

Supplementary Materials

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Table S3. Alcohol consumption and incidence of eGFR of <60 mL/min/1.73 m² stratified by major study characteristics.

Figure legends.

Figure S1. Flow diagram of study selection.

Figure S2. Funnel plots of relative risks to estimate associations of alcohol consumption of ≤ 12.0 (a), 12.1–36.0 (b), and 36.1–60.0 (c) with incidence of proteinuria and those of ≤ 12.0 (d), 12.1–36.0 (e), and 36.1–60.0 (f) with incidence of eGFR <60 mL/min/1.73 m².

Figure S3. Forest plots of relative risks to estimate an association between alcohol consumption of <12 g/day and incidence of proteinuria stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle–Ottawa scale (i), and Asian and Western countries (j).

Figure S4. Forest plots of relative risks to estimate an association between alcohol consumption of 12.1–36.0 g/day and incidence of proteinuria stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle–Ottawa scale (i), and Asian and Western countries (j).

Figure S5. Forest plots of relative risks to estimate an association between alcohol consumption of 36.0–60.0 g/day and incidence of proteinuria stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle–Ottawa scale (i), and Asian and Western countries (j).

Figure S6. Forest plots of relative risks to estimate an association between alcohol consumption of <12 g/day and incidence of eGFR <60 mL/min/1.73 m² stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle–Ottawa scale (i), and Asian and Western countries (j).

Figure S7. Forest plots of relative risks to estimate an association between alcohol consumption of 12.1–36.0 g/day and incidence of eGFR <60 mL/min/1.73 m² stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle–Ottawa scale (i), and Asian and Western countries (j).

Figure S8. Forest plots of relative risks to estimate an association between alcohol consumption of 36.0–60.0 g/day and incidence of eGFR <60 mL/min/1.73 m² stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle–Ottawa scale (i), and Asian and Western countries (j).

Table S1. Newcastle–Ottawa scale of 12 publications from 11 cohort studies.

Publications	PHS 2005	Yamagata 2007	ILSA 2011	Nagai 2013	Knasai Healthcare 2014	PREVEND 2015	Knasai Healthcare 2018	Kimura 2018	Park 2019	ARIC 2020	PROMISE 2021	Tanaka 2022
Selection												
Representativeness		*	*	*		*		*	*	*		
Selection		*	*	*		*		*	*	*		
Ascertainment												
Outcome	*	*	*	*	*	*	*	*	*	*	*	*
Comparability	*	*	*	**		*	*	**	**	**	**	**
Outcome												
Assessment	*	*	*	*	*	*	*	*	*	*	*	*
Follow-up	*				*	*	*		*	*	*	
Adequacy	*	*	*	*	*	*	*	*	*	*	*	*
Total score	5	6	6	7	5	7	5	7	8	8	6	5

Newcastle-Ottawa scale includes 8 items of 3 domains: (i) Selection, including representativeness of the exposed cohort, selection of the non-exposed, and ascertainment of exposure, demonstration that outcome of interest was not present at start of study; (ii) comparability of cohorts on the basis of the design or analysis; and (iii) outcome, including assessment of outcome, follow-up length enough for outcome to occur, and adequacy of follow-up of cohorts.

Table S2. Alcohol consumption and incidence of proteinuria stratified by study characteristics.

		≤12.0 g/day			12.1–36.0 g/day			36.1–60.0 g/day		
		N*	RR (95% CI)	I ²	N*	RR (95% CI)	I ²	N*	RR (95% CI)	I ²
Sex, N [‡]	Men	7 (5)	0.87 (0.79, 0.96)	89	6 (5)	0.96 (0.92, 1.01)	93	4 (4)	1.09 (1.01, 1.18)	57
	Women	4 (3)	0.89 (0.74, 1.07)	95	4 (3)	1.06 (1.04, 1.08)	10	3 (3)	1.16 (0.98, 1.37)	47
Study size, N [‡]	< Median	6 (4)	0.88 (0.79, 0.98)	55	6 (4)	0.85 (0.73, 0.96)	50	4 (4)	1.09 (0.90, 1.32)	63
	≥ Median	8 (3)	0.87 (0.82, 0.92)	97	7 (3)	1.01 (0.97, 1.05)	94	4 (2)	1.10 (1.04, 1.16)	60
Age, yr ^{†‡§}	< Median	7 (4)	0.96 (0.91, 1.01)	95	6 (2)	1.04 (1.00, 1.07)	93	4 (2)	1.13 (1.08, 1.18)	39
	≥ Median	7 (3)	0.80 (0.74, 0.87)	66	7 (5)	0.83 (0.78, 0.89)	1	4 (3)	1.00 (0.92, 1.08)	0
Body mass index, kg/m ²	< Median	5 (4)	0.80 (0.74, 0.88)	49	4 (4)	0.87 (0.79, 0.95)	0	3 (3)	1.11 (0.78, 1.56)	73
	≥ Median	7 (4)	0.87 (0.78, 0.96)	74	5 (4)	0.86 (0.75, 0.97)	60	3 (3)	1.04 (0.96, 1.12)	0
eGFR, mL/min/1.73 m ^{2†‡}	< Median	6 (3)	0.80 (0.73, 0.87)	71	6 (4)	0.88 (0.81, 0.95)	41	4 (3)	1.06 (0.87, 1.29)	62
	≥ Median	6 (4)	0.95 (0.90, 1.01)	96	6 (2)	1.03 (0.99, 1.07)	94	4 (3)	1.14 (1.12, 1.15)	0
DM prevalence, % [‡]	< Median	7 (4)	0.86 (0.79, 0.94)	62	7 (5)	0.87 (0.79, 0.96)	41	4 (3)	1.14 (0.99, 1.30)	30
	≥ Median	7 (4)	0.89 (0.84, 0.95)	97	6 (3)	1.01 (0.97, 1.05)	95	4 (3)	1.08 (1.00, 1.15)	75
HT prevalence, % [†]	< Median	7 (4)	0.96 (0.91, 1.01)	95	7 (4)	0.98 (0.94, 1.03)	90	4 (3)	1.14 (1.06, 1.23)	30
	≥ Median	7 (3)	0.80 (0.74, 0.87)	66	6 (4)	0.96 (0.89, 1.04)	88	4 (3)	1.04 (0.95, 1.13)	42
Follow-up duration, yr [‡]	< Median	8 (3)	0.85 (0.78, 0.93)	77	6 (4)	0.88 (0.81, 0.97)	41	4 (2)	1.12 (0.97, 1.29)	54
	≥ Median	6 (4)	0.93 (0.87, 0.99)	96	7 (3)	1.02 (0.98, 1.06)	93	4 (3)	1.10 (1.04, 1.17)	60
Newcastle-Ottawa score	< 7	4 (3)	0.87 (0.75, 1.02)	73	4 (3)	0.89 (0.79, 1.01)	44	4 (3)	1.09 (0.90, 1.32)	63
	≥ 7	10 (4)	0.87 (0.83, 0.92)	96	9 (4)	1.00 (0.96, 1.04)	92	4 (2)	1.10 (1.04, 1.16)	60
Country, N	Asian	13 (6)	0.87 (0.83, 0.92)	95	11 (6)	0.99 (0.96, 1.03)	91	7 (5)	1.09 (1.03, 1.15)	57
	Western	2 (1)			2 (1)			0 (0)		
All		14 (7)	0.87 (0.83, 0.92)	95	13 (7)	0.98 (0.95, 1.02)	90	8 (5)	1.09 (1.03, 1.15)	57
P for Egger's test			0.041			<0.001			0.141	

CI, confidence interval; RR, relative risk

*Number of estimates (Number of publications)

†P <0.05 for group difference in alcohol consumption of ≤12.0 g/day

‡P <0.05 for group difference in alcohol consumption of 12.1–36.0 g/day

§P <0.05 for group difference in alcohol consumption of 36.1–60.0 g/day

Table S3. Alcohol consumption and incidence of low eGFR of <60 mL/min/1.73 m² stratified by study characteristics.

		≤12.0 g/day			12.1–36.0 g/day			36.1–60.0 g/day		
		N*	RR (95% CI)	I ²	N*	RR (95% CI)	I ²	N*	RR (95% CI)	I ²
Sex, N [†]	Men	8 (6)	0.96 (0.95, 0.97)	1	8 (6)	0.84 (0.78, 0.90)	74	4 (4)	0.86 (0.80, 0.92)	0
	Women	5 (4)	0.92 (0.89, 0.96)	18	6 (4)	0.83 (0.77, 0.90)	95	2 (2)		
Study size, N	< Median	9 (6)	0.91 (0.83, 0.99)	0	9 (5)	0.72 (0.59, 0.87)	47	3 (3)	1.01 (0.56, 1.83)	76
	≥ Median	9 (4)	0.93 (0.90, 0.96)	81	10 (5)	0.84 (0.80, 0.88)	94	4 (3)	0.86 (0.74, 1.00)	89
Age, yr [‡]	< Median	9 (5)	0.95 (0.91, 0.98)	79	9 (4)	0.83 (0.79, 0.88)	95	3 (2)	1.01 (0.77, 1.32)	74
	≥ Median	9 (4)	0.90 (0.87, 0.94)	0	10 (5)	0.76 (0.66, 0.88)	38	4 (4)	0.84 (0.67, 1.07)	65
Body mass index, kg/m ^{2†‡}	< Median	8 (4)	0.92 (0.89, 0.96)	0	7 (5)	0.84 (0.72, 0.98)	62	2 (2)		
	≥ Median	8 (4)	0.84 (0.78, 0.91)	0	8 (3)	0.65 (0.56, 0.74)	0	3 (3)	0.83 (0.70, 0.99)	0
eGFR, mL/min/1.73 m ^{2‡}	< Median	7 (4)	0.92 (0.89, 0.96)	0	8 (5)	0.86 (0.80, 0.92)	72	3 (3)	1.17 (0.71, 1.94)	82
	≥ Median	7 (4)	0.93 (0.90, 0.97)	85	6 (3)	0.78 (0.73, 0.84)	96	3 (2)	0.82 (0.71, 0.94)	89
DM prevalence, % [‡]	< Median	9 (5)	0.92 (0.86, 0.97)	15	11 (7)	0.81 (0.76, 0.86)	92	3 (2)	1.00 (0.70, 1.43)	76
	≥ Median	9 (5)	0.93 (0.90, 0.96)	80	8 (3)	0.82 (0.76, 0.89)	73	4 (3)	0.85 (0.72, 0.99)	88
HT prevalence, %	< Median	10 (6)	0.94 (0.91, 0.97)	77	10 (5)	0.83 (0.79, 0.88)	94	4 (3)	0.92 (0.76, 1.12)	76
	≥ Median	8 (4)	0.90 (0.85, 0.95)	26	9 (4)	0.75 (0.64, 0.88)	42	3 (3)	0.93 (0.56, 1.55)	76
Follow-up duration, yr [†]	< Median	7 (4)	0.95 (0.92, 0.98)	83	7 (3)	0.92 (0.76, 1.12)	13	3 (2)	1.11 (0.70, 1.75)	60
	≥ Median	7 (4)	0.85 (0.80, 0.92)	0	10 (5)	0.80 (0.76, 0.85)	95	4 (3)	0.83 (0.72, 0.96)	88
Newcastle-Ottawa score	< 7	12 (6)	0.92 (0.89, 0.96)	0	11 (6)	0.83 (0.71, 0.96)	50	5 (4)	1.05 (0.78, 1.42)	66
	≥ 7	6 (3)	0.93 (0.90, 0.96)	87	8 (3)	0.82 (0.78, 0.87)	96	2 (1)		
Country, N ^{†‡}	Asian	10 (5)	0.94 (0.91, 0.96)	77	10 (5)	0.84 (0.80, 0.89)	94	6 (4)	0.90 (0.78, 1.03)	87
	Western	8 (4)	0.84 (0.78, 0.91)	0	9 (4)	0.68 (0.61, 0.76)	0	1 (1)		
All		18 (9)	0.93 (0.90, 0.95)	67	19 (9)	0.82 (0.78, 0.86)	90	7 (5)	0.89 (0.77, 1.03)	84
P for Egger's test			0.167			0.048			0.020	

CI, confidence interval; RR, relative risk

*Number of estimates (Number of publications)

†P <0.05 for group difference in alcohol consumption of ≤12.0 g/day

‡P <0.05 for group difference in alcohol consumption of 12.1–36.0 g/day

Figure Legends

Figure S1. Flow diagram of study selection.

Figure S2. Forest plots of relative risks to estimate associations of alcohol consumption of ≤ 12.0 (a), 12.1–36.0 (b), and 36.1–60.0 (c) with incidence of proteinuria and those of ≤ 12.0 (d), 12.1–36.0 (e), and 36.1–60.0 (f) with incidence of eGFR < 60 mL/min/1.73 m².

Figure S3. Forest plots of relative risks to estimate an association between alcohol consumption of < 12 g/day and incidence of proteinuria stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle-Ottawa scale (i), and Asian and Western countries (j).

CI, confidence interval; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; HT, hypertension; NOS, Newcastle-Ottawa scale; RR, relative risk.

Figure S4. Forest plots of relative risks to estimate an association between alcohol consumption of 12.1–36.0 g/day and incidence of proteinuria stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle-Ottawa scale (i), and Asian and Western countries (j).

CI, confidence interval; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; HT, hypertension; NOS, Newcastle-Ottawa scale; RR, relative risk.

Figure S5 Forest plots of relative risks to estimate an association between alcohol consumption of 36.0–60.0 g/day and incidence of proteinuria stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle-Ottawa scale (i), and Asian and Western countries (j).

CI, confidence interval; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; HT, hypertension; NOS, Newcastle-Ottawa scale; RR, relative risk.

Figure S6. Forest plots of relative risks to estimate an association between alcohol consumption of < 12 g/day and incidence of eGFR < 60 mL/min/1.73 m² stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle-Ottawa scale (i), and Asian and Western countries (j).

CI, confidence interval; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; HT, hypertension; NOS, Newcastle-Ottawa scale; RR, relative risk.

Figure S7. Forest plots of relative risks to estimate an association between alcohol consumption of 12.1–36.0 g/day and incidence of eGFR < 60 mL/min/1.73 m² stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f),

prevalence of hypertension (g), follow-up length (h), Newcastle-Ottawa scale (i), and Asian and Western countries (j).

CI, confidence interval; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; HT, hypertension; NOS, Newcastle-Ottawa scale; RR, relative risk.

Figure S8. Forest plots of relative risks to estimate an association between alcohol consumption of 36.0–60.0 g/day and incidence of eGFR <60 mL/min/1.73 m² stratified by sex (a), study size (b), age (c), body mass index (d), eGFR (e), prevalence of diabetes (f), prevalence of hypertension (g), follow-up length (h), Newcastle-Ottawa scale (i), and Asian and Western countries (j).

CI, confidence interval; DM, diabetes mellitus; eGFR, estimated glomerular filtration rate; HT, hypertension; NOS, Newcastle-Ottawa scale; RR, relative risk.

Figure S1

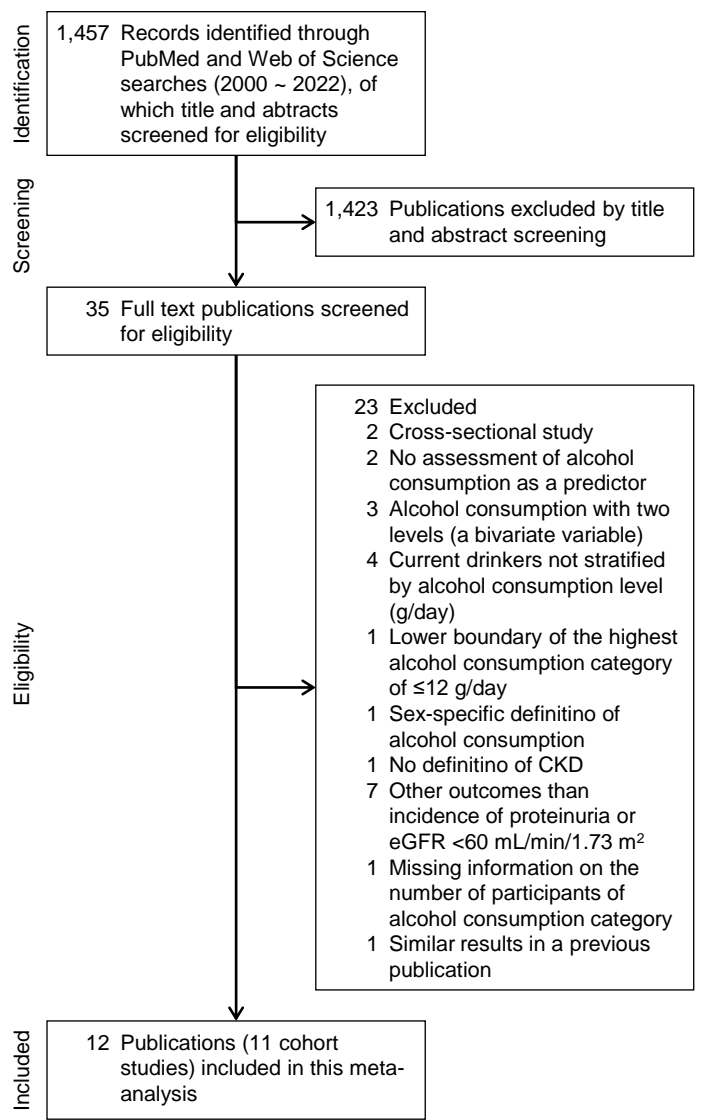
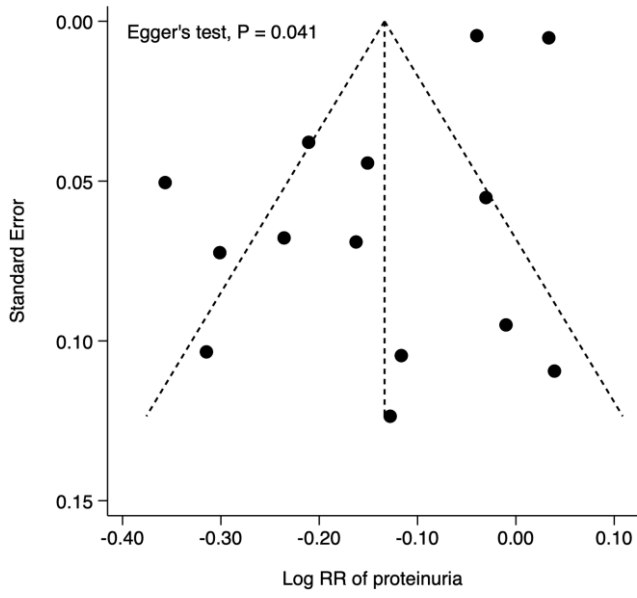
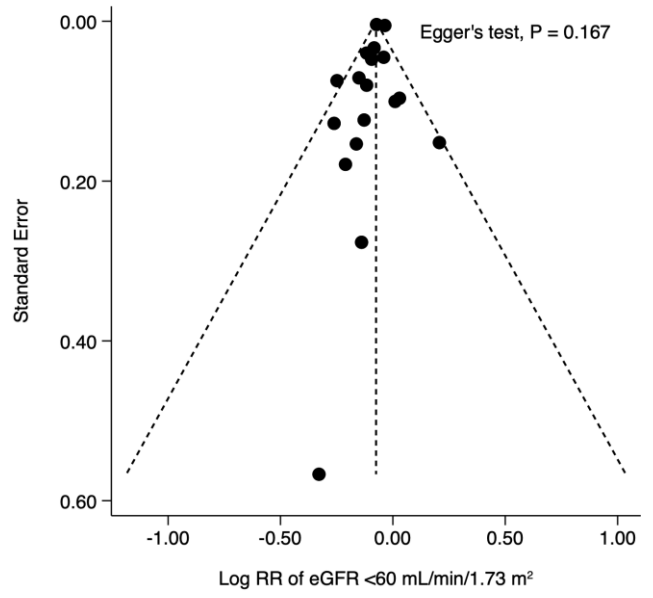


Figure S2

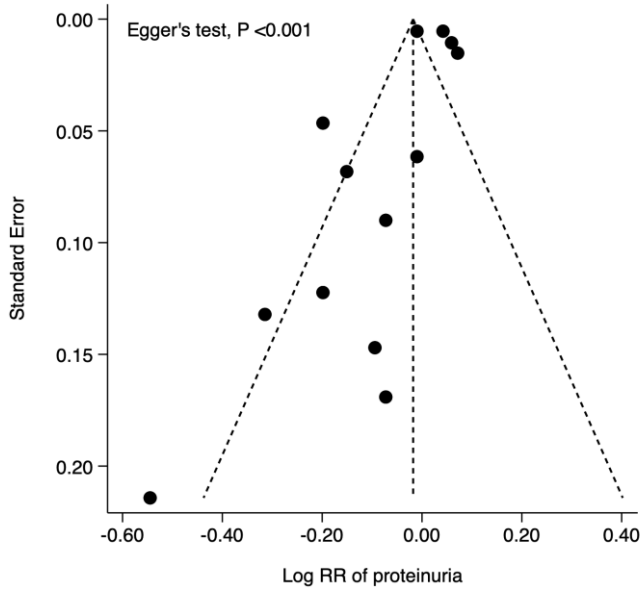
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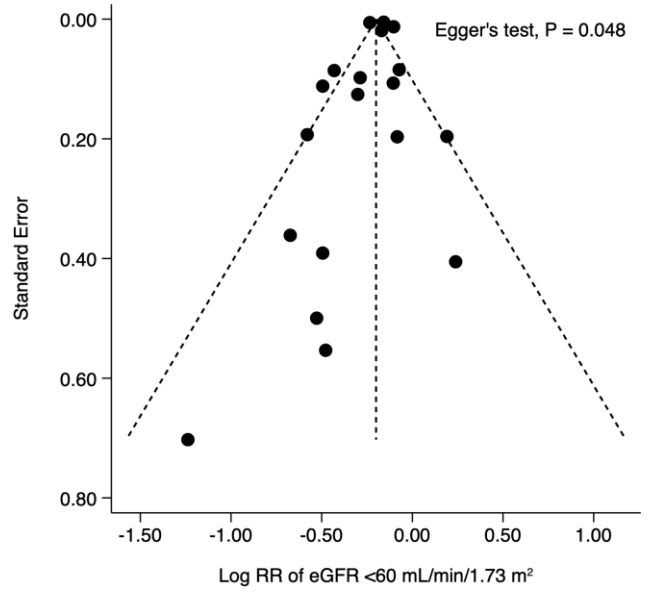
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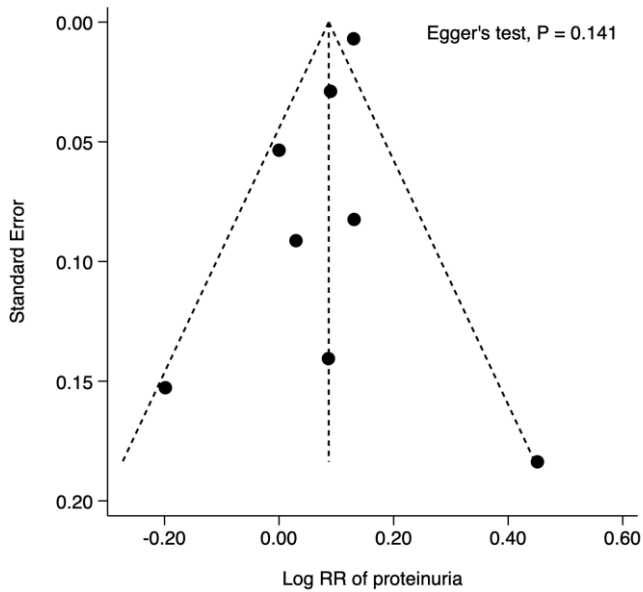
b. 12.1–36.0 g/day



e. 12.1–36.0 g/day



c. 36.1–60.0 g/day



f. 36.1–60.0 g/day

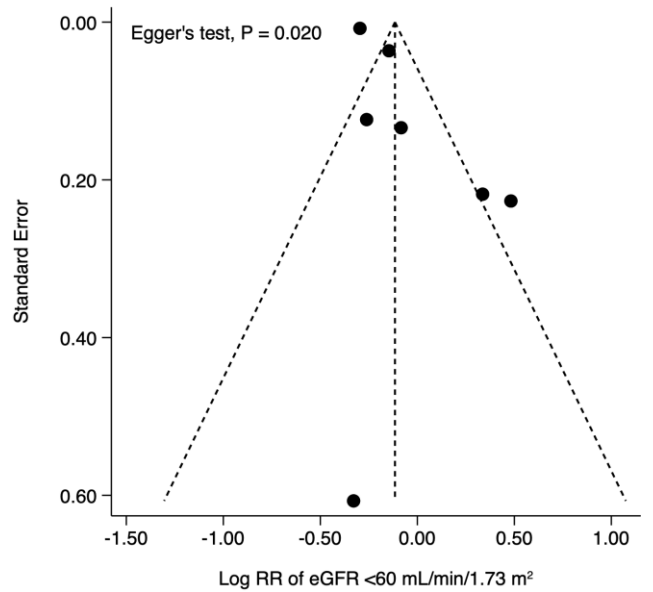


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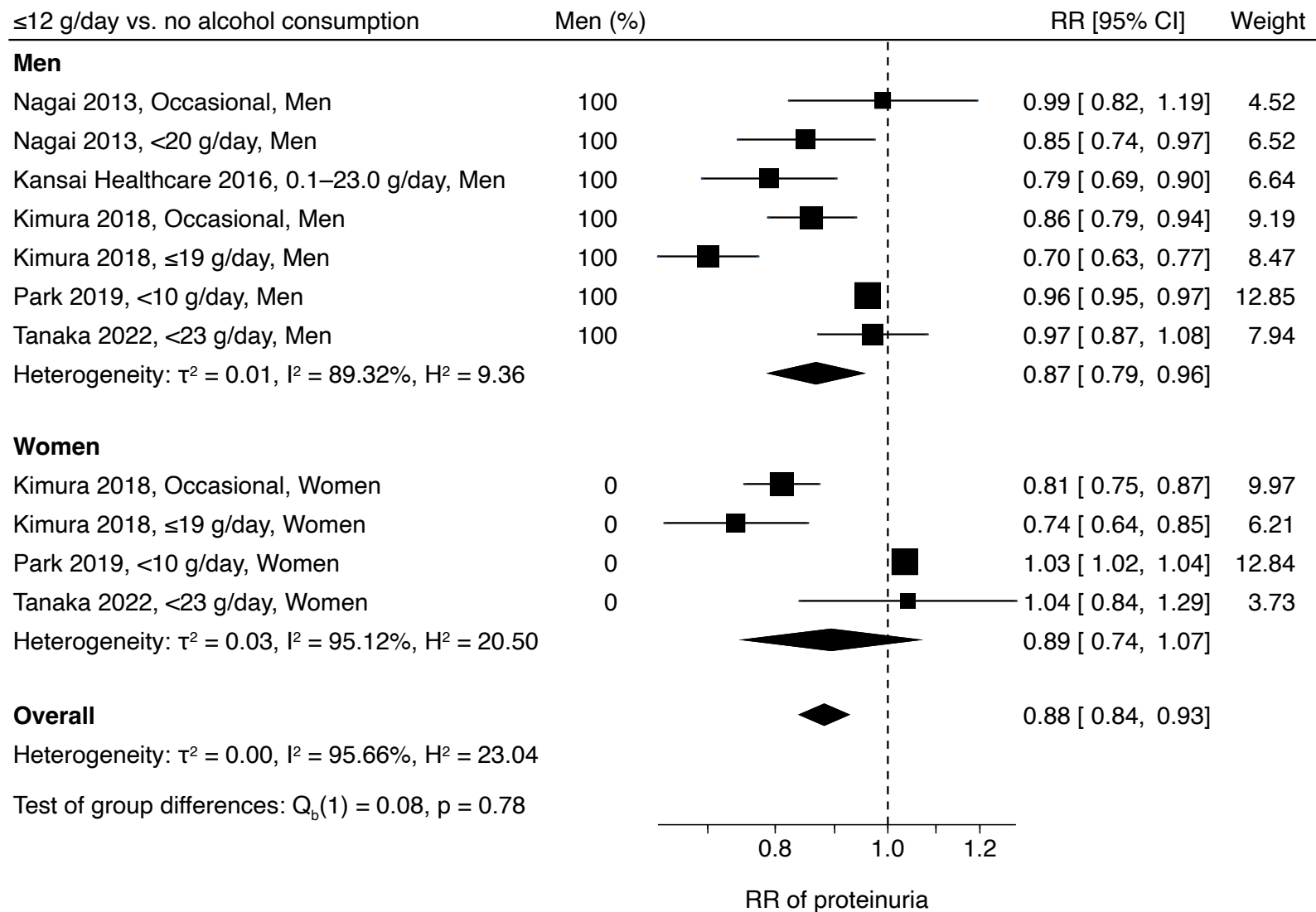


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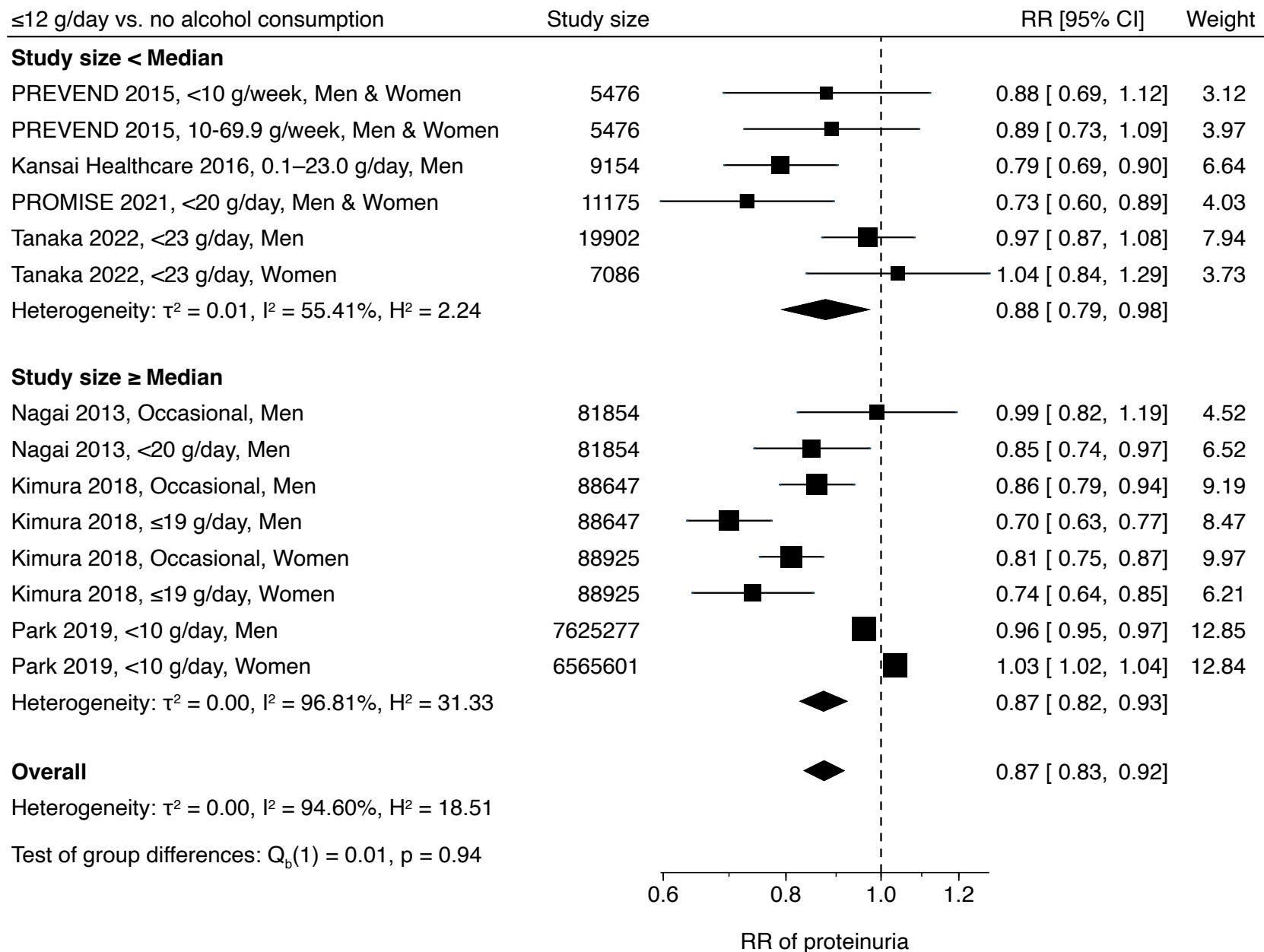


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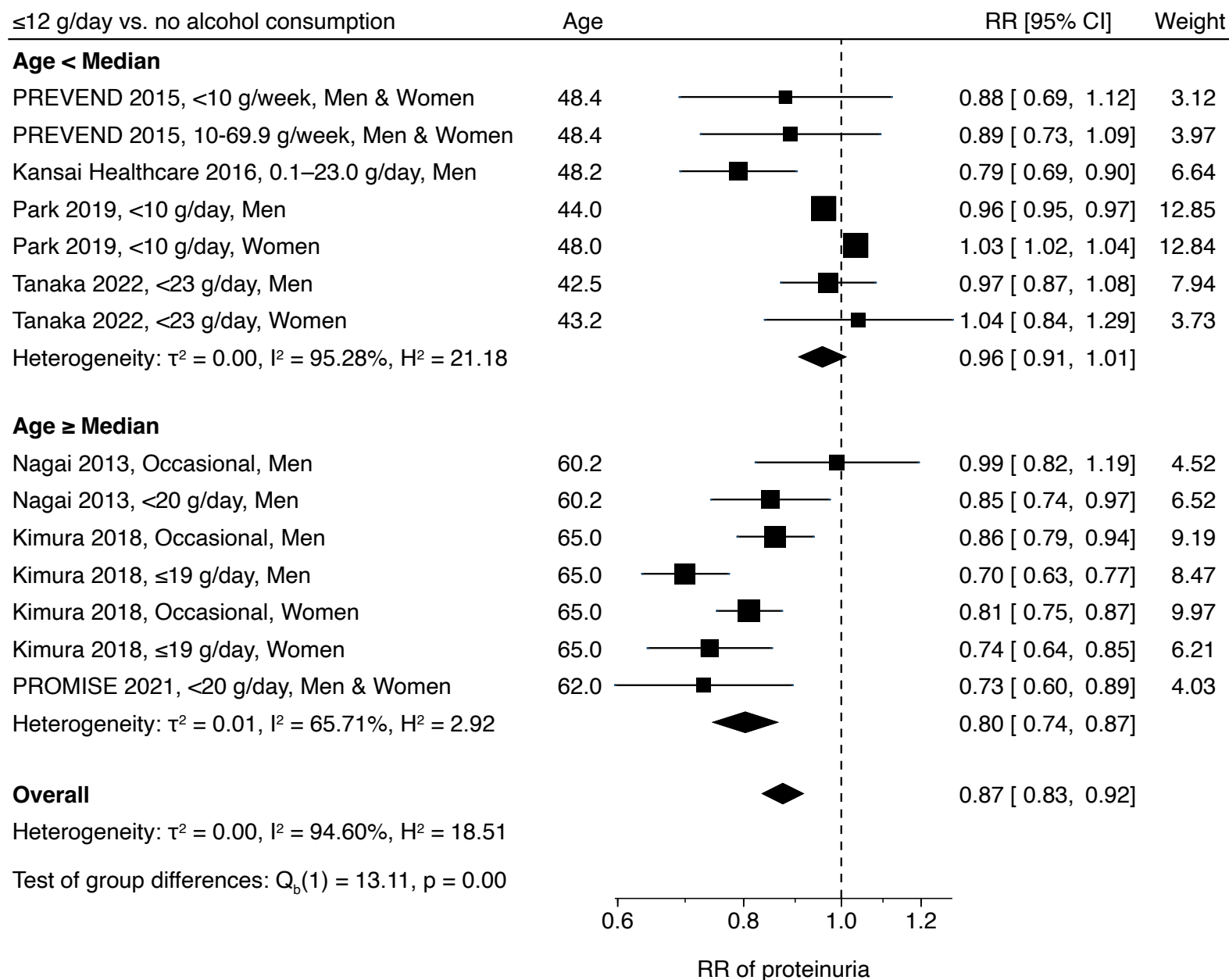


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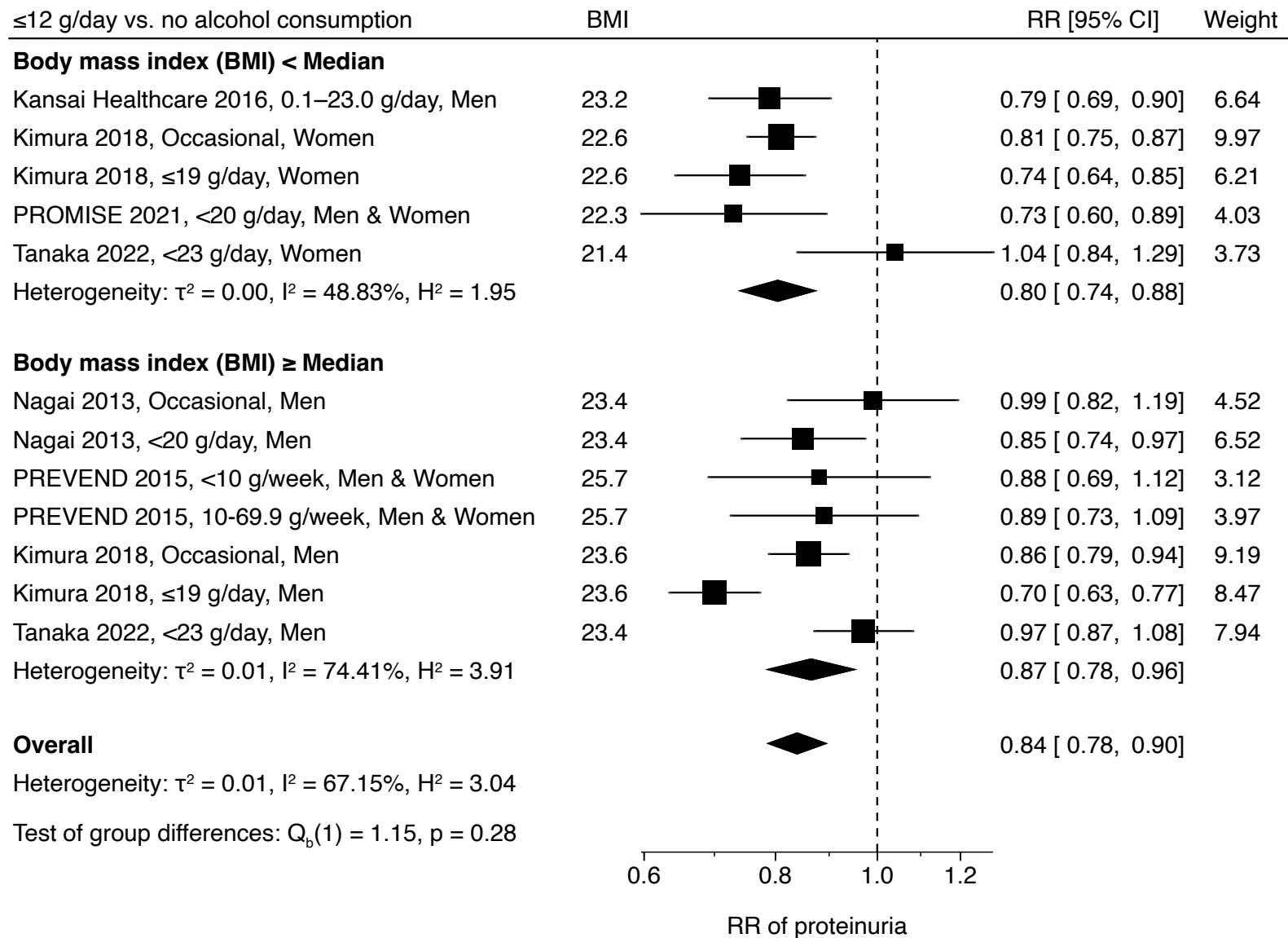


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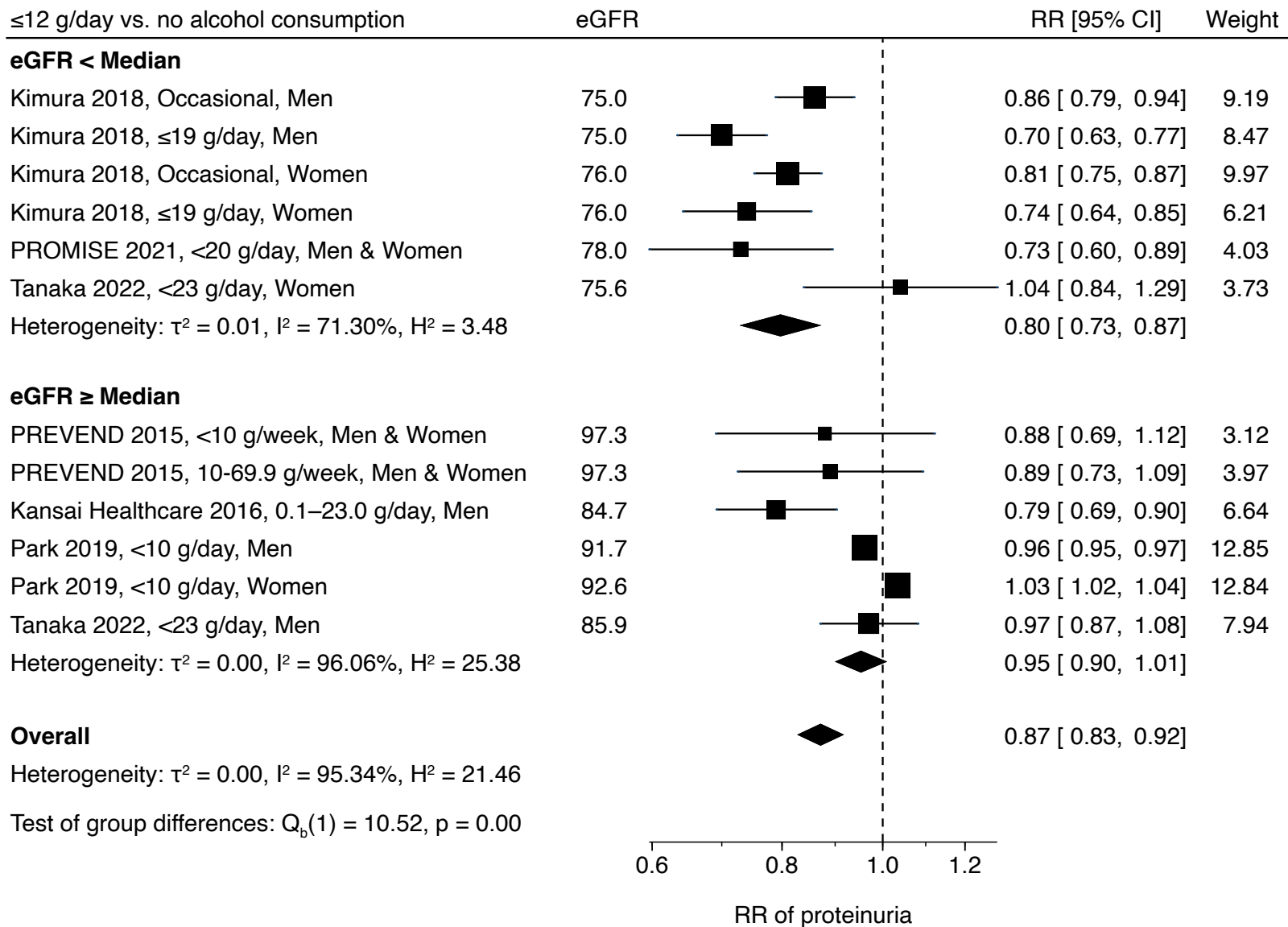


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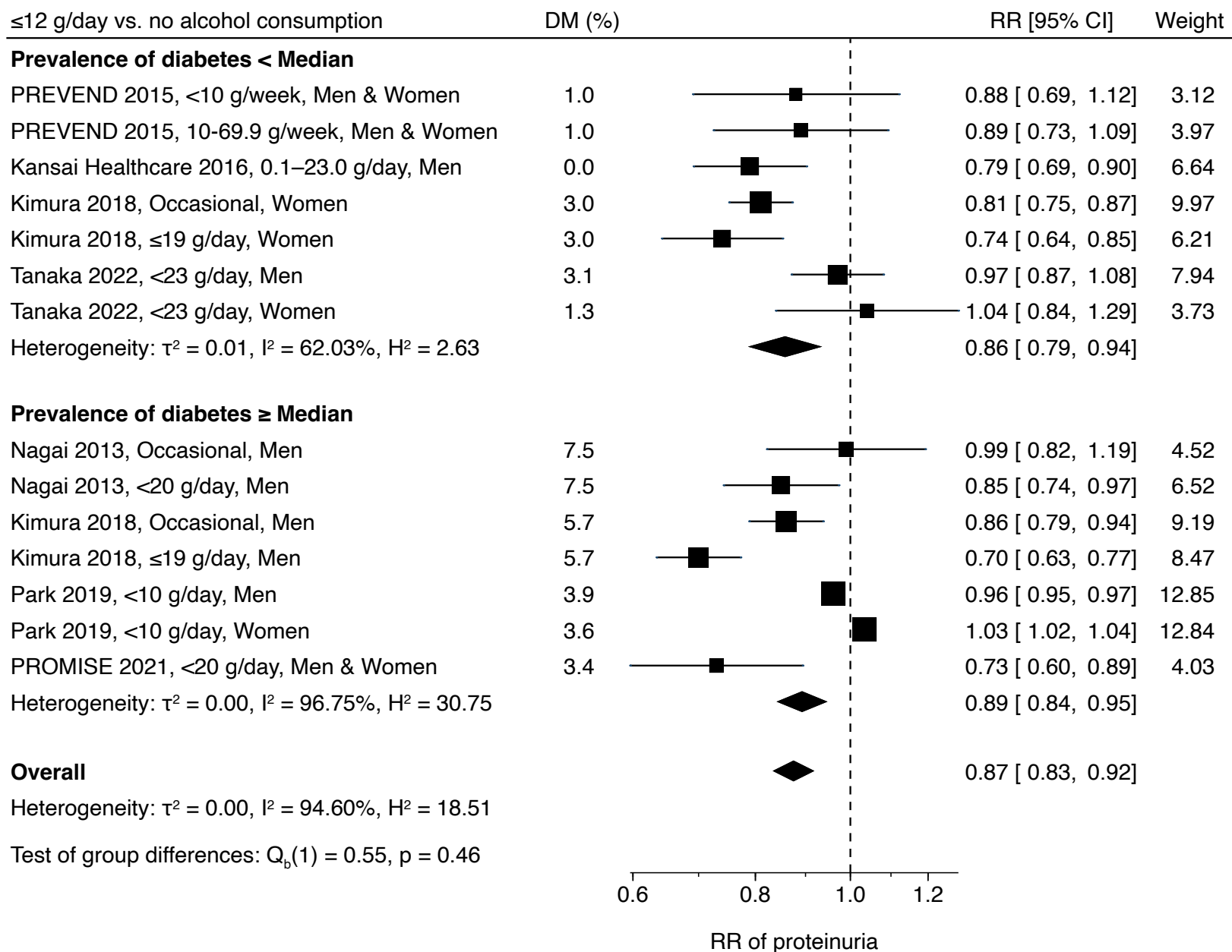


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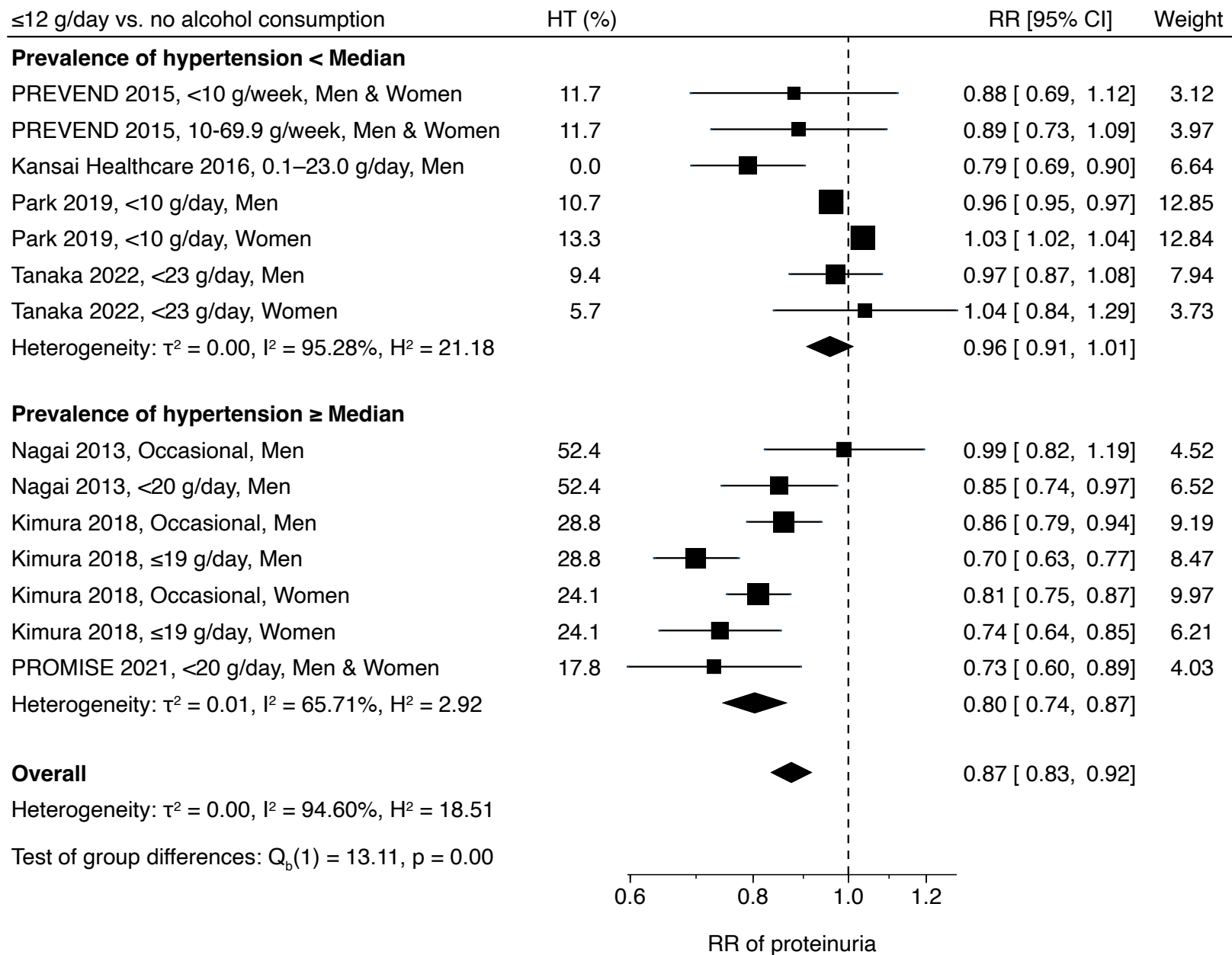


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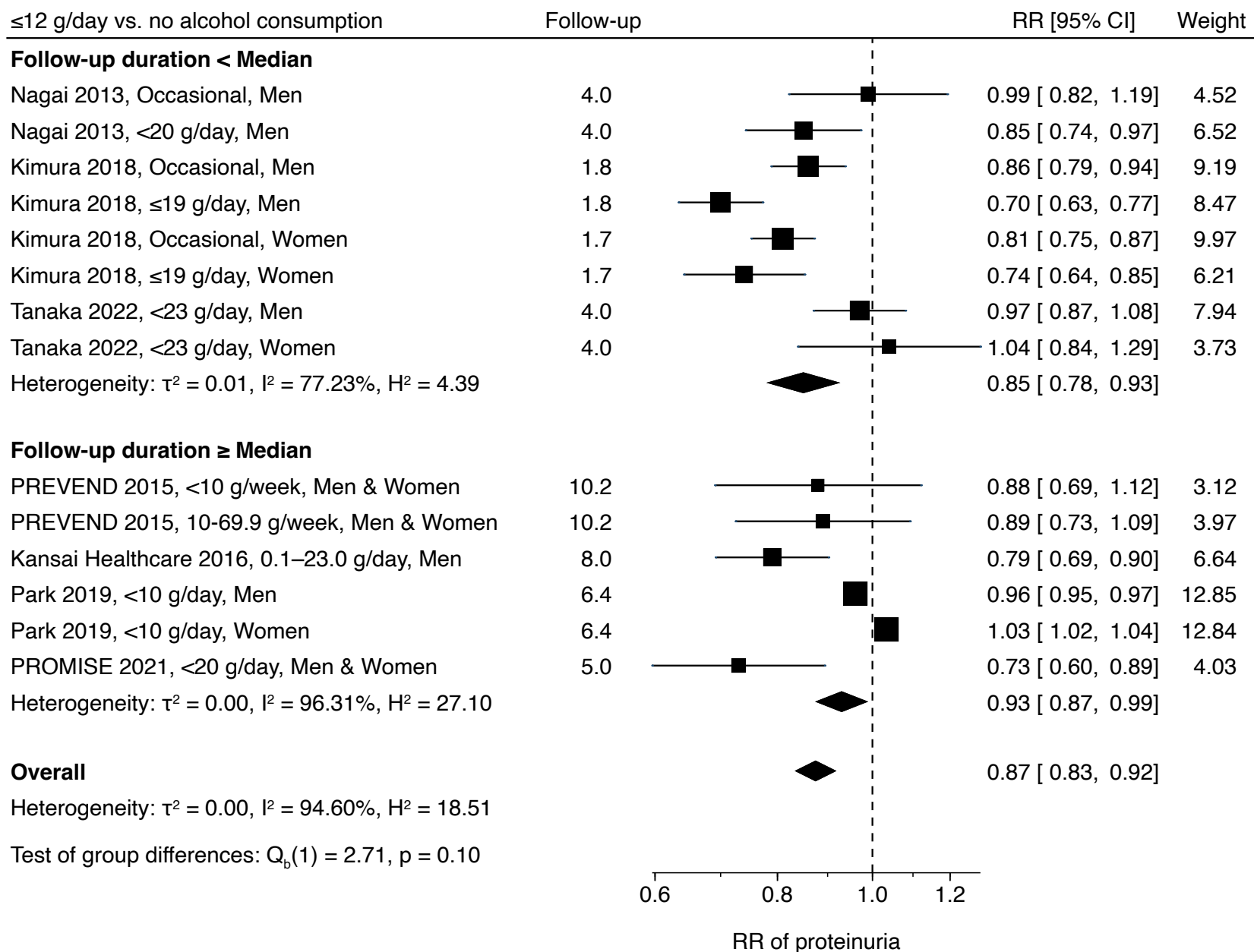


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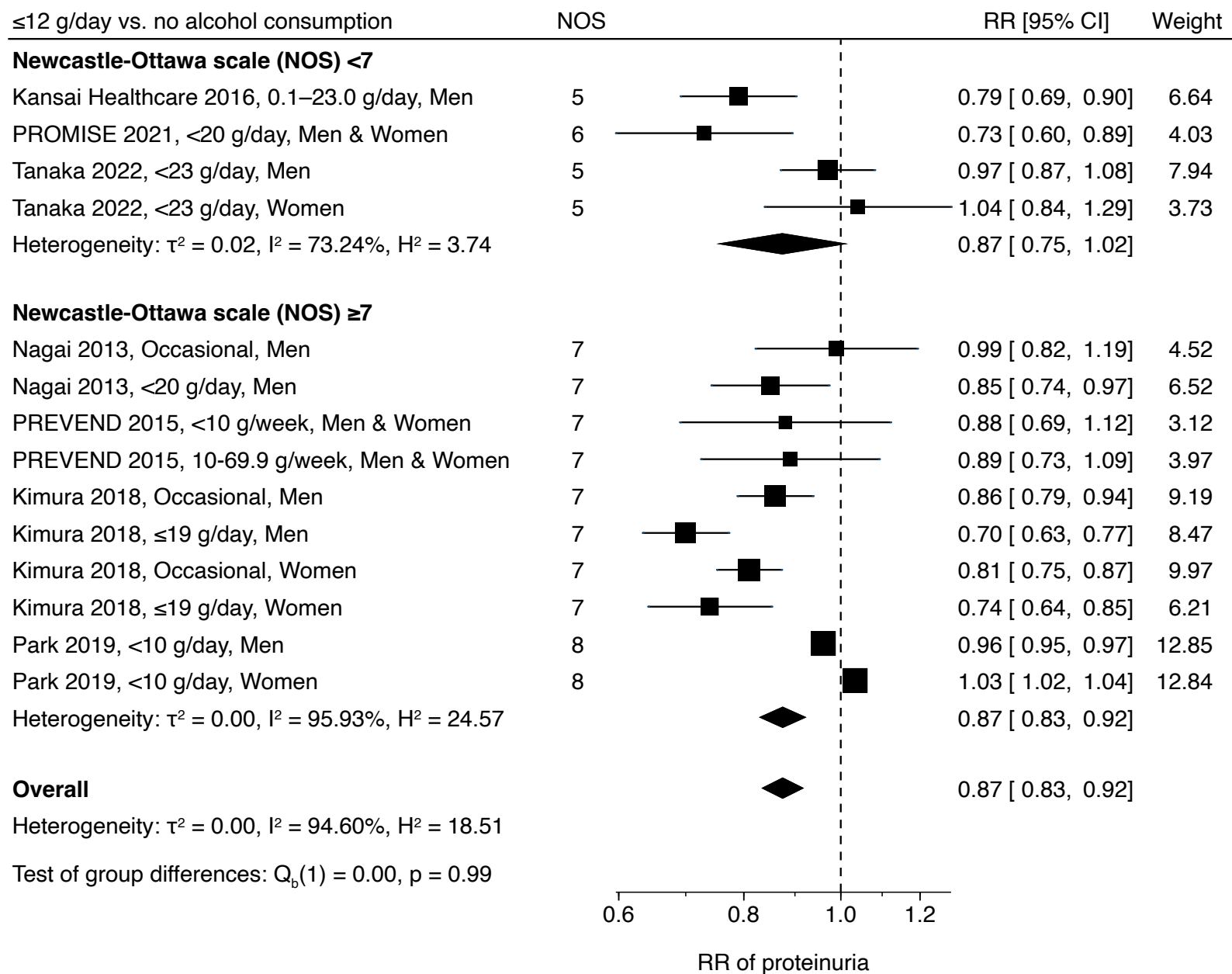
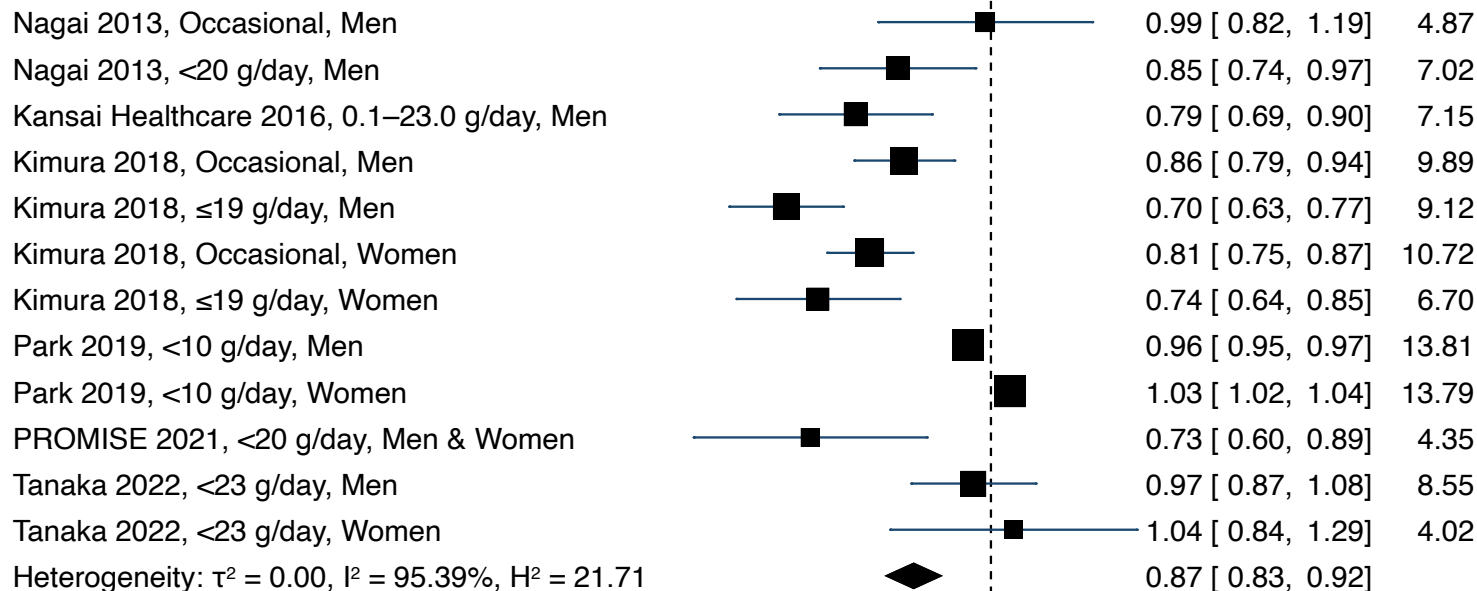


Figure S3j

 ≤ 12 g/day vs. no alcohol consumption

RR [95% CI]

Weight

Asian countries

0.6

0.8

1.0

1.2

RR of proteinuria

Figure S4a

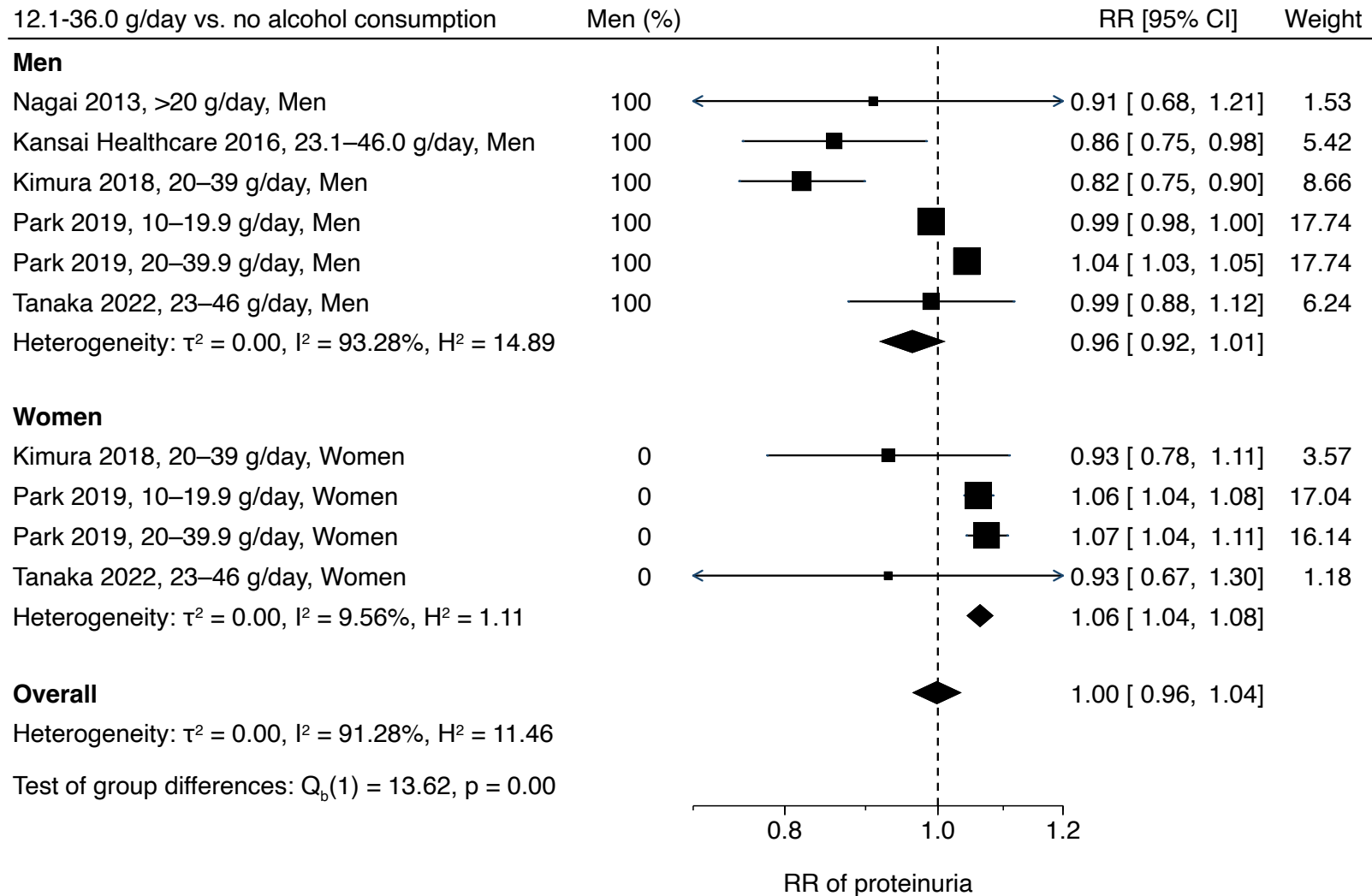


Figure S4b

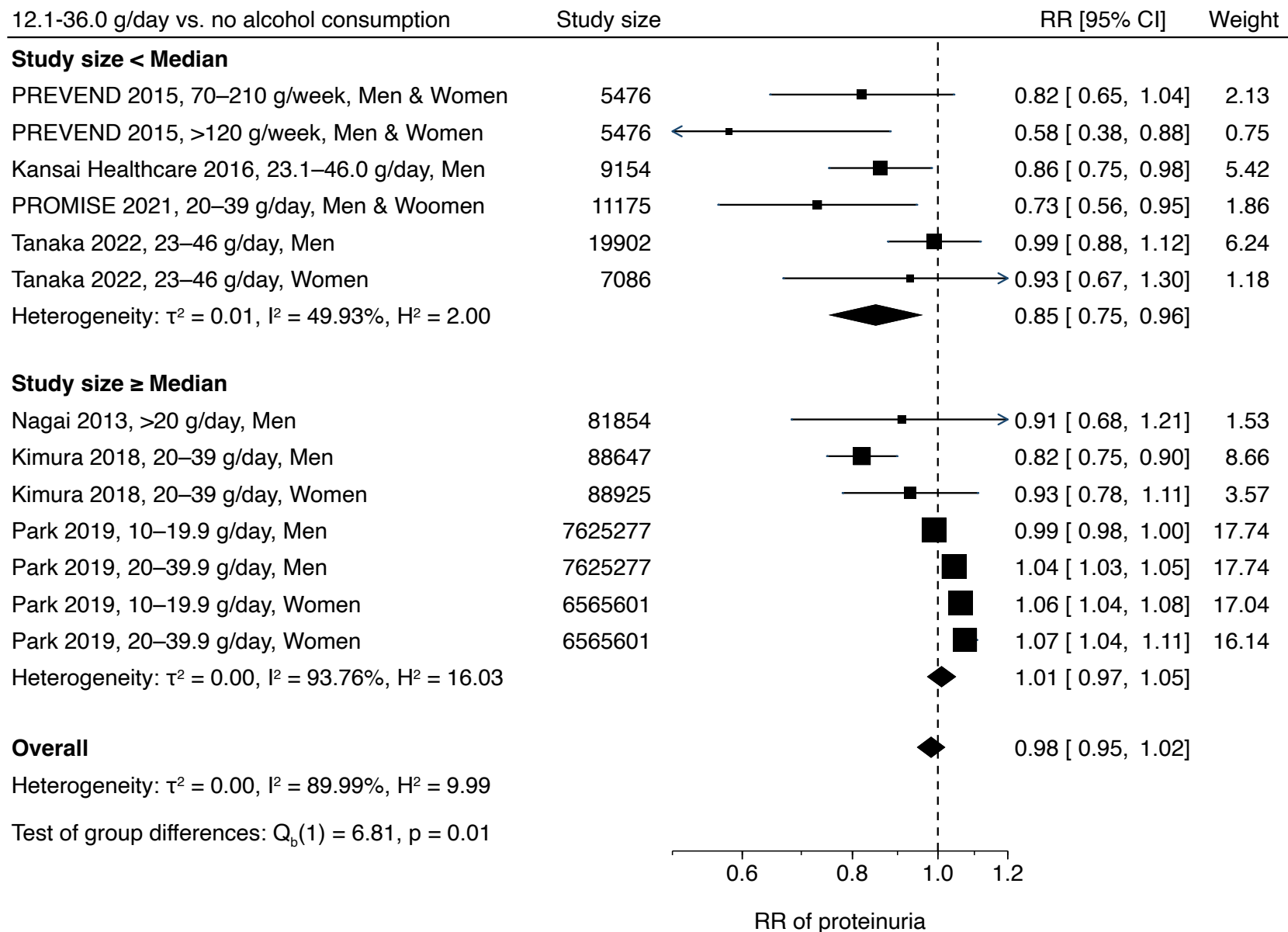


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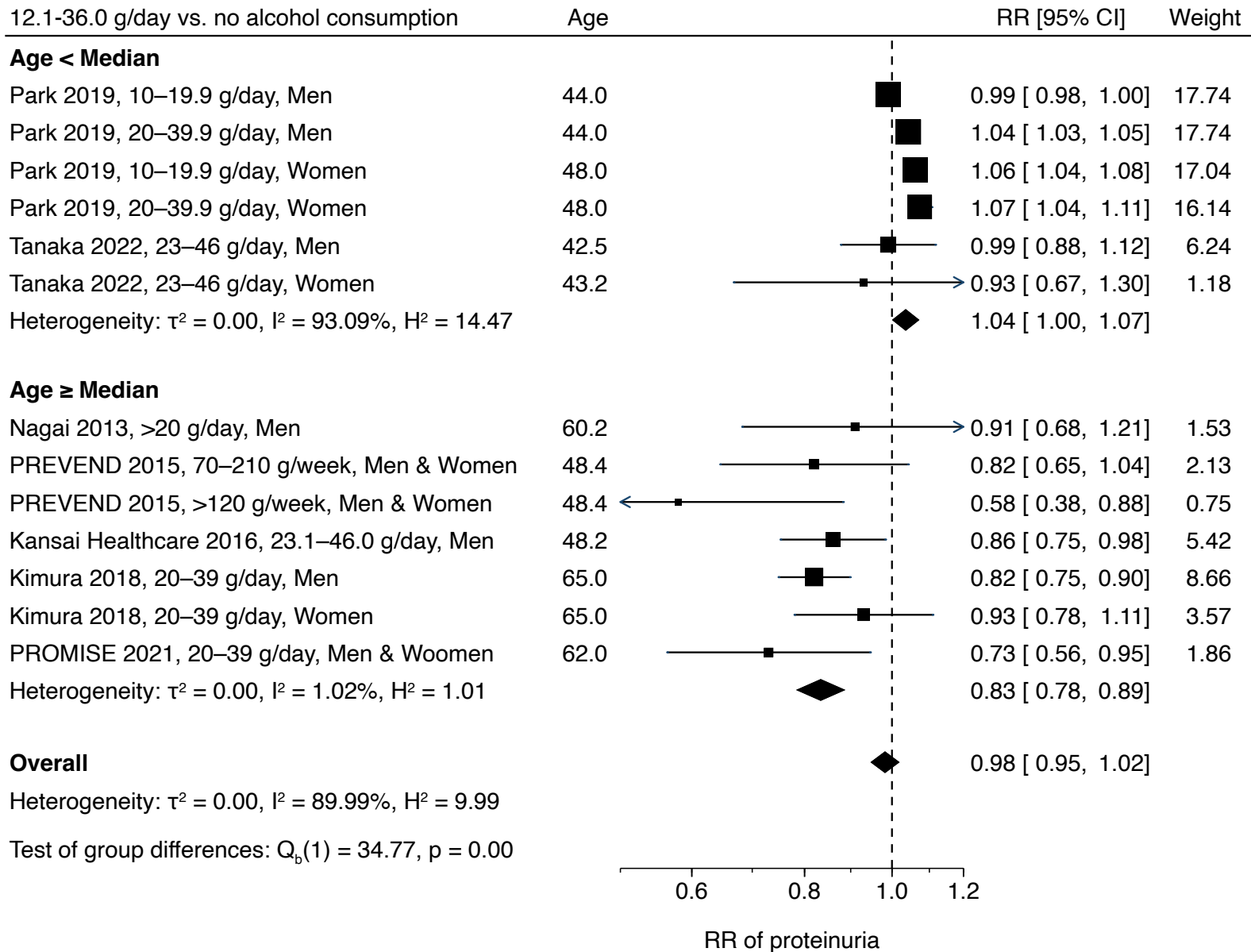


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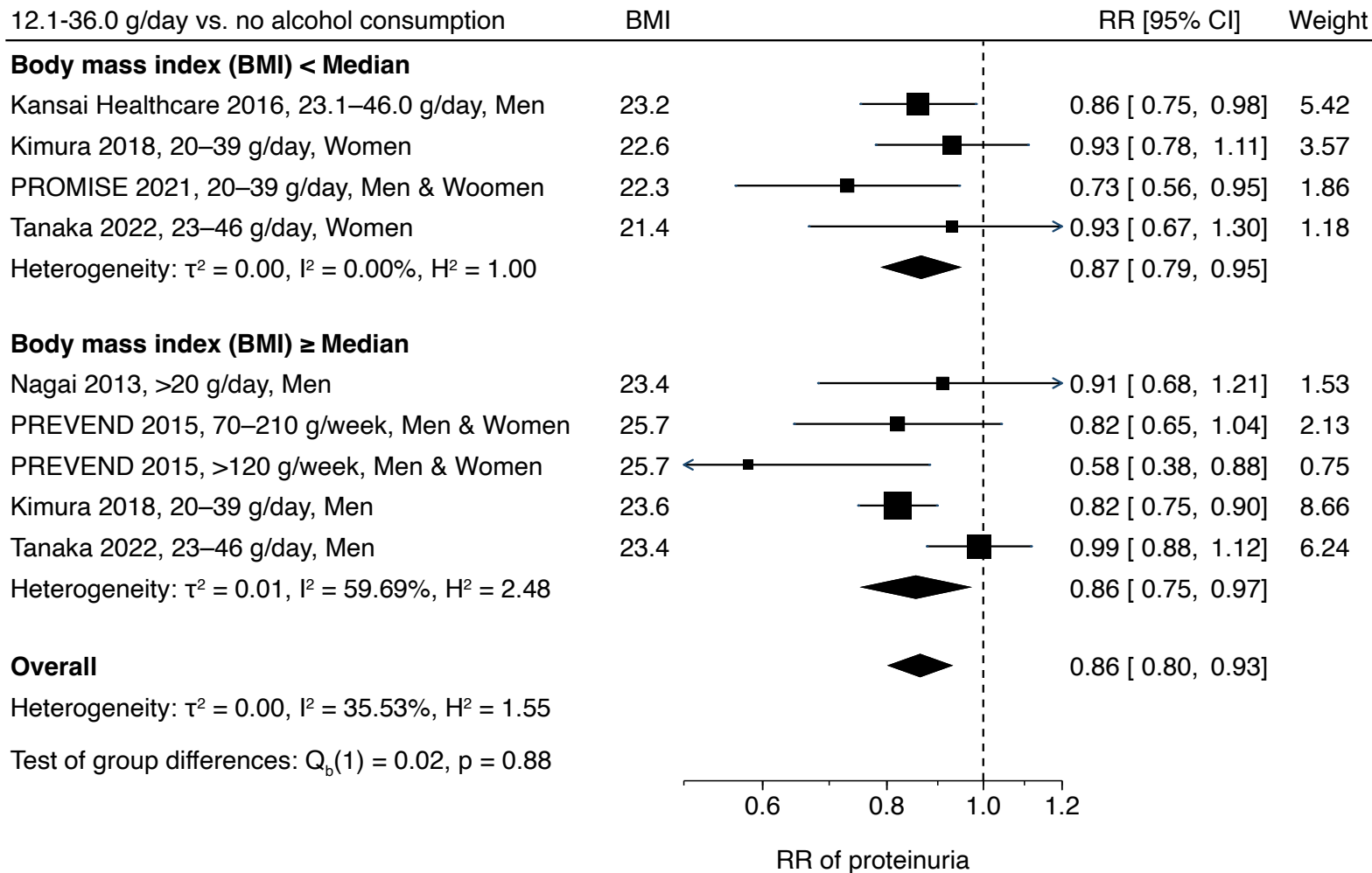


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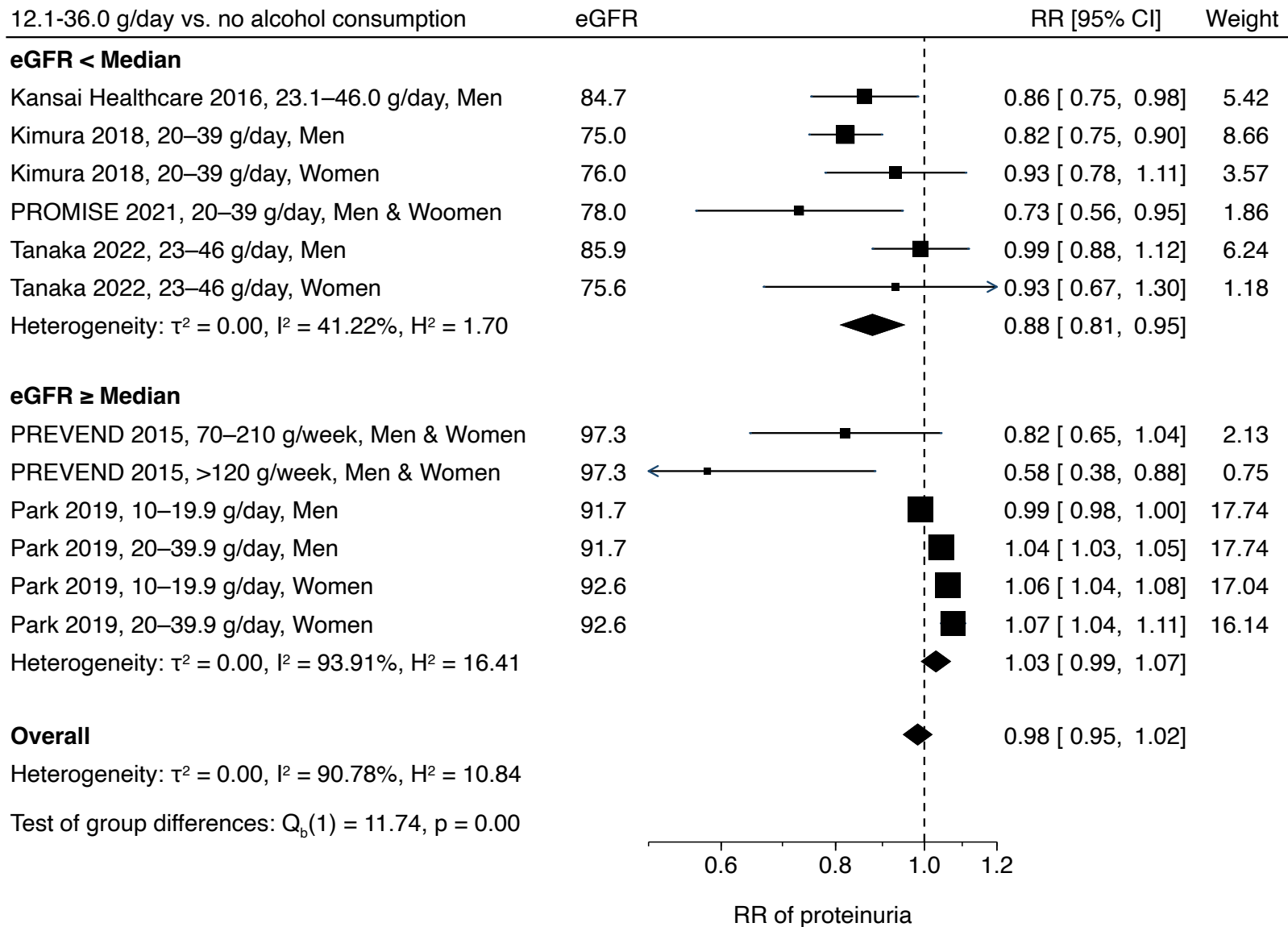


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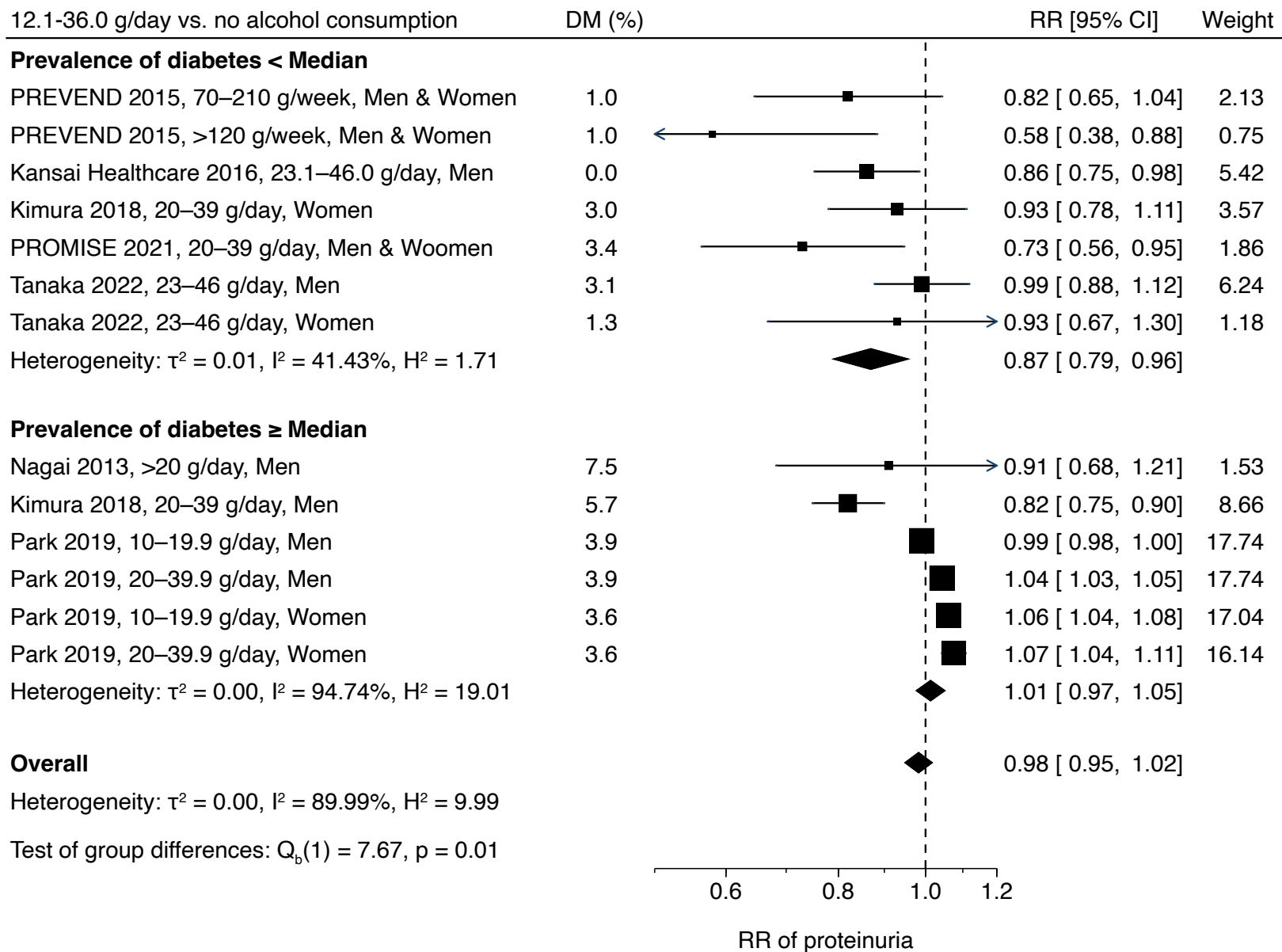


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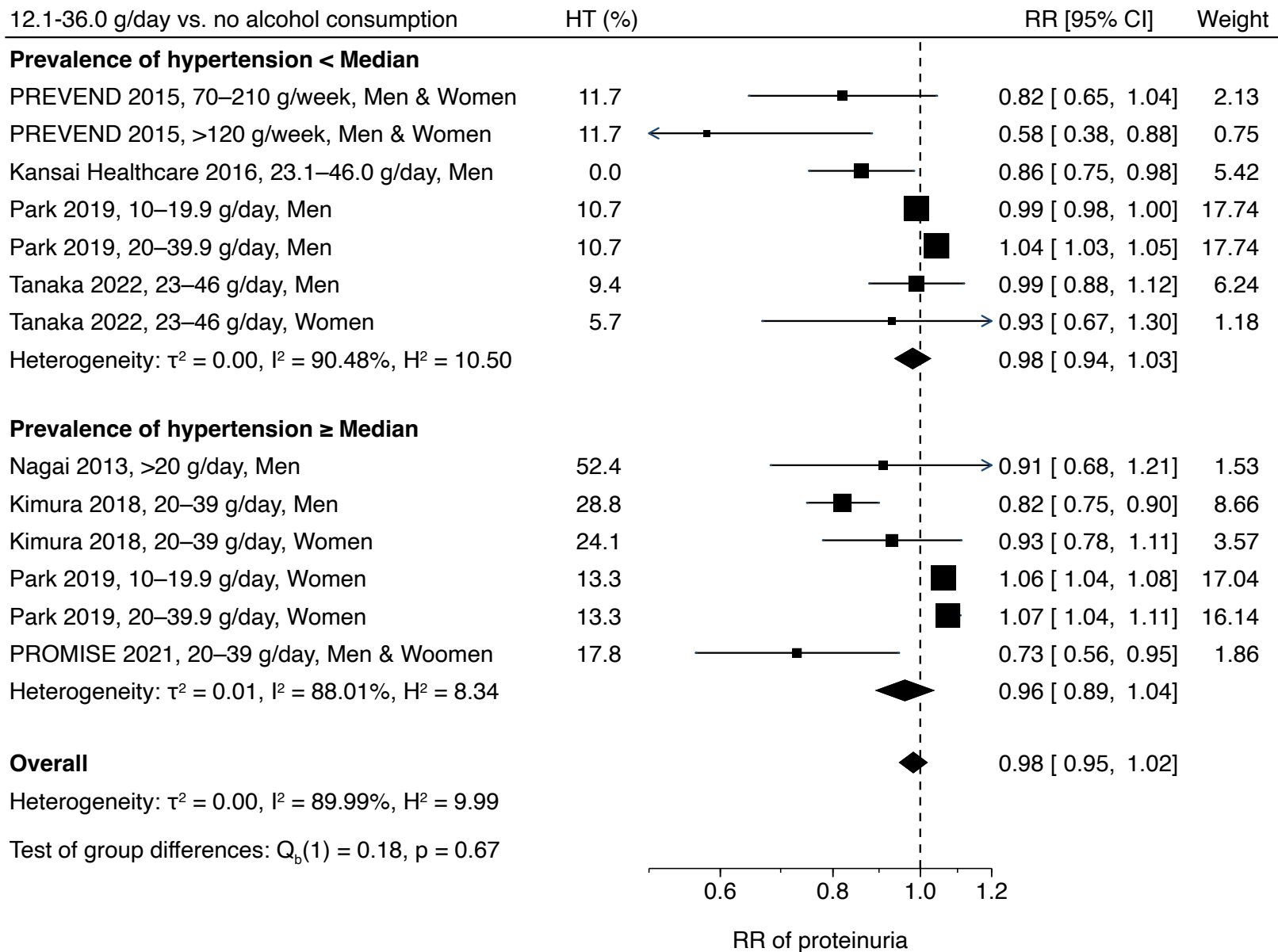


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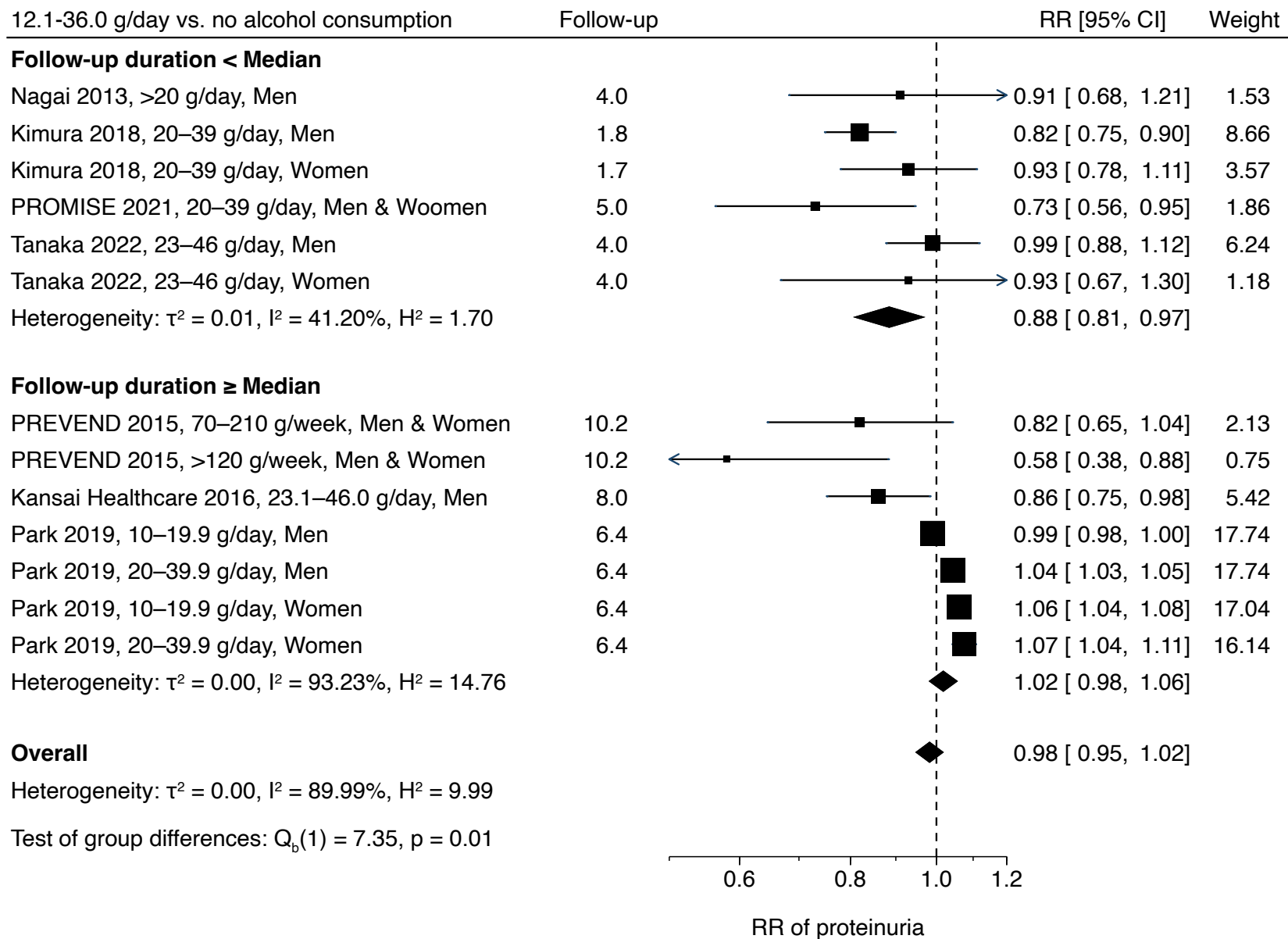


Figure S4i

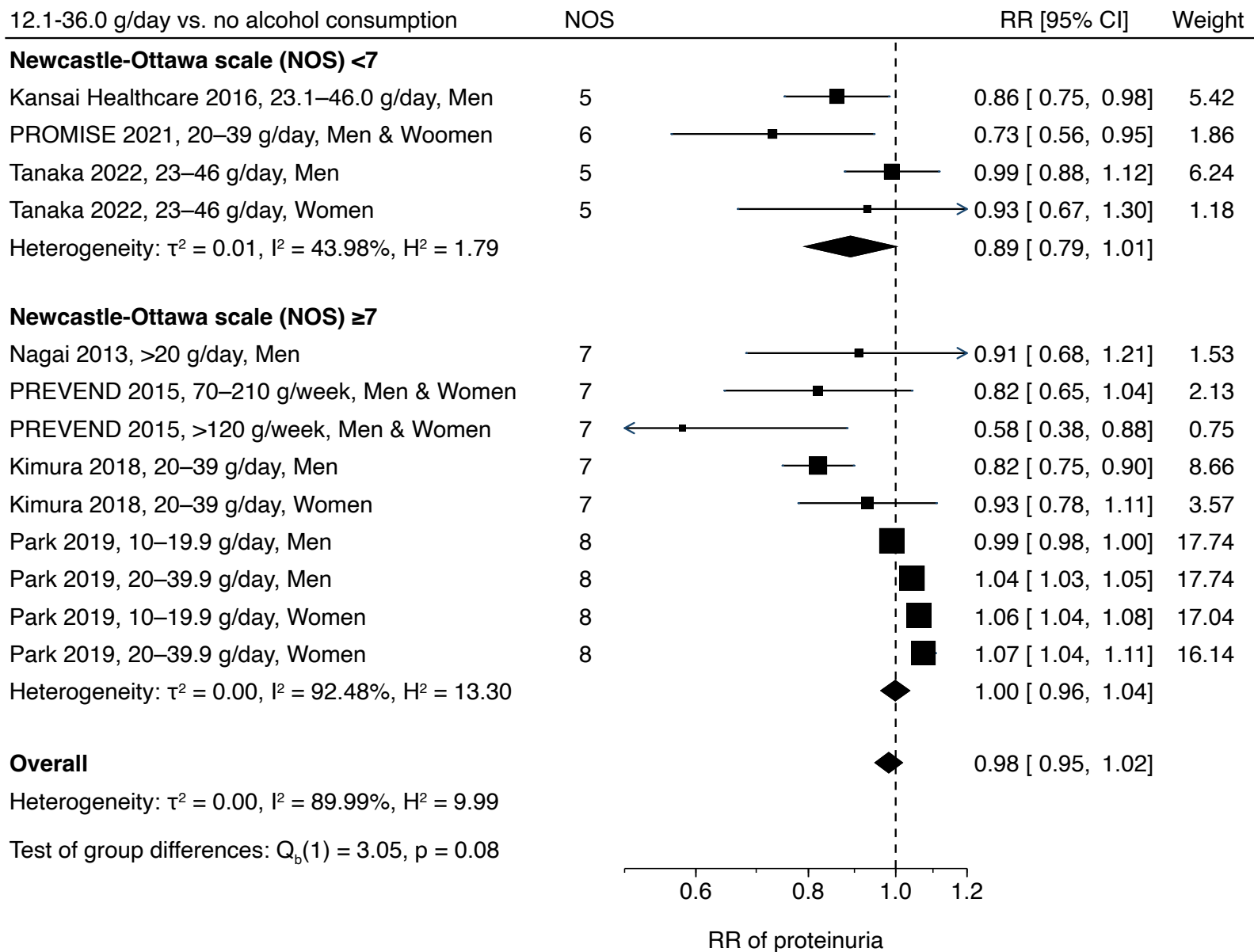
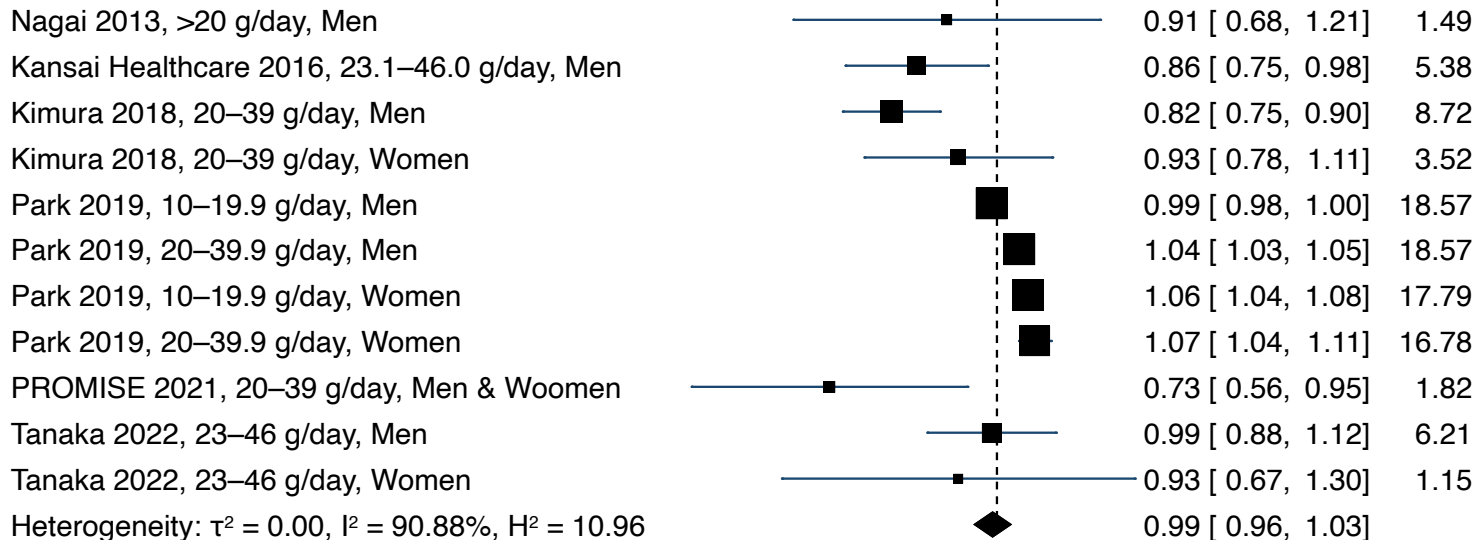


Figure S4j

12.1-36.0 g/day vs. no alcohol consumption

RR [95% CI] Weight

Asian countries

0.6 0.8 1.0 1.2

RR of proteinuria

Figure S5a

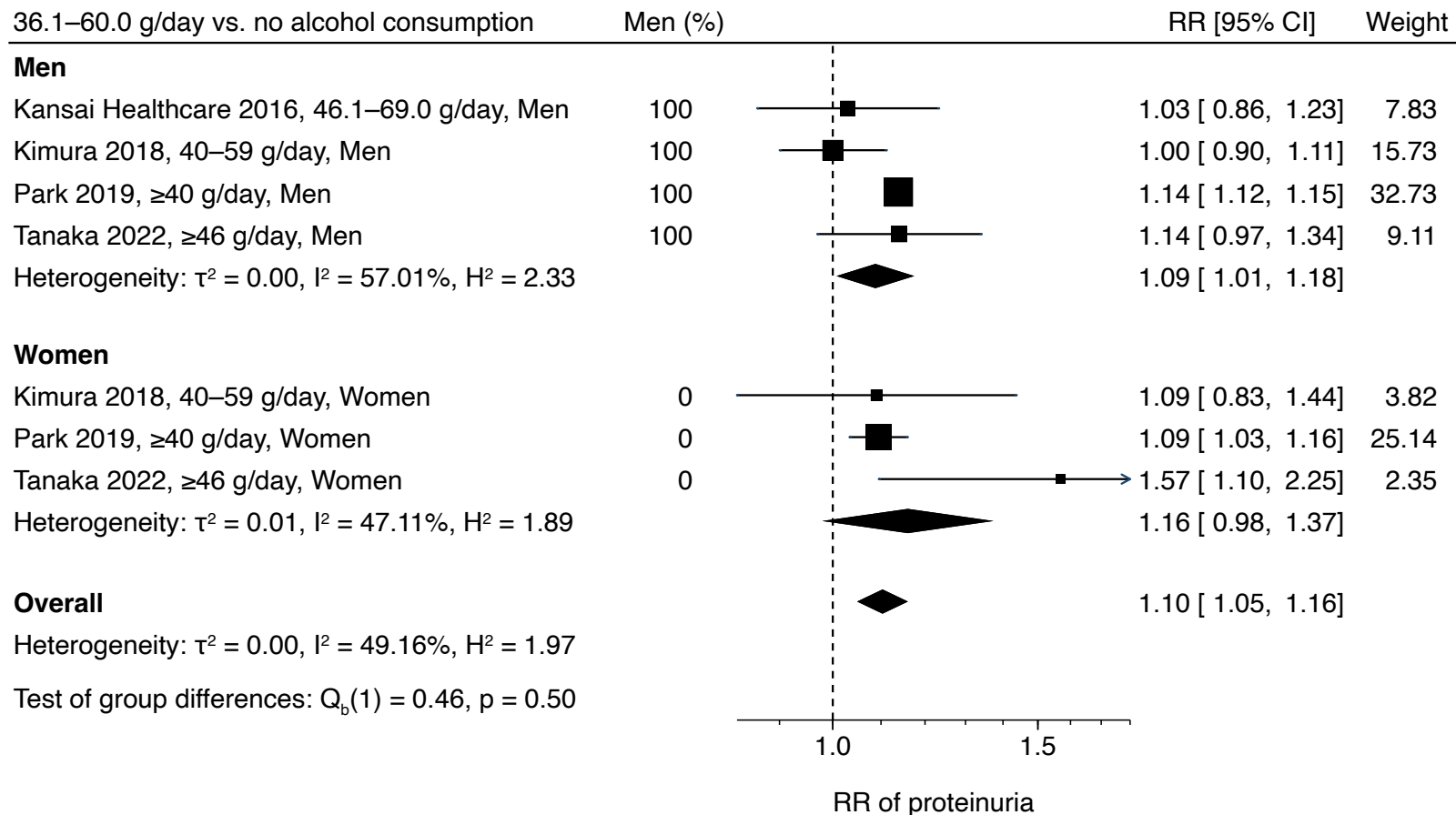


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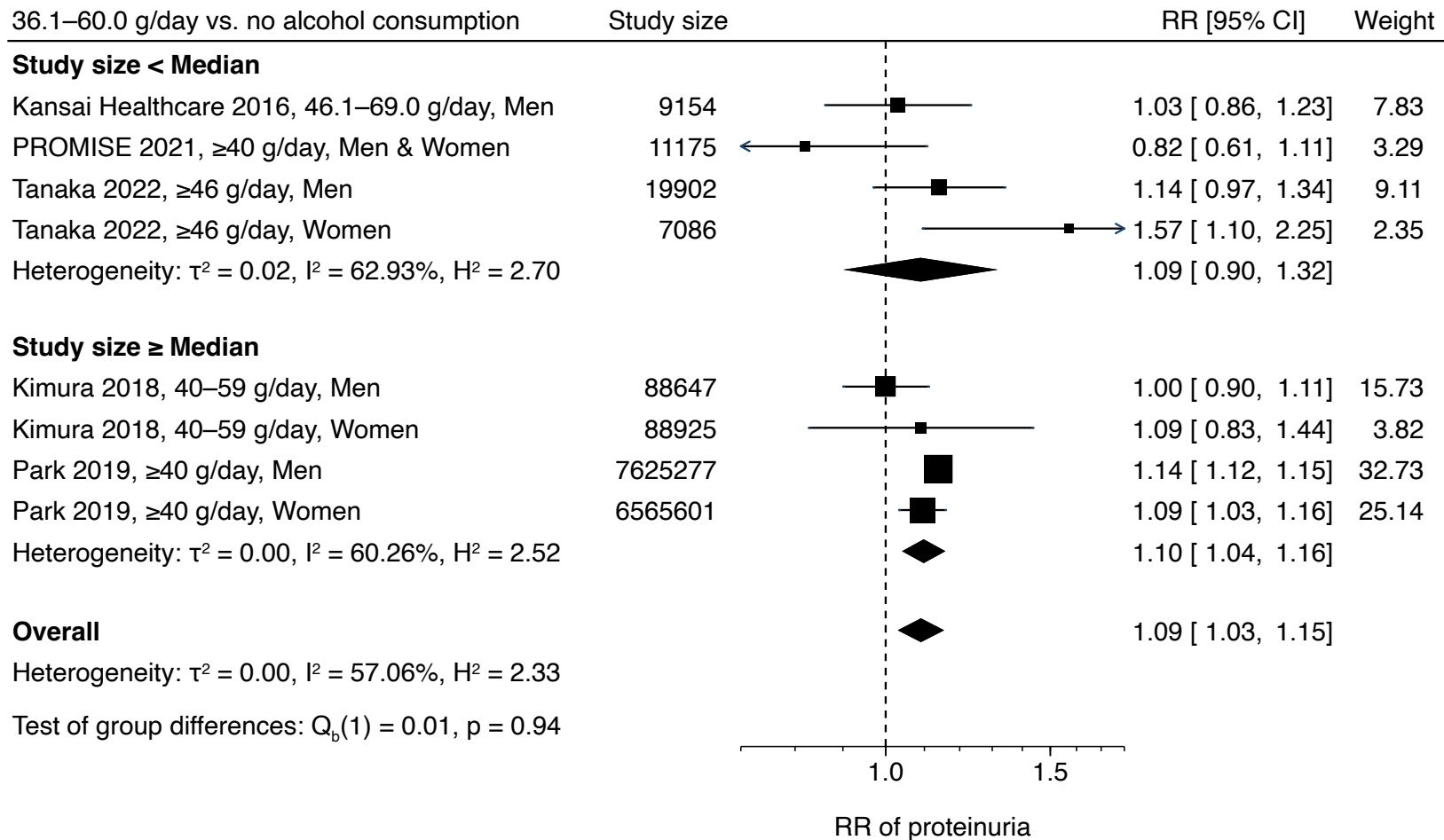


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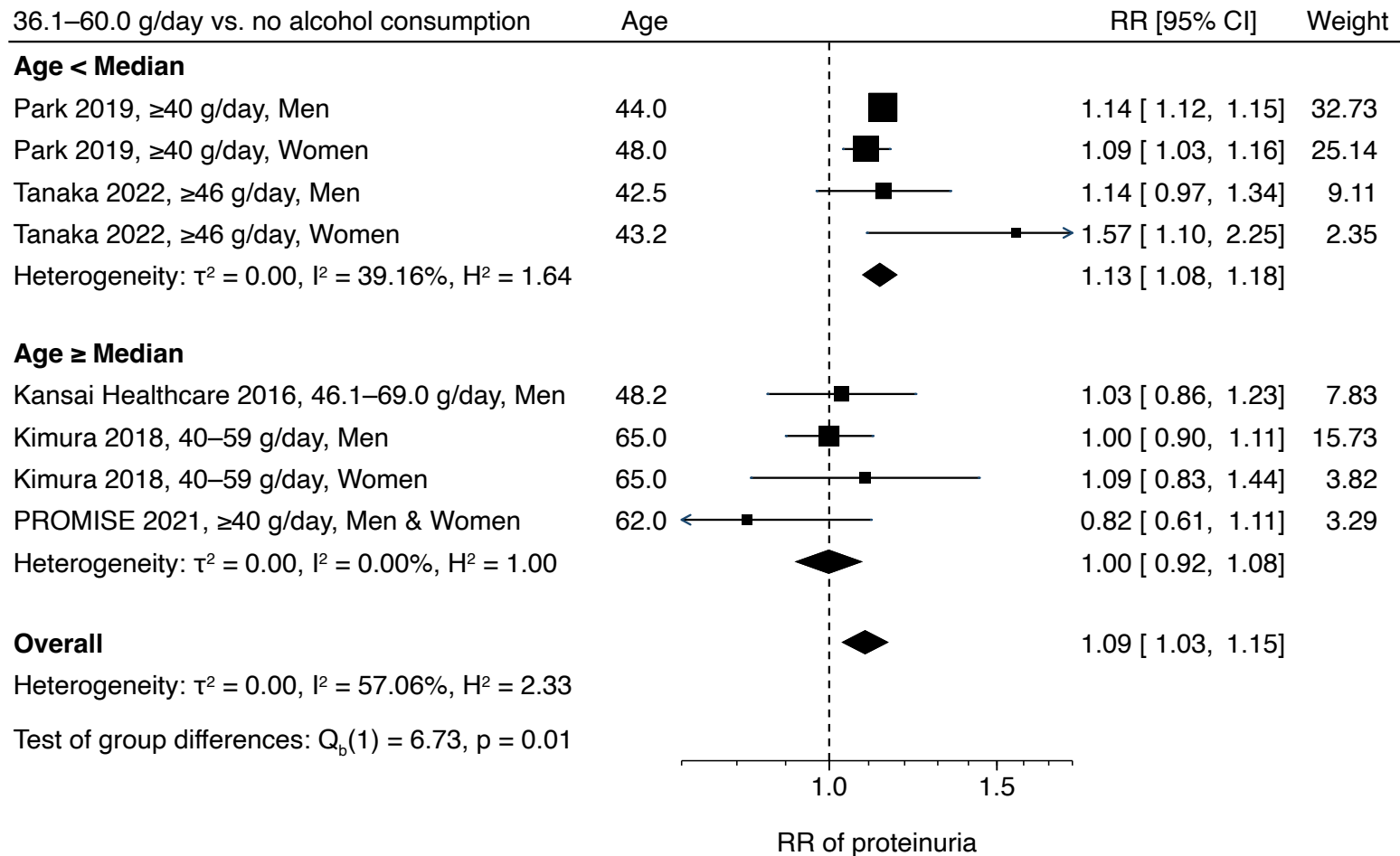


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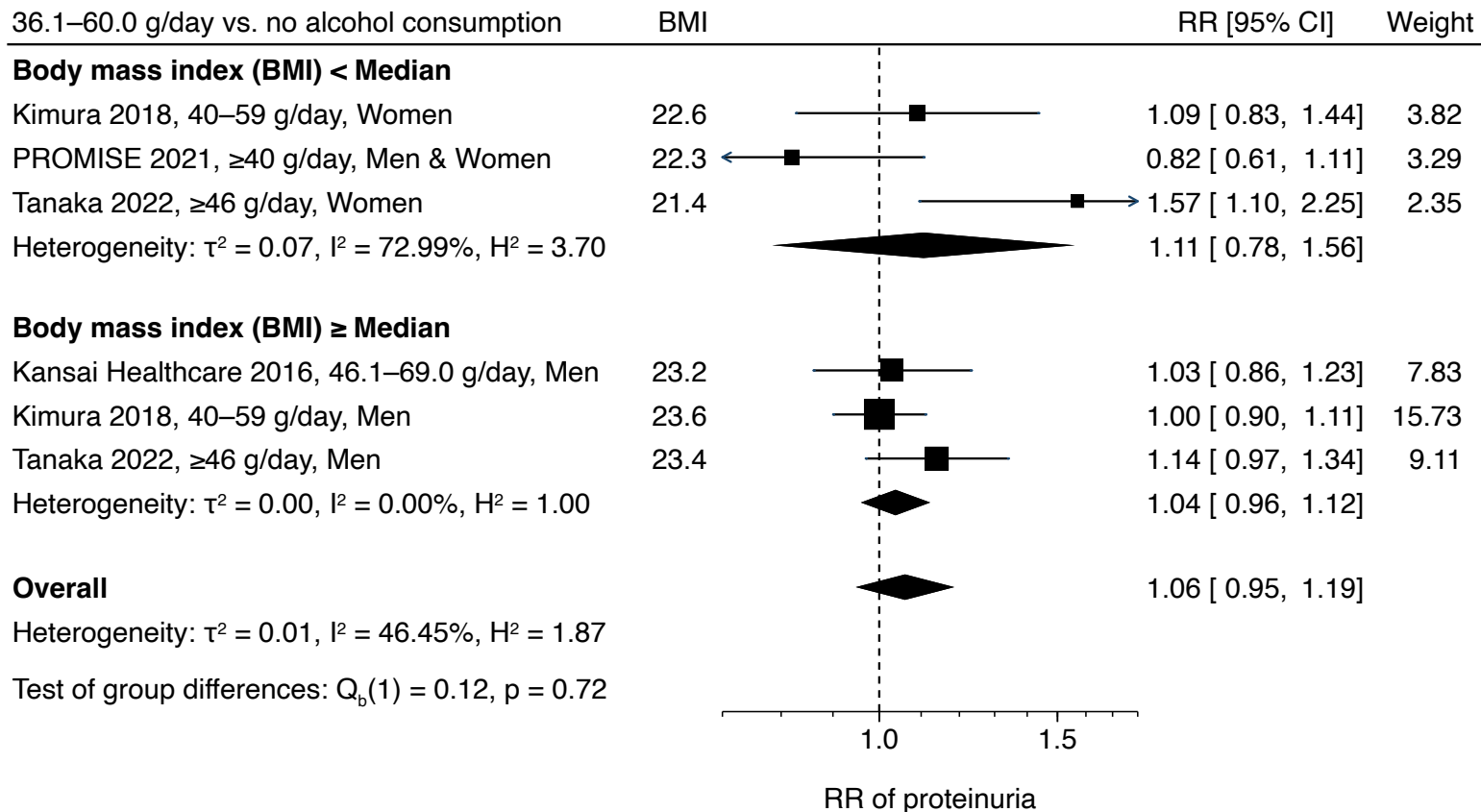


Figure S5e

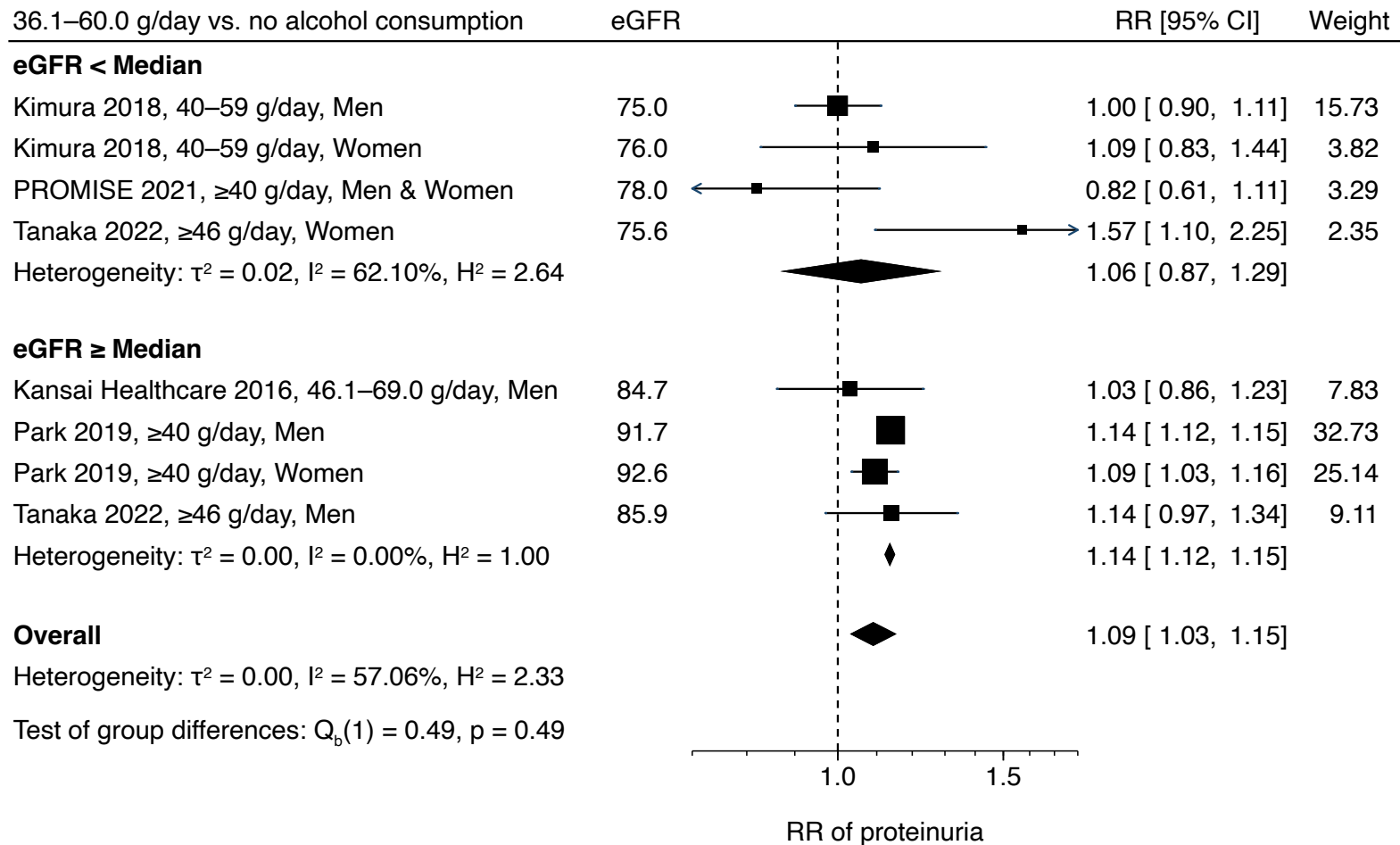


Figure S5f

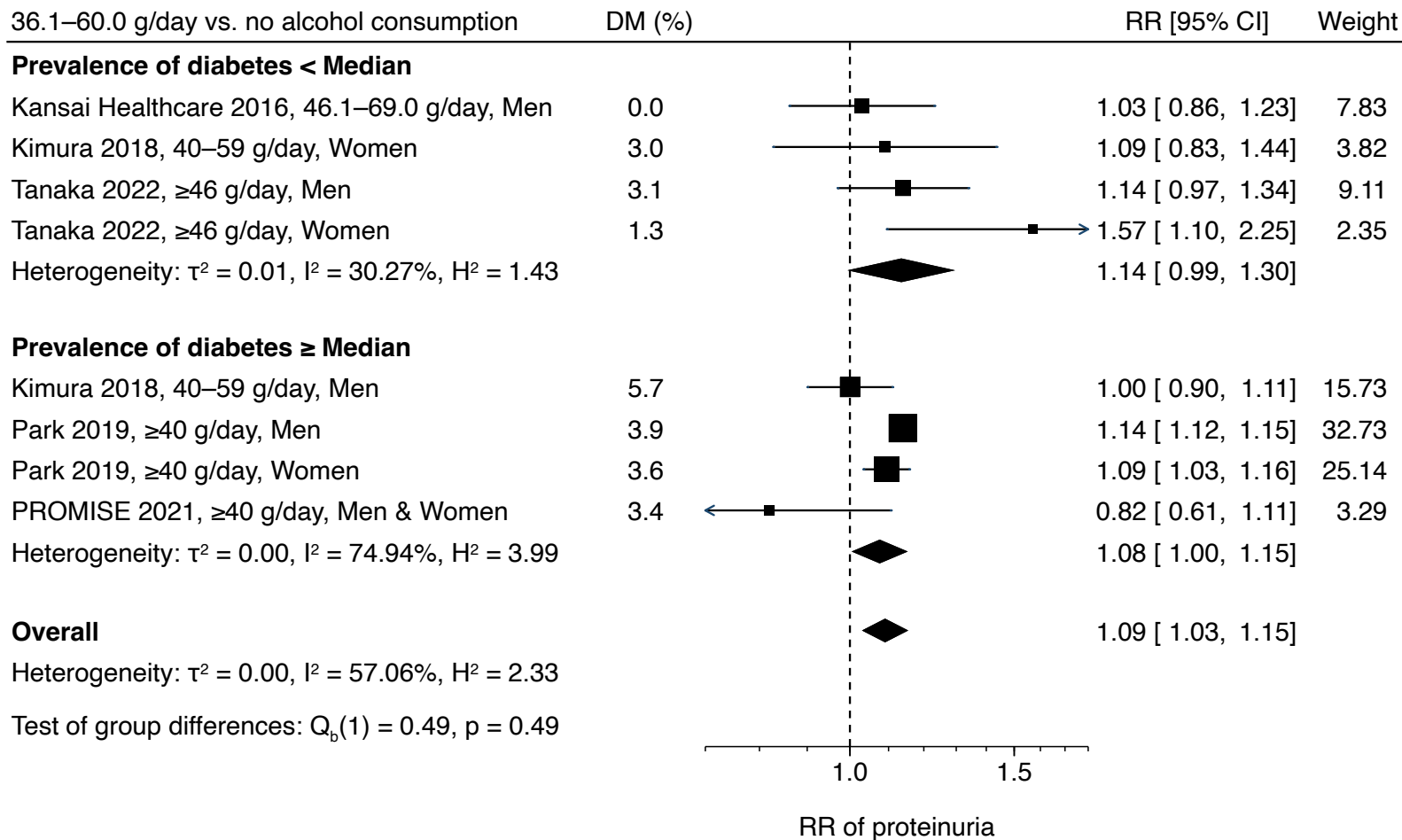


Figure S5g

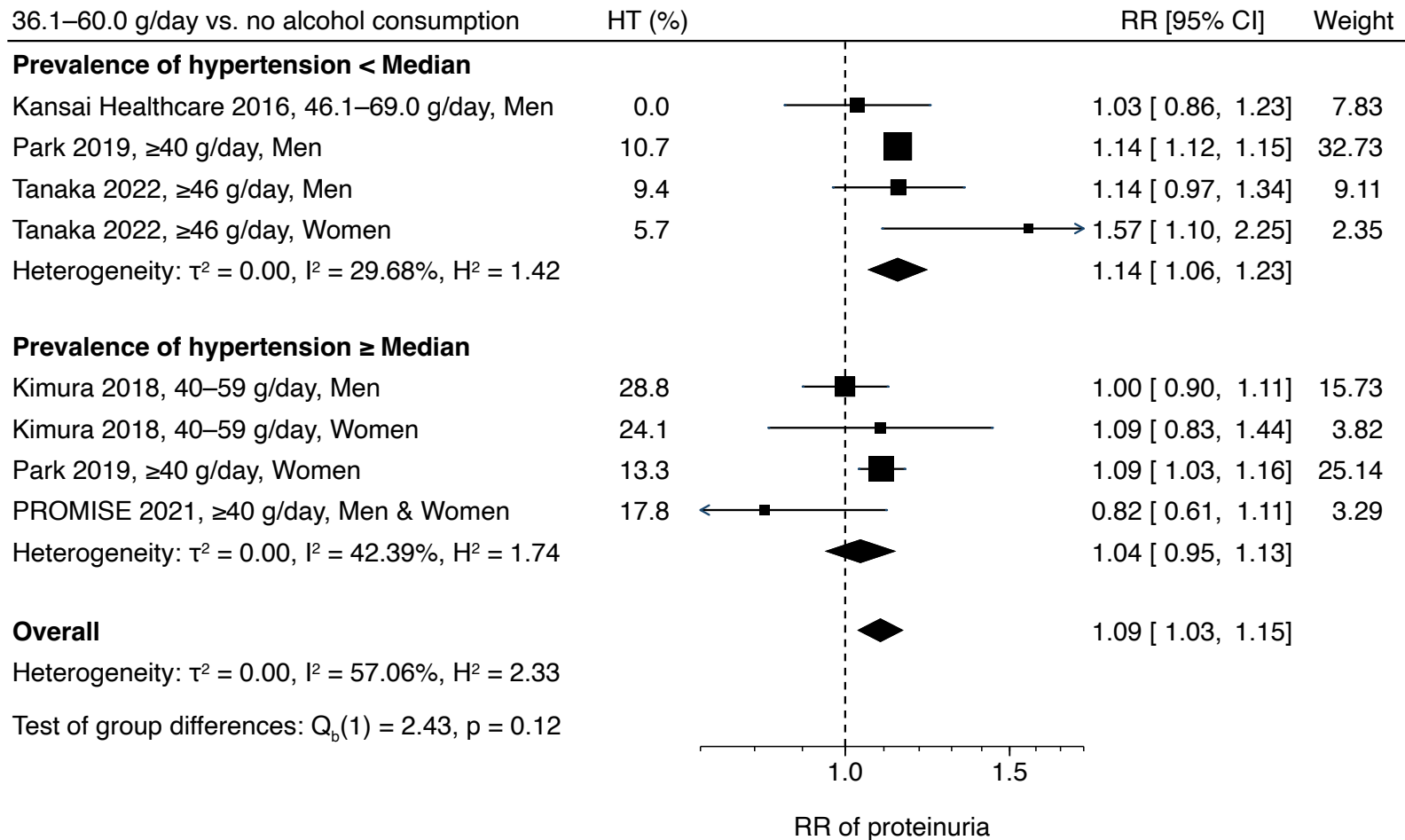


Figure S5h

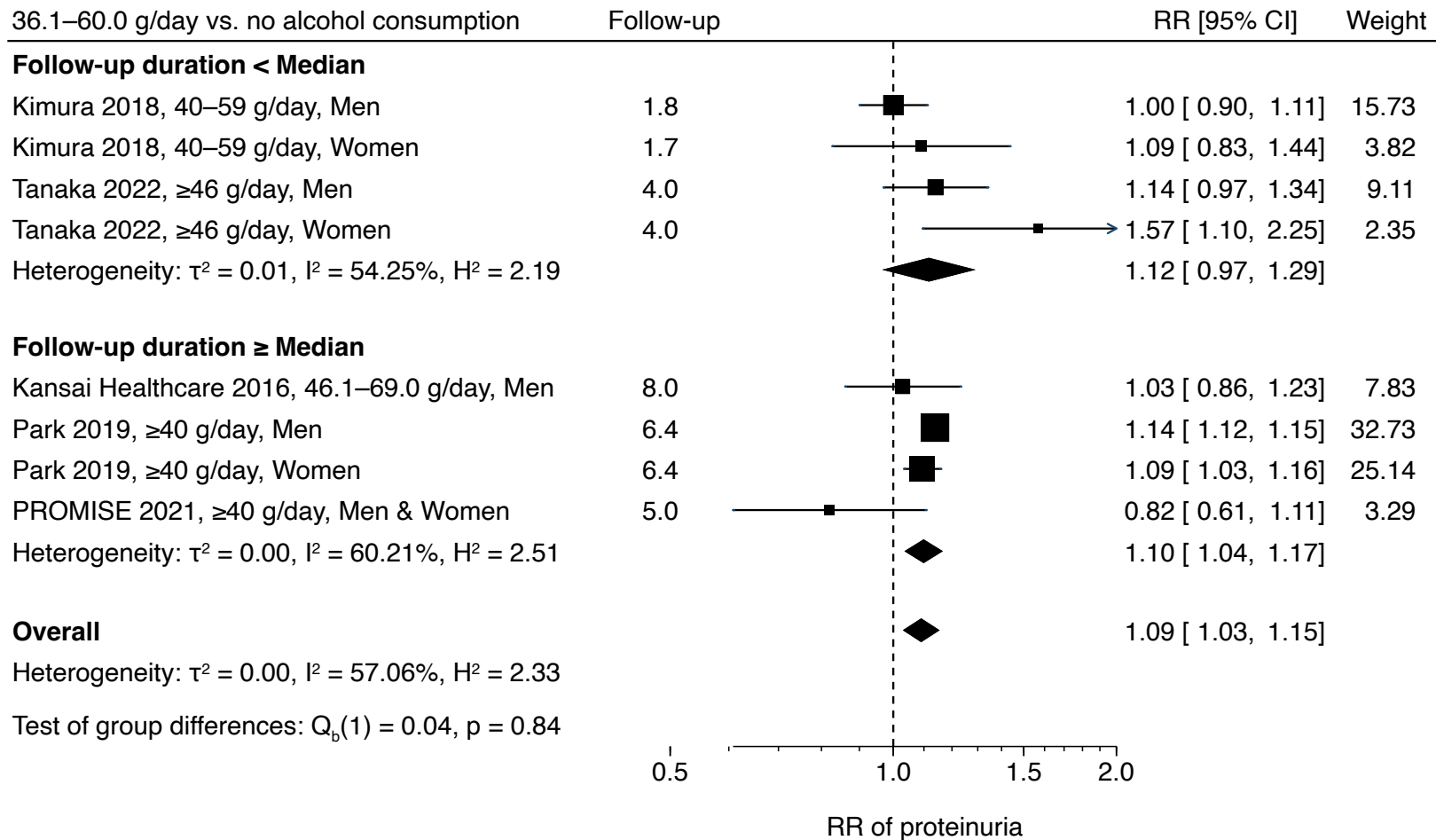


Figure S5i

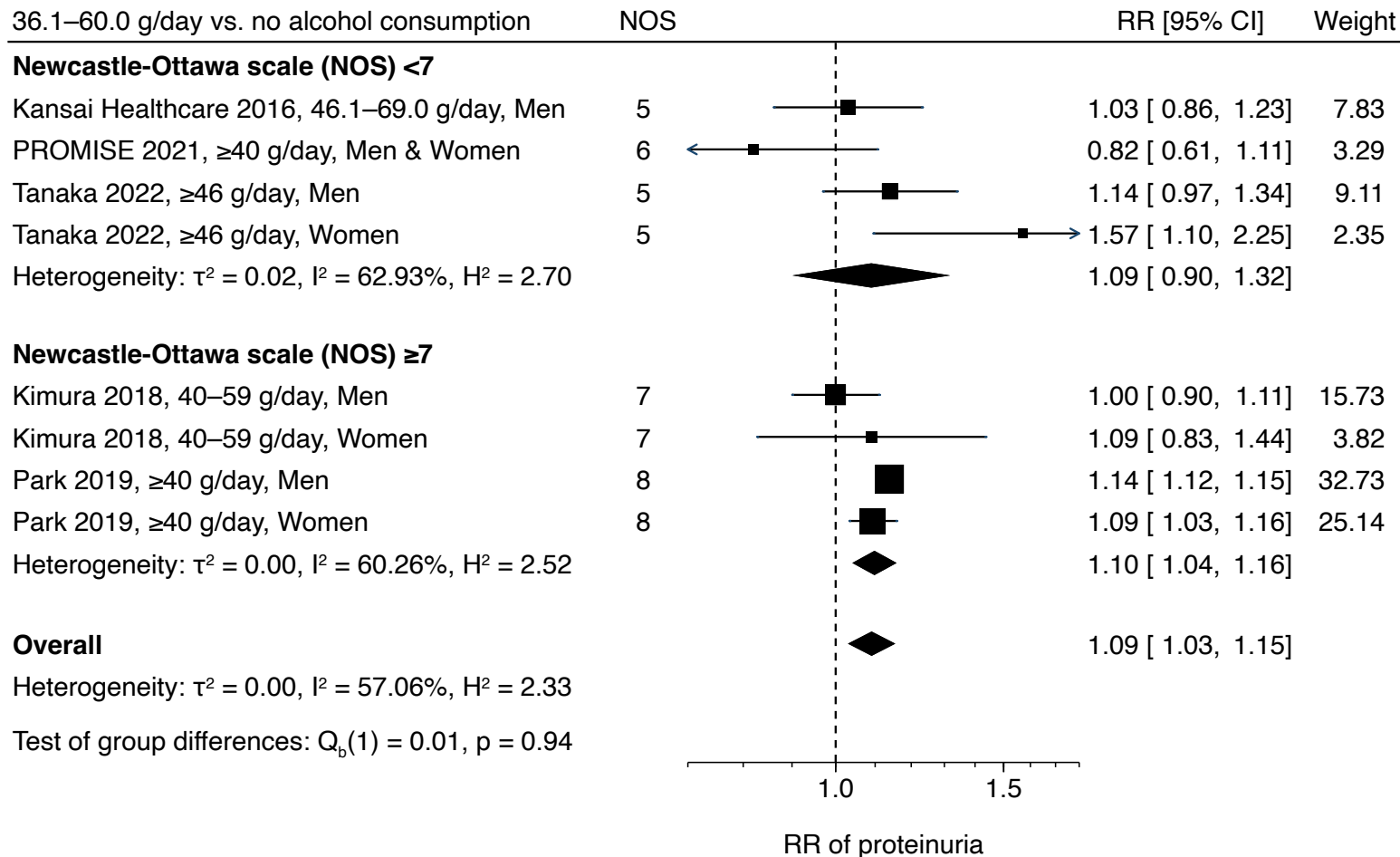


Figure S5j

36.1-60.0 g/day vs. no alcohol consumption

RR [95% CI]

Weight

Asian countries

Kansai Healthcare 2016, 46.1–69.0 g/day, Men

1.03 [0.86, 1.23] 7.83

Kimura 2018, 40–59 g/day, Men

1.00 [0.90, 1.11] 15.73

Kimura 2018, 40–59 g/day, Women

1.09 [0.83, 1.44] 3.82

Park 2019, ≥ 40 g/day, Men

1.14 [1.12, 1.15] 32.73

Park 2019, ≥ 40 g/day, Women

1.09 [1.03, 1.16] 25.14

PROMISE 2021, ≥ 40 g/day, Men & Women

0.82 [0.61, 1.11] 3.29

Tanaka 2022, ≥ 46 g/day, Men

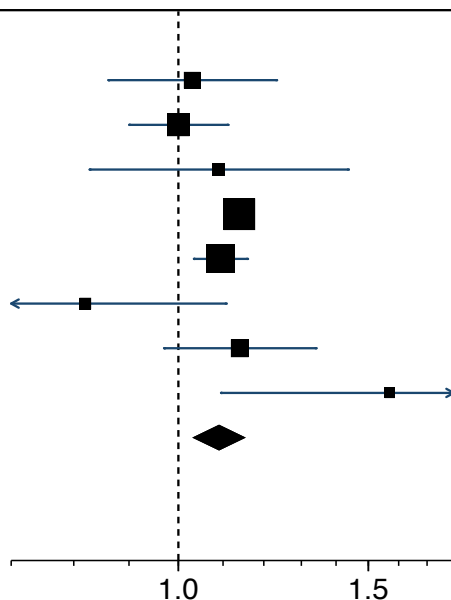
1.14 [0.97, 1.34] 9.11

Tanaka 2022, ≥ 46 g/day, Women

1.57 [1.10, 2.25] 2.35

Heterogeneity: $\tau^2 = 0.00$, $I^2 = 57.06\%$, $H^2 = 2.33$

1.09 [1.03, 1.15]



RR of proteinuria

Figure S6a

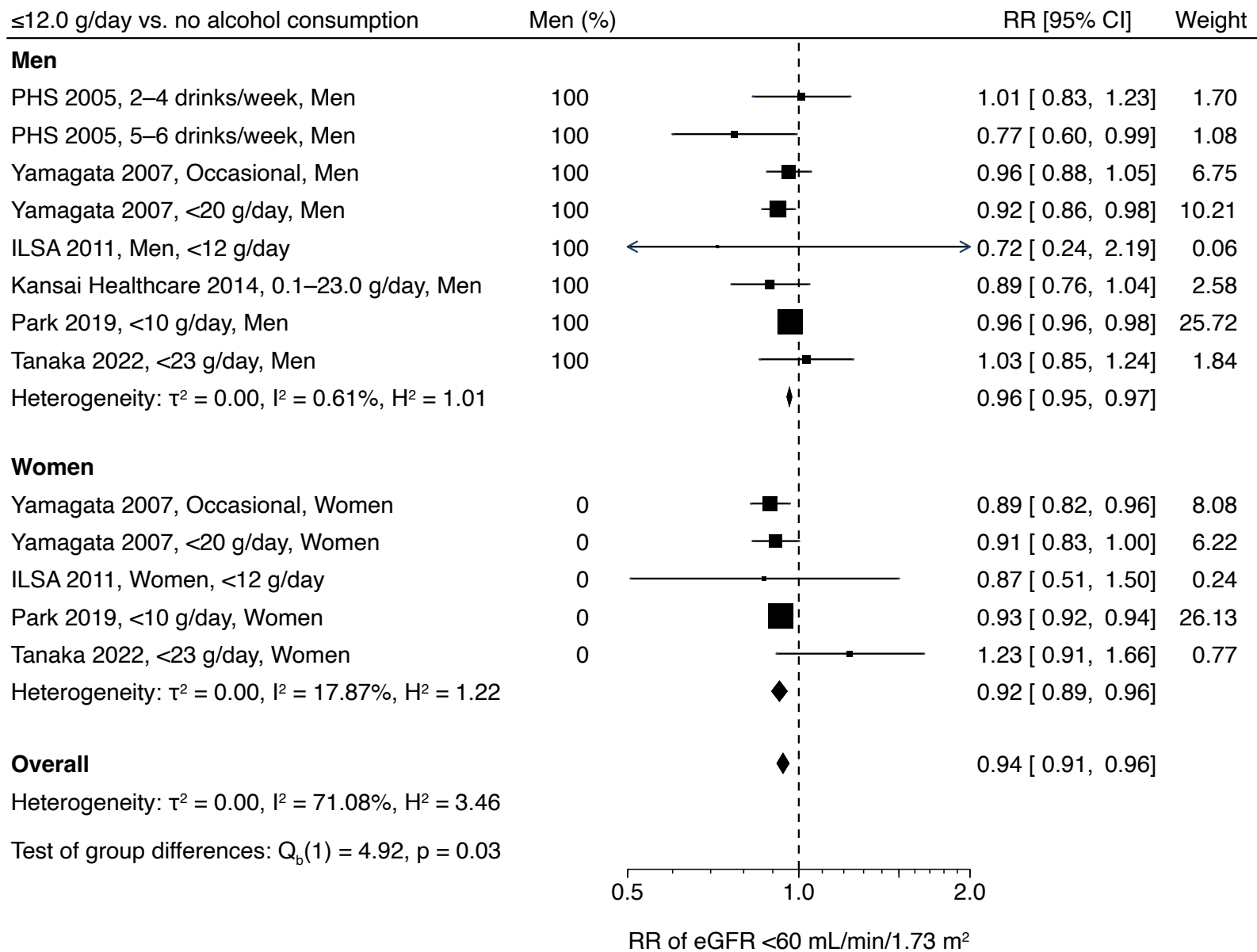


Figure S6b

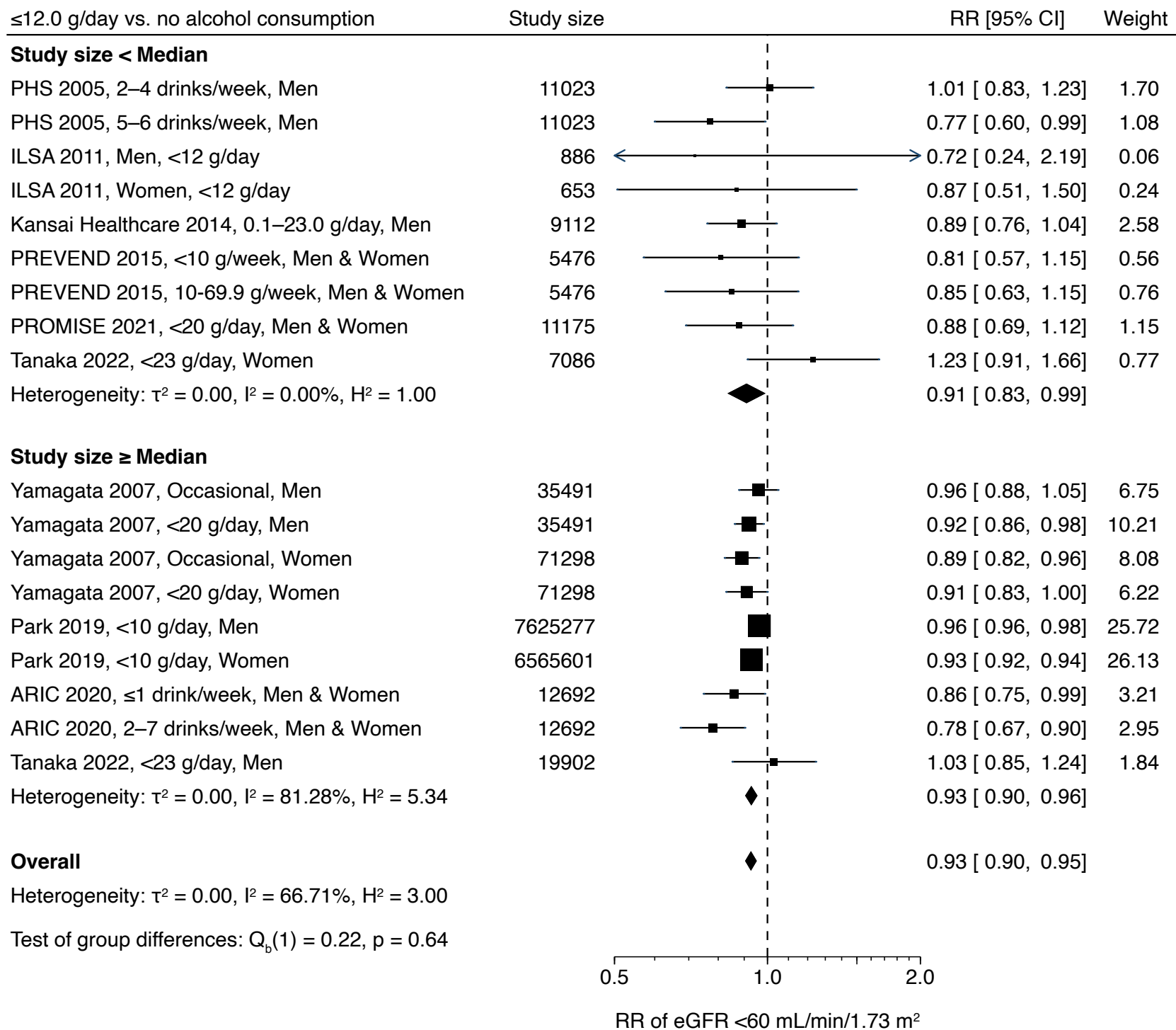


Figure S6c

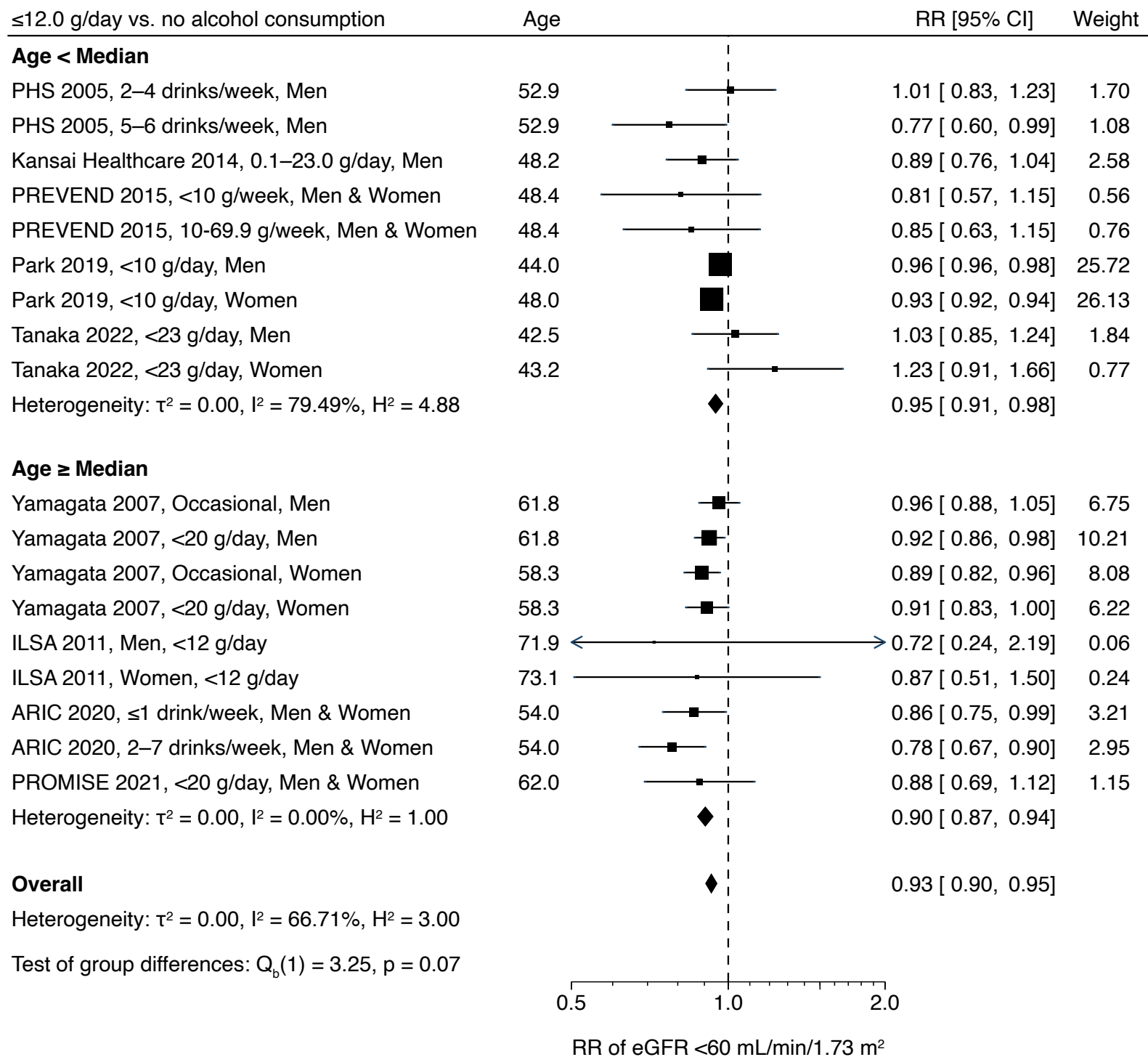


Figure S6d

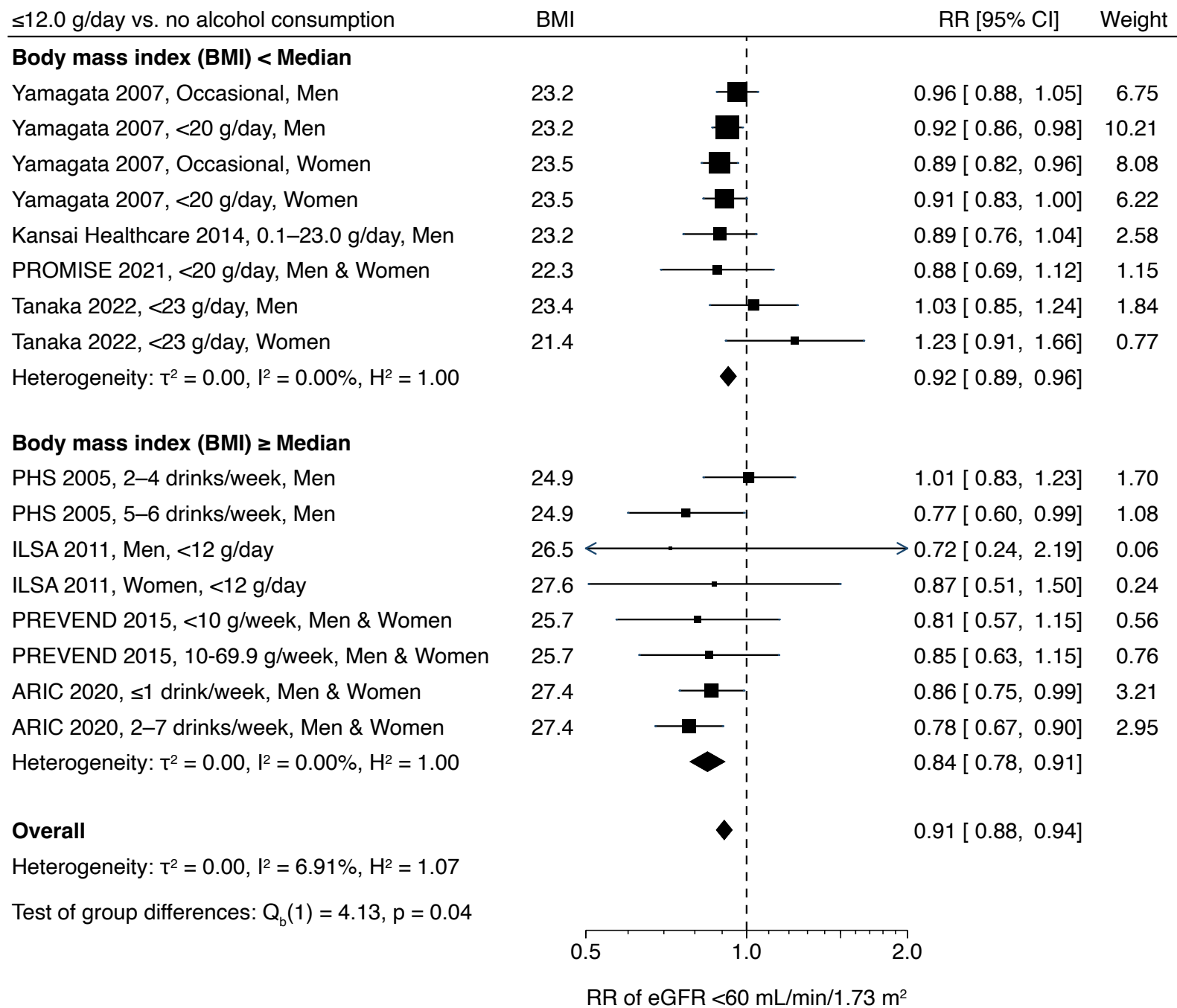


Figure S6e

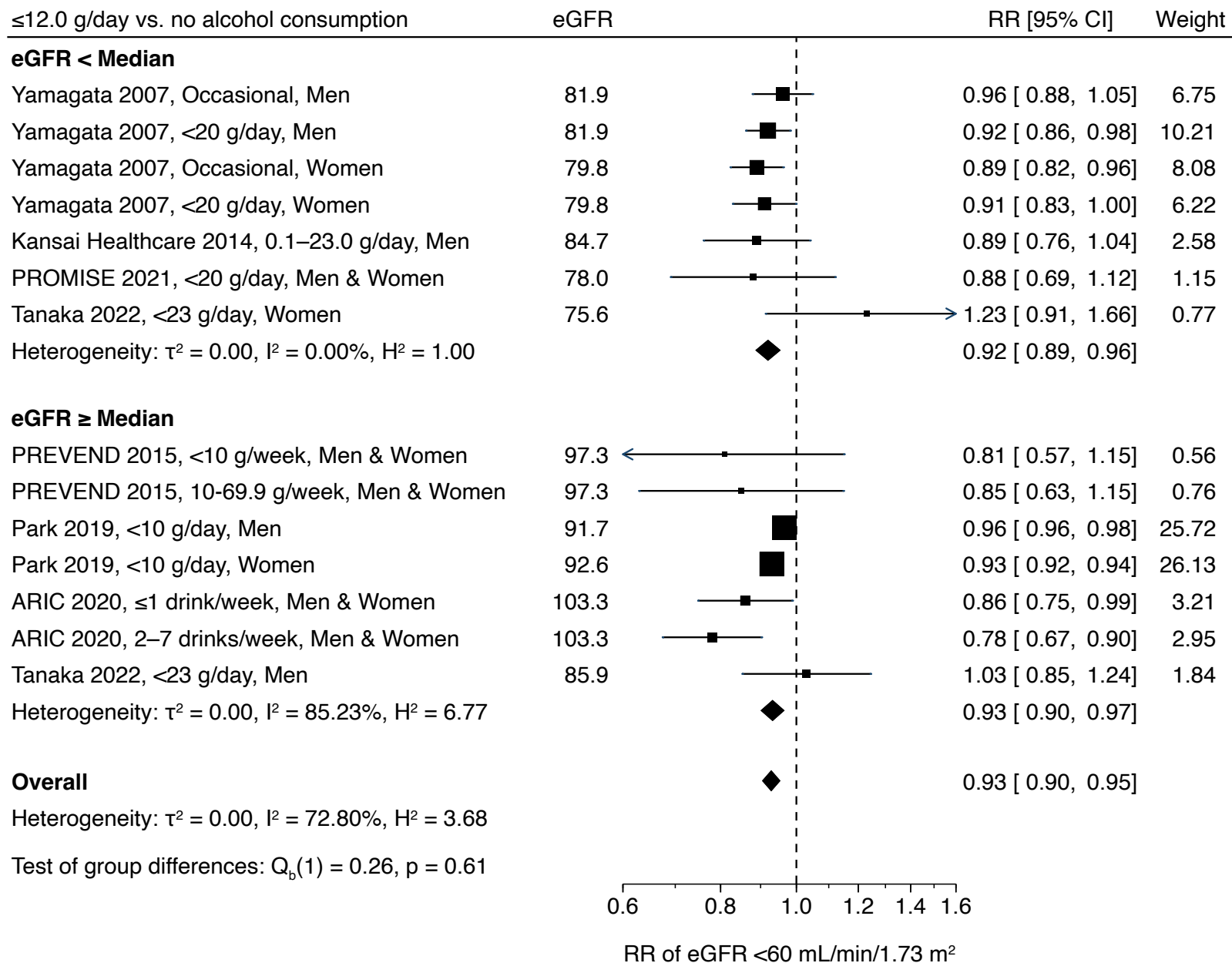


Figure S6f

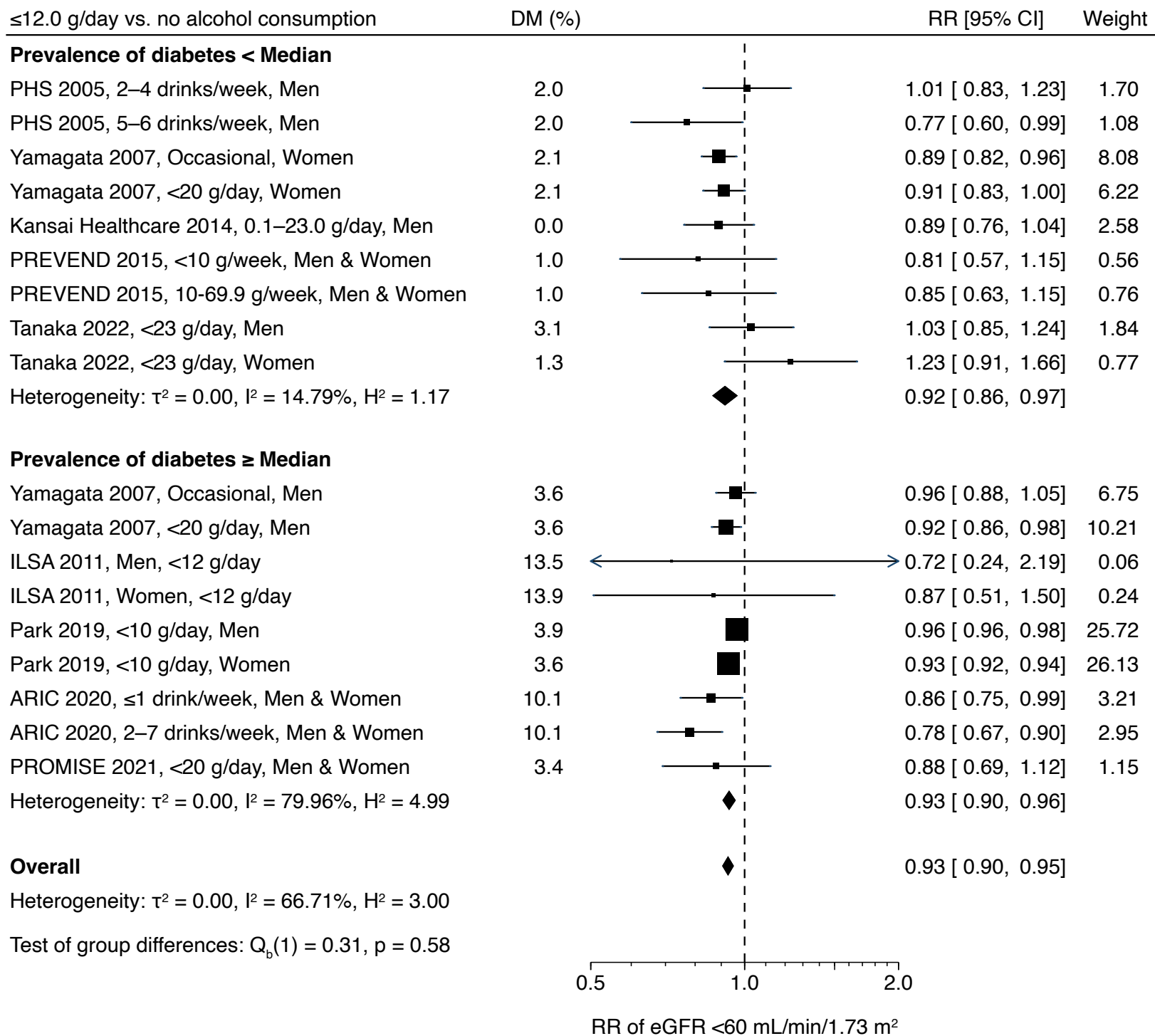


Figure S6g

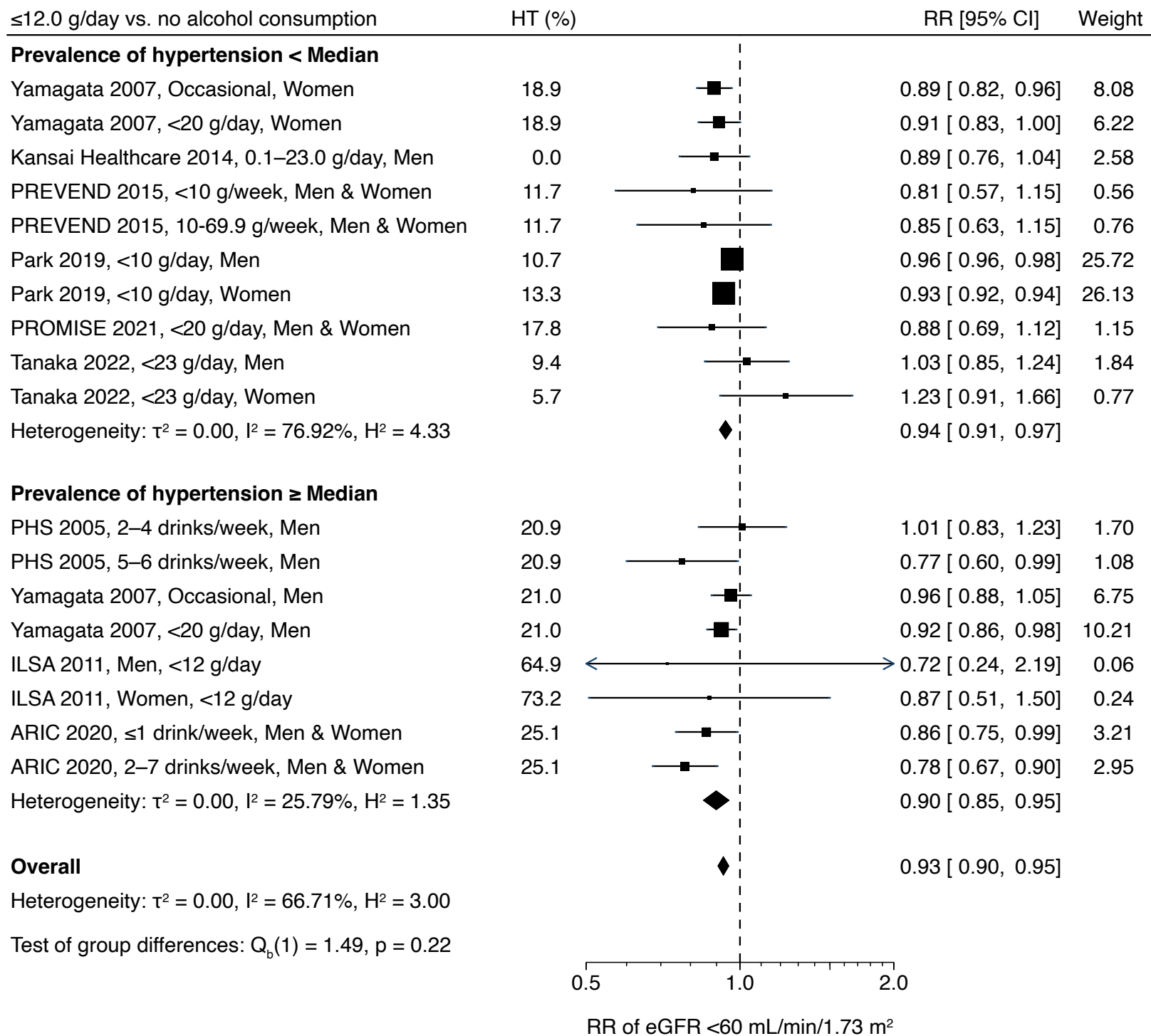


Figure S6h

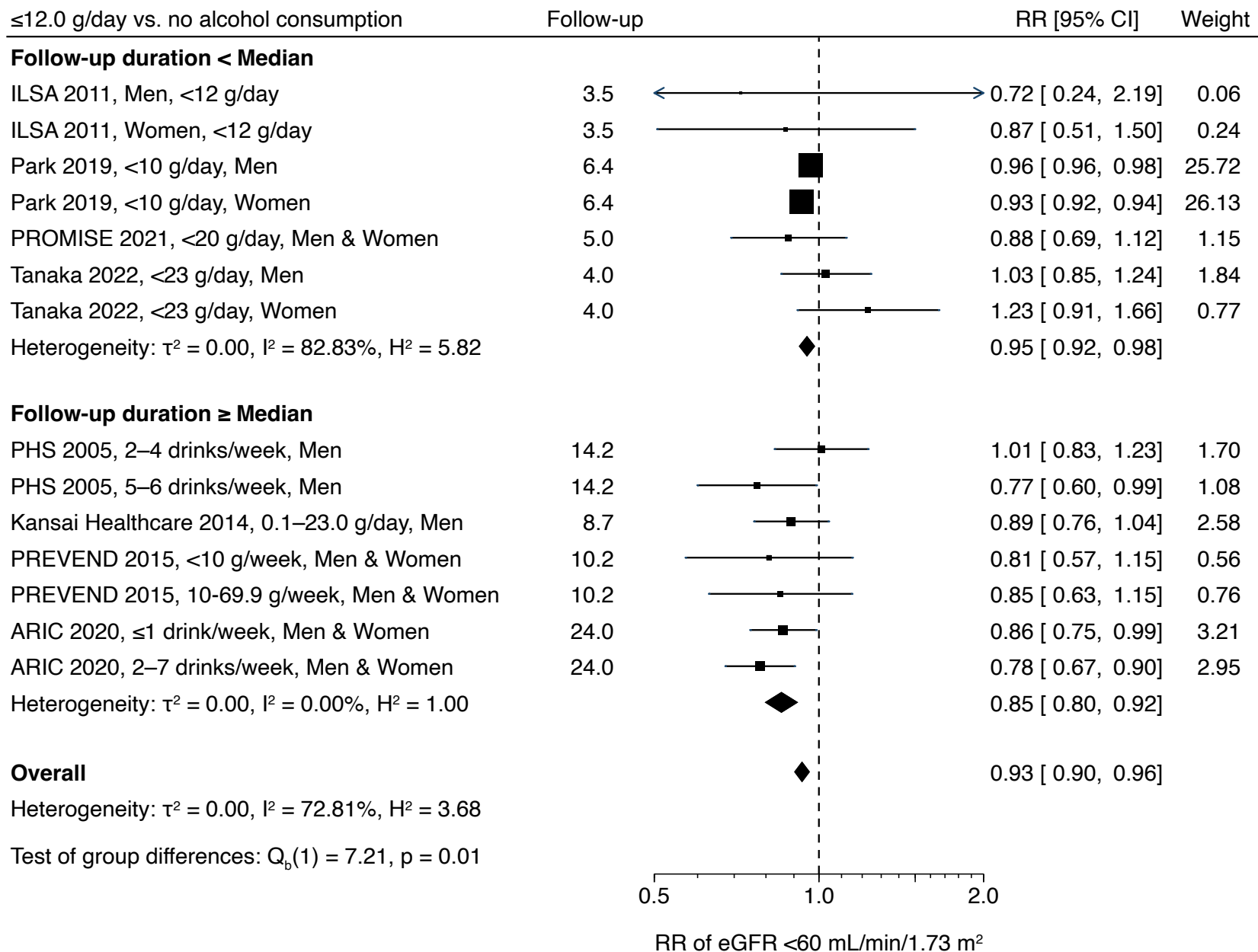


Figure S6i

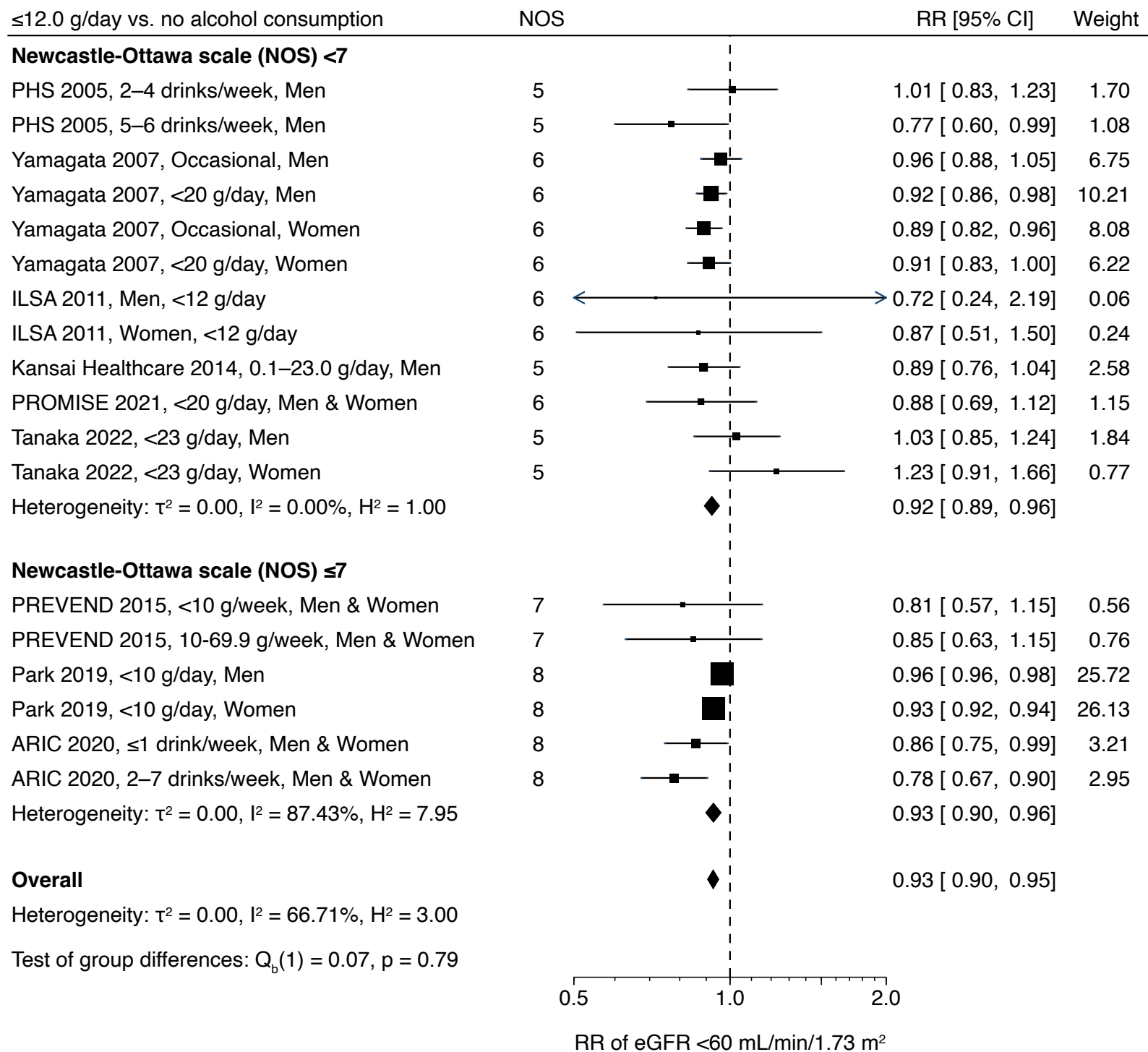


Figure S6j

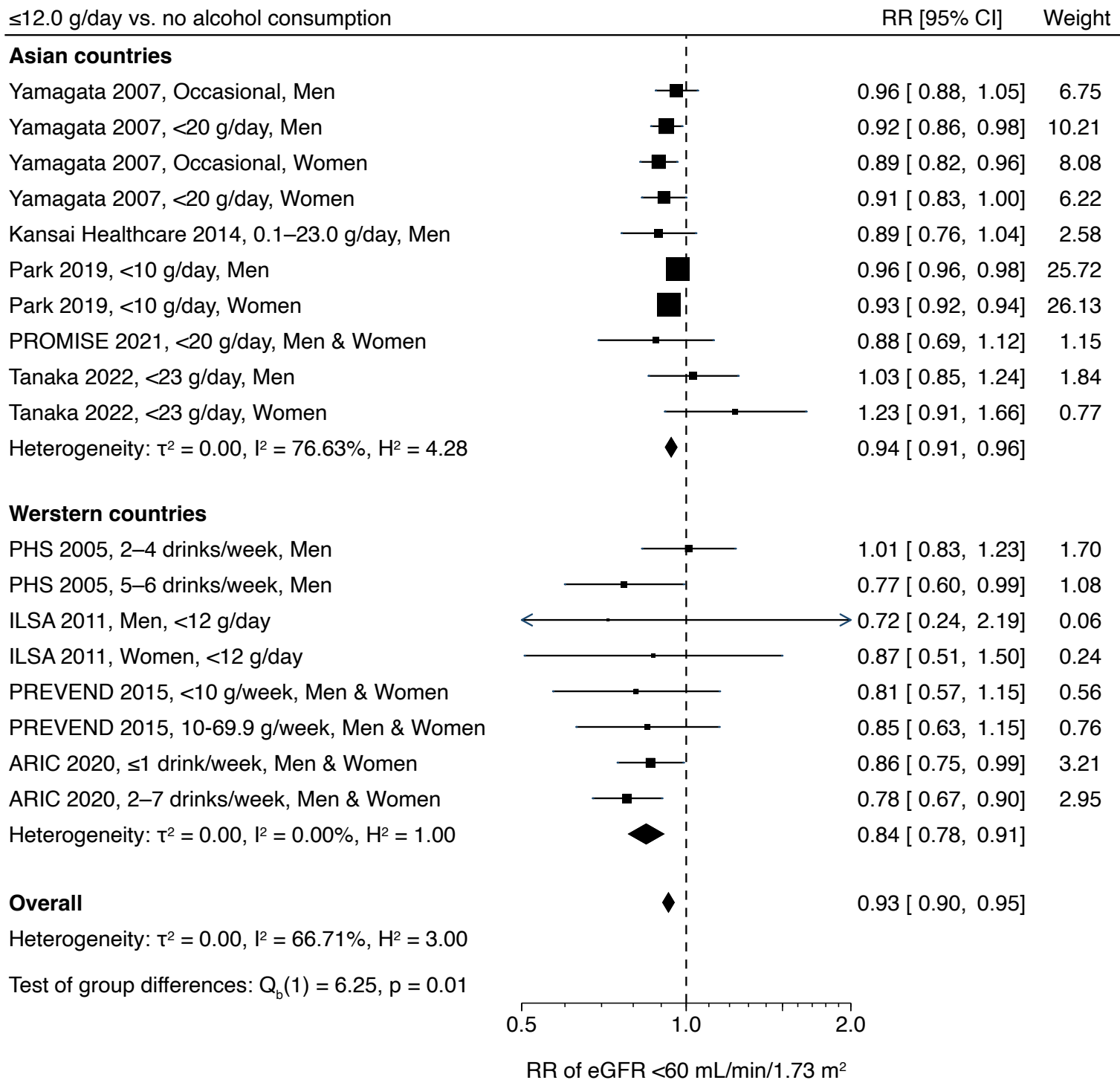


Figure S7a

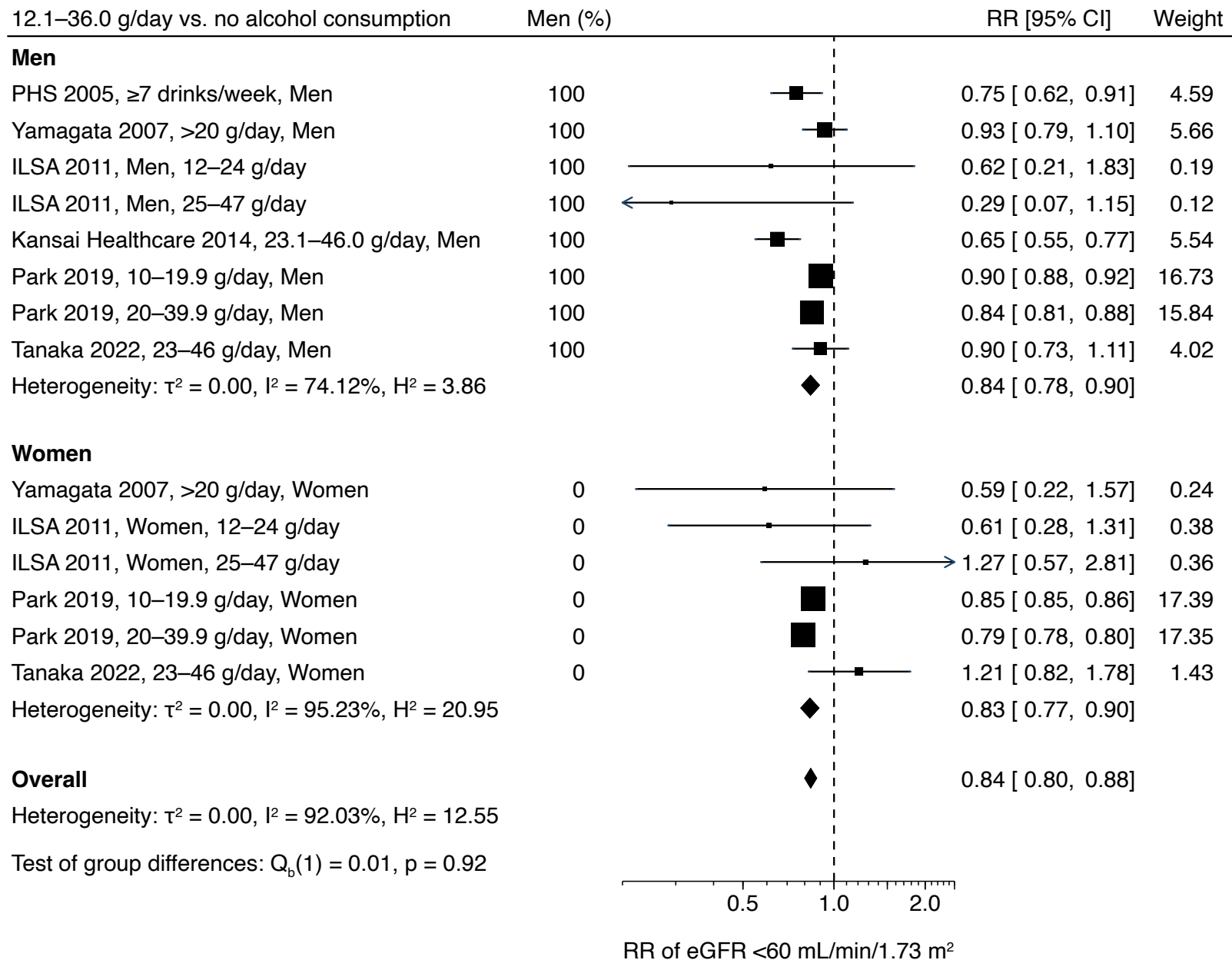


Figure S7b

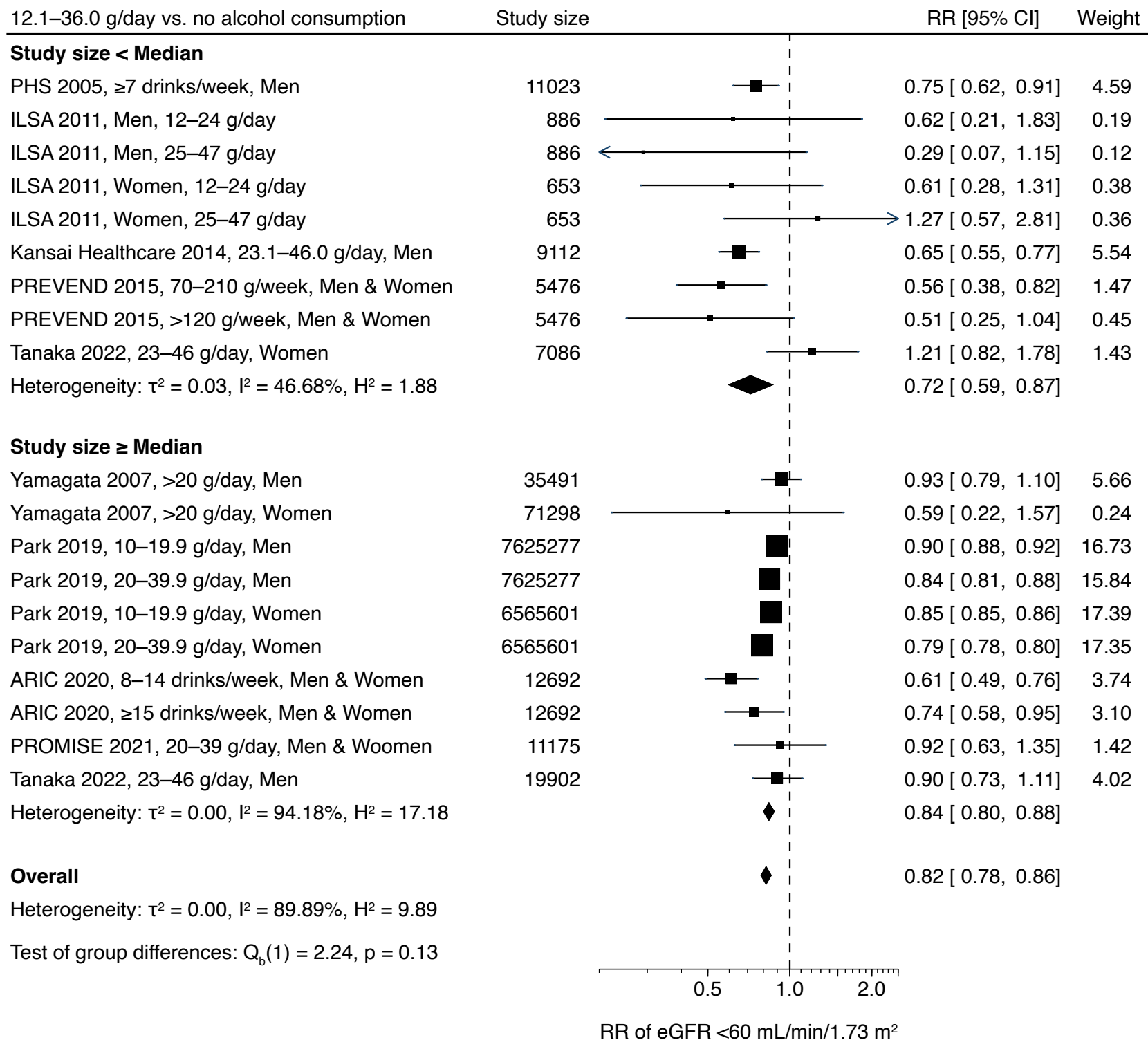


Figure S7c

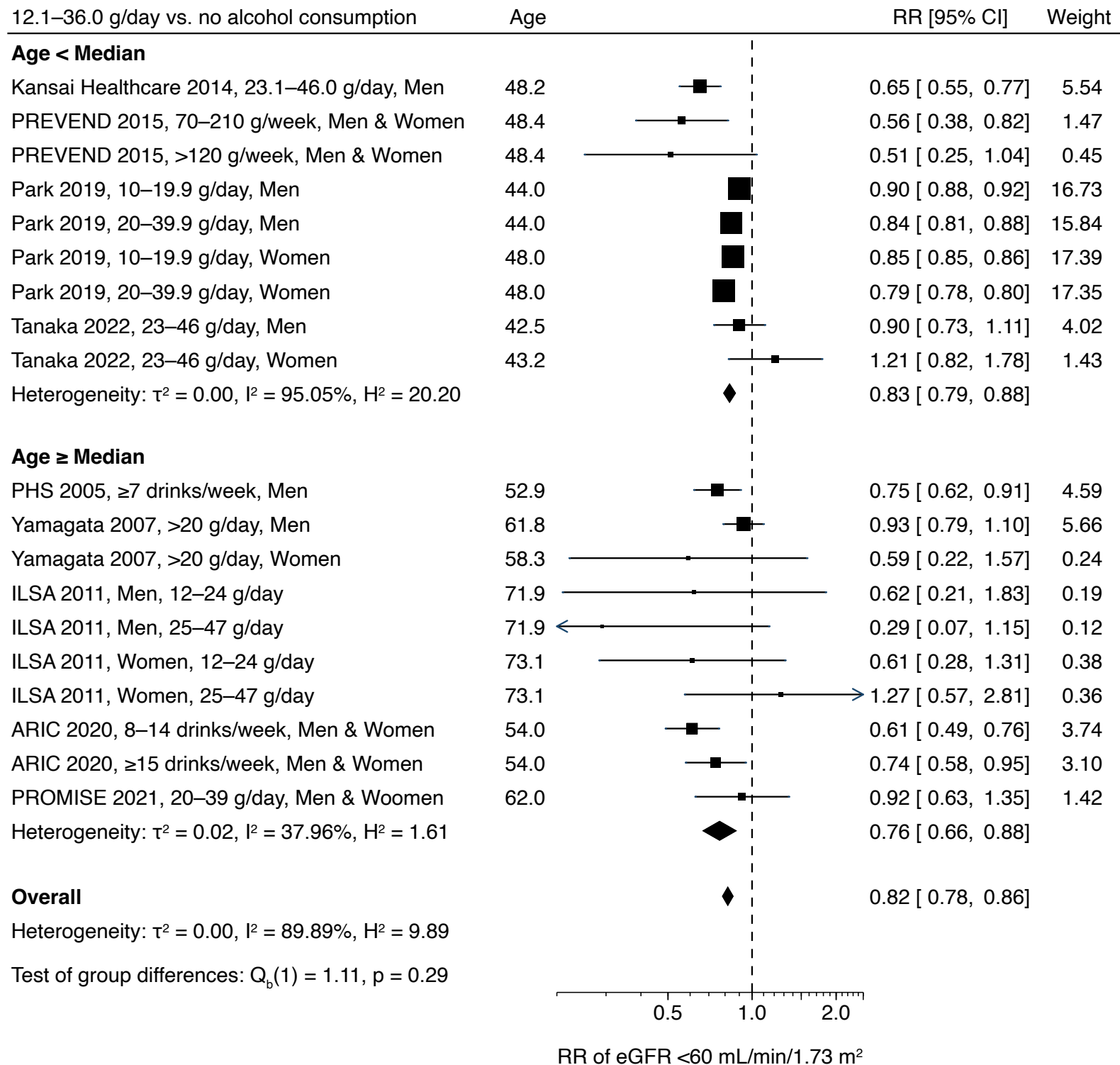


Figure S7d

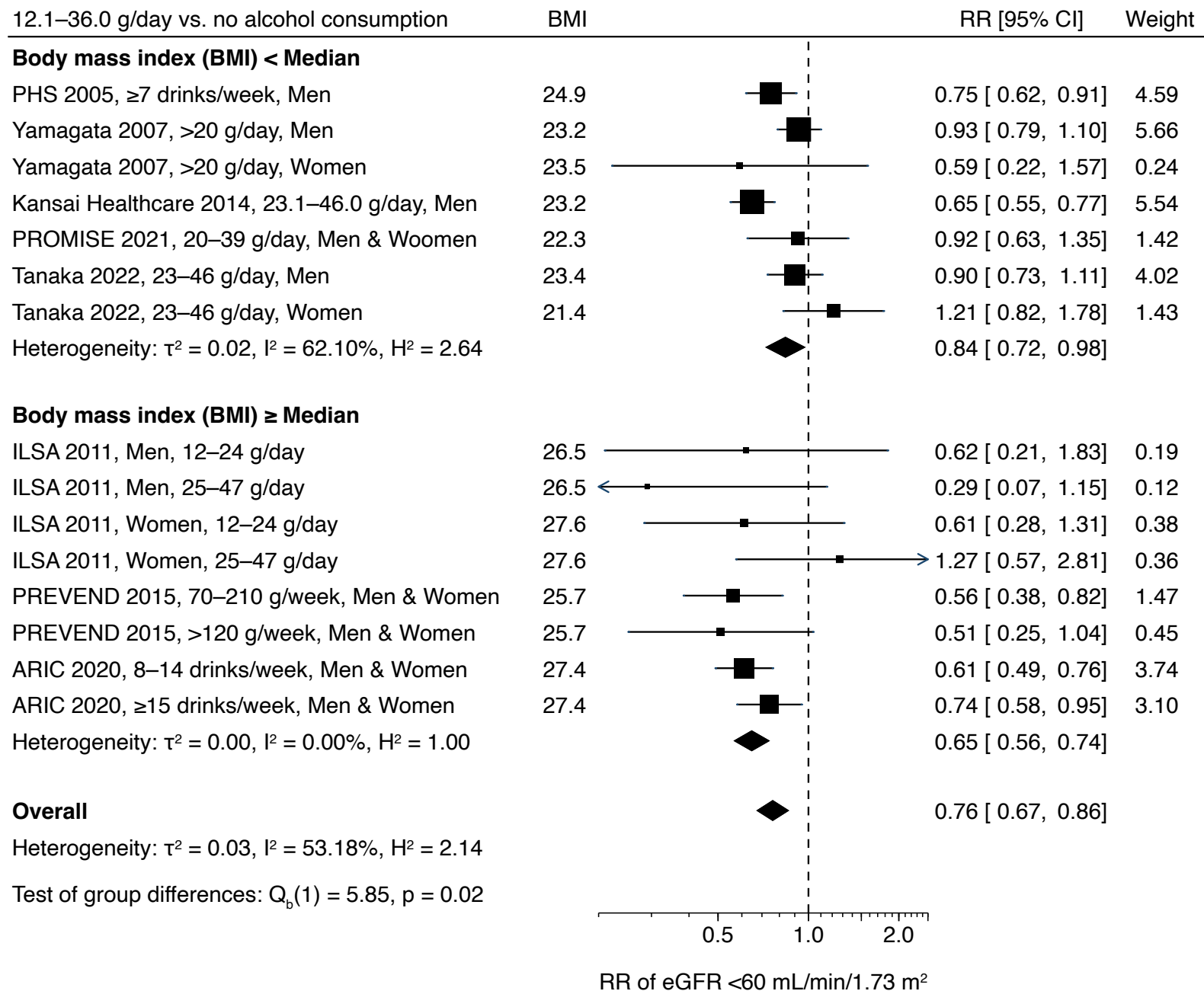


Figure S7e

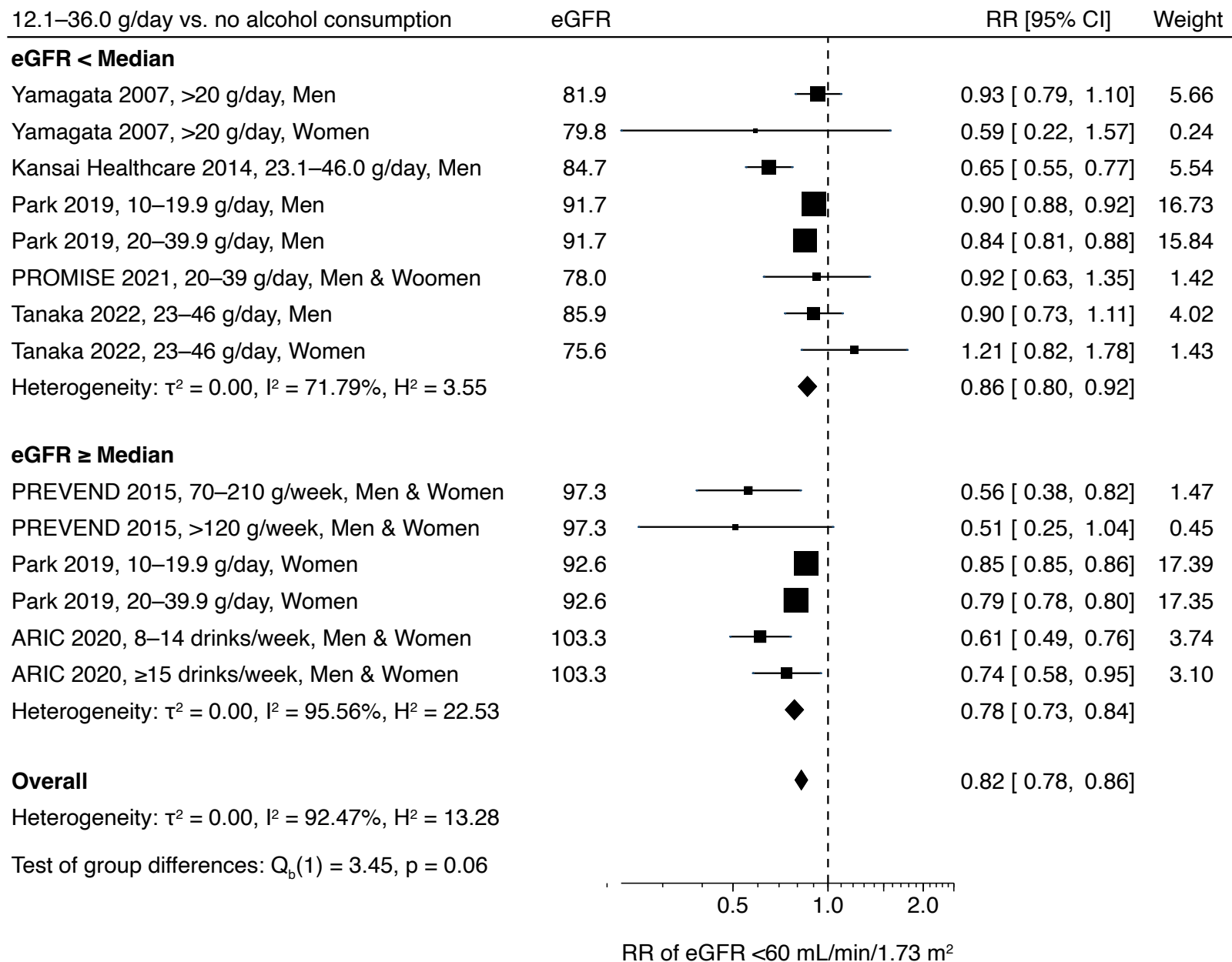


Figure S7f

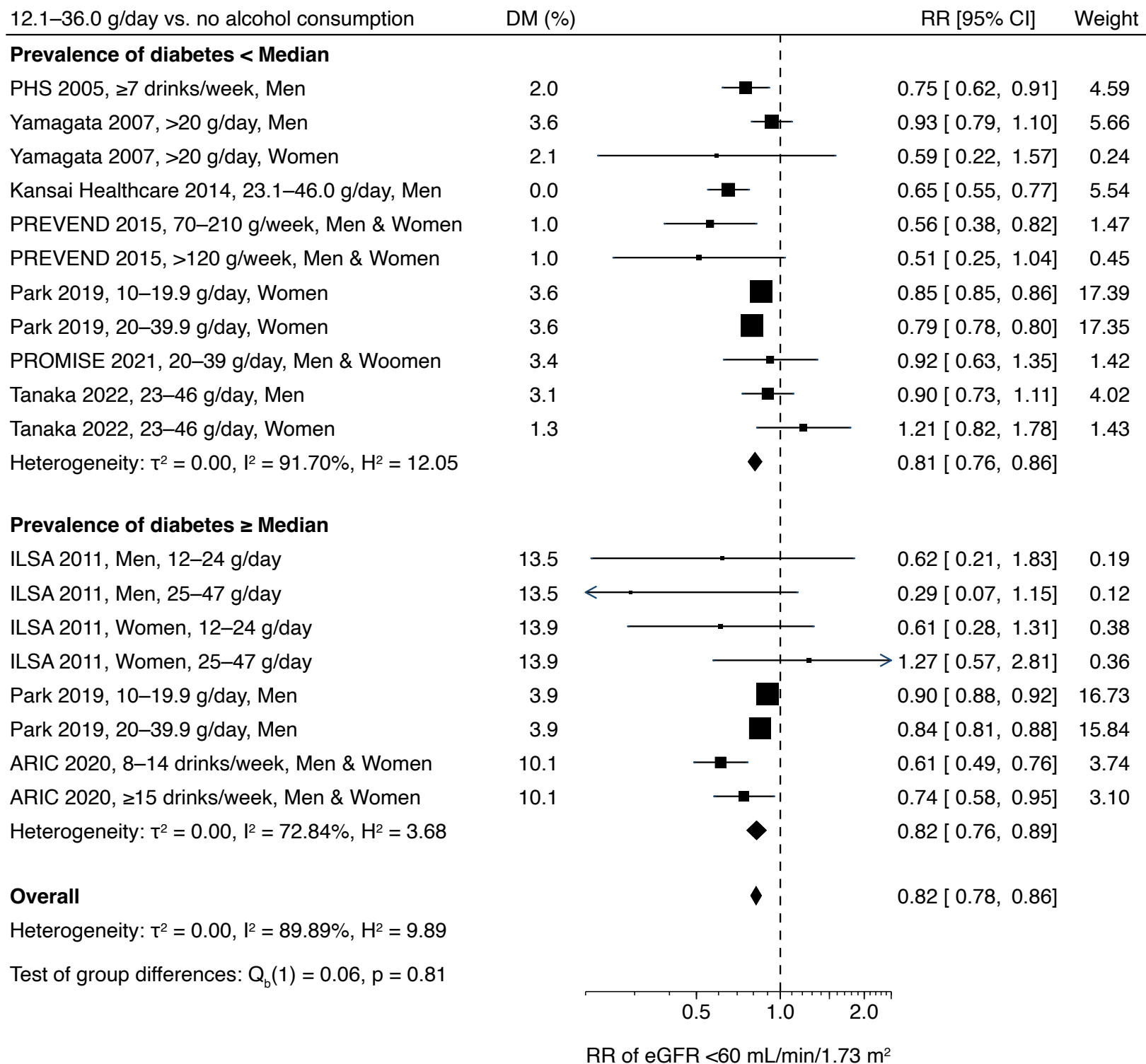


Figure S7g

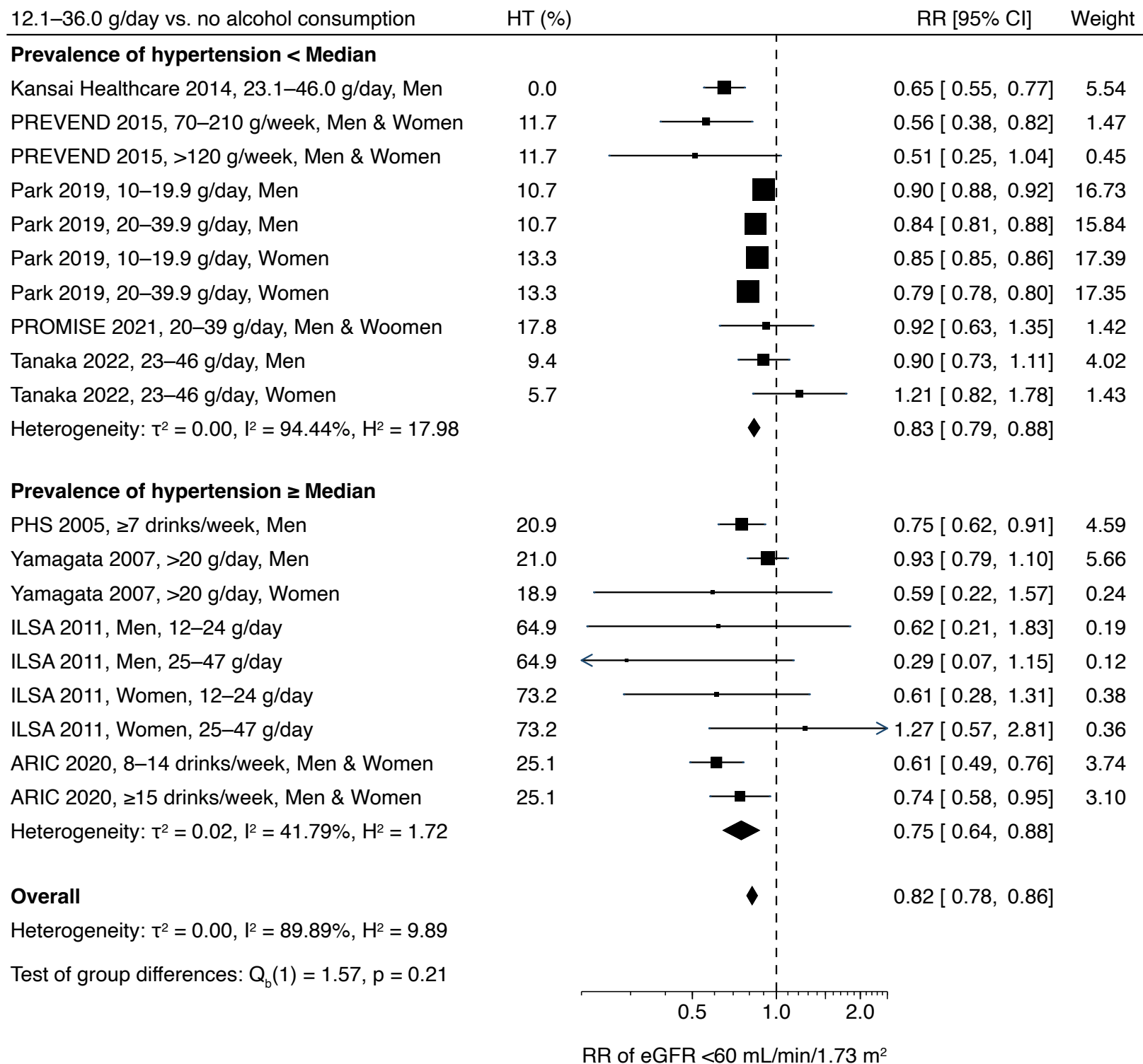


Figure S7h

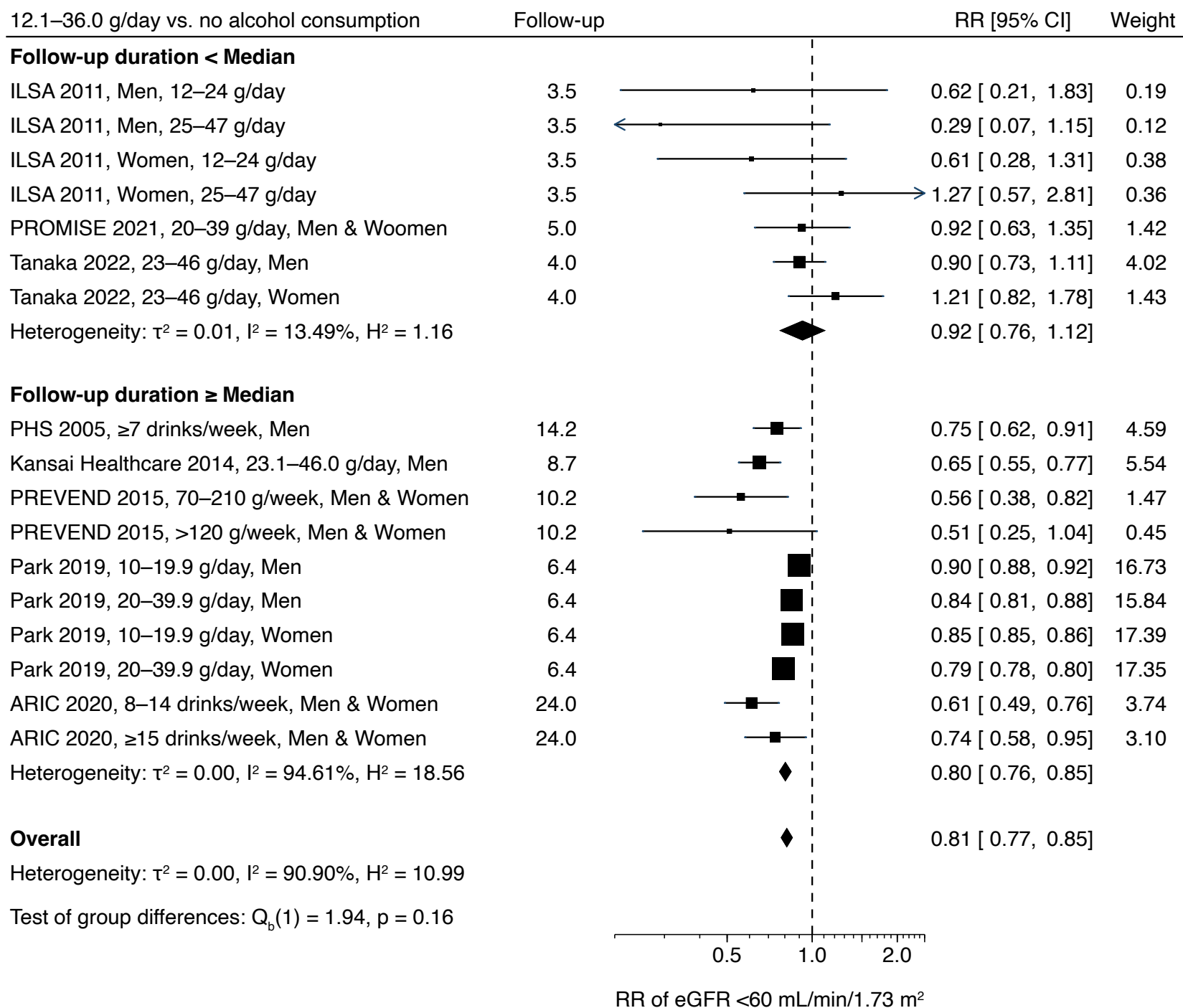


Figure S7i

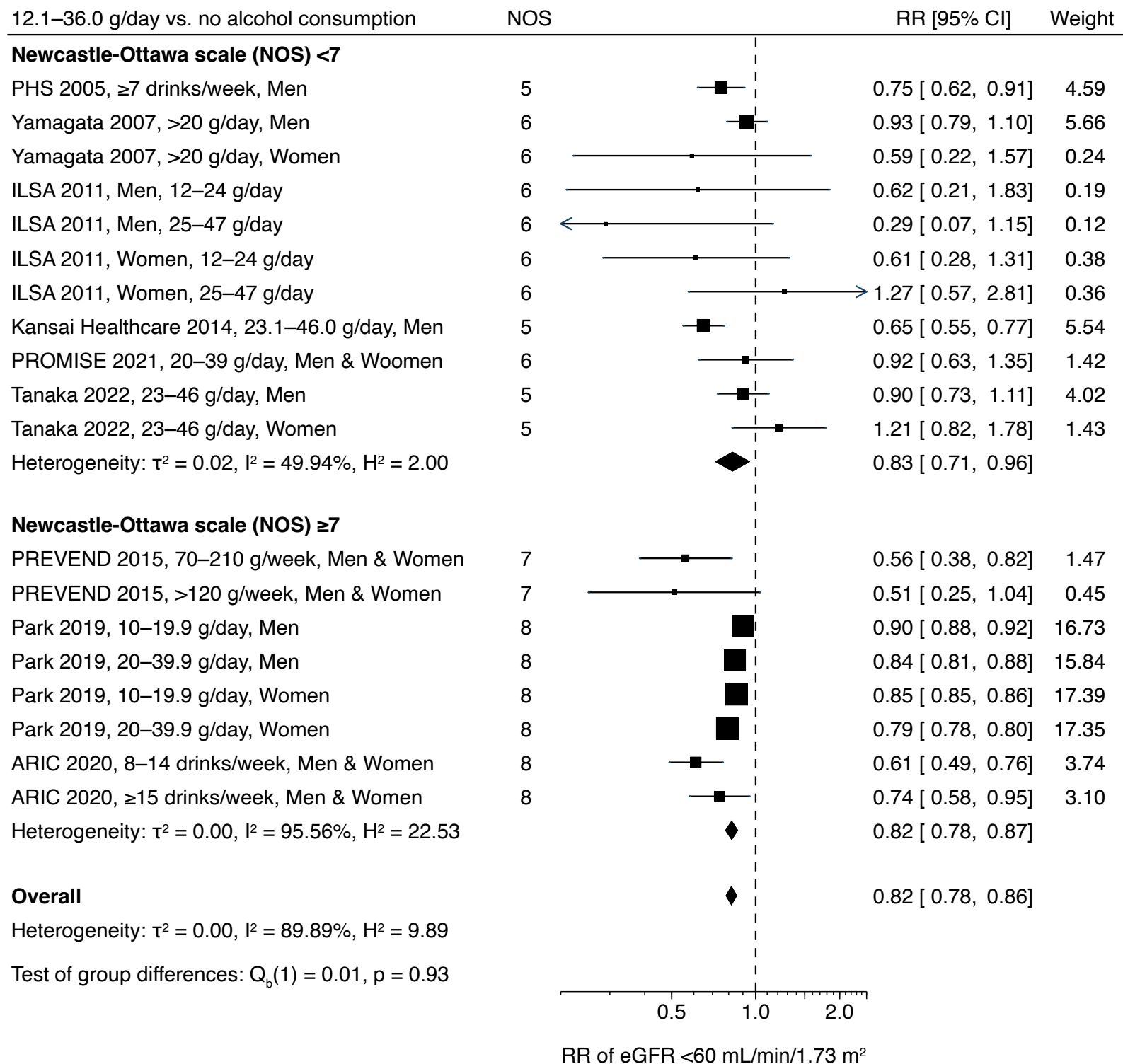


Figure S7j

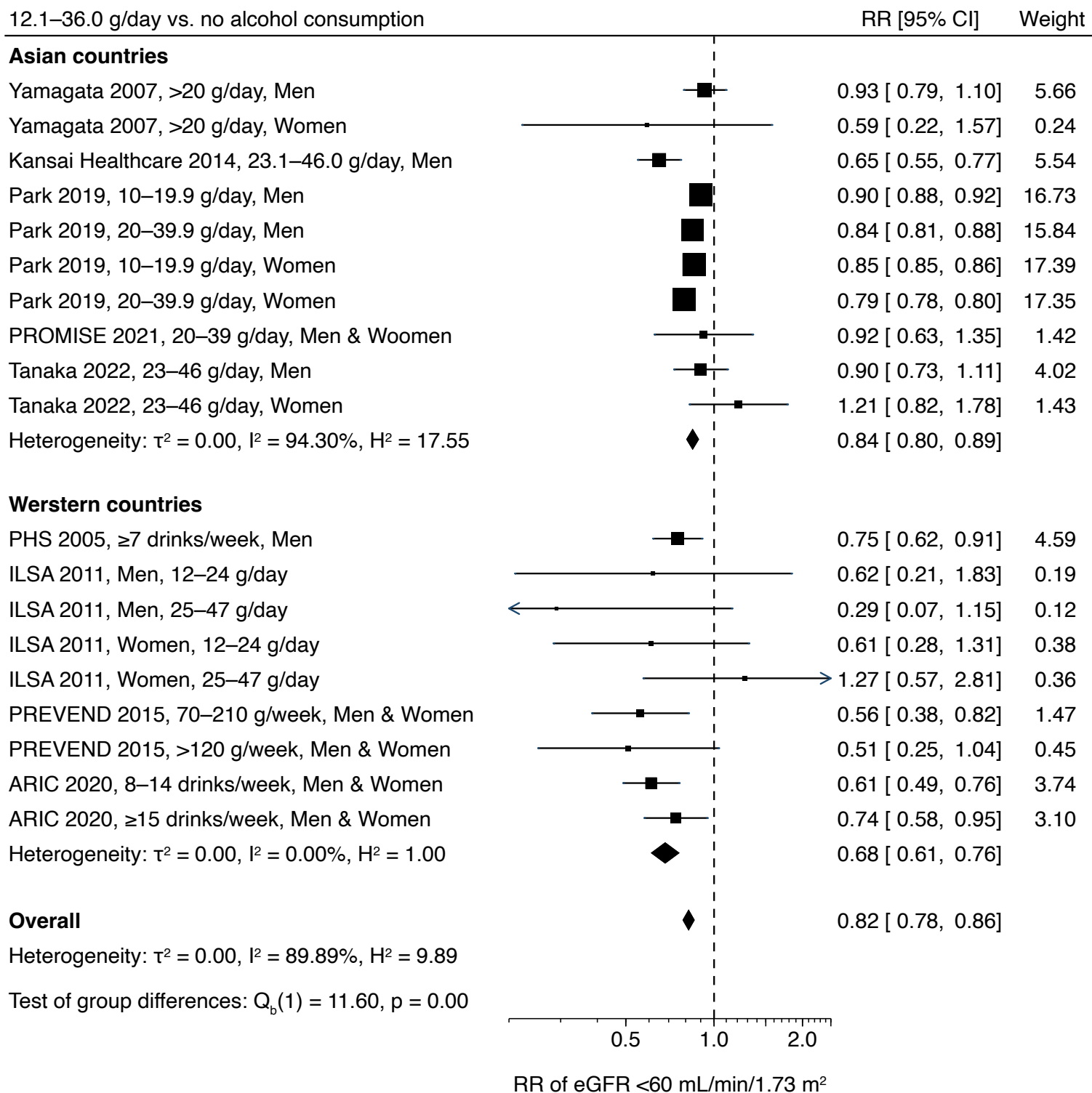


Figure S8a

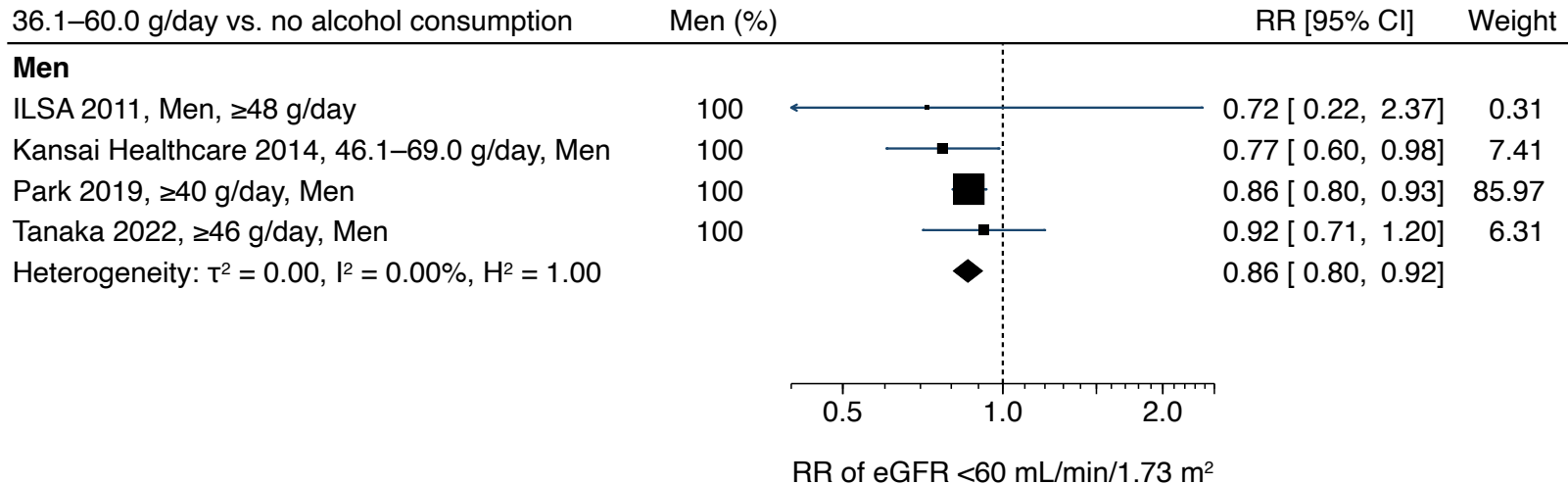


Figure S8b

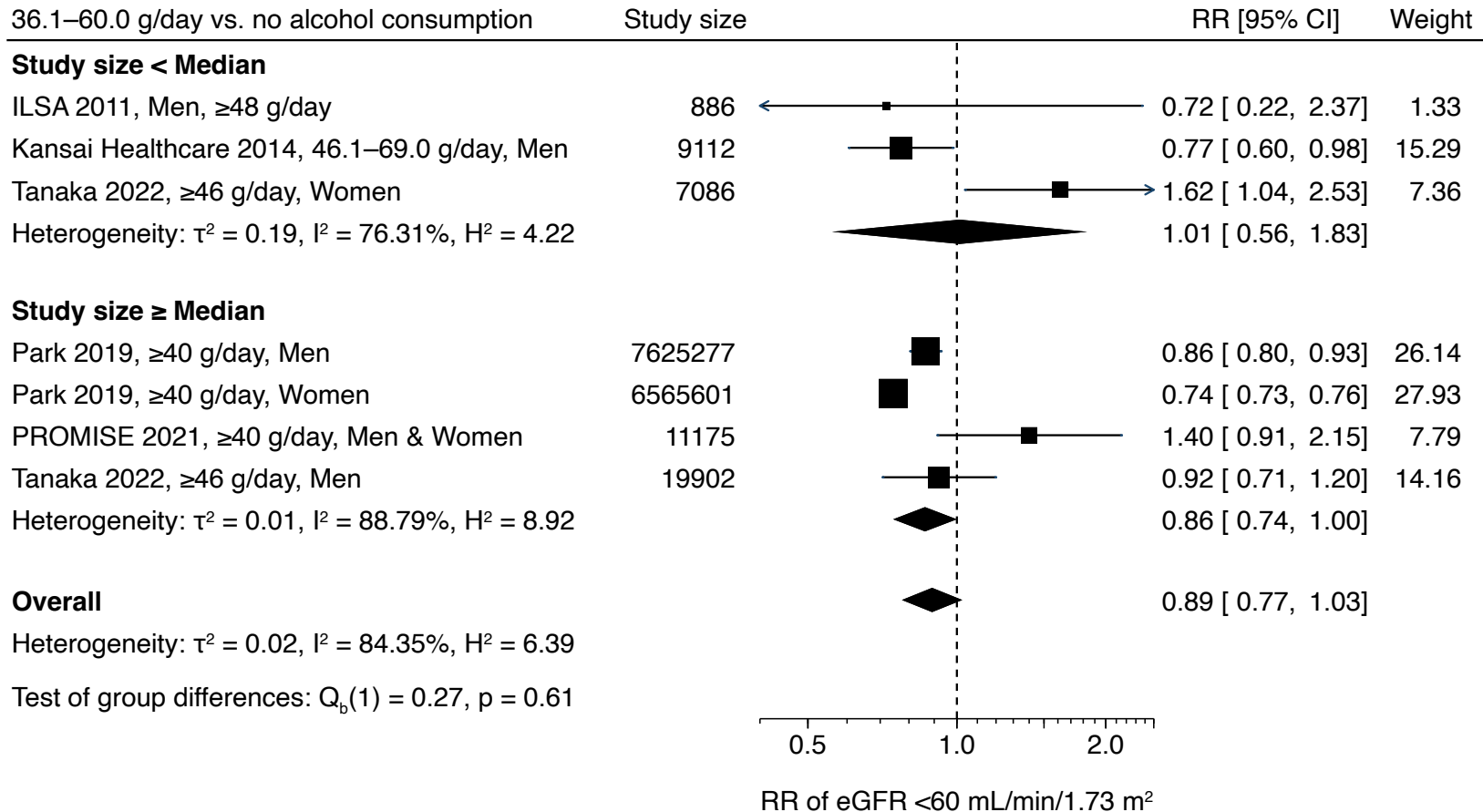


Figure S8c

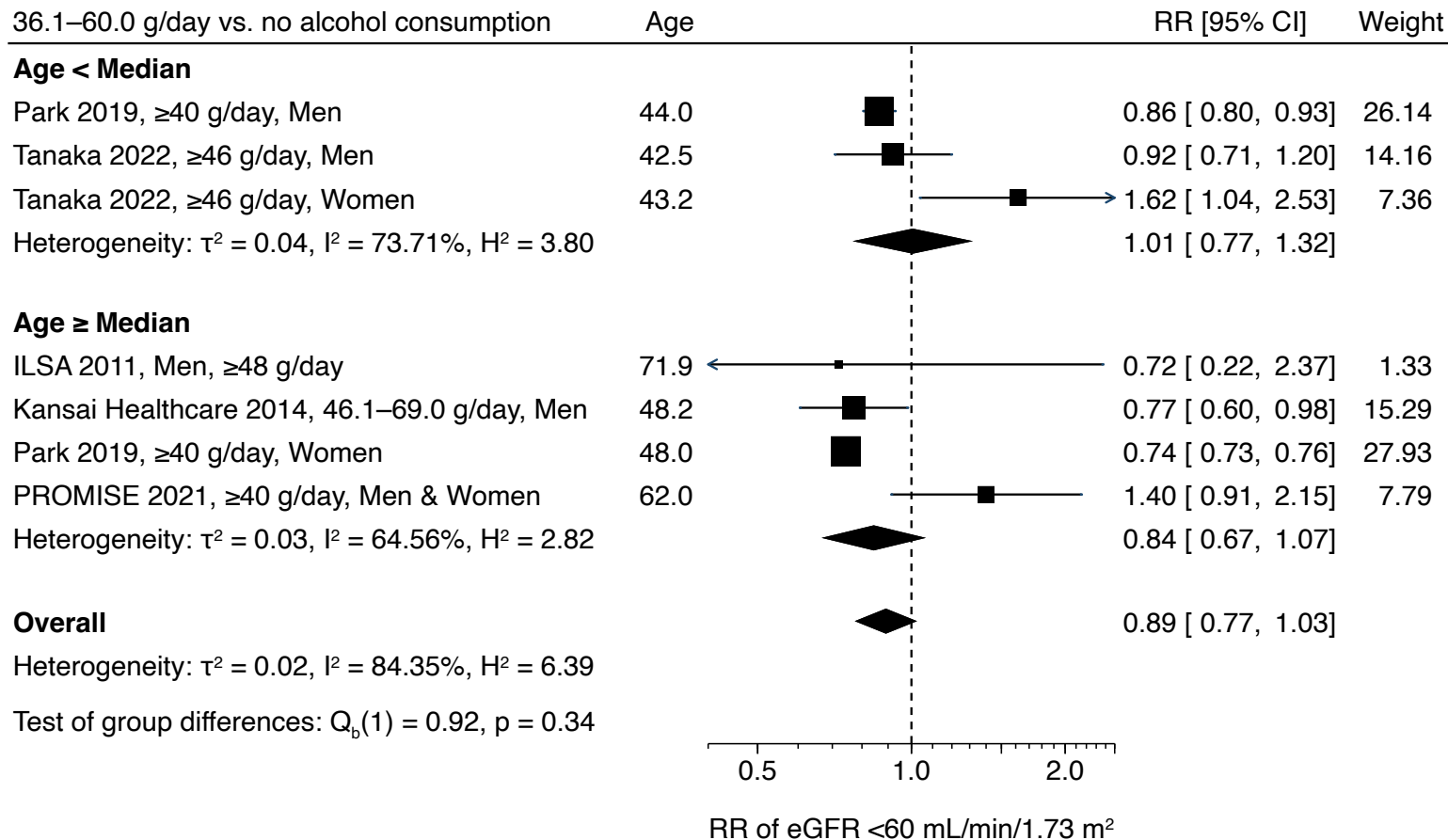


Figure S8d

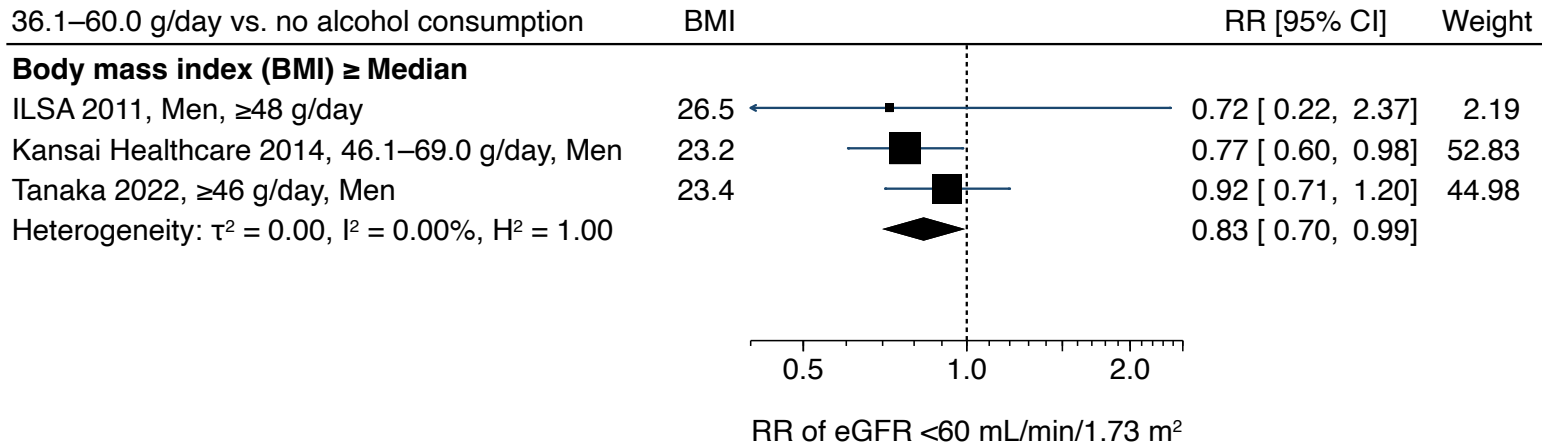


Figure S8e

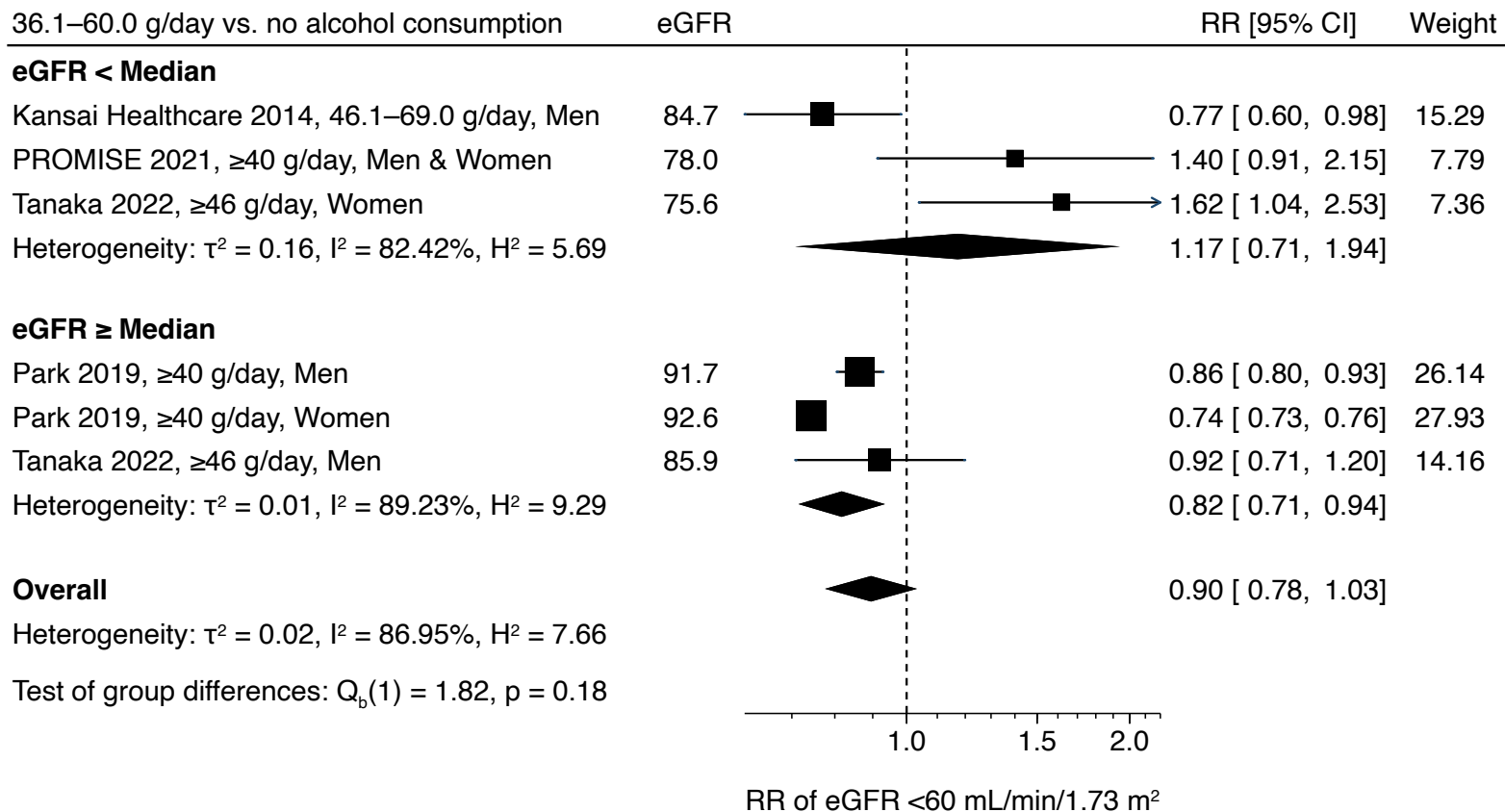


Figure S8f

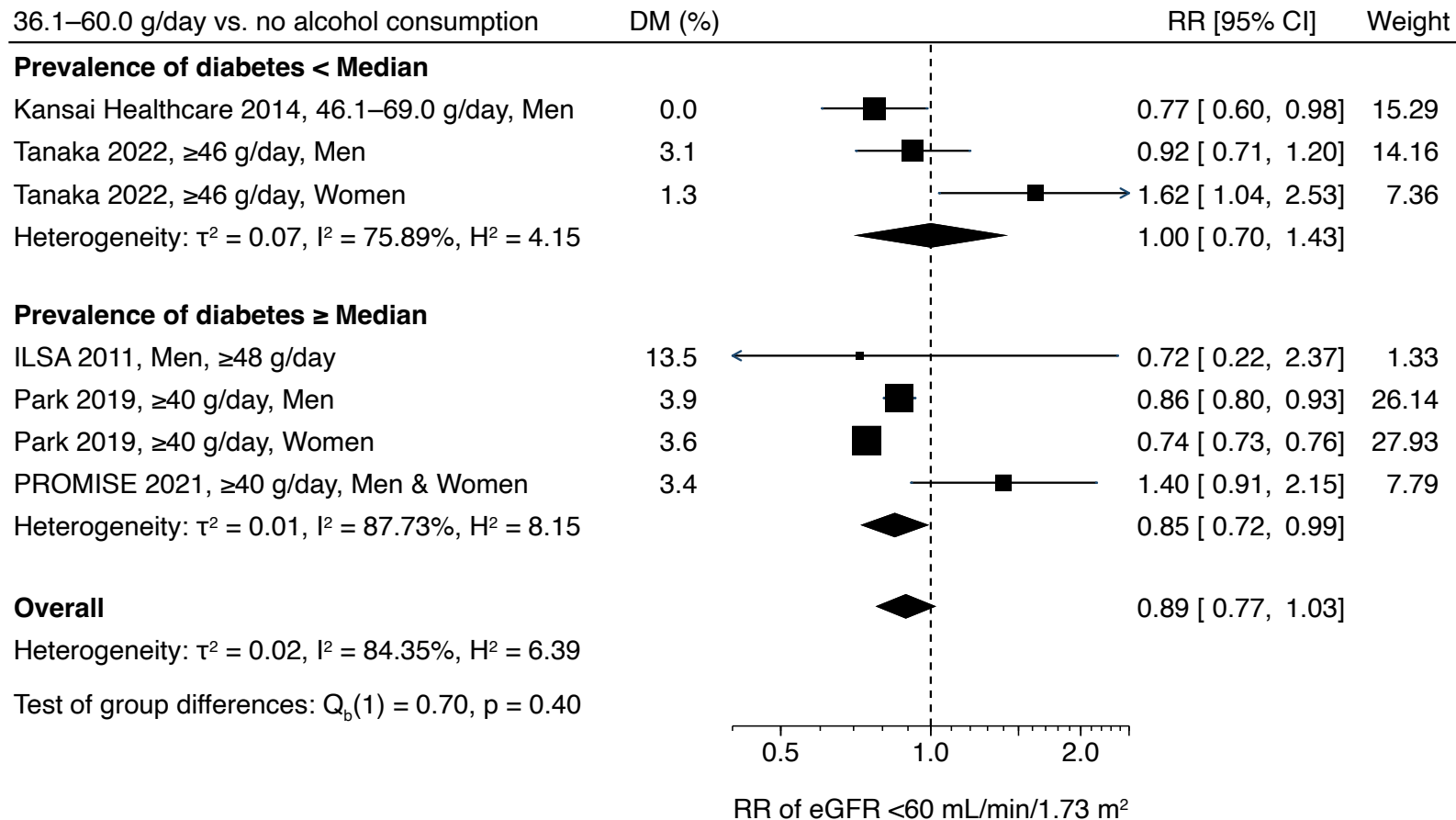


Figure S8g

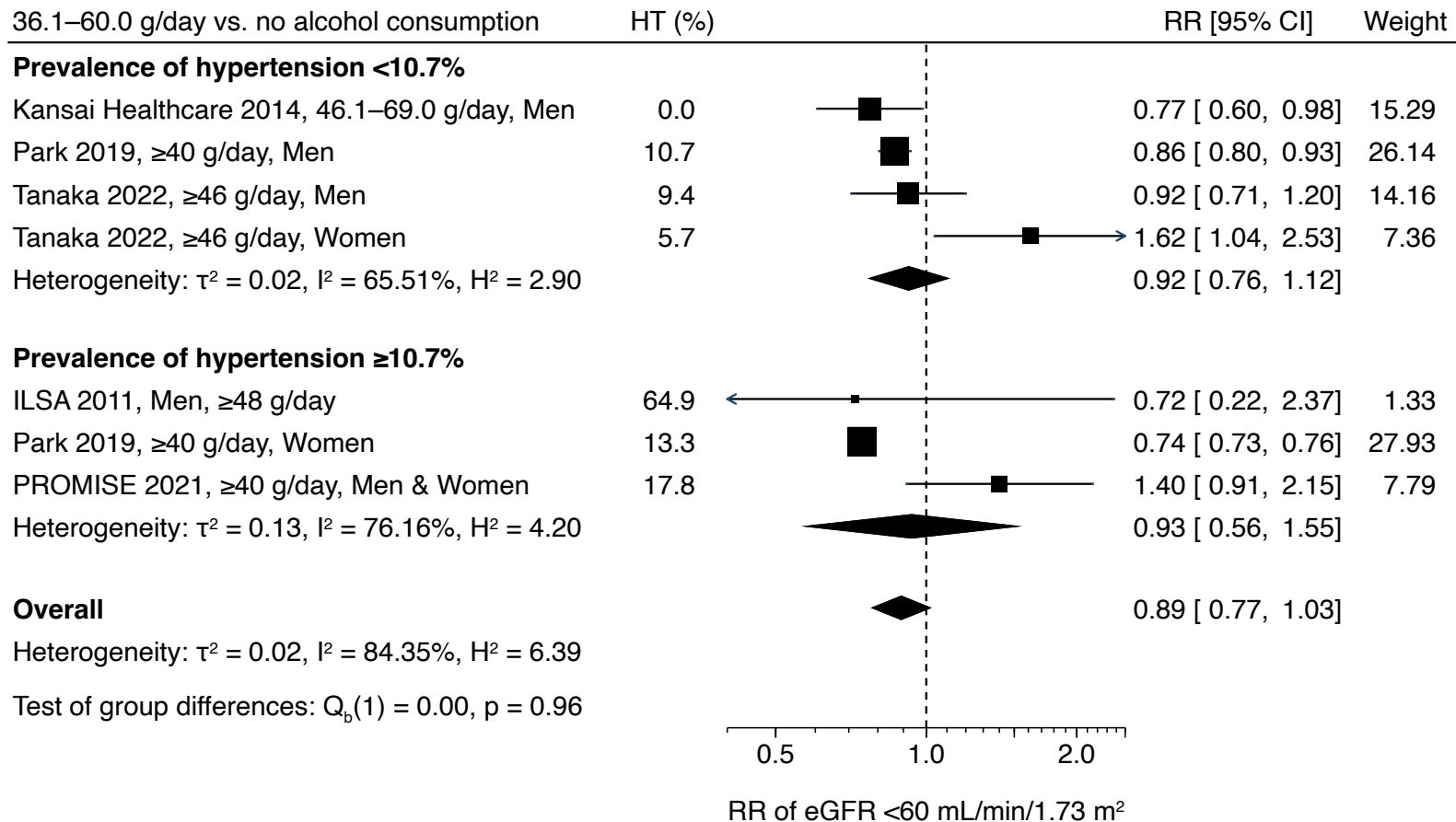


Figure S8h

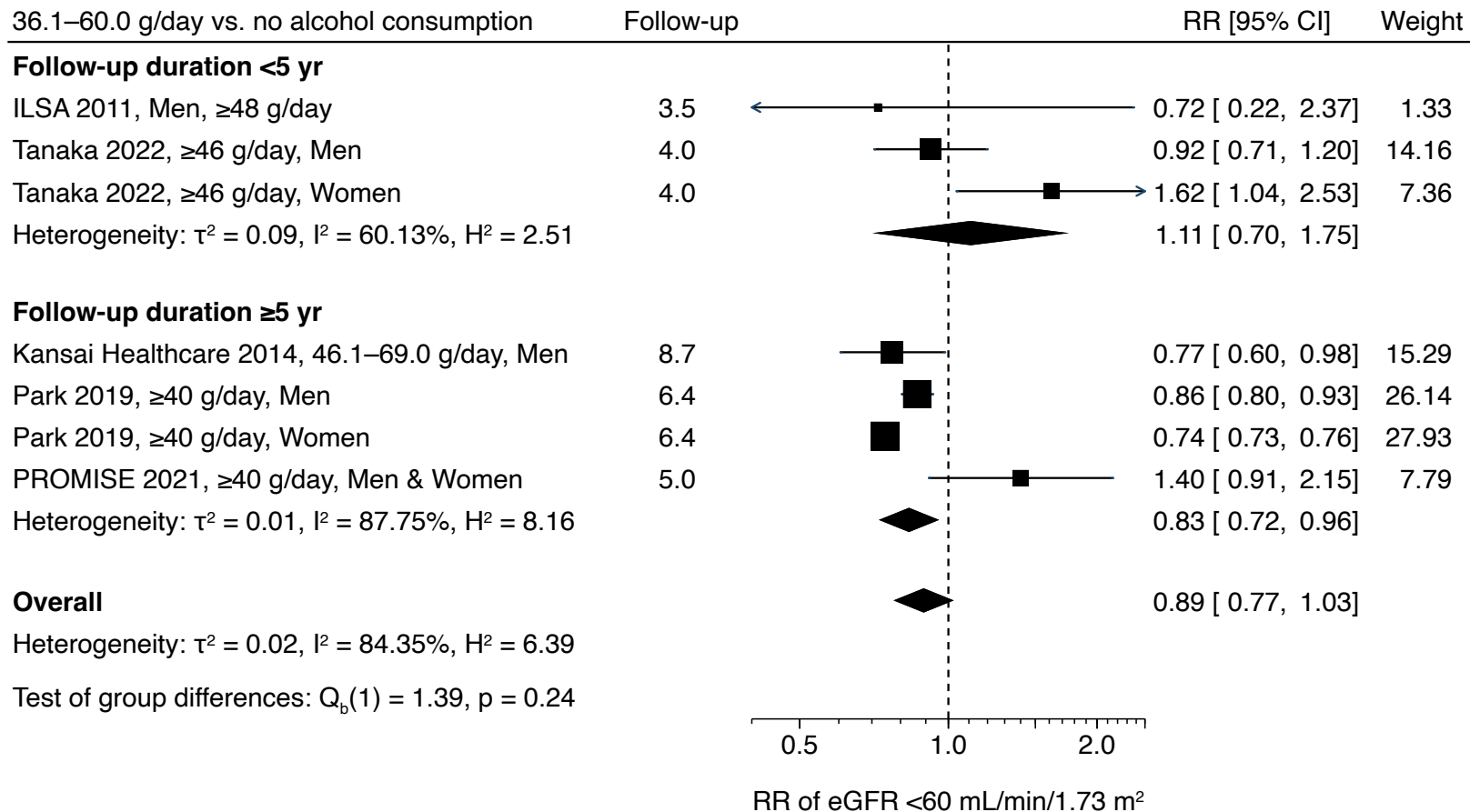


Figure S8i

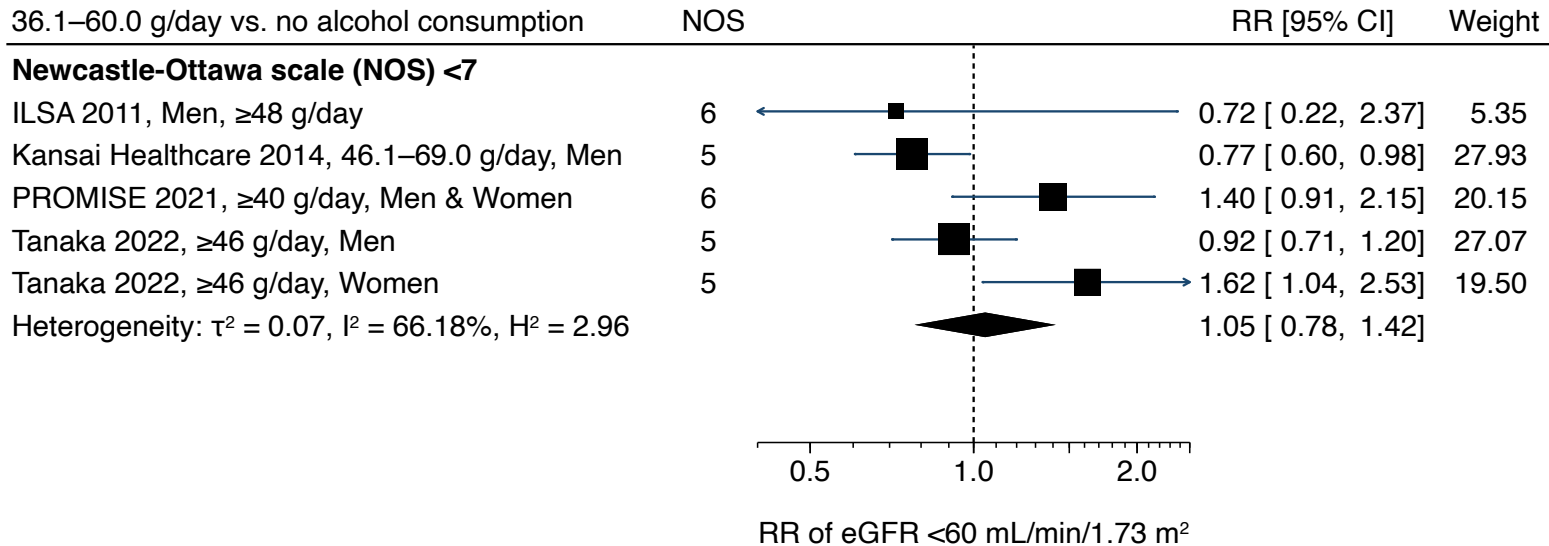


Figure S8j

36.1–60.0 g/day vs. no alcohol consumption

RR [95% CI]

Weight

Asian countries

Kansai Healthcare 2014, 46.1–69.0 g/day, Men



0.77 [0.60, 0.98]

15.59

Park 2019, ≥ 40 g/day, Men

0.86 [0.80, 0.93]

26.32

Park 2019, ≥ 40 g/day, Women

0.74 [0.73, 0.76]

28.05

PROMISE 2021, ≥ 40 g/day, Men & Women

1.40 [0.91, 2.15]

8.01

Tanaka 2022, ≥ 46 g/day, Men

0.92 [0.71, 1.20]

14.46

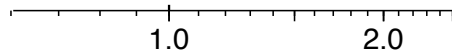
Tanaka 2022, ≥ 46 g/day, Women

1.62 [1.04, 2.53]

7.58

Heterogeneity: $\tau^2 = 0.02$, $I^2 = 86.95\%$, $H^2 = 7.66$ 

0.90 [0.78, 1.03]

RR of eGFR < 60 mL/min/1.73 m²