Supplementary Online Content


eTable. Weighted proportion of study samples by statin use and diagnosis of hyperlipidemia

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This supplementary material has been provided by the authors to give readers additional information about their work.
**eTable.** Weighted proportion of study samples by statin use and diagnosis of hyperlipidemia.

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<td>Statin-users, %</td>
<td>7.5</td>
<td>9.2</td>
<td>11.1</td>
<td>13.5</td>
<td>15.4</td>
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<td>Statin non-users, %</td>
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<td>Non-users with hyperlipidemia, %</td>
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<td>16.8</td>
<td>19.5</td>
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<td>15.7</td>
<td>.14</td>
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<td>Non-users without hyperlipidemia, %</td>
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<td>74.0</td>
<td>69.4</td>
<td>67.7</td>
<td>66.2</td>
<td>67.8</td>
<td>&lt;.001</td>
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</table>

* The proportions in the column do not sum to 100% due to rounding.

* Trends over time were assessed using chi-squared tests for linear trends for categorical variables.

* These values were also shown in **Table 1**.
eFigure 1. Trends of estimates for caloric intake among US adults, further dividing statin non-users into those with and without hyperlipidemia.

Adjusted for age category, sex, race and ethnicity, educational attainment, and diabetes diagnosis. The larger point represents significant change from 1999-2000.
**eFigure 2.** Trends of estimates for fat intake among US adults, further dividing statin non-users into those with and without hyperlipidemia.

Adjusted for age category, sex, race and ethnicity, educational attainment, and diabetes diagnosis. Larger points represent significant changes from 1999-2000.
eFigure 3. Trends of estimates for caloric intake among US adults, restricting to those without diabetes diagnosis

Adjusted for age category, sex, race and ethnicity, and educational attainment. Error bars represent 95% confidential intervals. The larger point represents significant change from 1999-2000. ** P < .01.
**eFigure 4.** Trends of estimates for fat intake among US adults, restricting to those without diabetes diagnosis

Adjusted for age category, sex, race and ethnicity, and educational attainment. Error bars represent 95% confidential intervals. Larger points represent significant changes from 1999-2000. **P < .01.**
**Figure 5.** Trends of estimates for saturated fat intake among US adult statin-users and non-users, 1999-2010

Adjusted for age category, sex, racial and ethnicity, educational attainment, and diabetes diagnosis. Error bars represent 95% confidential intervals. Larger points represent significant changes from 1999-2000. * P < .05. ** P < .01.
eFigure 6. Trends of estimates for dietary cholesterol intake among US adult statin-users and non-users, 1999-2010

Adjusted for age category, sex, racial and ethnicity, educational attainment, and diabetes diagnosis. Error bars represent 95% confidential intervals. The larger point represents significant change from 1999-2000. ** P < .01.
eFigure 7. Trends of estimates for body mass index among US adult statin-users and non-users

Adjusted for age category, sex, race and ethnicity, and educational attainment.

Error bars represent 95% confidential intervals. Larger points represent significant changes from 1999-2000. ** P < .01.
eFigure 8. Trends of total cholesterol level among US adult statin-users and non-users

Adjusted for age category, sex, race and ethnicity, and educational attainment. Error bars represent 95% confidential intervals. Larger points represent significant changes from 1999-2000. ** P < .01.
**Figure 9.** Trends of LDL-C level among US adult statin-users and non-users

Adjusted for age category, sex, race and ethnicity, and educational attainment. Error bars represent 95% confidential intervals. Larger points represent significant changes from 1999-2000. **P < .01.**