eTable 1. Association of anxiety symptoms with mortality from CVD among 487,209 participants.

Endpoints	Panic attacks		Continuous anxiety	
	No	Yes	No	Yes
CVD death				
No. of cases	15,933	324	16,166	91
Cases/person-years (1/1000)	3.05	3.96	3.07	2.80
Model 1	1.00	1.28(1.15,1.43)	1.00	1.26(1.03,1.55)
Model 2	1.00	1.23(1.09,1.38)	1.00	1.19(0.97,1.46)
Model 3	1.00	1.16(1.04,1.30)	1.00	1.17(0.95,1.44)
IHD death				
No. of cases	5,802	97	5,867	32
Cases/person-years (1/1000)	1.11	1.19	1.11	0.98
Model 1	1.00	1.14(0.93,1.40)	1.00	1.31(0.92,1.85)
Model 2	1.00	1.06(0.86,1.31)	1.00	1.23(0.87,1.74)
Model 3	1.00	1.02(0.83,1.25)	1.00	1.20(0.85,1.70)
Haemorrhagic stroke death				
No. of cases	4,861	140	4,967	34
Cases/person-years (1/1000)	0.93	1.71	0.94	1.04
Model 1	1.00	1.36(1.14,1.61)	1.00	1.30(0.93,1.83)
Model 2	1.00	1.34(1.12,1.59)	1.00	1.22(0.87,1.71)
Model 3	1.00	1.24(1.04,1.48)	1.00	1.21(0.86,1.70)
Ischaemic stroke death				
No. of cases	1,726	39	1,755	10
Cases/person-years (1/1000)	0.33	0.48	0.33	0.31
Model 1	1.00	1.66(1.20,2.29)	1.00	1.53(0.82,2.85)
Model 2	1.00	1.55(1.12,2.16)	1.00	1.45(0.78,2.70)
Model 3	1.00	1.47(1.05,2.05)	1.00	1.42(0.76,2.65)

* Cox proportional hazards models were all stratified by study regions and age at baseline in 5-year intervals. Multivariate models were adjusted for: model 1: sex; model 2: additionally included level of education, marital status, alcohol consumption, smoking status, intake frequencies of red meat, fruits, and vegetables and physical activity; model 3: additionally included BMI, prevalent hypertension at baseline, prevalent diabetes at baseline, family history of heart attack, family history of stroke.

eTable 2. Sensitivity analyses for the association between anxiety symptoms and risk of CVD by further adjusting for MD or heart rate.

Endpoints	Panic attacks		Continuous anxiety	
	No	Yes	No	Yes
CVD				
Model 3	1.00	1.08 (1.04,1.13)	1.00	1.12 (1.04,1.20)
Model 3 + heart rate	1.00	1.08 (1.04,1.13)	1.00	1.12 (1.04,1.20)
Model 3 + MD	1.00	1.07 (1.03,1.12)	1.00	1.07 (1.00,1.15)
IHD				
Model 3	1.00	1.10 (1.02,1.19)	1.00	1.21 (1.07,1.37)
Model 3 + heart rate	1.00	1.10 (1.02,1.19)	1.00	1.21 (1.07,1.37)
Model 3 + MD	1.00	1.09 (1.01,1.18)	1.00	1.15 (1.02,1.31)
MCE				
Model 3	1.00	1.09 (0.92,1.30)	1.00	1.32 (1.00,1.74)
Model 3 + heart rate	1.00	1.08 (0.91,1.29)	1.00	1.33 (1.01,1.75)
Model 3 + MD	1.00	1.08 (0.91,1.28)	1.00	1.24 (0.93,1.65)
Haemorrhagic stroke				
Model 3	1.00	1.20 (1.05,1.38)	1.00	1.20 (0.94,1.52)
Model 3 + heart rate	1.00	1.20 (1.05,1.37)	1.00	1.20 (0.94,1.52)
Model 3 + MD	1.00	1.19 (1.04,1.36)	1.00	1.13 (0.88,1.45)
Ischaemic stroke				
Model 3	1.00	1.20 (1.11,1.30)	1.00	1.09 (0.96,1.24)
Model 3 + heart rate	1.00	1.20 (1.11,1.30)	1.00	1.09 (0.96,1.24)
Model 3 + MD	1.00	1.19 (1.10,1.29)	1.00	1.06 (0.93,1.21)

* Cox proportional hazards models were all stratified by study regions and age at baseline in 5-year intervals. Model 3 was adjusted for sex, level of education, marital status, alcohol consumption, smoking status, intake frequencies of red meat, fruits, and vegetables and physical activity, BMI, prevalent hypertension at baseline, prevalent diabetes at baseline, family history of heart attack, family history of stroke.

Major depression (MD) was assessed using CIDI-SF and were defined as having past year MD if they had felt sad, blue, or depressed for ≥2 weeks during the past 12 months, and if they had at least 3 of 7 additional symptoms, including loss of interest and pleasure, loss of energy or fatigue, weight change, sleep problems, concentration problems, feelings of worthlessness, and thoughts of suicide.

eTable 3. Association of anxiety symptoms with CVD after excluding participants whose outcomes occurred during the first two years of follow-up.

Endpoints	Panic attacks		Continuous anxiety	
	No	Yes	No	Yes
CVD				
No. of cases	117,627	1,925	118,818	734
Model 3	1.00	1.09 (1.04,1.14)	1.00	1.14 (1.06,1.22)
IHD				
No. of cases	39,688	606	40,057	237
Model 3	1.00	1.09 (1.00,1.18)	1.00	1.18 (1.04,1.34)
MCE				
No. of cases	8,207	130	8,288	49
Model 3	1.00	1.11 (0.93,1.33)	1.00	1.38 (1.04,1.83)
Haemorrhagic stroke				
No. of cases	8,691	201	8,830	62
Model 3	1.00	1.20 (1.03,1.38)	1.00	1.22 (0.95,1.57)
Ischaemic stroke				
No. of cases	39,130	651	39,555	226
Model 3	1.00	1.22 (1.13,1.32)	1.004	1.10 (0.96,1.25)

* Cox proportional hazards models were all stratified by study regions and age at baseline in 5-year intervals. Model 3 was adjusted for sex, level of education, marital status, alcohol consumption, smoking status, intake frequencies of red meat, fruits, and vegetables and physical activity, BMI, prevalent hypertension at baseline, prevalent diabetes at baseline, family history of heart attack, family history of stroke.

eTable 4. Stratified analyses for anxiety symptoms and risk of CVD according to years of follow-up among 487,209 participants.

Endpoints	Panic attacks		P_{hetero} -geneity	Continuous anxiety		P_{hetero} -geneity
	No	Yes		No	Yes	
CVD			0.074			0.062
≤6 years of follow-up						
No. of cases	69,112	845		69,667	290	
Model 3	1.00	1.02 (0.95,1.09)		1.00	1.04 (0.93,1.17)	
>6 years of follow-up						
No. of cases	69,163	1,245		69,906	502	
Model 3	1.00	1.13 (1.07,1.20)		1.00	1.16 (1.06,1.27)	
IHD			0.140			0.261
≤6 years of follow-up						
No. of cases	19,067	261		19,230	98	
Model 3	1.00	1.15 (1.02,1.31)		1.00	1.35 (1.11,1.65)	
>6 years of follow-up						
No. of cases	25,904	401		26,140	165	
Model 3	1.00	1.06 (0.96,1.17)		1.00	1.13 (0.97,1.32)	
MCE			0.223			0.149
≤6 years of follow-up						
No. of cases	3,355	55		3,389	21	
Model 3	1.00	1.24 (0.94,1.64)		1.00	1.71 (1.11,2.63)	
>6 years of follow-up						
No. of cases	5,634	86		5,690	30	
Model 3	1.00	1.01 (0.81,1.26)		1.00	1.15 (0.80,1.64)	
Haemorrhagic stroke			0.449			0.617
≤6 years of follow-up						
No. of cases	4,512	107		4,589	30	
Model 3	1.00	1.26 (1.03,1.54)		1.00	1.28 (0.90,1.84)	
>6 years of follow-up						
No. of cases	5,334	122		5,418	38	
Model 3	1.00	1.16 (0.96,1.39)		1.00	1.14 (0.83,1.58)	
Ischaemic stroke			0.235			0.513

Endpoints	Panic attacks		$P_{hetero-geneity}$	Continuous anxiety		$P_{hetero-geneity}$
	No	Yes		No	Yes	
≤6 years of follow-up						
No. of cases	16,817	190		16,938	69	
Model 3	1.00	1.15 (0.99,1.33)		1.00	1.04 (0.82,1.32)	
>6 years of follow-up						
No. of cases	25,836	486		26,153	169	
Model 3	1.00	1.22 (1.11,1.34)		1.00	1.11 (0.95,1.29)	

* Cox proportional hazards models were all stratified by study regions and age at baseline in 5-year intervals. Model 3 was adjusted for sex, level of education, marital status, alcohol consumption, smoking status, intake frequencies of red meat, fruits, and vegetables and physical activity, BMI, prevalent hypertension at baseline, prevalent diabetes at baseline, family history of heart attack, family history of stroke.

eTable 5. Association of GAD status with mortality from CVD among 487,209 participants.

Endpoints	No	Continuous anxiety	GAD
CVD death			
No. of cases	16,166	65	26
Cases/person-years (1/1000)	3.07	2.56	3.62
Model 1	1.00	1.18(0.93,1.51)	1.50(1.02,2.21)
Model 2	1.00	1.13(0.88,1.44)	1.36(0.93,2.00)
Model 3	1.00	1.10(0.86,1.40)	1.39(0.94,2.04)
IHD death			
No. of cases	5,867	23	9
Cases/person-years (1/1000)	1.11	0.91	1.25
Model 1	1.00	1.24(0.82,1.87)	1.52(0.79,2.93)
Model 2	1.00	1.18(0.78,1.77)	1.37(0.71,2.64)
Model 3	1.00	1.15(0.76,1.73)	1.37(0.71,2.64)
Haemorrhagic stroke death			
No. of cases	4,967	23	11
Cases/person-years (1/1000)	0.94	0.91	1.53
Model 1	1.00	1.17(0.77,1.76)	1.72(0.95,3.11)
Model 2	1.00	1.10(0.73,1.66)	1.59(0.88,2.88)
Model 3	1.00	1.08(0.71,1.62)	1.63(0.90,2.94)
Ischaemic stroke death			
No. of cases	1,755	7	3
Cases/person-years (1/1000)	0.33	0.28	0.42
Model 1	1.00	1.39(0.66,2.92)	1.99(0.64,6.19)
Model 2	1.00	1.35(0.64,2.84)	1.75(0.56,5.43)
Model 3	1.00	1.28(0.61,2.70)	1.88(0.60,5.85)

* Continuous anxiety in this table referred to participants who had continuous anxiety but did not meet the criteria for GAD. Cox proportional hazards models were all stratified by study regions and age at baseline in 5-year intervals. Multivariate models were adjusted for: model 1: sex; model 2: additionally included level of education, marital status, alcohol consumption, smoking status, intake frequencies of red meat, fruits, and vegetables and physical activity; model 3: additionally included BMI, prevalent hypertension at baseline, prevalent diabetes at baseline, family history of heart attack, family history of stroke.

eTable 6. Stratified analyses for GAD status and risk of CVD according to years of follow-up among 487,209 participants.

Endpoints	No	Continuous anxiety	GAD	$P_{heterogeneity}$
CVD				0.070
≤6 years of follow-up				
No. of cases	69,667	220	70	
Model 3	1.00	1.00 (0.87,1.14)	1.21 (0.96,1.53)	
>6 years of follow-up				
No. of cases	69,906	391	111	
Model 3	1.00	1.18 (1.07,1.31)	1.10 (0.91,1.32)	
IHD				0.191
≤6 years of follow-up				
No. of cases	19,230	73	25	
Model 3	1.00	1.28 (1.02,1.61)	1.59 (1.08,2.36)	
>6 years of follow-up				
No. of cases	26,140	134	31	
Model 3	1.00	1.19 (1.00,1.41)	0.94 (0.66,1.33)	
MCE				0.273
≤6 years of follow-up				
No. of cases	3,389	15	6	
Model 3	1.00	1.60 (0.96,2.67)	2.06 (0.92,4.60)	
>6 years of follow-up				
No. of cases	5,690	24	6	
Model 3	1.00	1.20 (0.80,1.79)	0.98 (0.44,2.19)	
Haemorrhagic stroke				0.021
≤6 years of follow-up				
No. of cases	4,589	16	14	
Model 3	1.00	0.90 (0.55,1.47)	2.54 (1.50,4.30)	
>6 years of follow-up				
No. of cases	5,418	32	6	
Model 3	1.00	1.25 (0.88,1.77)	0.79 (0.35,1.76)	
Ischaemic stroke				0.736
≤6 years of follow-up				
No. of cases	16,938	52	17	
Model 3	1.00	1.00 (0.76,1.32)	1.18 (0.73,1.90)	
>6 years of follow-up				
No. of cases	26,153	132	37	
Model 3	1.00	1.11 (0.93,1.32)	1.11 (0.80,1.53)	

* Continuous anxiety in this table referred to participants who had continuous anxiety but did not meet the criteria for GAD. Cox proportional hazards models were all stratified by study regions and age at baseline in 5-year intervals. Model 3 was adjusted for sex, level of education, marital status, alcohol consumption, smoking status, intake frequencies of red meat, fruits, and vegetables and physical activity, BMI, prevalent hypertension at baseline, prevalent diabetes at baseline, family history of heart attack, family history of stroke.

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