Supplemental table 1: Factors associated with hyperuricemia defined as > 420 µmol/L (7 mg/dl) and/or under urate-lowering drug treatment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Missing data | Hyperuricemian=268 | No hyperuricemian=390 | aOR(95%CI) a |
| BMI (kg/m²), meanSD | 87 | 32.2 ± 6.6 | 28.2 ± 6.0 | 1.11 (1.07–1.17)\*\*\* |
| Waist circumference (cm), meanSD | 3 | 106.6 ± 17.9 | 97.5 ± 15.5 | 1.04 (1.02–1.05)\*\*\* |
| Hypertension | 0 | 14.5% | 4.5% | 4.96 (2.31–10.66)\*\*\* |
| Diabetes | 0 | 7.4% | 4.5% | 2.06 (0.83–5.11) |
| Hypercholesterolemia | 0 | 1.8% | 1.2% | 1.13 (0.20–6.52) |
| Cardiovascular diseases | 0 | 3.6% | 1.1% | 3.63 (0.99–13.27) |
| History of cancer | 0 | 1.8% | 1.0% | 1.51 (0.18–12.40) |
| Renal failure | 0 | 1.5% | 0.5% | 4.15 (0.64–26.96) |
| eGFR< 60 ml/min | 21 | 12.2% | 9.1% | 1.41 (0.71–2.82) |
| Depression | 0 | 5.5% | 9.1% | 0.91 (0.40–2.07) |
| Rural housing | 0 | 49.7% | 46.7% | 1.18 (0.76–0.56) |
| Born in NC | 0 | 91.1% | 75.2% | 3.96 (1.98–7.88)\*\*\* |
| Educational level\*\* |  |  |  |  |
| Primary school level | 0 | 16.9% | 14.3% |  |
| Secondary school level | 0 | 77.2% | 67.8% | 0.85 (0.47–1.55) |
| Post-secondary education | 0 | 5.9% | 17.9% | 0.21 (0.08–0.55)\*\* |
| Ethnicity |  |  |  |  |
| Europeans | 0 | 12.8% | 33.3% |  |
| Melanesians | 0 | 49.8% | 38.9% | 4.46 (2.41–8.25)\*\*\* |
| Polynesians | 0 | 16.6% | 8.8% | 6.89 (2.82–16.81)\*\*\* |
| Others | 0 | 20.9% | 19.0% | 3.92 (1.83–8.39)\*\*\* |

a Age- and sex adjusted

NC, New Caledonia; aOR, adjusted odds ratio; CI, confidence interval; eGFR, estimated glomerular filtration rate (Modification of Diet in Renal Disease formula)

\* p<0.05, \*\* p <0.01, \*\*\*p<0.001

Supplemental Fig. 1: Prevalence of gout defined by the algorithm, by ethnicity.