Table S3. Risk-factor counts compared with laboratory-threshold counts, 2018 and 2023

Year	Component	Sex	Laboratory-threshold count (Tables VI-4, VI-16, VI-20, VI-22)	Risk-factor count (Table VII-6)	Ratio
2018	Hypertriglyceridemia	Men	1,019,234	1,112,813	1.09
2018	Hypertriglyceridemia	Women	478,031	658,050	1.38
2018	Low HDL cholesterol	Men	388,750	518,412	1.33
2018	Low HDL cholesterol	Women	545,328	719,375	1.32
2023	Abdominal obesity	Men	2,871,440	2,866,257	1.00
2023	Abdominal obesity	Women	1,588,545	1,587,753	1.00
2023	Hyperglycemia	Men	4,116,977	4,222,752	1.03
2023	Hyperglycemia	Women	2,689,746	2,781,683	1.03
2023	Hypertriglyceridemia	Men	1,097,387	1,892,311	1.72
2023	Hypertriglyceridemia	Women	485,118	1,534,731	3.16
2023	Low HDL cholesterol	Men	445,090	1,377,074	3.09
2023	Low HDL cholesterol	Women	561,141	1,634,702	2.91

Laboratory-threshold counts were calculated from the yearbook distribution tables: waist circumference ≥90 cm (men) or ≥85 cm (women); fasting glucose ≥100 mg/dL; triglycerides ≥150 mg/dL; HDL cholesterol <40 mg/dL (men) or <50 mg/dL (women). In 2018 both tables refer to the same lipid-tested examinees (approximately 5.0 million). In 2023 the distribution tables for waist circumference and glucose cover all examinees, whereas those for triglycerides and HDL cholesterol cover only the 5,924,159 lipid-tested examinees; the risk-factor table uses all 17,462,233 examinees as the denominator. A ratio of 1.00 for abdominal obesity, which has no medication criterion, confirms that the two sources are comparable; ratios above 1 for hyperglycemia and the lipid indicators indicate that examinees reporting current medication in the screening questionnaire are counted in the risk-factor tables, as stated in the 2014 yearbook guide.