

A. Assessment and categorization of covariates.

Sociodemographic and socioeconomic factors:

Cohabitation status was assessed by combination of two questions: “what is your civil state?” and “have you been cohabiting without being married” with two categories: a) married/cohabiting or b) living alone.

Vocational education was assessed by questionnaire and categorized as: unskilled, short (< 2 years), medium (3–4 years) or long higher education.

Additional known risk factors for IHD:

LTPA was assessed by the question, classification in parenthesis: “During leisure time, which statement best describes your physical activity”: a) Read, watch television or engage in other sedentary activity (Sedentary) b) Go for a walk, use your bicycle or perform light physical activity at least 4 hours a week (Light), c) Is an active athlete or perform heavy gardening or leisure time work at least 3 hours a week (Moderate), d) Engage in competitive sports, swim, play football or run long distances several times a week (Vigorous). Apart from in the descriptive analyses, category c and d were collapsed into a moderate/vigorous category due to a low number of especially women in category d.

Self-reported fitness was assessed by a single question: How do you rate your physical fitness compared to your peers: a) Better than peers, b) Same as peers, c) Worse than peers.

Smoking was assessed by two questionnaire items: “Do you smoke?” and “If you are a non-smoker presently, have you ever smoked?” and categorized into: a) current smoker (daily and not daily), b) former smoker and c) never smoker.

Alcohol intake per week: Average intake of beer, wine and spirits per week calculated in units of alcohol (8 g. alcohol) and used as a continuous variable.

Family history of heart disease: assessed by: “Have any of your close relatives ever had: AMI or other types of heart disease” a) No, b) Yes.

Diabetes: Assessed by questionnaire: “Has a doctor ever told you than you suffer from diabetes” a) No, b) Yes.

Body mass index (kg/m^2) is a continuous measure calculated from height and weight measured at the examination.

Blood lipids: Measured from blood sample at the examination: HDL (mmol/L), S-cholesterol (mmol/L) and Triglyceride (mmol/L).

Blood pressure: Mean of 2 systolic and 2 diastolic blood pressure measurements in mmHg (Hauxley random zero sphygmomanometer), measured two times after 10 minutes rest in a sitting position. Hypertension was defined as systolic blood pressure ≥ 140 mmHg and/or diastolic blood pressure ≥ 90 mmHg and/or interview-based use of antihypertensive medication during the last 12 months before baseline or self-reported diagnosis with hypertension ("Has a doctor ever told you that you suffer from hypertension?").

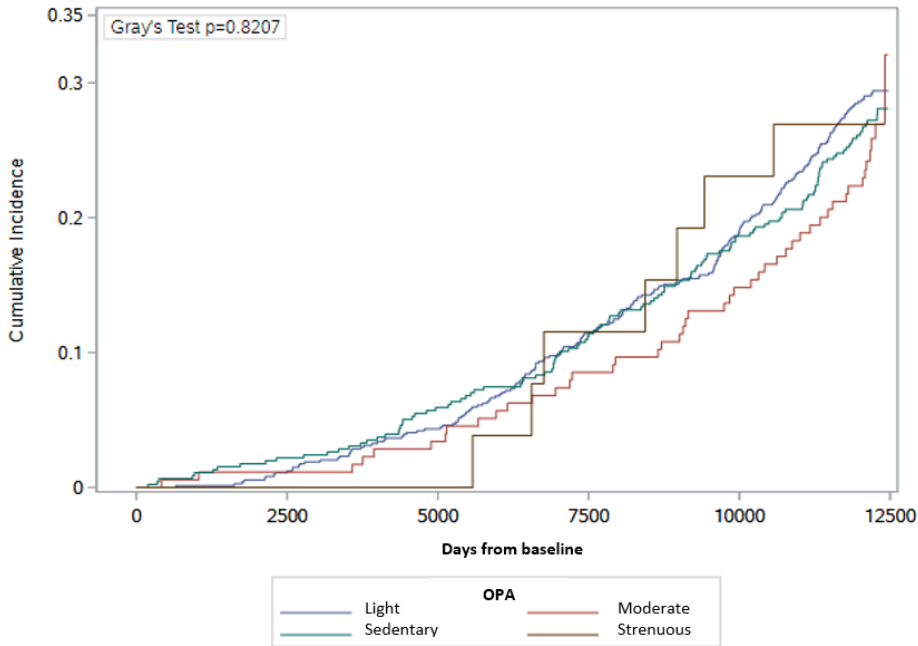
Occupational factors

Work hours per week was assessed by questionnaire: "How many hours of actively employed work do you have per week?" and was used as a continuous variable.

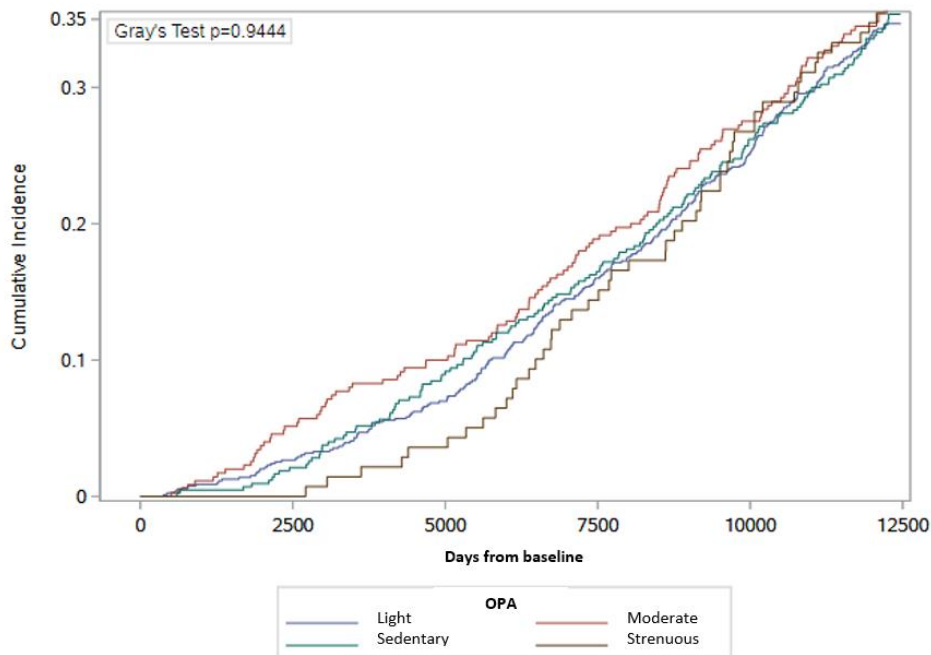
B. Cumulative incidence curves

Figure B. The cumulative incidence curves for hazard of all-cause mortality at any given time during follow-up from baseline to end of follow-up among men and women separately.

a. Women



b. Men



C. Hazard ratio for ischaemic heart disease according to level of occupational physical activity among men and women - men with sedentary occupational physical activity as reference group

Table C. Hazard ratio (HR) and 95% confidence interval (CI) for ischaemic heart disease (IHD) according to level of occupational physical activity (OPA) with a common reference group: men with sedentary OPA in a model with an interaction term between OPA and gender. 1,706 men and 1,399 women participating in the Danish Monica 1 Study, 1982–84. 358 cases among men and 152 among women of IHD during follow-up until December 2016.

Sex	OPA	No. of subjects/no. with IHD	Model 1		Model 4	
			HR	95% CI	HR	95% CI
Women	Sedentary	458 (57)	0.68	0.48 to 0.95	1.01	0.68 to 1.50
	Light	739 (74)	0.49	0.35 to 0.67	0.68	0.47 to 0.99
	Moderate, some lifting	176 (-)#	0.56	0.34 to 0.92	0.78	0.46 to 1.33
	Strenuous, heavy lifting	26 (-)#	0.24	0.03 to 1.72	0.30	0.04 to 2.20
Men	Sedentary	425 (76)	1		1	
	Light	791 (176)	1.25	0.96 to 1.64	1.22	0.93 to 1.61
	Moderate, some lifting	350 (77)	1.49	1.08 to 2.05	1.42	1.01 to 1.98
	Strenuous, heavy lifting	140 (29)	1.45	0.94 to 2.22	1.46	0.93 to 2.29

Model 1: Adjusted for age. Model 4: Adjusted for age and leisure time physical activity, family history of heart disease, diabetes, body mass index (BMI), serum cholesterol, high density lipoprotein (HDL), triglycerides, smoking, alcohol consumption, self-reported fitness, working hours, civil status, and socioeconomic status (SES).

Data protection regulations in Denmark require a minimum of 5 individuals in each group. Therefore, we have collapsed number of cases in the moderate and strenuous categories among women. There were in total 21 cases of IHD in the moderate and strenuous categories among women.

D. Hazard ratio for ischaemic heart disease according to level of occupational physical activity and being normotensive or hypertensive among men and women

Table D. Hazard ratio (HR) and 95% confidence interval (CI) for ischaemic heart disease (IHD) adjusted for age according to level of occupational physical activity (OPA) and being normotensive or hypertensive stratified for sex among 1,706 men and 1,399 women participating in the Danish Monica 1 Study, 1982–84. 152 cases of IHD during follow-up until December 2016.

		Normotensive		Hypertensive	
	OPA	HR	95% CI	HR	95% CI
Men	Sedentary	1		1	
	Light	1.31	0.93 to 1.87	1.17	0.77 to 1.79
	Moderate, some lifting	1.52	1.02 to 2.26	1.48	0.87 to 2.53
	Strenuous, heavy lifting	1.31	0.75 to 2.27	1.97	0.99 to 3.92
Women	Sedentary	1		1	
	Light	0.69	0.44 to 1,07	0.72	0.41 to 1.27
	Moderate, some lifting	1.69	0.35 to 1.37	1.25	0.58 to 2.80
	Strenuous, heavy lifting	0.47	0.06 to 3,43	-	