Table 1 Baseline characteristics of 648 subjects enrolled retrospectively in this observational study and treatment at the most recent visit [Parametric and non-parametric values are expressed as mean \pm standard deviation and median (interquartile range), respectively, unless percentages are shown].

		Statin alone	Statin + PPI
N		607	41
Male, %		45	39
Age, years		56 ± 11	61 ± 9*
Follow-up, years		7 (4-10)	8 (5-13)
Smoking, %		17	15
SBP, mmHg		140 (128-155)	148 (130-159)
DBP, mmHg		89 (80-95)	90 (78-92)
Glucose (fasting), mg/dL		95 (88-105)	97 (84-106)
Waist, cm		98 ± 11	99 ± 12
BMI, kg/m ²		27.5 ± 3.5	27.6 ± 3.8
ΓCHOL, mg/dL		265 ± 46	259 ± 43
ΓG, mg/dL		135 (97-190)	138 (101-169)
HDL-C, mg/dL		54 ± 14	59 ± 17*
LDL-C, mg/dL		181 ± 41	172 ± 39
eGFR, mL/min/1.73 m ²		79 ± 14	74 ± 12*
Uric acid, mg/dL		5.1 ± 1.5	4.8 ± 1.5
Hypertension, %		73	89*
Metabolic syndrome, %		55	58
Cardiovascular disease‡, %		19	39*
Diabetes, %		20	29
Chronic kidney disease, %		12	22
Cardiovascular risk [¥]	Moderate	12	0*
	High	42	29*
	Very high	46	71*
Treatment with antiplatelet agents, %	Aspirin	19	27
	Clopidogrel	12	24*
Antihypertensive therapy, %		71	88*
Statins (median dose, mg) Intensity of statin treatment [†]	Atorvastatin, %	42 (20)	39 (30)
	Rosuvastatin, %	29 (10)	34 (15)
	Simvastatin, %	24 (40)	27 (40)
	Fluvastatin, %	4 (80)	0
	Pravastatin, %	1 (40)	0
	High	29	37
	Moderate	67	61
	Low	4	2
Ezetimibe, %		19	27
Fibrates, %		3	5
Omega-3 fatty acids, %		4	2
Coleveselam, %		1	0
Compliance with lipid-lowering	Good (≥80%)	94	90
treatment	Poor (<80%)	6	10

PPI: proton pump inhibitors, SBP: systolic blood pressure, DBP: diastolic blood pressure, BMI: body mass index, TCHOL: total cholesterol, TG: triglycerides, HDL-C: high-density lipoprotein cholesterol, LDL-C: low-density lipoprotein cholesterol, eGFR: estimated glomerular filtration rate. To convert from mg/dL to mmol/L multiply by 0.02586 for TCHOL, HDL-C and LDL-C, by 0.01129 for TG and by 0.06 for glucose. [‡]: Cardiovascular disease comprised of coronary heart disease, stroke, aneurysm, peripheral arterial disease and carotid stenosis ≥50%. [‡]: Cardiovascular risk was classified according to European Society of Cardiology (ESC)/European Atherosclerosis Society (EAS) guidelines for the management of dyslipidemias³. [†]: Intensity of statin treatment is based on the average expected low-density lipoprotein cholesterol reduction (≥50, 30-50 and <30%, respectively)¹⁴. *: p <0.05 for the comparison between subjects on statin alone and those on statin + PPI.