| **Study** | **Participants** | **Exposure** | **Intake Status Ascertainment** | **Results** |
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| Fan, 2014162  Location: US  Setting: Community  Design: Prospective Cohort study  Study Name: The MDRD (Modification of Diet in Renal Disease) Study  . | Study of: Adults N: 840  % Male: 60.5 Mean Age/Range/Age at Baseline: mean 51.7 (SD 12.4) years Race: white 85 Systolic BP: mean 131.9 (SD 17.6) Diastolic BP: mean 81.0 (SD 10.1) Magnesium: NR Calcium: NR Other Minerals: NR Mean BMI: mean 27.1 (SD 4.4) % with Hypertension: NR % with history of CVD: 13.1 % with Type 2 diabetes: 5.1 % with Kidney disease: NR % with history of Kidney stones: NR  Inclusion: Included CKD patients age between 18 and 70 years. Included men with serum creatinine level of 1.4–7.0 mg/dL and women with serum creatinine level of 1.2–7.0 mg/dL. Exclusion: Excluded those who were pregnant, those with type 1 and 2 diabetes, those with glomerulonephritis caused by autoimmune diseases, those with obstructive uropathy, those with renal artery stenosis, those with proteinuria with protein greater than 10 g/d, those with mean arterial pressure greater than 125 mm Hg, or those with prior kidney transplantation. | Exposure Type: Urinary sodium excretion Exposure Unit: g/d  Duration: 4 years Exposure to Follow Up Time: NA  Dose format: NR continuous, Dose: NR | Sodium measure: More than one 24-hour urinary analysis without reported quality control measure Best sodium measure recorded: Patients either had three (n=200) or four (n=640) 24-hour urine collections and analysis to calculate 24-h urinary sodium excretion. Mortality Outcomes-Method of Ascertainment: National death index CVD, CHD, stroke, kidney stones/disease Outcomes-Method of ascertainment: renal data system | Kidney failure (Defined as initiation of dialysis or transplantation) (g/d/Outcome): Mean 6 years FU continuous cases: 617, total: 840 Adjustment: Age, sex, race, cause of kidney disease, measured GFR, log urine protein, BMI, SBP, LDL cholesterol, HDL cholesterol, smoking, diabetes, history of CVD, ACE inhibitor use, diuretics use, MDRD study A or B, and randomization to BP and dietary protein target. No association between urinary sodium excretion and kidney failure.  Kidney failure or all-cause mortality (Kidney failure defined as initiation of dialysis or transplantation; or all-cause mortality) (g/d/Outcome): Mean 6 years FU continuous cases: 617, total: 840 Adjustment: Age, sex, race, cause of kidney disease, measured GFR, log urine protein, BMI, SBP, LDL cholesterol, HDL cholesterol, smoking, diabetes, history of CVD, ACE inhibitor use, diuretics use, MDRD study A or B, and randomization to BP and dietary protein target. No association between urinary sodium excretion and composite outcome. |