Supplementary Table 4. Odds ratios [a] showing natural direct and indirect effects [c] of study (KYH vs Tromsø 7) on ***diagnosed diabetes*** [b] prevalence assessed from mediation analyses and mediated percentage for different sets of risk factors (BMI, waist circumference, smoking, hsCRP) by sex

	Model 1 BMI and waist circumference included as mediators	Model 2 BMI, waist circumference, smoking, hsCRP included as mediators
Men		
Natural direct effect	1.48 (1.19, 1.84)	1.39 (1.12-1.72)
Natural indirect effect	0.98 (0.93, 1.03)	1.04 (0.96-1.13)
Total effect	1.44 (1.16, 1.80)	1.44 (1.17-1.77)
Percentage mediated	-6.2% (-32.6, 8.3)	10.4% (-14.8, 40.0)
Women		
Natural direct effect	1.54 (1.29, 1.84)	1.34 (1.10-1.64)
Natural indirect effect	1.84 (1.71, 1.99)	2.12 (1.90, 2.36)
Total effect	2.84 (2.39, 3.39)	2.84 (2.38, 3.40)
Percentage mediated	58.5% (48.5, 71.4)	71.9% (58.2, 89.4)

[a] Adjusted for age

[b] Diagnosed diabetes defined as self-reported diabetes and/or use of medication with ATC-code A10 (antidiabetics) according to the Anatomical Therapeutic Chemical (ATC) classification

[c] Total effect of exposure is decomposed into natural direct and indirect effect. Natural indirect effect means effect of exposure that is mediated by specific set of risk factors. Natural direct effect is the remaining effect of an exposure after quantifying the natural indirect effect. In our analysis, the study (KYH vs Tromsø 7) was considered the exposure, while diabetes risk factors were considered possible mediators.