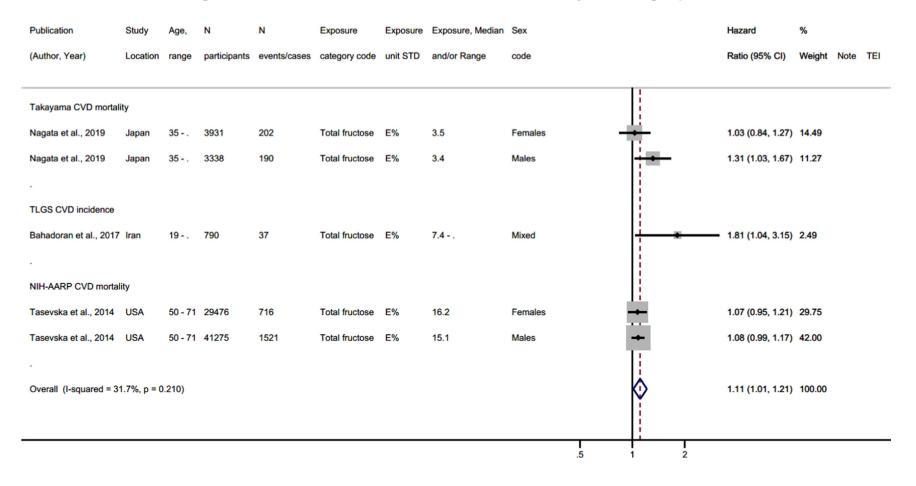


Figure K.16b: Intake of fructose and incidence and mortality of cardiovascular diseases (composite endpoint) – Pooled plot