List of measurements performed at age 70

1. **Endothelial function.** Three different tests of endothelium-dependent vasodilation were performed:
   a. The invasive forearm technique using intra-brachial artery infusion of acetylcholine and SNP to evaluate the increase in forearm blood flow by venous occlusion plethysmography.
   b. Flow-mediated vasodilation (FMD) of the brachial artery using ultrasound.
   c. Change in the reflected pulse waves obtained by aplanation tonometry (Sphygmocor) following sc given terbutaline.

2. **Arterial compliance.** Three different tests of arterial compliance were performed:
   a. Distensibility of the carotid artery evaluated by ultrasound.
b. The stroke volume/pulse pressure ratio (SV/PP) evaluated by echocardiography.
c. The Augmentation index (AIx) evaluated by pulse wave analysis.

3. **Echocardiography.** A standard echocardiography with Doppler examination was performed to evaluate LV geometry, systolic and diastolic function. Variables collected: LVEDD, IVS, PW, LV mass, SI, CI, EF, IVRT, E/A ratio, ejection time, myocardial performance index (MPI).

4. **Blood pressure** was measured by sphygmomanometer and intra-arterially. Blood pressure was also measured in the ankles for calculation of the ABI in the last 500 of the cohort.

5. **Anthropometry.** Height, weight, waist, hip and sagittal diameter.

6. **ECG** was taken as a conventional 12 lead ECG and subjected to Minnesota coding. A 6-lead precordial ECG was also recorded continuously in digital form for 5 min and subjects to analysis in the Eclysis software. By this analysis we have data on variability of the various time intervals and amplitudes detected at the ECG both spatially and temporarily. So far, temporal QT-variability and spatial QT dispersion has been used.

7. **Baroreceptor sensitivity and heart rate and blood pressure variability**
   By combining the information from continuously recorded ECG and invasive blood pressure, baroreceptor sensitivity was calculated by both the sequence method and the alpha-index method. By applying spectral analysis variability in the frequency domain has been calculated for heart rate and blood pressure.

8. **Ultrasound of the carotid arteries** was performed for determination of IMT and plaque occurrence. An analysis is undergoing to characterize the plaque according to grey scale analysis.
In 100 subjects intima and media were investigated separately by a 25 MHz probe.

9. **DXA** was performed in 900 subjects 1-2 years following the main examination. From this bone mineral density, lean body mass and body fat could be calculated from the whole body as well as from different parts of the body. Data are under preparation.

10. **Lung function tests** were performed in 900 subjects 1-2 years following the main examination. Vital capacity, FEV1 and PEF were recorded.

11. **Cardiac MRI** was performed in 300 subjects 1-2 years following the main examination. From this, information is available regarding late enhancement (myocardial scars), LV mass, EF, AVPD.

12. **Whole body MR angiography** was performed in 300 subjects 1-2 years following the main examination. In this examination there is information on atherosclerosis in the carotid arteries, the aorta, the renal arteries, the femoral part of the leg as well as the lower leg. A composite score for these vascular segments have been calculated.

13. **Abdominal fat MR.** A MRI scan was performed at the L4 level for calculations of subcutaneous (SAT) and visceral fat area (VAT) in 300 subjects 1-2 years following the main examination.

14. **DNA** has been prepared from leukocytes and genotyping for SNPs in candidate genes are soon to begin.

15. **Serum /plasma sampling.** A number of serum/plasma samples were collected and placed in freezers for later analysis. These laboratory tests have been divided in different categories.
   a. Routine haematology: Hemoglobin, hematocrite, leukocyte count and platelet count.
b. Routine blood chemistry: liver function tests, kidney function, electrolytes, iron and transferring, urate.
c. Rheology: Whole blood and plasma viscosity, erythrocyte aggregability and fluidity.
d. Lipids: Serum cholesterol and triglycerides, HDL and LDL-cholesterol, apoB/A1 ratio (apoE and oxLDL under preparation)
e. Inflammation: hsCRP (MCP-1 and a number of cytokines are under preparation)
f. Adipokines: Leptin and adiponectin
g. Oxidation/Antiox: Conjugated diens, lag phase LDL, antibodies LDL, glutathione, oxidized and redox, total antiox capacity, homocysteine.
h. Coagulation: vWillebrant factor and PAI-1 under preparation
i. Immunology: Cardiolipin antibodies, circulating immune complexes, and T-cell markers.
j. Collagen turnover: MMP-9 and TIMP-1
k. Calcium metabolism: PTH and serum calcium, phosphate and magnesium
l. Glucos homeostasis: fasting blood glucose and fasting insulin
m. NO synthesis: ADMA, L-arginine under preparation

16. Food intake records for 7 days are available for 850 subjects. There is data on different nutrients, including different fatty acids, as well as different dietary sources.

17. Self-reported history of diseases and medication, as well as a number of other items regarding life-style, such as exercise, smoking, alcohol intake, education, social network, number of teeth etc.