

## **Supplemental materials**

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### **Supplemental materials 1. SHARE design**

Data were retrieved from SHARE [1]. SHARE is a 12-years (2004-2015; 6 waves of data collection every 2 years), cross-national, retrospective database of individuals aged 50 or older. Muscle strength was assessed at each of the 6 waves. Retrospective life-course data on early-life socioeconomic circumstances, ACE, childhood health problems, and one indicator of adult-life socioeconomic circumstances (i.e., main occupational position during adult life) were collected in the third wave. Self-reported maximal educational attainment was measured at the participant's first measurement occasion. Satisfaction with household income and the covariates (i.e., physical inactivity, unhealthy eating, smoking, and alcohol consumption) were assessed at all waves except the third wave. To be included in the analysis participants had to be aged 50-96 years, have completed the third wave, and to have at least one measure of muscle strength. The relevant local research ethics committees in the participating countries approved SHARE. All participants provided written informed consent.

## **Supplemental materials 2. Explanatory variables and covariates**

*Adult-life socioeconomic circumstances.* The following variables were included: 1) individual's highest educational attainment [i.e., primary and secondary vs. tertiary level of educational attainment based on the International Standard Classification of Education (ISCED)], 2) individual's main occupational position during adult life [i.e., first and second vs. higher skill levels of the International Standard Classification of Occupations (ISCO)], and 3) satisfaction with household financial situation [i.e., based on the response to the question "Is the household able to make ends meet?" with a continuous scale ranging from 1 ("with great difficulty") to 4 ("easily")].

*Unhealthy-related behaviours.* The following unhealthy self-reported behaviours were included: 1) physical inactivity, 2) unhealthy eating, 3) smoking, and 4) alcohol consumption. Physical inactivity was based on 2 items assessing the level of daily life physical activity. The first item assessed vigorous physical activity ("How often do you engage in vigorous physical activity, such as sports, heavy housework, or a job that involves physical labour?"). The second item assessed moderate physical activity ("How often do you engage in activities that require a low or moderate level of energy such as gardening, cleaning the car, or going on a walk?"). Participants answered on a 4-point scale: 1, more than once a week; 2, once a week; 3, one to 3 times a month; 4, hardly ever, or never. Participants who did not answer "1" to either item were classified as "physically inactive." Unhealthy eating was assessed with the item "In a regular week, how often do you consume a serving of fruits or vegetables?" Participants answered on a 5-point scale: 1, every day; 2, 3 to 6 times a week; 3, twice a week; 4, once a week; 5, less than once a week. Participants who did not answer "1" were classified as having "unhealthy eating habits." Alcohol consumption was assessed with the item "In the last 3 months, on the days you drank, about how many drinks did you have?" Participants who answered more than 2 were classified as drinking alcohol. Smoking was assessed with the item "Do you currently smoke?" Participants who answered "Yes" were classified as smokers. By combining information of these 4 binary indicators, we computed a continuous variable ranging from 0, none of these 4 health-detrimental behaviours, to 1, all of these 4 health-detrimental behaviours. When data of some behaviours were missing for a given participant, the mean was computed by using only the other behaviours to keep the maximum number of participants in the analyses [see 2, 3, for more details on this index].

*Childhood socioeconomic circumstances* included 4 binary indicators reflecting specific SEC of participants at the age of 10. These indicators were 1) the number of books at home (i.e., less vs. more than 10 books at home), 2) a measure of overcrowding (i.e., more vs. less than one person per room in the household), 3) the occupational position of the household's main

breadwinner (i.e., first and second vs. higher skills levels of the International Standard Classification of Occupations), and 4) housing quality (i.e., absence vs. presence of either fixed bath, cold running water supply, hot running water supply, inside toilet, or central heating) [see 2, 3, for more details on each indicators]. By combining the information for these four indicators, we obtained a five-level categorical variable with the following modalities: “most disadvantaged”, “disadvantaged”, “middle”, “advantaged”, and “most advantaged”, childhood socioeconomic circumstances.

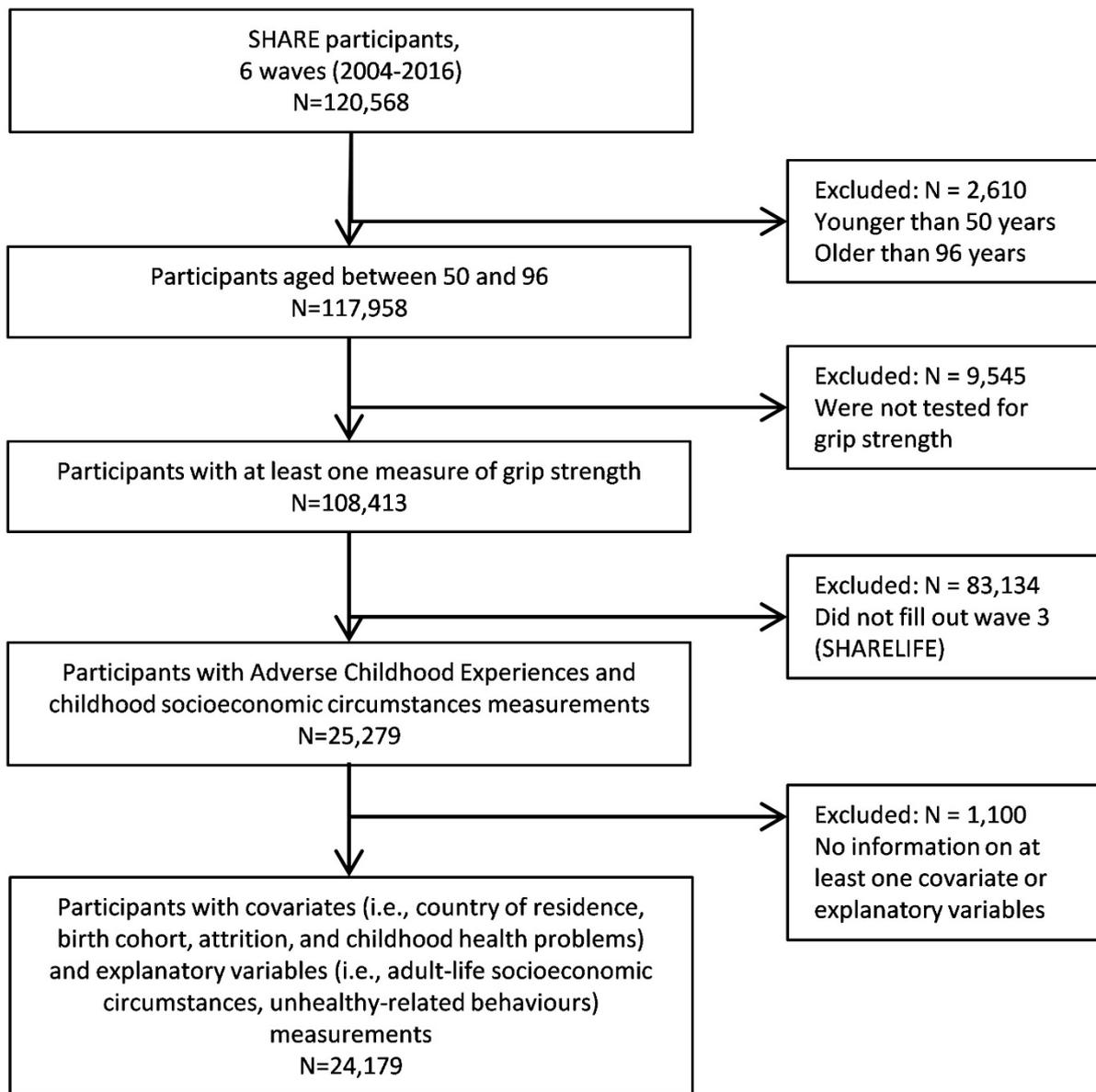
*The country of residence* included Austria, Belgium, Czech Republic, Denmark, France, Germany, Greece, Ireland, Italy, Netherlands, Poland, Spain, Sweden, and Switzerland.

*The birth cohort* included war period (between 1914-1918 and 1939-1945), the Great Depression (between 1928 and 1939), and no war and no economic crisis (before 1913, between 1919 and 1938, and after 1945).

*Attrition* was defined as: no dropout, dropout (i.e., participants who did not respond to both waves 5 and 6), and death (i.e., participants who died during the survey).

*Childhood health problems* were long hospitalisation (i.e., hospitalization for one month or more before the age of 15), multiple hospitalisations (i.e., more than three times within a 12-month period before the age of 15), childhood illness (e.g., polio, asthma, meningitis, encephalitis), and childhood serious health conditions (severe headaches, psychiatric problem, fractures, heart trouble, cancers, and physical injury that has led to permanent handicap, disability or limitation in daily life). By combining the information for these five indicators, we computed a two-level categorical variable of participants with no childhood health problems (i.e., participants who answered “no” to all categories filled out) and participants with one or more childhood health problems (i.e., participants who answered “yes” to at least one category filled out).

**Supplemental materials Table S1. Flow diagram**



**Supplemental materials Table S2. Full table of the main analysis**

Men										
	Model 1		Model 2		Model 3		Model 4		Model 5	
Variables	OR (95% CI)	P								
<b>Age (ten years)</b>	10.59 (9.10-12.32)	<0.001	10.59 (9.10-12.33)	<0.001	10.57 (9.08-12.30)	<0.001	10.61 (9.12-12.34)	<0.001	10.64 (9.15-12.37)	<0.001
<b>Countries (Ref =Belgium)</b>										
Austria	1.09 (0.63-1.90)	0.761	1.02 (0.58-1.78)	0.94	1.04 (0.60-1.81)	0.885	1.06 (0.61-1.83)	0.839	1.00 (0.58-1.73)	0.999
Denmark	0.68 (0.44-1.05)	0.079	0.68 (0.44-1.04)	0.077	0.66 (0.43-1.01)	0.057	0.71 (0.46-1.09)	0.12	0.68 (0.44-1.04)	0.073
France	1.43 (0.96-2.12)	0.079	1.41 (0.95-2.09)	0.092	1.45 (0.98-2.15)	0.065	1.41 (0.96-2.09)	0.083	1.46 (0.99-2.15)	0.056
Germany	0.76 (0.49-1.18)	0.216	0.75 (0.48-1.17)	0.204	0.71 (0.45-1.10)	0.123	0.72 (0.47-1.11)	0.137	0.73 (0.48-1.13)	0.157
Greece	3.06 (2.10-4.45)	<0.001	3.01 (2.07-4.37)	<0.001	2.86 (1.97-4.15)	<0.001	2.00 (1.36-2.92)	<0.001	1.81 (1.24-2.64)	0.002
Italy	2.31 (1.59-3.37)	<0.001	2.24 (1.54-3.26)	<0.001	2.23 (1.54-3.25)	<0.001	1.75 (1.20-2.56)	0.004	1.85 (1.27-2.69)	0.001
Netherlands	1.07 (0.69-1.66)	0.771	1.06 (0.69-1.65)	0.785	1.05 (0.68-1.63)	0.833	1.10 (0.71-1.69)	0.679	1.12 (0.73-1.73)	0.594
Spain	9.10 (6.08-13.62)	<0.001	8.86 (5.92-13.26)	<0.001	8.60 (5.76-12.85)	<0.001	7.29 (4.89-10.86)	<0.001	7.54 (5.08-11.21)	<0.001
Sweden	0.85 (0.55-1.31)	0.454	0.82 (0.53-1.26)	0.365	0.88 (0.57-1.36)	0.571	0.93 (0.60-1.42)	0.725	0.93 (0.61-1.43)	0.741
Switzerland	0.78 (0.48-1.28)	0.329	0.74 (0.45-1.22)	0.239	0.77 (0.47-1.26)	0.293	0.84 (0.51-1.37)	0.481	0.85 (0.52-1.39)	0.516
Czech Republic	1.04 (0.66-1.64)	0.875	1.03 (0.65-1.62)	0.91	1.07 (0.68-1.69)	0.766	0.89 (0.57-1.41)	0.629	0.77 (0.49-1.21)	0.258
Ireland	1.93 (0.99-3.79)	0.055	1.99 (1.01-3.91)	0.047	2.00 (1.02-3.92)	0.044	1.80 (0.92-3.52)	0.086	1.72 (0.88-3.35)	0.111
Poland	1.59 (1.02-2.49)	0.04	1.56 (1.00-2.43)	0.051	1.53 (0.98-2.39)	0.059	1.18 (0.76-1.85)	0.462	1.05 (0.68-1.64)	0.821
<b>Birth cohort</b>										
After 1945	(ref)									
between 1939 and 1945	0.34 (0.26-0.44)	<0.001	0.34 (0.26-0.44)	<0.001	0.35 (0.27-0.46)	<0.001	0.37 (0.29-0.48)	<0.001	0.39 (0.30-0.51)	<0.001
between 1929 and 1938	0.31 (0.23-0.42)	<0.001	0.31 (0.23-0.42)	<0.001	0.32 (0.23-0.43)	<0.001	0.33 (0.24-0.45)	<0.001	0.36 (0.27-0.49)	<0.001
between 1919 and 1928	0.45 (0.29-0.70)	<0.001	0.44 (0.29-0.69)	<0.001	0.45 (0.29-0.71)	<0.001	0.48 (0.31-0.74)	0.001	0.51 (0.33-0.79)	0.002
<b>Attrition</b>										
No drop out	(ref)									
Drop out	1.81 (1.40-2.34)	<0.001	1.81 (1.40-2.33)	<0.001	1.76 (1.36-2.27)	<0.001	1.67 (1.30-2.16)	<0.001	1.61 (1.25-2.07)	<0.001
Death	3.71 (2.79-4.94)	<0.001	3.68 (2.77-4.90)	<0.001	3.60 (2.71-4.78)	<0.001	3.39 (2.56-4.48)	<0.001	3.04 (2.30-4.01)	<0.001
<b>Childhood Health problems</b>										
No	(ref)									
Yes	1.11 (0.90-1.36)	0.332	1.10 (0.90-1.35)	0.36	1.10 (0.90-1.36)	0.339	1.12 (0.91-1.37)	0.277	1.09 (0.89-1.33)	0.421
<b>Childhood socioeconomic circumstances</b>										
Most Disadvantaged	(ref)									
Disadvantaged	0.72 (0.55-0.92)	0.01	0.71 (0.55-0.92)	0.009	0.74 (0.58-0.96)	0.023	0.77 (0.60-0.99)	0.045	0.79 (0.62-1.01)	0.064
Middle	0.78 (0.60-1.02)	0.065	0.79 (0.60-1.03)	0.079	0.87 (0.66-1.14)	0.309	0.95 (0.73-1.24)	0.69	0.97 (0.75-1.27)	0.836
Advantaged	0.81 (0.59-1.10)	0.178	0.83 (0.61-1.15)	0.265	1.00 (0.72-1.38)	0.997	1.06 (0.77-1.46)	0.734	1.05 (0.76-1.44)	0.770
Most advantaged	1.05 (0.68-1.63)	0.821	1.11 (0.71-1.75)	0.647	1.41 (0.90-2.23)	0.137	1.50 (0.96-2.36)	0.076	1.51 (0.97-2.37)	0.070

<b>ACE</b>										
None	(ref)		(ref)		(ref)		(ref)		(ref)	
One	1.17 (0.94-1.47)	0.165	1.17 (0.94-1.47)	0.164	1.16 (0.93-1.45)	0.187	1.12 (0.90-1.40)	0.316	1.05 (0.84-1.31)	0.652
Two or more	1.30 (0.85-1.99)	0.23	1.31 (0.85-2.00)	0.219	1.31 (0.85-2.00)	0.219	1.24 (0.82-1.89)	0.315	1.18 (0.78-1.79)	0.437
<b>Level of education</b>										
High education			(ref)		(ref)		(ref)		(ref)	
Low education			1.16 (0.92-1.47)	0.206	0.93 (0.72-1.19)	0.57	0.84 (0.66-1.08)	0.181	0.83 (0.65-1.07)	0.147
<b>Main occupation class</b>										
High					(ref)		(ref)		(ref)	
Low					1.83 (1.46-2.29)	<0.001	1.72 (1.37-2.15)	<0.001	1.67 (1.34-2.10)	<0.001
<b>Satisfaction with household income</b>										
Easily							(ref)		(ref)	
Fairly easily							1.21 (0.97-1.51)	0.087	1.17 (0.94-1.46)	0.152
With some difficulty							1.85 (1.42-2.40)	<0.001	1.72 (1.33-2.23)	<0.001
With great difficulty							3.22 (2.30-4.52)	<0.001	2.81 (2.01-3.93)	<0.001
<b>Health-related behaviours</b>										
									3.08 (2.22-4.29)	<0.001

ACE = adverse childhood experiences. Interactions terms between ACE and age (model 1b), level of education and age (model 2b), main occupation class and age (model 3 b), satisfaction with household income and age (model 4b), and health behaviours and age (models 5 b) were also tested. All the interactions were non-significant.

**Women**

	Model 1		Model 2		Model 3		Model 4		Model 5	
<b>Variables</b>	<i>OR</i> (95% CI)	<i>P</i>								
<b>Age (ten years)</b>	4.77 (4.27-5.33)	<0.001	4.72 (4.22-5.27)	<0.001	4.79 (4.28-5.35)	<0.001	4.81 (4.30-5.37)	<0.001	4.74 (4.25-5.29)	<0.001
<b>Countries (Ref =Belgium)</b>										
Austria	0.64 (0.42-0.99)	0.046	0.63 (0.41-0.96)	0.032	0.62 (0.40-0.95)	0.028	0.69 (0.45-1.05)	0.08	0.67 (0.44-1.01)	0.057
Denmark	0.65 (0.46-0.93)	0.017	0.69 (0.48-0.98)	0.036	0.70 (0.49-0.99)	0.043	0.83 (0.59-1.17)	0.29	0.81 (0.58-1.15)	0.237
France	1.29 (0.94-1.76)	0.119	1.28 (0.93-1.75)	0.128	1.38 (1.01-1.88)	0.046	1.22 (0.90-1.66)	0.203	1.30 (0.96-1.77)	0.087
Germany	0.51 (0.35-0.74)	<0.001	0.51 (0.35-0.75)	<0.001	0.53 (0.37-0.77)	0.001	0.56 (0.39-0.81)	0.002	0.61 (0.42-0.87)	0.007
Greece	1.99 (1.46-2.72)	<0.001	1.89 (1.39-2.58)	<0.001	2.00 (1.47-2.73)	<0.001	1.15 (0.84-1.58)	0.376	1.04 (0.76-1.41)	0.823
Italy	2.23 (1.64-3.04)	<0.001	2.07 (1.52-2.82)	<0.001	2.26 (1.66-3.07)	<0.001	1.53 (1.12-2.08)	0.007	1.54 (1.14-2.09)	0.005
Netherlands	1.14 (0.80-1.62)	0.47	1.05 (0.74-1.49)	0.776	1.08 (0.76-1.54)	0.662	1.18 (0.84-1.66)	0.349	1.27 (0.91-1.79)	0.163
Spain	7.39 (5.34-10.25)	<0.001	6.92 (5.00-9.57)	<0.001	7.18 (5.20-9.92)	<0.001	5.54 (4.04-7.61)	<0.001	5.79 (4.24-7.92)	<0.001
Sweden	1.03 (0.73-1.45)	0.887	1.05 (0.75-1.48)	0.783	1.22 (0.87-1.72)	0.255	1.37 (0.98-1.92)	0.067	1.42 (1.02-1.98)	0.04
Switzerland	0.60 (0.40-0.89)	0.012	0.53 (0.36-0.80)	0.002	0.56 (0.38-0.83)	0.004	0.65 (0.44-0.96)	0.032	0.73 (0.49-1.07)	0.107
Czech Republic	0.87 (0.60-1.24)	0.434	0.78 (0.54-1.11)	0.164	0.91 (0.64-1.31)	0.62	0.64 (0.45-0.92)	0.016	0.56 (0.39-0.80)	0.001
Ireland	2.58 (1.51-4.43)	0.001	3.07 (1.79-5.26)	<0.001	3.27 (1.91-5.61)	<0.001	2.70 (1.58-4.60)	<0.001	2.34 (1.38-3.97)	0.002
Poland	1.65 (1.16-2.35)	0.005	1.56 (1.10-2.21)	0.013	1.70 (1.20-2.42)	0.003	1.15 (0.81-1.63)	0.43	0.98 (0.69-1.39)	0.912
<b>Birth cohort</b>										
After 1945	(ref)									
between 1939 and 1945	0.68 (0.55-0.83)	<0.001	0.67 (0.55-0.83)	<0.001	0.66 (0.54-0.81)	<0.001	0.67 (0.55-0.83)	<0.001	0.72 (0.59-0.88)	0.001
between 1929 and 1938	0.83 (0.65-1.06)	0.141	0.81 (0.63-1.04)	0.097	0.78 (0.61-1.00)	0.05	0.78 (0.61-1.00)	0.051	0.80 (0.63-1.03)	0.08
between 1919 and 1928	1.39 (0.97-2.00)	0.07	1.34 (0.93-1.91)	0.113	1.24 (0.87-1.77)	0.243	1.24 (0.87-1.76)	0.233	1.18 (0.83-1.67)	0.358
<b>Attrition</b>										
No drop out	(ref)									
Drop out	1.34 (1.09-1.65)	0.005	1.31 (1.07-1.60)	0.01	1.31 (1.07-1.61)	0.008	1.25 (1.02-1.52)	0.031	1.14 (0.94-1.39)	0.19
Death	2.18 (1.65-2.89)	<0.001	2.11 (1.60-2.79)	<0.001	2.18 (1.65-2.87)	<0.001	2.06 (1.57-2.69)	<0.001	1.73 (1.33-2.26)	<0.001
<b>Childhood Health problems</b>										
No	(ref)									
Yes	1.31 (1.11-1.54)	0.001	1.31 (1.11-1.54)	0.001	1.31 (1.11-1.54)	0.001	1.24 (1.06-1.46)	0.009	1.25 (1.06-1.46)	0.006
<b>Childhood socioeconomic circumstances</b>										
Most Disadvantaged	(ref)									
Disadvantaged	0.78 (0.64-0.96)	0.022	0.80 (0.65-0.99)	0.038	0.85 (0.69-1.04)	0.12	0.91 (0.74-1.11)	0.359	0.90 (0.74-1.10)	0.315
Middle	0.63 (0.51-0.79)	<0.001	0.68 (0.55-0.85)	0.001	0.75 (0.60-0.93)	0.009	0.84 (0.68-1.04)	0.111	0.81 (0.66-1.00)	0.052
Advantaged	0.57 (0.44-0.73)	<0.001	0.66 (0.51-0.86)	0.002	0.76 (0.58-0.98)	0.035	0.86 (0.67-1.11)	0.25	0.84 (0.65-1.08)	0.169
Most advantaged	0.48 (0.33-0.70)	<0.001	0.66 (0.45-0.97)	0.037	0.83 (0.56-1.23)	0.344	0.90 (0.61-1.32)	0.59	0.90 (0.61-1.32)	0.587
<b>ACE</b>										
None	(ref)									
One	1.22 (1.02-1.47)	0.033	1.21 (1.01-1.46)	0.038	1.25 (1.04-1.50)	0.016	1.17 (0.98-1.40)	0.082	1.16 (0.97-1.38)	0.107

Two or more	1.74 (1.22-2.48)	0.002	1.73 (1.22-2.47)	0.002	1.81 (1.27-2.58)	0.001	1.68 (1.19-2.37)	0.003	1.55 (1.10-2.17)	0.011
<b>Level of education</b>										
High education			(ref)		(ref)		(ref)		(ref)	
Low education			1.97 (1.57-2.47)	<0.001	1.51 (1.17-1.93)	0.001	1.30 (1.02-1.67)	0.035	1.26 (0.99-1.61)	0.063
<b>Main occupation class</b>										
High					(ref)		(ref)		(ref)	
Low					1.98 (1.55-2.53)	<0.001	1.75 (1.37-2.23)	<0.001	1.70 (1.34-2.16)	<0.001
<b>Satisfaction with household income</b>										
Easily					1.98 (1.55-2.53)	<0.001	1.75 (1.37-2.23)	<0.001	1.70 (1.34-2.16)	<0.001
Fairly easily							(ref)		(ref)	
With some difficulty							1.46 (1.22-1.76)	<0.001	1.41 (1.18-1.69)	<0.001
With great difficulty							5.45 (4.23-7.02)	<0.001	4.56 (3.55-5.85)	<0.001
Health-related behaviours							2.51 (2.04-3.09)	<0.001	2.23 (1.82-2.74)	<0.001
									4.65 (3.58-6.05)	<0.001

ACE = adverse childhood experiences. Models are adjusted for attrition. Interactions terms between ACE and age (model 1b), level of education and age (model 2b), main occupation class and age (model 3 b), satisfaction with household income and age (model 4b), and health behaviours and age (models 5 b) were also tested. All the interactions were non-significant, except for the interaction between age and health behaviours.

### Supplemental materials Table S3. Summary of the sensitivity analyses

Description	Rationale and main results
<b>Sensitivity analyses</b>	
1 ACE from 0 to 18 years	<p><b>Rationale:</b> ACE from 16 to 18 years may also be associated with low muscle strength (LMS) in older age. Thus, we extended the age range of ACE from 0 to 18 years.</p> <p><b>Main results:</b> For women, results were similar to those of the main analysis, except that the effect of having reported one ACE was not significant (OR=1.15, <math>p = 0.131</math>). The associations between ACE and LMS were only slightly attenuated with the addition of adult-life socioeconomic circumstances and health-related behaviours. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p> <p>For men, results were similar to those of the main analysis. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p>
2 ACE from 0 to 20 years	<p><b>Rationale:</b> ACE from 19 to 20 years may also be associated with LMS in older age. Thus, we extended the age range of ACE from 0 to 20 years.</p> <p><b>Main results:</b> For women, results were similar to those of the main analysis, except that the effect of having reported one ACE was not significant (OR=1.17, <math>p = 0.085</math>). The associations between ACE and LMS were only slightly attenuated with the addition of adult-life socioeconomic circumstances and health-related behaviours. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p> <p>For men, results were similar to those of the main analysis. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p>
3 Controlling for the following chronic conditions: self-reported heart attack, stroke, chronic lung disease, asthma, or cancer	<p><b>Rationale:</b> These specific chronic conditions may be strongly associated with LMS [4-6].</p> <p><b>Main results:</b> For women, results were similar to those of the main analysis. The associations between ACE and LMS were only slightly attenuated with the addition of adult-life socioeconomic circumstances and health-related behaviours, even if the association between having reported one ACE was no longer significant (OR=1.14, <math>p = 0.141</math>). The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged. The association between chronic conditions and LMS was significant (OR=1.78, <math>p &lt; 0.001</math>).</p> <p>For men, results were similar to those of the main analysis. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p>

4	Exclude 5163 participants who dropped out during follow-up	<p><b>Rationale:</b> Respondents who dropped out during follow-up may have some specific characteristics (e.g., poorer health status, lower socioeconomic condition) (selective attrition).</p> <p><b>Main results:</b> For women, results were similar to those of the main analysis, except that the effect of having reported one ACE was not significant (OR=1.11, <math>p = 0.291</math>). The associations between ACE and LMS were only slightly attenuated with the addition of adult-life socioeconomic circumstances and health-related behaviours. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p> <p>For men, results were similar to those of the main analysis. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p>
5	Exclude 2055 participants who died during follow-up	<p><b>Rationale:</b> Respondents who died during follow-up may have some specific characteristics (e.g., poorer health status, lower socioeconomic condition) (selective attrition).</p> <p><b>Main results:</b> For women, results were similar to those of the main analysis, except that the effect of having reported one ACE was not significant (OR=1.16, <math>p = 0.129</math>). The associations between ACE and LMS were only slightly attenuated with the addition of adult-life socioeconomic circumstances and health-related behaviours. The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p> <p>For men, results were similar to those of the main analysis, even if the effect of having reported two or more ACE was just above the threshold of significance (OR=1.23, <math>p = 0.099</math>). The associations of adult-life socioeconomic circumstances and health-related behaviours with LMS remained unchanged.</p>
6	Modeling grip strength as continuous variable	<p><b>Rationale:</b> Modeling grip strength as a binary variable rather than as a continuous variable is associated with information loss. In addition, the results may be influenced by the specificity and sensitivity of the cut-off used to determine low muscle strength.</p> <p><b>Main results:</b> For women, results were similar to those of the main analysis, except that the effect of having reported one ACE was not significant (<math>b=-0.11</math>, <math>p = 0.305</math>). Women having reported two or more ACE had a decreased muscle strength (<math>b=-0.59</math>, <math>p = 0.008</math>). The associations between ACE and LMS were only slightly attenuated with the addition of adult-life socioeconomic circumstances and health-related behaviours. The associations of adult-life socioeconomic circumstances and health-related behaviours with grip strength remained unchanged.</p> <p>For men, results were similar to those of the main analysis. ACE were not significantly associated with grip strength. The associations of adult-life socioeconomic circumstances and health-related behaviours with grip strength remained unchanged.</p>

ACE = adverse childhood experience; LMS = low muscle strength



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