Association of blood pressure with brain ages: a cohort study of grey and white matter ageing discrepancy in mid-to-older adults from UK Biobank Short title: high blood pressure, grey and white matter ages Jing Du*, MD, PhD¹, Yuangang Pan, PhD³, Jiyang Jiang, PhD¹, Yue Liu, PhD⁴, Ben C. P. Lam, PhD¹, Aletta E. Schutte, PhD⁵, Ivor W. Tsang, PhD³, Perminder S. Sachdev, MD, PhD^{1,2}, Wei Wen*, PhD^{1,2} * Corresponding authors: Jing Du, jing.du@unsw.edu.au; Wei Wen, w.wen@unsw.edu.au Address for corresponding authors: Centre for Healthy Brain Aging (CHeBA), School of Psychiatry, UNSW Sydney, New South Wales 2052, Australia **Affiliations:** 1. Centre for Healthy Brain Ageing (CHeBA), Discipline of Psychiatry and Mental Health, School of Clinical Medicine, UNSW, Sydney, Australia 2. Neuropsychiatric Institute (NPI), Euroa Centre, Prince of Wales Hospital, Randwick, New South Wales 2031, Australia 3. Centre for Frontier AI Research (CFAR), A*STAR, Singapore 138623 4. Guangdong Cardiovascular Institute, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Guangzhou, Guangdong, China. 5. School of Population Health, UNSW Medicine & Health, UNSW Sydney; The George Institute for Global Health, Sydney, New South Wales, Australia. Total word count: 6676

35	Novelty and Relevance
36	What is New?
37	Using brain age gaps for elevating grey matter and white matter health, this study compared
38	the vulnerability of white matter and grey matter to elevated blood pressure.
39	What is Relevant?
40	Compared to grey matter, the white matter was more susceptible to the high blood pressure.
41	The association between high blood pressure and cognitive decline, especially processing
42	speed and executive function, was mainly through the impairment of white matter.
43	Clinical/Pathophysiological Implications?
44	Our study provided convincing evidence that clinical attention should be focused more on
45	addressing white matter damage in individuals with hypertension.
46	
47	
48	Abstract
49	Background: Grey matter (GM) and white matter (WM) impairments are both associated
50	with raised blood pressure (BP), while whether elevated BP are differentially associated with
51	the GM and WM ageing process remains inadequately examined. Methods: We included
52	37,327 participants with diffusion weighted imaging (DWI) and 39,630 participants with T1-
53	weighted scans from UK Biobank. BP was classified into four categories: normal BP, high-
54	normal BP, Grade 1 and Grade 2 hypertension. Brain age gaps for GM (BAG _{GM}) and WM
55	(BAG _{WM}) were derived from DWI and T1 scans separately using 3D-convolutional neural
56	network deep learning techniques. Results: There was an increase in both BAG _{GM} and

BAG_{WM} with raised BP (p<0.05). BAG_{WM} was significantly larger than BAG_{GM} at high-

normal BP (0.195 years older, p = 0.006), Grade 1 hypertension (0.174 years older, p =

0.004) and Grade 2 hypertension (0.510 years older, p < 0.001), but not for normal BP.

Mediation analysis revealed that association between hypertension and cognitive decline was primarily mediated by WM impairment. Mendelian randomisation analysis suggested a causal relationship between hypertension and WM ageing acceleration (unstandardised B=1.780, p=0.016) but not for GM (p>0.05). Sliding-window analysis indicated the association between hypertension and brain ageing acceleration was moderated by chronological age, showing stronger correlations in mid-life but weaker associations in the older age. **Conclusions:** Compared with GM, WM was more vulnerable to raised BP. Our study provided compelling evidence that concerted efforts should be directed towards white matter damage in hypertensive individuals in clinical practice.

Keywords: Blood pressure, white matter brain age, grey matter brain age; deep learning networks

Nonstandard Abbreviations and Acronyms							
BAG	brain age gap						
$\mathrm{BAG}_{\mathit{GM}}$	grey matter brain age gap						
BAG_{WM}	white matter brain age gap						
DWI	diffusion weighted imaging						
3D-CNN	3D-convolutional neural network						
MAE	mean absolutely error						
MLP	multilayer perceptron						
ReLU	rectified linear unit						

1. Introduction

Accumulating evidence has been firmly established that high blood pressure (BP) is linked to both cerebral grey matter (GM) and white matter (WM) injuries^{1,2}, aggravating the risk of many neurodegenerative and neurovascular disorders ^{3,4}. However, owing to the fact that the number of pial arterioles supplying the GM is almost eight times the penetrating arterioles that supply WM ⁵, WM might be more susceptible to ischemia than GM when affected by hypertension⁶. It is also frequently observed in the clinical practice that many hypertensive patients show greater propensity for WM lesions as opposed to GM. However, the extent to which GM and WM respond differentially to raised BP is difficult to be accurately quantified. Although previous studies^{7,9} have incorporated diverse magnetic resonance imaging (MRI) measures to investigate the associations of hypertension with GM (such as cortical volume and thickness) and WM (such as WM volume, fractional anisotropy), a unified neuroimaging biomarker for comparing GM and WM health simultaneously is still absent.

Brain age is an emerging neuroimaging derived measure using deep learning techniques that has gained significant attention. It is considered as a powerful index for estimating the underlying biological health of the brain 10,11. We define the brain age gap (BAG) as the difference between the predicted age and chronological age (predicted age – chronological age). 'Older appearing' brain with increased BAG suggests an accelerated ageing trajectory or a brain with stroke¹² or Alzheimer's disease¹³. Most studies have examined a general predicted age for the whole brain. In this context, we argue that it is imperative to examine their ageing trajectories separately and quantitively since hypertension is likely to differentially affect GM and WM.

102 103 104 2. Materials and Methods 105 All demographics or neuroimaging data used in this study are available from the UK Biobank 106 website (https://www.ukbiobank.ac.uk/). All source code and the pretrained model can now be found on Github for reproducibility (https://github.com/Yuangang-Pan/Association-of-107 blood-pressure-with-brain-ages). 108 109 110 111 2.1 Participants We analysed data from participants in the UK Biobank¹⁴, a large-scale population-based 112 cohort. Participants with diffusion weighted imaging (DWI) scans (n = 37,327) and T1-113 weighted scans (n = 39,630) were included in this study. Figure 1 shows the procedure of 114 115 allocating these participants to training, validation and testing datasets. The same participants 116 (~20%) were allocated to the testing sets for both GM and WM deep learning models. The 117 remaining participants were then randomly chosen as training set (~60%) and validation set 118 (~20%). Finally, 11,431 testing participants with T1 weighted scans and 11,168 testing participants with DWI weighted scans (11,159 had both) were used for subsequent analyses. 119 120 121 The UK Biobank has been approved by the North West Multi-centre Research Ethics Committee (MREC), UK, and written informed consent was provided by each participant. 122 This study was conducted under Application No. 45262. 123 124 125 2.2 Brain MRI acquisition and pre-processing 126 127 Raw T1 and DWI scans were downloaded from UK biobank imaging data pool and were then 128 processed. Details can be found in Supplementary Methods. A T1-derived GM probability

map and five DWI-derived WM tensor maps including FA (fractional anisotropy), MD (mean

diffusivity), AxD (axial diffusivity), RD (radial diffusivity) and MO (tensor mode) maps were finally generated for the GM age and WM age calculation, respectively.

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

130

131

2.3 Computation of GM and WM brain ages

The computation of GM and WM brain ages was performed using the 3D-convolutional neural network (3D-CNN) deep learning model, shown in Figure 2. A glossary explaining the terminology used for the deep learning model can be found in Supplementary Table S1 To make a fair comparison, the same spatial resolution of $2 \times 2 \times 2$ mm³ for both the GM map and the DWI-derived maps were used. The similar network architecture (same network design and same convolution filters) as in our previous WM brain age study was adopted 15. In particular, the feature extractor consisted of six 3D convolutional layers Conv3D(32,3,1,2) - Conv3D(64,3,1,2) - Conv3D(128,3,1,2) -Conv3D(256, 3, 1, 2) - Conv3D(256, 3, 1, 2) - Conv3D(64, 3, 1, 2) followed by a twolayer Multilayer perceptron (MLP) with dimensions d - 100 - 1, where Conv3D(m, n, p, q)denoted a three-dimensional convolutional layer with channel number m, kernel size n, padding size p, stride length q, and d was the dimension of the flattened 3D-CNN output. We applied 3D batch normalization after each convolutional layer, followed by 3D max-pooling and the Rectified Linear Unit (ReLU) activation sequentially except for the last convolutional layer. Other relevant parameters such as sex, scanner, and intracranial volume (ICV) of each participant were integrated into the model by modifying the last MLP through simple concatenation, i.e., d - (100 + 3) - 1. We have kept the same experiment setting for all types of data. To be specific, the mean squared error (MSE) was adopted as the loss function. The optimizer was Adam ¹⁶ with no weight decay. The neural network weight was initialized

using a uniform distribution following ¹⁷. The learning rate was 1e-3 and the training epoch

was 350. The batch size was set to 32. The number of workers were set to 10 for the data loader. The hold-out validation dataset was used for model configuration, i.e., the loss function, the type of data augmentation, training epoch and the learning rate. Bias correction procedures have been adopted to account for the dependence of brain age gap on the chronological age, full details can be found in Supplementary Methods. 2.4 Evaluation of blood pressure An Omron HEM-7015IT device was used to automatically evaluate the seated blood pressure twice at the imaging visit; two measures of blood pressure were taken a few moments apart. A manual sphygmometer was used if the automated device was not available. The mean blood pressure of systolic BP (SBP) and diastolic BP (DBP) for each individual was computed by averaging the repeated two measurements, respectively. Pulse pressure was calculated as the difference between SBP and DBP. Antihypertensive medication status was recorded as either taking medication for BP control or not. The 2020 International Society of Hypertension (ISH)¹⁸ practice guidelines were used to classify blood pressure into four categories: Normal BP, where SBP is < 130 mmHg and DBP < 85 mmHg; High-normal BP, where SBP is 130 - 139 mmHg, and/or DBP is 80 - 89 mmHg; Grade 1 hypertension, SBP is 140 - 159 mmHg and/or DBP is 90 - 99 mmHg; *Grade 2 hypertension*, where the SBP \geq 160 mmHg and/or DBP is \geq 100 mmHg. 2.5 Evaluation of other risk factors, education and cognition All other confounding risk factors, including diabetes, hypercholesterolemia, obesity, smoking and Apolipoprotein E (APOE) &currier status were treated as binary variables.

Details can be found in Supplementary Methods. Seven cognitive tests at two brain MRI

155

156

157

158

159

160

161

162

163

164

165

166

167

168

169

170

171

172

173

174

175

176

177

178

visits were performed, viz. Reaction Time, Trail Making Test A and B, Symbol Digit Substitution, Numeric Memory, Pairs Matching Test and Fluid Intelligence Test. All raw scores were standardised into z scores against baseline healthy sample, and grouped into three cognitive domains, namely, processing speed, executive function and memory. Higher scores indicated better cognitive performance.

2.6 Mediation analysis using structural equation modelling

Structural equation modelling was conducted to test the mediation effects of BAGs on the cross-sectional associations between BP and cognitive performance using lavaan package (https://cran.r-project.org/web/packages/lavaan/). In the model, BP status was dummy coded with the normal BP being the reference category, BAG_{GM} and BAG_{WM} were specified as the mediators, and cognitive domain scores as the outcomes. The covariates listed above were controlled in the analyses, with education additionally controlled for cognition. Indirect effects were tested using bootstrapping with 5,000 samples. Missing data were handled by Full Information Maximum Likelihood (FIML). Comparative fit index (CFI) and root mean square error of approximation (RMSEA) were used to evaluate the model fit, with CFI > 0.90 and RMSEA < 0.06 indicating good fit¹⁹.

2.7 One-sample Mendelian randomisation analysis

To determine whether there is a causal relationship between high BP and BAGs (BAG_{GM} or BAG_{WM}), one-sample Mendelian randomisation (1SMR) analysis was performed in the individual-level data from 10,507 White British participants using hypertension polygenetic risk score (PRS) as the genetic instrument. UK Biobank Data Field 22020 was used to restrict a subset of unrelated (to the 3rd degree) individuals who were not sex discordant or outliers for missingness or heterozygosity (n = 8,379)²⁰. The schematic representation of this MR

analysis can be found in Supplementary Figure S1. The PRS was calculated using 157 SNPs based on a GWAS study of hypertension²¹ (Supplementary Table S2). Unweighted rather than weighted allele scores were applied to minimize risk of weak instrument bias. PLINK 2 with call threshold 0.01 was used to ensure that none of the SNPs were in linkage disequilibrium. The causal effect between hypertension and BAGs was examined using the two-stage least-squares (2SLS) method. Full steps of the MR analysis and its sensitivity analysis can be found in Supplementary Methods.

2.8 Sliding-window analysis

To further examine whether and how chronological age moderates the association between hypertension and grey/white matter ageing acceleration, sliding window analysis was conducted for BAG $_{GM}$ and BAG $_{WM}$ separately. The window was defined with the width of 10 years starting from 45.49 years old; and was shifted forward by one year at a time. Altogether 29 windows were finally generated covering the full chronological age range (45.49 to 82.32 years). In each window, we regressed the effect of hypertension on the BAGs, fully controlling for all covariates. Bonferroni correction was performed for the multiple windows (n = 29).

2.9 Statistical analysis

Statistical analyses were performed using R 4.1.3 and SPSS 26.0. Continuous variables were described as mean (SD, standard deviation), and categorical variables as frequencies (percentages). Repeated measures ANCOVA (analysis of covariance) was employed to examine the difference of BAG $_{GM}$ and BAG $_{WM}$ across four BP categories with BAGs being the within-subjects factor and BP categories the between-subjects factor, controlling for

229 chronological age, sex, scanner, and all other covariates. The difference between BAG_{WM} and BAG_{GM} across four BP categories was further compared using contrast coding. 230 231 232 To examine the specific contributions of SBP and DBP, linear $(y = a_1x + c_1)$ and quadratic association analyses $(y = b_2x^2 + a_2x + c_2)$ were conducted to determine the independent 233 relationships between systolic/diastolic BPs (x) and BAGs (y). To avoid multicollinearity, 234 235 mean centering was performed for both SBP and DBP. Given that no quadratic relationship 236 was found for SBP, the subsequent mediation analyses were carried out using mean centered 237 SBP (C SBP), DBP (C DBP) and square of DBP (C DBP²) as predictors. Linear and 238 quadratic associations between pulse pressure and BAGs were also examined. 239 240 The two tailed p < 0.05 was considered as statistically significant. All p values-were adjusted 241 for multiple comparisons using Bonferroni correction based on each specific model. 242 243 244 3. Results 3.1 Sample characteristics 245 Descriptions of demographics, risk factors, cognition, and brain ages for each BP group are 246 247 reported in Table 1 and Supplementary Table S3. 248 3.2 Model performance in GM and WM training, validation and testing 249 Mean absolute error (MAE) and Pearson's r were applied to evaluate the performances of the 250 251 two deep learning models, the detailed results in Supplementary Table S4. Briefly, after bias correction, the MAEs for GM and WM healthy test samples were 2.727 and 2.754 years, and 252

Pearson's correlation coefficient (r) between chronological age and GM brain age in the healthy test sample was 0.910, and 0.908 for WM brain age. 3.3 Associations between BP categories and BAGs Significant interactions between BP categories and BAGs were found (F = 6.103, p < 0.001), after fully controlling for all covariates. Both BAG_{GM} and BAG_{WM} showed a stepwise increase with each elevated BP (Figure 3A-3C). The detailed statistical results of pair-wise comparisons can be found in Supplementary Tables S5. Moreover, significant differences between BAG_{WM} and BAG_{GM} were present (Figure 3A). Specifically, for high-normal BP, BAG_{WM} was 0.195 ± 0.071 years older than BAG_{GM} (p = 0.006, 95% CI = $0.056 \sim 0.335$); for Grade 1 hypertension, BAG_{WM} was 0.174 ± 0.060 years older than BAG_{GM} (p = 0.004, 95% CI = 0.056 \sim 0.292); for Grade 2 hypertension, BAG_{WM} was 0.510 ± 0.101 years older than BAG_{GM} (p < 0.001, 95% CI = 0.313 ~ 0.708). With the elevated BP categories, the differences between BAG_{WM} and BAG_{GM} became increasingly larger (Figure 3D). Specifically, the difference at Grade 2 hypertension was observed to be significantly larger than that at normal BP (p < 0.001, 95% CI = $0.181 \sim 0.815$) and Grade 1 hypertension (p = 0.022, 95% CI = $0.031 \sim 0.641$). The detailed statistical results are in Supplementary Table S6. Associations between BP categories and BAGs stratified by different antihypertensive medication status were also investigated using ANCOVA. For those who did not take antihypertensive medication, a higher BP category was found to be associated with the increasing BAG_{GM} and BAG_{WM}. However, for those who were on antihypertensive

253

254

255

256

257

258

259

260

261

262

263

264

265

266

267

268

269

270

271

272

273

274

275

medication, no significant difference was found across BP groups. All the results were shown in Supplementary Results and Figure S2. 3.4 Linear associations between SBP and BAGs but quadratic associations between **DBP** and **BAGs** After fully controlling for the covariates, significant linear associations between SBP and both BAG_{GM} (unstandardised B = 0.010, p = 0.001, 95% CI = 0.004 \sim 0.016) and BAG_{WM} (unstandardised B = 0.022, p = 0.001, 95% CI = $0.016 \sim 0.028$) were found (Figures 3E-F), whereas no significant linear associations were found between DBP and BAG_{GM} (unstandardised B = 0.008, p = 0.102, 95% CI = $-0.002 \sim 0.019$) and BAG_{WM} (unstandardised B = 0.001, p = 0.833, 95% $CI = -0.009 \sim 0.012$). However, quadratic relationships were observed between DBP and BAG_{GM} (p = 0.004) and BAG_{WM} (p < 0.001), but not for SBP and BAG_{GM} and BAG_{WM} (all p values > 0.05). The optimal DBP that associated with the smallest BAG_{GM} were 70.75 mmHg, and 78.36 mmHg for BAG_{WM} (Figures 3G-H). No significant quadratic association but linear associations were found between pulse pressure and BAG_{GM} (unstandardised B = 0.011, p < 0.001) and BAG_{WM} (unstandardised B = 0.025, p < 0.001), respectively (Supplementary Figure S3). 3.5 Relationships between blood pressure, brain age and cognition by mediation analysis No direct associations between hypertension category and cognition were found, and the association between high BP and cognition was mainly mediated by accelerated ageing of WM (Figure 4). The significant indirect association was mainly found between BP categories and processing speed mediated through BAG_{WM} (Figure 4A) with acceptable model fit: CFI = 0.916 and RMSEA = 0.054. However, no significant associations between BP categories and

277

278

279

280

281

282

283

284

285

286

287

288

289

290

291

292

293

294

295

296

297

298

299

300

memory were observed either directly or indirectly. Moreover, the mediation model using SBP and BDP showed adequate model fit: CFI = 0.934 and RMSEA = 0.056. We found that SBP was associated more with the brain damage and cognitive decline than DBP (square term) (Figure 4B). An increase of 10 mmHg SBP was associated with 0.004 z-score decline in processing speed (p < 0.001) and 0.003 z-score decline in executive function (p = 0.001), via increase in BAG $_{WM}$.

3.6 One-sample MR analysis

The 1SMR analysis gave the evidence that causal relationship existed between hypertension and WM ageing acceleration but not GM. The presence of hypertension caused about 1.78 years increase of BAG $_{WM}$ (unstandardised B = 1.780, p = 0.016, 95% CI = 0.336 ~ 3.223); but for BAG $_{GM}$, no significant causal relationship was observed (unstandardised B = 0.759, p = 0.279, 95% CI = -0.616 ~ 2.133). Sensitivity analyses showed that the F-statistic for WM was 175.27, power 0.05; significant association between hypertension PRS and hypertension status was found (p < 0.001) while no significant associations were found between the PRS and confounders (all p values > 0.05). The 1SMR sensitivity analyses using two-sample MR (2SMR) methods support a causal association between hypertension and WM ageing. 2SMR sensitivity analyses, especially IVW estimates and weighted median analysis, suggested consistent causal relationship between hypertension and BAG $_{WM}$ with that in the main analyses, and neither the MR-Egger regression nor MR PRESSO methods revealed any pleiotropy (Supplementary Tables S7-9).

3.7 Longitudinal analysis

The demographics of the longitudinal subset are summarised in Supplementary Table S10.

No significant longitudinal mediation effect for change of BAGs between BP categories and change of cognitions (all p values > 0.05) was found, see Supplementary Figure S3.

3.8 Sliding-window analysis

After Bonferroni correction, significant associations were found between hypertension and BAG $_{GM}$ and BAG $_{WM}$ (Supplementary Table S11) in each window from 46 to 78 years old. The inversed U-shape was observed for both BAG $_{GM}$ and BAG $_{WM}$; for BAG $_{GM}$, the coefficients decreased from around 64 years old; for BAG $_{WM}$, the coefficients decreased from around 68 years old. In addition, BAG $_{WM}$ showed higher correlation with hypertension than BAG $_{GM}$, especially between 50 and 67 years old (Figure 5).

4. Discussion

Four main findings were as follows. First, both GM and WM impairments were found to be associated with elevated BP. Second, WM showed greater impairment than GM starting from high-normal BP, and the difference between BAG $_{WM}$ and BAG $_{GM}$ was increasingly larger with higher BP. Third, the associations between BP and processing speed and executive function were mainly mediated through BAG $_{WM}$ rather than BAG $_{GM}$. Moreover, high systolic BP (SBP) was linearly associated with brain damage and cognitive decline, whereas diastolic BP (DBP) showed a quadratic association with the BAGs, with 71 mmHg and 78 mmHg the optimal DBPs for keeping the smallest BAG $_{GM}$ and BAG $_{WM}$, respectively. Finally, high BP showed a significant detrimental effect on the brain impairment, but this association was weakened in the late life.

In this study, it is intriguing to note that WM impairment was discovered to be more pronounced than GM, starting early from high-normal hypertension throughout to Grade 2 hypertension. Several meta-analyses^{22,23} have also reported an increased prevalence of cardiovascular and cerebrovascular diseases in individuals with BP at high-normal stage, suggesting the subtle impairment on the cerebral microstructures. Additional MR analysis strengthened our hypothesis, indicating the causal relationship between hypertension and ageing acceleration of WM but not GM. The mechanism accounting for the difference in BAG_{GM} and BAG_{WM} remains unclear, but may be attributed to their distinct vascularization patterns. The arterial network is notably intricate along the pial surface, while WM, especially in deep regions, is primarily supplied by long penetrating arteries. The blood flow responsible for supplying glucose and oxygen is therefore not uniform throughout the brain, and is even less in WM when the small perforating arteries are affected by hypertension²⁴. On the other hand, the myelin sheaths covering the WM axons, which are highly energy-demanding for efficient signal transmission, is particularly susceptible to the hypoperfusion caused by hypertension.

Mediation analyses in our study revealed that only indirect associations existed between high BP and cognitive decline, which were mainly mediated through the impairment of WM compared with GM. This finding supported our hypothesis that WM was more vulnerable to raised BP, and provided evidence that the WM impairment played the major role in mediating the path from hypertension to vascular cognitive decline. Processing speed and executive function are considered to be more involved in the early stage of the cerebrovascular disorders, whereas memory is relatively preserved²⁵. The effect size between BP and memory is also usually reported as smaller than that for processing speed and executive function^{26,27}. Consistently, no direct or indirect relationships were found between

BP categories and memory in this study. The increased BAG $_{WM}$ could potentially serve as a promising biomarker to aid in the diagnosis of vascular dementia in future clinical practice.

377

378

379

380

381

382

383

384

385

386

387

388

389

390

391

392

393

394

375

376

Our findings demonstrated significant linear associations between SBP and BAGs, while quadratic association was only observed for DBP. Previous studies have shown conflicting findings regarding the association between SBP/DBP and brain disorders^{28,29}. The challenge remains to determine the range of SBP/DBP for optimal brain perfusion. Our findings suggest that SBP showed stronger association with WM impairment and cognitive decline than DBP. Although SBP and DBP usually has a strong correlation, SBP was recognised with a stronger association with the disease outcome³⁰. Epidemiological studies also demonstrated that SBP was a more related antihypertensive therapeutic target than DBP³¹. The non-linear relationship (especially the U-shape and J-shape) has been widely observed between the diastolic blood pressure and increased volume of white matter intensity³², dementia³³, cardiovascular disease³⁴ and mortality³⁵. In line with our findings, a cohort study also suggested that lowering diastolic blood pressure to less than 60 mmHg was associated with increased risk of cardiovascular events, and the diastolic blood pressure value between 70 and 80 mmHg was an optimum target.³⁶ The mechanism underlying this U-shaped relationship is still not well clarified but may involve the impairment of cerebrovascular autoregulation³⁷. The brain's autoregulation capacity was compromised when the DBP was outside the optimal range, and lead to potential brain damage, such as the high DBP related atherosclerosis and the low DBP related hypoperfusion.

396

397

398

399

395

The findings in sliding-window analysis suggested that chronological age could moderate the association between hypertension and brain ageing acceleration, showing higher correlation between hypertension and BAGs in mid-life but weaker association in the older age.

Consistently, previous studies have reported that chronological age was a risk factor that moderated the association between high blood pressure and cognitive dysfunction ⁴, which demonstrated the age-dependent U-shaped association between hypertension and cognitive decline, with detrimental effect of midlife hypertension but potential protective effect of late-life hypertension on the cognition^{38,39}. This finding suggested that BP management should be concentrated based on specific age groups; aggressive BP control might not be beneficial to individuals with older age. However, this finding should also be interpreted with caution due to the "time lag" effect. Since hypertension is a chronic condition, the observational brain structural and functional damage might not appear until 1-2 decades later for the individuals of mid-age. In addition, the number of the participants in older age groups is relatively smaller than the younger age groups, which may also contribute to this U-shaped pattern.

A notable strength of this study lies in the intuitive MRI-derived metric to evaluate the discrepancy of GM and WM ageing patterns when affected by high BP. Although volumetric measures can be derived from GM and WM, the simple comparison of them is less meaningful since GM and WM have different anatomical compositions, proportions and distributions. Several limitations should also be acknowledged in this study. First, the deep learning model applied in this study is data sensitive, and applying this model to other datasets may need transfer learning. Moreover, we did not find any longitudinal associations between hypertension, brain damage and cognitive decline, which should be further investigated and addressed in the future studies with more participants and longer follow-up time.

5. Perspective

WM might be particularly more vulnerable to the high BP, and the association between high
BP and processing speed, as well as the executive function, is largely mediated by the WM
impairment. Maintaining the lowest SBP and keeping DBP within an optimal range would be
beneficial for preserving the brain health, with 71 mmHg and 78 mmHg identified as the
optimal DBPs for GM and WM health. These findings provided potential evidence for the BP
management and emphasised the importance that more attention should be paid to the WM
impairment in individuals with hypertension.
6 Aalmawladgamant
6. Acknowledgement
This research was undertaken with the assistance of resources and services from the National
Computational Infrastructure (NCI), which is supported by the Australian Government. We
also thank Angie Russell for helping with the preparation of the manuscript.
7. Source of Fundings
This study was supported by the National Health and Medical Research Council (NHMRC)
of Australia Program Grants ID350833, ID568969, ID1093083 and ID630593; Jiyang Jiang
was supported by John Holden Family Foundation.
8. Disclosures
The authors declare no conflict of interest.
9. Author contribution

- 449 Writing – JD, YP, PSS, JJ, YL, WW, Conception of idea – JD, JJ, WW. Computation and coding – YP, IWT, JJ, WW. Statistics/Analysis – JD, BL. Cognition – JD, BL. PRS 450 451 computation – YL. Comments/edits – all. 452 453 454 455 Reference 456 1. Kelly DM, Rothwell PM. Blood pressure and the brain: the neurology of 457 hypertension. Pract Neurol. 2020;20:100-108. doi: 10.1136/practneurol-2019-002269 458 459 2. Prabhakaran S. Blood Pressure, Brain Volume and White Matter Hyperintensities, and Dementia Risk. Jama. 2019;322:512-513. doi: 10.1001/jama.2019.10849 460 461 Chen J, Zhang C, Wu Y, Zhang D. Association between Hypertension and the Risk of 3. 462 Parkinson's Disease: A Meta-Analysis of Analytical Studies. Neuroepidemiology. 463 2019;52:181-192. doi: 10.1159/000496977 464 4. ladecola C, Gottesman RF. Neurovascular and Cognitive Dysfunction in Hypertension. 465 Circ Res. 2019;124:1025-1044. doi: 10.1161/CIRCRESAHA.118.313260 466 5. Agarwal N, Carare RO. Cerebral Vessels: An Overview of Anatomy, Physiology, and Role in the Drainage of Fluids and Solutes. Front Neurol. 2020;11:611485. doi: 467 468 10.3389/fneur.2020.611485 469 6. Claassen J, Thijssen DHJ, Panerai RB, Faraci FM. Regulation of cerebral blood flow in 470 humans: physiology and clinical implications of autoregulation. Physiol Rev. 471 2021;101:1487-1559. doi: 10.1152/physrev.00022.2020 472 7. Hu YH, Halstead MR, Bryan RN, Schreiner PJ, Jacobs DR, Jr., Sidney S, Lewis CE, 473 Launer LJ. Association of Early Adulthood 25-Year Blood Pressure Trajectories With 474 Cerebral Lesions and Brain Structure in Midlife. JAMA Netw Open. 2022;5:e221175. 475 doi: 10.1001/jamanetworkopen.2022.1175 Jiménez-Balado J, Riba-Llena I, Nafría C, Pizarro J, Rodríguez-Luna D, Maisterra O, 476 8. Ballvé A, Mundet X, Violan C, Ventura O, et al. Silent brain infarcts, peripheral 477 478 vascular disease and the risk of cardiovascular events in patients with hypertension. J 479 Hypertens. 2022;40:1469-1477. doi: 10.1097/hjh.000000000003154 480 Zhang B, Wang Y, Wang B, Chu YH, Jiang Y, Cui M, Wang H, Chen X. MRI-Based 9. 481 Investigation of Association Between Cerebrovascular Structural Alteration and 482 White Matter Hyperintensity Induced by High Blood Pressure. J Magn Reson 483 Imaging. 2021;54:1516-1526. doi: 10.1002/jmri.27815
- 488 Biomarkers. *Trends Neurosci*. 2017;40:681-690. doi: 10.1016/j.tins.2017.10.001

10.1038/s41380-018-0098-1

Cole JH, Marioni RE, Harris SE, Deary IJ. Brain age and other bodily 'ages':

Cole JH, Franke K. Predicting Age Using Neuroimaging: Innovative Brain Ageing

implications for neuropsychiatry. Mol Psychiatry. 2019;24:266-281. doi:

484

485

486

487

10.

11.

- 489 12. Egorova N, Liem F, Hachinski V, Brodtmann A. Predicted Brain Age After Stroke. 490 *Front Aging Neurosci.* 2019;11:348. doi: 10.3389/fnagi.2019.00348
- 491 13. Gautherot M, Kuchcinski G, Bordier C, Sillaire AR, Delbeuck X, Leroy M, Leclerc X,
 492 Pruvo JP, Pasquier F, Lopes R. Longitudinal Analysis of Brain-Predicted Age in
 493 Amnestic and Non-amnestic Sporadic Early-Onset Alzheimer's Disease. Front Aging
 494 Neurosci. 2021;13:729635. doi: 10.3389/fnagi.2021.729635
- Sudlow C, Gallacher J, Allen N, Beral V, Burton P, Danesh J, Downey P, Elliott P, Green
 J, Landray M, et al. UK biobank: an open access resource for identifying the causes of
 a wide range of complex diseases of middle and old age. *PLoS Med*.
 2015;12:e1001779. doi: 10.1371/journal.pmed.1001779
- Du J, Pan Y, Jiang J, Lam BCP, Thalamuthu A, Chen R, Tsang IW, Sachdev PS, Wen W.
 White matter brain age as a biomarker of cerebrovascular burden in the ageing
 brain. *medRxiv*. 2022:2022.2002.2006.22270484. doi: 10.1101/2022.02.06.22270484
- 502 16. Kingma DP, Ba J. Adam: A method for stochastic optimization. *arXiv preprint* arXiv:14126980. 2014.
- 504 17. Glorot X, Bengio Y. Understanding the difficulty of training deep feedforward neural networks. Paper/Poster presented at: Proceedings of the thirteenth international conference on artificial intelligence and statistics; 2010;
- Unger T, Borghi C, Charchar F, Khan NA, Poulter NR, Prabhakaran D, Ramirez A,
 Schlaich M, Stergiou GS, Tomaszewski M, et al. 2020 International Society of
 Hypertension Global Hypertension Practice Guidelines. *Hypertension*. 2020;75:1334-1357. doi: 10.1161/hypertensionaha.120.15026
- 511 19. Xia Y, Yang Y. RMSEA, CFI, and TLI in structural equation modeling with ordered 512 categorical data: The story they tell depends on the estimation methods. *Behav Res* 513 *Methods*. 2019;51:409-428. doi: 10.3758/s13428-018-1055-2
- Collister JA, Liu X, Clifton L. Calculating Polygenic Risk Scores (PRS) in UK Biobank: A
 Practical Guide for Epidemiologists. Front Genet. 2022;13:818574. doi:
 10.3389/fgene.2022.818574
- Thompson DJ, Wells D, Selzam S, Peneva I, Moore R, Sharp K, Tarran WA, Beard EJ,
 Riveros-Mckay F, Giner-Delgado C, et al. UK Biobank release and systematic
 evaluation of optimised polygenic risk scores for 53 diseases and quantitative traits.
 medRxiv. 2022:2022.2006.2016.22276246. doi: 10.1101/2022.06.16.22276246
- 521 22. Huang Y, Cai X, Li Y, Su L, Mai W, Wang S, Hu Y, Wu Y, Xu D. Prehypertension and the
 522 risk of stroke: a meta-analysis. *Neurology*. 2014;82:1153-1161. doi:
 523 10.1212/wnl.000000000000268
- Shen L, Ma H, Xiang MX, Wang JA. Meta-analysis of cohort studies of baseline
 prehypertension and risk of coronary heart disease. *Am J Cardiol*. 2013;112:266-271.
 doi: 10.1016/j.amjcard.2013.03.023
- 527 24. Liu Y, Dong YH, Lyu PY, Chen WH, Li R. Hypertension-Induced Cerebral Small Vessel
 528 Disease Leading to Cognitive Impairment. *Chin Med J (Engl)*. 2018;131:615-619. doi:
 529 10.4103/0366-6999.226069
- 530 25. O'Brien JT, Thomas A. Vascular dementia. *Lancet*. 2015;386:1698-1706. doi: 10.1016/s0140-6736(15)00463-8
- Sun X, Dong C, Levin BE, Caunca M, Zeki Al Hazzourie A, DeRosa JT, Stern Y, Cheung
 YK, Elkind MSV, Rundek T, et al. Systolic Blood Pressure and Cognition in the Elderly:
 The Northern Manhattan Study. *J Alzheimers Dis*. 2021;82:689-699. doi: 10.3233/jad-210252

Debette S, Seshadri S, Beiser A, Au R, Himali JJ, Palumbo C, Wolf PA, DeCarli C.
 Midlife vascular risk factor exposure accelerates structural brain aging and cognitive

decline. *Neurology*. 2011;77:461-468. doi: 10.1212/WNL.0b013e318227b227

- 539 28. Glodzik L, Rusinek H, Tsui W, Pirraglia E, Kim HJ, Deshpande A, Li Y, Storey P, Randall C, Chen J, et al. Different Relationship Between Systolic Blood Pressure and Cerebral Perfusion in Subjects With and Without Hypertension. *Hypertension*. 2019;73:197-205. doi: 10.1161/hypertensionaha.118.11233
- 543 29. Hilkens NA, Klijn CJM, Richard E. Blood pressure, blood pressure variability and the 544 risk of poststroke dementia. *J Hypertens*. 2021;39:1859-1864. doi: 545 10.1097/hjh.000000000002841
- 546 30. Forouzanfar MH, Liu P, Roth GA, Ng M, Biryukov S, Marczak L, Alexander L, Estep K, 547 Hassen Abate K, Akinyemiju TF, et al. Global Burden of Hypertension and Systolic 548 Blood Pressure of at Least 110 to 115 mm Hg, 1990-2015. *Jama*. 2017;317:165-182. 549 doi: 10.1001/jama.2016.19043
- 550 31. Strandberg TE, Pitkala K. What is the most important component of blood pressure: 551 systolic, diastolic or pulse pressure? *Curr Opin Nephrol Hypertens*. 2003;12:293-297. 552 doi: 10.1097/00041552-200305000-00011
- Lane CA, Barnes J, Nicholas JM, Sudre CH, Cash DM, Parker TD, Malone IB, Lu K,
 James SN, Keshavan A, et al. Associations between blood pressure across adulthood
 and late-life brain structure and pathology in the neuroscience substudy of the 1946
 British birth cohort (Insight 46): an epidemiological study. *Lancet Neurol*.
 2019;18:942-952. doi: 10.1016/s1474-4422(19)30228-5
- Ou YN, Tan CC, Shen XN, Xu W, Hou XH, Dong Q, Tan L, Yu JT. Blood Pressure and
 Risks of Cognitive Impairment and Dementia: A Systematic Review and Meta Analysis of 209 Prospective Studies. *Hypertension*. 2020;76:217-225. doi:
 10.1161/hypertensionaha.120.14993
- 562 34. Gaffney B, Jacobsen AP, Pallippattu AW, Leahy N, McEvoy JW. The Diastolic Blood
 563 Pressure J-Curve in Hypertension Management: Links and Risk for Cardiovascular
 564 Disease. *Integr Blood Press Control*. 2021;14:179-187. doi: 10.2147/ibpc.S286957
- Protogerou AD, Safar ME, Iaria P, Safar H, Le Dudal K, Filipovsky J, Henry O,
 Ducimetière P, Blacher J. Diastolic blood pressure and mortality in the elderly with
 cardiovascular disease. *Hypertension*. 2007;50:172-180. doi:
 10.1161/hypertensionaha.107.089797
- 36. Li J, Somers VK, Gao X, Chen Z, Ju J, Lin Q, Mohamed EA, Karim S, Xu H, Zhang L.
 570 Evaluation of Optimal Diastolic Blood Pressure Range Among Adults With Treated
 571 Systolic Blood Pressure Less Than 130 mm Hg. *JAMA Netw Open*. 2021;4:e2037554.
 572 doi: 10.1001/jamanetworkopen.2020.37554
- 573 37. Armstead WM. Cerebral Blood Flow Autoregulation and Dysautoregulation.
 574 *Anesthesiol Clin.* 2016;34:465-477. doi: 10.1016/j.anclin.2016.04.002

- Abell JG, Kivimäki M, Dugravot A, Tabak AG, Fayosse A, Shipley M, Sabia S, Singh Manoux A. Association between systolic blood pressure and dementia in the
 Whitehall II cohort study: role of age, duration, and threshold used to define
 hypertension. *Eur Heart J.* 2018;39:3119-3125. doi: 10.1093/eurheartj/ehy288
- Delgado J, Bowman K, Ble A, Masoli J, Han Y, Henley W, Welsh S, Kuchel GA, Ferrucci
 L, Melzer D. Blood Pressure Trajectories in the 20 Years Before Death. *JAMA Intern Med*. 2018;178:93-99. doi: 10.1001/jamainternmed.2017.7023

Figure legends

592

591

593

594

Figure 1. Flowchart of allocating participants into training, validation and test sets.

595 Figure 2 Structure of 3D-CNN model. Inputs for WM model are pre-processed 3D FA/MD/AxD/RD/MO maps; Inputs for GM model is GM probability map. Abbreviations: 596 597 3D-CNN = 3D convolution neural network; Conv = convolution; Batchnorm = batch normalisation; ReLU = rectified linear unit; WM = white matter; GM = grey matter; FA = 598 fractional anisotropy; MD = mean diffusivity; AxD = axial diffusivity; RD = radial 599

600 diffusivity; MO = anisotropy mode, DWI = diffusion weighted imaging.

601 602 603

604

605 606

607

608

Figure 3 Associations between BAGs and BP. Difference between BAG_{GM} and BAG_{WM} at each BP status (Figure 3A) and group difference within GM (Figure 3B) and WM (Figure 3C; Difference between BAG_{GM} and BAG_{WM} across BP status (3D); Linear association between SBP and BAG_{WM} (Figure 3E) and BAG_{GM} (Figure 3F); Quadratic association between DBP and BAG_{WM} (Figure 3G) and BAG_{GM} (Figure 3H). Abbreviations: BAG_{GM}= grey matter brain age gap; BAG_{WM} = white matter brain age gap; SBP = systolic blood pressure; DBP = diastolic blood pressure.

** indicates p < 0.001 and * indicates p < 0.05 after Bonferroni correction.

609 610 611

612

613

614 615

616

617

618

619

620

Figure 4 Mediation analyses for BP, BAGs and cognition. Predictors for Figure 4A are the three dummy variables in reference to the normal BP; predictors for Figure 4B are SBP, mean centered BDP (C DBP) and the square term of mean centered DBP (C DBP2). a*b indicate the indirect effect mediated by BAG_{WM}; d*e indicate the indirect effect mediated by BAG_{GM}; c1-9 indicate the average direct effect between predictors and cognition; solid lines indicate significant paths while dash lines indicate the non-significant paths; the thickness indicated the size effect. Abbreviations: BP = blood pressure; SBP = systolic blood pressure; C DBP² = square term of mean centered diastolic blood pressure; BAG_{GM} = grey matter brain age gap; BAG_{WM} = white matter brain age gap; RMSEA = Root mean square error of approximation; CFI = comparative fit index. * indicates the p < 0.05, ** indicates the p < 0.050.001.

621 622

623

624 625

- Figure 5 Sliding window analysis. X axis indicated the chronological age, Y axis indicated the regression coefficient of the hypertension on the BAG_{WM} (blue dash line) and BAG_{GM} (green dash line). The blue circle marks and green triangle marks indicated the corresponding significance of the regression coefficient for BAG $_{WM}$ and BAG $_{GM}$ separately. Abbreviations: BAG_{GM} = grey matter brain age gap; BAG_{WM} = white matter brain age gap.
- 627

Table 1 Baseline sample descriptions

	All test sample (n = 10561)	Normal BP (n = 3598)	High-normal BP $(n = 2330)$	Grade 1 hypertension (n = 3393)	Grade 2 hypertension (n = 1240)
Demographics	,	,		,	
Chronological age, mean (SD)	63.81 (7.51)	61.44 (7.37)	63.47 (7.41)	65.25 (7.07)	67.37 (6.96)
Sex (male, %)	4847 (45.9)	1181 (32.80)	1118 (48.00)	1844 (54.30)	704 (56.80)
Education (college, %)	4957 (49.3)	1799 (52.30)	1107 (49.60)	1513 (47.00)	538 (46.20)
Risk factors					
Diabetes (%)	579 (5.5)	123 (3.40)	148 (6.40)	235 (7.00)	73 (5.90)
Hypercholesterolemia (%)	2591 (24.7)	616 (17.30)	564 (24.40)	1030 (30.60)	381 (31.00)
Obesity (%)	2022 (19.3)	481 (13.50)	461 (19.90)	777 (23.10)	303 (24.90)
Smoking (%)	3993 (38.1)	1331 (37.20)	869 (37.60)	1278 (38.00)	515 (41.90)
APOE ε4 carriers (%)	2429 (27.6)	801 (26.80)	536 (27.30)	784 (27.80)	308 (30.00)
Antihypertensive medication (%)	2517 (24.0)	476 (13.40)	527 (22.80)	1058 (31.40)	456 (37.00)
Brain ages	, ,	, ,		` ,	, ,
GM brain age, mean (SD)	63.87 (8.31)	61.15 (8.06)	63.38 (8.25)	65.51 (7.87)	68.03 (7.55)
WM brain age, mean (SD)	64.02 (8.35)	61.18 (8.22)	63.58 (8.19)	65.74 (7.81)	68.41 (7.30)
BAG_{GM} , mean (SD)	0.06(3.49)	-0.30(3.40)	-0.08 (3.52)	0.27 (3.46)	0.64 (3.54)
BAG _{WM} , mean (SD)	0.21 (3.61)	-0.27 (3.58)	0.12 (3.68)	0.50(3.53)	1.02 (3.56)
Cognition	,	, ,	,	,	
Processing speed, mean (SD)	0.08(0.98)	0.28(0.92)	0.13 (0.95)	0.04 (0.95)	-0.12 (1.01)
Executive function, mean (SD)	0.08(0.99)	0.19(0.96)	0.08(0.97)	0.05(0.99)	-0.12 (0.99)
Memory, mean (SD)	0.05(1.00)	0.11(1.00)	0.10(1.01)	0.08(0.99)	-0.06 (0.95)
Global cognition, mean (SD)	0.09 (0.98)	0.25(0.95)	0.14 (0.95)	0.08 (0.94)	-0.11 (0.96)

Abbreviations: BP = blood pressure; SD = standard deviation; APOE = apolipoprotein E; GM = grey matter; WM = white matter; BAG $_{GM}$ = grey matter brain age gap; BAG $_{WM}$ = white matter brain age gap.

Supplementary

Association of blood pressure with brain ages: a cohort study of grey and white matter ageing discrepancy in mid-to-older adults from UK Biobank

Short title: high blood pressure, grey and white matter ages

Jing Du*, MD, PhD¹, Yuangang Pan, PhD³, Jiyang Jiang, PhD¹, Yue Liu, PhD⁴, Ben C. P. Lam, PhD¹, Aletta E. Schutte, PhD⁵, Ivor W. Tsang, PhD³, Perminder S. Sachdev, MD, PhD¹, Wei Wen*, PhD¹,²

* Corresponding authors: Jing Du, jing.du@unsw.edu.au; Wei Wen, w.wen@unsw.edu.au

Address for corresponding authors: Centre for Healthy Brain Aging (CHeBA), School of Psychiatry, UNSW Sydney, New South Wales 2052, Australia

Affiliations:

- 1. Centre for Healthy Brain Ageing (CHeBA), Discipline of Psychiatry and Mental Health, School of Clinical Medicine, UNSW, Sydney, Australia
- 2. Neuropsychiatric Institute (NPI), Euroa Centre, Prince of Wales Hospital, Randwick, New South Wales 2031, Australia
- 3. Centre for Frontier AI Research (CFAR), A*STAR, Singapore 138623
- 4. Guangdong Cardiovascular Institute, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Guangzhou, Guangdong, China.
- 5. School of Population Health, UNSW Medicine & Health, UNSW Sydney; The George Institute for Global Health, Sydney, New South Wales, Australia.

Supplementary Methods	3
Imaging acquisition and processing	3
Bias correction of brain ages	3
Evaluation of other risk factors and education	3
Sensitivity analysis for one-sample Mendelian randomisation analysis	4
Supplementary Analysis and Results	5
Associations between BP categories and BAGs stratified by antihypertensive medication status	s 5
Supplementary Tables	7
Table S1 Glossary of the terminology used for the deep learning model	7
Table S2 Summary of genetic variants used for calculating hypertension PRS	8
Table S3 Sample sizes of demographics, risk factors, brain ages and cognition for each BP graises ISH guideline	
Table S4 Deep learning model performances	16
Table S5 Pairwise comparison across each ISH group at different BAG levels	17
Table S6 Pairwise comparison between BAG _{GM} and BAG _{WM} at different ISH levels	18
Table S7 Sensitivity analysis and pleiotropy analysis for causal effect of hypertension on brain 2SMR method	
Table S8 Summary of genetic variants used to estimate the effect of hypertension on GM ageinmethods	
Table S9 Summary of genetic variants used to estimate the effect of hypertension on WM agei methods	
Table S10 Longitudinal sample descriptions of each BP group	31
Table S11 Statistical details of sliding window analysis	32
Supplementary Figures	34
Figure S1 Schematic representation of MR analysis.	34
Figure S2 Association between BP and BAG _{GM} (Figure S2A) and BAG _{WM} (Figure S2B) strati hypertensive medication status.	
Figure S3 Association between pulse pressure and WM and GM brain age gaps	36
Figure S4 Longitudinal mediation analyses for baseline BP, changes of BAGs and changes of	-
	3/

Supplementary Methods

Imaging acquisition and processing

T1 weighted imaging and DWI scans were obtained from three different imaging centres (Cheadle Greater Manchester, Newcastle and Reading, UK), with the identical scanner (3T Siemens Skyra scanner with a standard Siemens 32-channel head coil) and protocols. Briefly, T1-weighted magnetisation-prepared rapid acquisition with gradient echo (MPRAGE) scans were collected with the resolution of $1 \times 1 \times 1$ mm and field-of-view of $208 \times 256 \times 256$ matrix; DWI scans were acquired with the resolution of $2 \times 2 \times 2$ mm, field-of-view of 104×10^{-2} $104 \times 72 \text{ matrix}$, $5b = 5 \text{ and } 50b = 1000 \text{ s/mm}^2 \text{ and } 50b = 2000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions are } 1000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 100 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 1000 \text{ directions } 1000 \text{ directions } 1000 \text{ s/mm}^2 \text{ (all } 1000 \text{ directions } 10000 \text{ directions } 1000 \text{ directions } 1000 \text{ directions } 10000 \text{ directions }$ distinct).

Computational Anatomy Toolbox (CAT12) [1] was used to generate modulated GM of the whole brain in the Dartel space with the voxel size of $1.5 \times 1.5 \times 1.5 \text{ mm}^3$. Briefly, the original 3D T1-weighted MRI scans were interpolated, normalized using an affine followed by non-linear registration, denoised, corrected for bias field inhomogeneities, and then segmented into GM, WM, and cerebral spinal fluid (CSF) components; only GM segments were used in further computation of GM age. To be comparable to the spatial resolution of DWI scans, we downsized the GM maps to $2 \times 2 \times 2$ mm³. Pre-processing of DWI scans including eddy currents and distortions correction was conducted preliminarily by the UK Biobank imaging team. Volumes with $b = 1000 \text{ s/mm}^2$ were extracted for the subsequent diffusion tensor imaging (DTI) model fit. Five DWI maps in native space were generated: FA (fractional anisotropy), MD (mean diffusivity), AxD (axial diffusivity), RD (radial diffusivity) and MO (tensor mode). FLIRT (FMRIB's linear Image Registration Tool) and FNIRT (FMRIB's Nonlinear Image Registration Tool) were then used to warp all native DWI maps nonlinearly to MNI-152 standard space with spatial resolution of $2 \times 2 \times 2$ mm³.

Bias correction of brain ages

A well-described systematic age-related bias has been observed in many brain age studies[2-4], showing that older participants are estimated with a younger brain age while younger participants are estimated with an older brain age. To solve this problem, bias-correction procedures have been adopted to account for the dependence of brain age gap on the chronological age. Based on the techniques proposed by Smith et al[4], the linear bias correction was conducted to the predicated age, where y and \hat{y} denote the chronological age and predicted age, respectively. We fit a linear regression $\hat{y} = \alpha y + \beta$ on the left-out validation set with known chronological age. Applying the learned coefficients (α, β) , the corrected predicted age \hat{y}_{co} for test set can be estimated by $\hat{y}_{co} = \frac{\hat{y} - \beta}{\alpha}$

$$\hat{y}_{co} = \frac{\hat{y} - \beta}{\alpha}$$

where we assume the coefficients (α, β) can be generalised to the test set.

Evaluation of other risk factors and education

Diabetes mellitus and hypercholesterolemia were assessed via the medication history. Body mass index (BMI) was calculated as weight (kg)/height² (m); BMI over 30 was diagnosed as obesity. Smoking status was defined as current/previous smoking or not. Apolipoprotein E (APOE) \$\partial 4\$ carrier status was evaluated and was treated as a binary variable (with one/two \$\partial 4\$) alleles or none). More information about APOE genotyping can be found in our previous study that used UK Biobank data[5]. Education was assessed by binarizing the qualifications into two categories (college degree or not).

Sensitivity analysis for one-sample Mendelian randomisation analysis

The sensitivity analysis was conducted to evaluate whether the instrumental variable assumptions are satisfied. The three assumptions are (1) the hypertension PRS is associated with hypertension; (2) the hypertension is not associated with confounders including the chronological age, sex scanner; and (3) the hypertension PRS would only affect the BAGs through its effect on the hypertension.

Four steps were carried out for the sensitivity analyses:

- 1. Investigating the instrument strength. Statistical power estimate for this 1SMR was carried out using an online instrument (https://shiny.cnsgenomics.com/mRnd/) to generate the F-statistics[6] and power values.
- 2. To satisfy the independence assumption, we restricted our MR analysis in British White population (Field ID 21000) and controlled for the first 10 genetic principal components.
- 3. Linear regression model was used to assess the horizontal pleiotropy, i.e. the association between hypertension PRS and the cofounders, including chronological age, sex and scanner.
- 4. We then regressed the SNP-outcomes associations against the SNP-exposure associations, and meta-analysed across all SNPs in the genetic variants. we mimicked two-sample MR (2SMR) approaches by regressing the SNP-outcomes associations against the SNP-exposure associations, and meta-analysing across all SNPs in the genetic variants. "TwoSampleMR" package was used to perform the analysis[7]. Multiple methods were applied in the 2SMR setting to report the results, including fixed-effects inverse-variance weighted (IVW), random-effects IVW, MR Egger and weighted median. The intercept term in MR Egger regression and MR-PRESSOR [8] were used to indicate directional horizontal pleiotropy.

Supplementary Analysis and Results

Associations between BP categories and BAGs stratified by antihypertensive medication status

Associations between BP categories and BAGs stratified by different antihypertensive medication status were investigated using ANCOVA. The results were shown in Supplementary Figure S2. After controlling for chronological age, sex, scanner, diabetes, hypercholesterolemia, obesity, smoking and APOE status, for those who were not on antihypertensive drugs, both GM and WM showed increased BAGs with elevated BP. As shown in Figure S2A, BAG_{GM} at Grade 2 hypertension had a brain 0.792 ± 0.157 years older than normal BP (p < 0.001, 95% CI = 0.378 \sim 1.207), and 0.667 \pm 0.164 years older than high-normal BP (p < 0.001, 95% CI = 0.235 \sim 1.100). Participants with BAG_{GM} at Grade 1 hypertension showed 0.499 ± 0.107 years larger than normal BP (p < 0.001, 95% CI = 0.216 ~ 0.783), and 0.374 ± 0.119 years older than high-normal BP (p = 0.010, 95% CI = 0.060 \sim 0.687). For BAG_{WM} (Figure S2B), participants who were not on medication showed 1.443 \pm 0.162 years larger BAG_{WM} at Grade 2 hypertension than normal BP (p < 0.001, 95% CI = $1.015 \sim 1.872$), 1.156 ± 0.170 years older than high-normal BP (p < 0.001, 95% CI = 0.708 \sim 1.604), and 0.774 ± 0.163 years older than Grade 1 hypertension (p < 0.001, 95% CI = 0.344 \sim 1.204). BAG_{WM} at Grade 1 hypertension was 0.669 \pm 0.111 years older than normal BP (p < $0.001, 95\% \text{ CI} = 0.375 \sim 0.963$), and 0.382 ± 0.124 years larger than high-normal BP (p = 0.012, 95% CI = $0.056 \sim 0.708$). However, regarding those participants who were on medication, both GM and WM showed positive BAGs and no significant differences of BAGs were found across all four groups (all p values > 0.05). In addition, BAG_{GM} for participants with antihypertensive medication history at each BP category was significantly larger than those without medication (all p values < 0.001). BAG_{WM} showed the similar results from normal BP to Grade 1 hypertension (all p values < 0.001) except for Grade 2 hypertension (p = 0.188).

Supplementary Figure S2 here

Different associations between BP status and BAGs were observed when we stratified the antihypertensive medication status. For those who did not take antihypertensive medication, a higher BP category was found to be associated with the increasing BAG_{GM} and BAG_{WM}. However, in this study, for those who were on antihypertensive medication, increasing trends of BAGs were observed with the raised BP, however, it was not statistically significant. This result suggested that the brain impairment was not alleviated even the BP was controlled to normal or high-normal categories after antihypertensive medication. In addition, those who were on antihypertensive medicine still have relatively older brain age than those who were not on medication at each BP category, which might provide further evidence that the beneficial effect of antihypertensive medication on reducing structural brain impairment was limited. This finding may be against the existed literature that good control of high BP can be an effective therapeutic strategy associated with reduced risk of stroke and myocardial infarction[9], and also incident dementia and Alzheimer's disease[10]. However, given that limited studies have investigated the association between antihypertensive medication and an intermediate outcome, i.e. brain structural changes, whether the antihypertensive medication is beneficial to reverse brain structural impairment continues to be inclusive[11]. Some have reported that intensive BP control can reduce the acceleration of WMH progression[12, 13], whereas some studies also observed no effect of antihypertensive medication on the brain atrophy[14]. The duration of taking medication and the subtypes of antihypertensive drugs may also affect the results. Further subgroup analyses might provide more insights into this research question.

Reference:

- 1. Gaser, C., et al., *CAT A Computational Anatomy Toolbox for the Analysis of Structural MRI Data.* bioRxiv, 2022: p. 2022.06.11.495736.
- 2. Treder, M.S., et al., *Correlation Constraints for Regression Models: Controlling Bias in Brain Age Prediction.* Front Psychiatry, 2021. **12**: p. 615754.
- 3. Liang, H., F. Zhang, and X. Niu, *Investigating systematic bias in brain age estimation with application to post-traumatic stress disorders*. Hum Brain Mapp, 2019. **40**(11): p. 3143-3152.
- 4. Smith, S.M., et al., *Estimation of brain age delta from brain imaging*. Neuroimage, 2019. **200**: p. 528-539.
- 5. Du, J., et al., White matter brain age as a biomarker of cerebrovascular burden in the ageing brain. medRxiv, 2022: p. 2022.02.06.22270484.
- 6. Brion, M.J., K. Shakhbazov, and P.M. Visscher, *Calculating statistical power in Mendelian randomization studies*. Int J Epidemiol, 2013. **42**(5): p. 1497-501.
- 7. Hemani, G., et al., *The MR-Base platform supports systematic causal inference across the human phenome.* eLife, 2018. **7**: p. e34408.
- 8. Verbanck, M., et al., *Detection of widespread horizontal pleiotropy in causal relationships inferred from Mendelian randomization between complex traits and diseases.* Nature Genetics, 2018. **50**(5): p. 693-698.
- 9. Bosch, J., et al., *Antihypertensives and Statin Therapy for Primary Stroke Prevention: A Secondary Analysis of the HOPE-3 Trial.* Stroke, 2021. **52**(8): p. 2494-2501.
- 10. Ding, J., et al., Antihypertensive medications and risk for incident dementia and Alzheimer's disease: a meta-analysis of individual participant data from prospective cohort studies. Lancet Neurol, 2020. **19**(1): p. 61-70.
- 11. Setters, B. and H.M. Holmes, *Hypertension in the Older Adult*. Prim Care, 2017. **44**(3): p. 529-539.
- 12. Lai, Y., et al., Effect of intensive blood pressure control on the prevention of white matter hyperintensity: Systematic review and meta-analysis of randomized trials. J Clin Hypertens (Greenwich), 2020. **22**(11): p. 1968-1973.
- 13. Nasrallah, I.M., et al., Association of Intensive vs Standard Blood Pressure Control With Cerebral White Matter Lesions. Jama, 2019. **322**(6): p. 524-534.
- 14. van Middelaar, T., et al., Effect of Antihypertensive Medication on Cerebral Small Vessel Disease: A Systematic Review and Meta-Analysis. Stroke, 2018. **49**(6): p. 1531-1533.

Supplementary Tables

Table S1 Glossary of the terminology used for the deep learning model

Full name	Meaning
Adaptive Momentum	A powerful gradient descent method.
(Adam)	
Batch normalization	A common operator on the input or output of the activation functions, which can speed training and reduce overfitting.
Batch size	The number of samples used in one training iteration.
Data loader	An operator wraps an iterable around the dataset to enable easy access to the samples
Data augmentation	A series of operators which rotate, stretch, and reflect each sample to produce many variants of the original sample, enriching the training set to enable excellent training.
Epoch	The number of full training passes over the entire training set.
Loss function	a measure of how far a model's prediction is from its target.
Learning rate	A multiplier that controls the degree to which each gradient descent increases or decreases the model weights. Training will take longer if it is too small or cannot convergence if it is very large high.
Mean squared error (MSE)	A loss function that calculates the average of the square of the difference between target values and the model predication over a set of samples.
Multilayer perceptron (MLP)	A kind of neural network architecture for learning from 1-dimensional data or simple 2-dimensional data.
Optimizer	A specific implementation of the gradient descent algorithm, e.g., AdaGrad and Adam.
Rectified Linear Unit (ReLU)	An activation function which outputs zero if input is negative or zero, and outputs the input itself if input is positive, which enables a neural network to learn nonlinear relationships.
Validation dataset	A hold-out subset of the dataset that performs initial evaluation against a trained model.
Workers	A parameter enables multi-process data loading with the specified number of loader worker processes
weight decay	A regularization technique by adding a small penalty to the loss function to avoid overfitting.
3D-convolutional neural network (3D-CNN)	A kind of neural network architecture for learning from complex 3-dimensional data, e.g., medical images

Table S2 Summary of genetic variants used for calculating hypertension PRS

SNP	chrom	pos	effect allele	other allele	beta	se	pval
		-				0.00882	
rs10061297	5	88170007	T	C	-0.05415	4	8.45E-10
		12245077			0.05294	0.00799	
rs10077410	5	1	A	G	1	3	3.50E-11
		15141432			0.03906	0.00606	
rs10265221	7	9	C	T	5	5	1.19E-10
						0.00554	
rs10504744	8	82790203	C	G	-0.03565	9	1.32E-10
		12296752				0.00588	
rs10749408	10	6	T	C	-0.03336	6	1.45E-08
					0.04314	0.00584	
rs1077394	6	31610384	T	C	1	6	1.59E-13
		24343165			0.03512	0.00586	
rs10926978	1	4	C	T	3	3	2.09E-09
			_	_		0.00550	
rs10995307	10	64552242	C	T	-0.03007	2	4.63E-08
11000016		1=106=00	_	~	0.04232	0.00550	4 407 44
rs11039216	11	47406592	T	C	3	4	1.48E-14
11064005	10	11049843			0.07.440	0.00914	2.555.00
rs11064885	12	2	A	C	-0.05448	3	2.55E-09
11070500	1.5	75062207	T	C	0.05407	0.00588	2.075.20
rs11072508	15	75062397	T	С	-0.05427	8	3.07E-20
11000000	4	01160013	т	C	0.09822	0.00603	1 5 0E 5 0
rs11099098 rs11166396	4	81169912	T	G	7 0.06000	7 0.00829	1.58E-59
0	6	26082220	G	A	9	0.00829	4.55E-13
U	U	20082220	U	A	0.03604	0.00624	4.33E-13
rs11168327	12	48345975	T	C	1	1	7.71E-09
1811100327	12	15931216	1	C	1	0.00616	7.71L-09
rs1116969	2	4	С	G	-0.04086	8	3.50E-11
131110707	2	10490621	C	J	-0.04000	0.01036	J.J0L-11
rs11191580	10	10470021	C	T	-0.08873	2	1.10E-17
1511171500	10	1	C	1	0.07201	2	1.102 17
rs11231711	11	63929215	A	G	5	0.01181	1.08E-09
rs11526204	11	05,2,215	11	J	J	0.00977	1.002 07
9	2	43196694	T	A	-0.05724	9	4.82E-09
	-	12966349	•		0.00721	0.00562	
rs11556924	7	6	T	С	-0.03824	1	1.02E-11
	,	10597836	-	-		0.00935	
rs11774829	8	8	A	T	-0.06677	7	9.56E-13
	-	-			,		-

					0.02011	0.00560		
11064054	1.6	20046124		C	0.03911	0.00568	5.00F 10	
rs11864054	16	30846134	A	G	6	4	5.92E-12	
rs11866219	16	69549749	C	A	-0.03197	0.00566	1.61E-08	
1106600				~	0.0040=	0.00574	• • • • • • • • • • • • • • • • • • • •	
rs1186699	2	61662555	A	C	-0.03437	5	2.20E-09	
			_	_	0.04148	0.00565		
rs12035750	1	89332099	C	T	4	2	2.14E-13	
			_	_		0.00601		
rs12258967	10	18727959	G	C	-0.05301	1	1.17E-18	
			_	_	0.04391	0.00647		
rs12413195	10	18470329	C	T	1	6	1.19E-11	
						0.00604		
rs12426667	12	54433483	C	A	-0.04561	7	4.60E-14	
			_		0.04917	0.00828		
rs12482030	21	37718587	T	G	3	2	2.90E-09	
		11398889			0.04712	0.00646		
rs12514965	5	3	C	T	1	2	3.05E-13	
						0.01133		
rs12753716	1	11928641	C	T	-0.06912	8	1.09E-09	
						0.00565		
rs1275988	2	26914364	T	C	-0.0737	1	7.11E-39	
		13596156			0.04401	0.00649		
rs1278719	3	9	A	G	6	8	1.25E-11	
					0.04602	0.00555		
rs12925388	16	81616668	G	A	9	8	1.21E-16	
					0.03274	0.00578		
rs12948326	17	43188117	G	T	2	4	1.50E-08	
						0.00833		
rs12978472	19	7257990	G	C	-0.09645	8	6.07E-31	
		10691174				0.00642		
rs13112725	4	2	C	G	0.04561	6	1.27E-12	
		15651673				0.00549		
rs13150093	4	0	A	G	-0.03002	4	4.65E-08	
						0.00576		
rs1436138	17	75316880	G	A	-0.0393	9	9.64E-12	
					0.03600	0.00548		
rs1507154	6	79503700	T	C	1	9	5.42E-11	
				_	0.03761	0.00558		
rs1558902	16	53803574	A	T	3	7	1.67E-11	
	_	15751675			0.05206	0.00628		
rs1650581	5	3	G	C	6	4	1.17E-16	
		16883283				0.01063		
rs16853173	3	5	T	C	-0.07026	2	3.90E-11	
4 600 =		4=00.4	~	_	0.04630	0.00795	.	
rs16895971	4	17884986	C	T	8	9	5.94E-09	
4		10000	~	_	0.00====	0.00574		
rs169080	19	4980864	C	T	-0.03588	2	4.13E-10	
4		446.50	~	_	0.03804	0.00==		
rs1717200	15	41368334	G	A	8	0.0055	4.59E-12	

		18321315				0.00554	
rs17264887	2	18321313	G	A	-0.03382	1	1.04E-09
1517201007	_	2	J	7.1	0.03302	0.00618	1.0 12 07
rs17335134	2	43753906	G	A	-0.04247	7	6.70E-12
					0.06099	0.00768	
rs17608766	17	45013271	C	T	9	9	2.14E-15
						0.00575	
rs17747401	10	76400164	T	C	-0.03358	3	5.33E-09
1001252	10	11580505	C	0	0.06183	0.00630	1 105 22
rs1801253	10	6	С	G	6	9	1.10E-22
rs1882961	21	16556367	T	С	0.03648 5	0.00600 7	1.25E-09
rs18831525	<i>L</i> 1	10330307	1	C	3	0.00962	1.2312-09
7	2	25241386	G	T	-0.06238	5	9.11E-11
,	2	16914649	J	1	0.00230	0.00549).11L 11
rs2014590	3	7	T	C	-0.03847	2	2.47E-12
15201100		•	-		0.000.	0.00629	_,,,_
rs2046823	3	56779011	A	G	-0.03729	6	3.16E-09
					0.03491	0.00638	
rs2238280	14	72425522	C	T	4	7	4.60E-08
						0.01109	
rs2298359	21	33671140	C	T	-0.06678	9	1.78E-09
						0.00679	
rs2306363	11	65405600	T	G	-0.04649	5	7.85E-12
	_	13420983		_		0.00605	
rs2327429	6	7	C	T	-0.04081	8	1.63E-11
2442500	2	11545510			0.03604	0.00594	1.205.00
rs2443708	3	11545719	C	T	6	2	1.30E-09
2402126	1	23085153	т	C	0.03543	0.00559	2 44E 10
rs2493136	1	6	T	С	3 0.06760	7 0.00593	2.44E-10
rs2521501	15	91437388	T	A	2	9	5.10E-30
182321301	13	71 4 37300	1	Λ	0.04938	0.00553	J.10E-30
rs2643826	3	27562988	T	\mathbf{C}	7	2	4.33E-19
1320 13020	3	27302700	1	C	0.05449	0.00559	1.331 17
rs2681485	12	90025622	A	G	7	6	2.05E-22
		16495417				0.00648	
rs268263	2	4	A	T	0.03739	5	8.13E-09
					0.03608	0.00632	
rs2735357	10	89662504	G	A	8	3	1.15E-08
		22819107			0.03819		
rs2760061	1	5	A	T	4	0.00561	9.85E-12
		20178368			0.03044	0.00553	
rs2820290	1	2	G	A	9	3	3.74E-08
20116101	0		~	_	0.04244	0.00637	4.000.44
rs28416181	8	25905963	G	T	-0.04314	2	1.28E-11
20421002	0	11317402	A	C	0.09436	0.01489	2.27E 10
rs28431893	9	3	A	G	3	5	2.37E-10
rs28667801	1	26785356	T	٨	0.04547	0.00564	7.89E-16
182000/801	4	20/03330	1	A	0.0434/	4	1.07E-10

						0.00576	
rs2906163	7	2516594	T	C	-0.04207	0.00576 5	2.92E-13
182700103	,	2310374	1	C	0.03344	0.00568	2.7215-13
rs34869093	16	51757242	G	A	4	3	3.99E-09
		11555586				0.00564	
rs35429	12	7	G	A	-0.04783	2	2.27E-17
		15366242			0.13227	0.02073	
rs35479618	1	3	A	G	2	1	1.76E-10
ma25502046	3	52552022	T	G	-0.05088	0.00637	1.40E 15
rs35593046	3	53553923 15844427	1	G	-0.03088	0.00572	1.40E-15
rs36071027	5	4	T	С	-0.04061	8	1.34E-12
1550071027	5	11304687	1	C	0.10022	O	1.5 12 12
rs3790604	1	9	A	C	7	0.01047	1.04E-21
		12463934				0.00577	
rs3796205	3	4	C	G	-0.03337	1	7.37E-09
2=26=24		15664288	~		0.06402	0.00709	7.00 7.0
rs3796581	4	4	G	A	-0.06493	1	5.33E-20
rs3802228	8	14399221 8	G	A	-0.03053	0.00550	2.86E-08
183002220	0	O	G	А	-0.03033	0.00649	2.80E-08
rs3803266	13	30154349	C	G	-0.04423	5	9.75E-12
150000	10	5010 10 13		J	0.03170),,e2 1 2
rs3858446	11	32450890	G	A	3	0.00573	3.16E-08
						0.00651	
rs3863248	8	81407872	G	C	-0.03906	5	2.04E-09
2002540	2	25506166	~	-	0.02122	0.00563	2 005 00
rs3902740	2	37506166	С	T	-0.03123	6	2.99E-08
rs3918226	7	15069017 6	Т	С	0.13022 8	0.01023	4.04E-37
183910220	,	O	1	C	0.04282	0.01023	4.04E-3/
rs3936510	5	55860866	T	G	2	3	3.28E-10
rs42038	7	92243719	T	\mathbf{C}	-0.03307	0.00601	3.75E-08
					0.03788	0.00599	
rs426570	11	16907008	T	C	4	2	2.58E-10
			_			0.00566	
rs4277405	17	61548918	T	C	-0.04341	8	1.88E-14
rs4363897	17	46815947	С	G	0.07602 8	0.01294 5	4.28E-09
184303897	1 /	40813947	C	G	0.06524	0.00973	4.28E-09
rs4375757	18	48784953	T	C	2	5	2.06E-11
15 10 70 70 7	10	.0,0.00	-		0.03457	0.00552	2.002 11
rs448385	1	25395133	A	G	9	9	3.99E-10
					0.03782	0.00666	
rs4609031	6	51145245	A	G	5	8	1.40E-08
4.00077.4	A	14408532	æ	A	0.02.400	0.00549	0 10E 10
rs4690774	4	7	T	A	-0.03489	2	2.13E-10
rs4755737	11	43791865	A	G	-0.04079	0.00549 9	1.21E-13
157/33/3/	11	73/31003	Λ	J	-0.0 1 0/3	J	1.41E-13

						0.00558	
rs4785581	16	89699664	A	C	-0.03481 0.04442	7	4.68E-10
rs483071	13	22294117 11139113	T	С	6	0.0058 0.00769	1.87E-14
rs4833586	4	9	G	A	-0.05151 0.04483	2 0.00735	2.13E-11
rs4873492	8	51947549	T	С	1 0.04406	4 0.00572	1.09E-09
rs4910498	11	9765503	T	A	9 0.05805	8 0.01047	1.43E-14
rs4942041	13	41931507	A	T	5 0.03528	8 0.00549	3.01E-08
rs516246	19	49206172	T	С	1 0.03296	9 0.00593	1.40E-10
rs56163207	18	57939298 16108930	G	A	5 0.04468	7	2.82E-08
rs56393506	6	7	T	C	5	0.00753 0.00733	2.95E-09
rs56403963	7	1946130	G	С	-0.04196 0.05971	9 0.00565	1.08E-08
rs569550	11	1887068 15099851	G	T	1	1 0.01072	4.24E-26
rs57139556	6	1 11582616	G	A	-0.09828 0.13351	6	5.07E-20
rs57748895	1	9	T	A	1	0.02052 0.00553	7.70E-11
rs57866767	10	96023077	С	T	-0.04392	6 0.00769	2.13E-15
rs57946343	10	63499951	С	T	-0.09669 0.04055	5 0.00556	3.27E-36
rs6031431	20	42795152 10061054	G	A	1 0.07725	8 0.00623	3.27E-13
rs604723	11	6	С	T	5 0.08180	5 0.01051	2.93E-35
rs61056117	7	27245997	T	A	3	9 0.00629	7.44E-15
rs6108168	20	8626271	A	С	-0.05017 0.05444	9	1.66E-15
rs6108787	20	10967214	G	T	6 0.04090	0.00549 0.00623	3.48E-23
rs6119758	20	30649661	G	A	9 0.05519	8 0.00832	5.46E-11
rs61772626	1	57015668 10641208	G	A	1 0.05156	7 0.00686	3.40E-11
rs62481856	7	2 13652227	A	G	8	9 0.01053	6.03E-14
rs6271	9	4	T	С	-0.06438 0.04038	2 0.00592	9.76E-10
rs6445597	3	53734531	A	G	8	4	9.25E-12

						0.00556	
rs6488549	12	12890168	T	A	-0.03477	0.00556	4.13E-10
rs6812640	4	38387900	G	C	-0.03443	0.00559	7.66E-10
rs6860901	5	12787175	T	C	0.04682	0.00593	3.09E-15
rs6923071	6	12718850 2	T	C	0.06416 5	0.00556 8	9.90E-31
rs6932812	6	16618094 7	G	C	-0.06181	0.01103 6	2.13E-08
rs6961048	7	27328187	G	C	0.06794 7	0.00909 4	7.90E-14
rs6985028	8	30822094	A	G	-0.03514	0.00551	1.83E-10
rs7129204	11	12252721 2	C	G	0.05096 7	0.00841	1.38E-09
rs7174222	15	81018543	T	С	0.05129	0.00550	1.16E-20
rs7233089	18	42422069	G	A	-0.03452	0.00615	2.07E-08
rs72762705	16	4020732	T	C	-0.03432	0.00702	2.59E-10
						0.00566	
rs7302981	12	50537815	G	A	-0.04214	0.00739	9.67E-14
rs73046792	19	49605705	A	G	-0.04983	1 0.00978	1.56E-11
rs73105845	12	48135607 11186504	С	T	-0.0549	8 0.00553	2.03E-08
rs7310615	12	9	G	С	-0.0628 0.05972	1	7.14E-30
rs74439044	17	7781019	С	T	2 0.03951	0.00923 0.00703	9.79E-11
rs74884762	2	54797113	A	C	6 0.05271	6 0.00844	1.95E-08
rs74900445	8	95268903	C	T	4	1 0.00875	4.23E-10
rs751984	11	61278246 13132371	C	T	-0.04787	2 0.01344	4.50E-08
rs75511781	7	0 15782418	G	A	0.08155	9 0.00568	1.33E-09
rs7700842	5	3	C	T	-0.05715 0.06547	9 0.00561	9.57E-24
rs7733331	5	32828846	C	T	3 0.04423	5 0.00586	2.01E-31
rs7764523	6	43349795	A	G	9	8	4.74E-14
rs7768871	6	22109189	T	C	0.03244 8	0.00557	5.77E-09
rs77924615	16	20392332	A	G	-0.06392	0.00703 7	1.05E-19

					0.04268	0.00559	
rs7837979	8	10198534	T	\mathbf{C}	7	6	2.38E-14
					0.10380	0.00883	
rs78953748	20	57715798	G	T	6	1	6.63E-32
rs79044887	20	47427831	G	C	-0.04772	0.00775	7.40E-10
					0.04424	0.00617	
rs7972957	12	20164203	G	\mathbf{C}	1	4	7.71E-13
rs7981842	13	73830609	C	T	-0.07045	0.01292	4.97E-08
rs800981	7	74196364	T	C	0.03746	0.00687	4.95E-08
						0.00632	
rs8061324	16	3541490	G	T	-0.04088	4	1.02E-10
						0.00680	
rs8102879	19	1832317	A	G	-0.05	9	2.09E-13
					0.06557	0.00585	
rs880315	1	10796866	C	T	5	6	4.16E-29
						0.00652	
rs9798571	20	62438415	A	G	-0.04734	7	4.08E-13
		15009763			0.06987	0.01100	
rs9844972	3	5	C	G	4	8	2.19E-10
		13810835			0.04497		
rs9848655	3	2	A	G	7	0.00745	1.57E-09

Table S3 Sample sizes of demographics, risk factors, brain ages and cognition for each BP group using ISH guideline

	Normal BP (n = 3598)	High-normal BP (n = 2330)	Grade 1 hypertension	Grade 2 hypertension
D bis a			(n = 3393)	(n = 1240)
Demographics	2500	2220	2202	1240
Chronological age	n = 3598	n = 2330	n = 3393	n = 1240
Sex	n = 3598	n = 2330	n = 3393	n = 1240
Education	n = 3442	n = 2233	n = 3217	n = 1164
Risk factors				
Diabetes	n = 3582	n = 2319	n = 3377	n = 1233
Hypercholesterolemia	n = 3564	n = 2308	n = 3367	n = 1231
Obesity	n = 3563	n = 2313	n = 3365	n = 1219
Smoking	n = 3574	n = 2314	n = 3363	n = 1230
APOE ε4 carriers	n = 2990	n = 1966	n = 2825	n = 1026
Anti-hypertensive medication	n = 3564	n = 2308	n = 3367	n = 1231
Brain ages				
GM brain age	n = 3598	n = 2330	n = 3393	n = 1240
$\mathrm{BAG}_{\mathit{GM}}$	n = 3598	n = 2330	n = 3393	n = 1240
WM brain age	n = 3516	n = 2253	n = 3304	n = 1216
$\mathrm{BAG}_{\mathit{WM}}$	n = 3516	n = 2253	n = 3304	n = 1216
Cognition				
Processing speed	n = 2227	n = 1523	n = 2223	n = 848
Executive function	n = 2172	n = 1478	n = 2136	n = 811
Memory	n = 2292	n = 1556	n = 2285	n = 871
Global cognition	n = 2224	n = 1520	n = 2219	n = 846

This table shows the total numbers of the participants for each measure in analysis. Abbreviations: ISH = International Society of Hypertension; BP = blood pressure; SD = standard deviation; APOE = apolipoprotein E; GM = grey matter; WM = white matter; BAG_{GM} = grey matter brain age gap; BAG_{WM} = white matter brain age gap.

Table S4 Deep learning model performances

		GM b	rain age			WM brain age			
	Before	Before bias correction		ias correction	_	Before bi	Before bias correction		oias correction
	MAE	Pearson's r	MAE	Pearson's r		MAE	Pearson's r	MAE	Pearson's r
Training set (n = 21149)	0.329	0.999	-	-	Training set $(n = 19546)$	0.334	0.999	-	-
Validation set $(n = 7050)$	2.470	0.912	-	-	Validation set $(n = 6515)$	2.525	0.909	-	-
Healthy test set $(n = 6506)$	2.462	0.910	2.727	0.910	Healthy test set $(n = 7769)$	2.511	0.908	2.754	0.908
All test set (n = 11431)	2.502	0.908	2.767	0.908	All test set (n = 11168)	2.572	0.902	2.839	0.902

Abbreviations: GM = grey matter; WM = white matter; MAE = mean absolute error; Pearson's r = Pearson's correlation coefficient.

Table S5 Pairwise comparison across each ISH group at different BAG levels

BAGs	(I)	(J)	Mean	Std.	Sig.a	95% Con	
	ISHgro	ISHgro	Difference	Error		Interval f	or
	up	up	(I-J)			Difference	ce ^b
						Lower	Upper
						Bound	Bound
$\mathrm{BAG}_{\mathit{GM}}$	1	2	-0.090	0.104	1	-0.363	0.184
		3	-0.430*	0.097	p < 0.001	-0.685	-0.174
		4	-0.737*	0.134	p < 0.001	-1.090	-0.385
	2	1	0.090	0.104	1	-0.184	0.363
		3	-0.340*	0.104	0.006	-0.614	-0.066
		4	-0.648*	0.138	p < 0.001	-1.011	-0.285
	3	1	0.430*	0.097	p < 0.001	0.174	0.685
		2	0.340*	0.104	0.006	0.066	0.614
		4	-0.307	0.129	0.101	-0.647	0.032
	4	1	0.737*	0.134	p < 0.001	0.385	1.090
		2	0.648*	0.138	p < 0.001	0.285	1.011
		3	0.307	0.129	0.101	-0.032	0.647
BAG_{WM}	1	2	-0.273	0.106	0.062	-0.553	0.008
		3	-0.592*	0.099	p < 0.001	-0.854	-0.330
		4	-1.235*	0.137	p < 0.001	-1.597	-0.873
	2	1	0.273	0.106	0.062	-0.008	0.553
		3	-0.319*	0.107	0.017	-0.600	-0.038
		4	-0.963*	0.141	p < 0.001	-1.335	-0.59
	3	1	0.592*	0.099	p < 0.001	0.330	0.854
		2	0.319*	0.107	0.017	0.038	0.600
		4	-0.643*	0.132	p < 0.001	-0.992	-0.295
	4	1	1.235*	0.137	p < 0.001	0.873	1.597
		2	0.963*	0.141	p < 0.001	0.590	1.335
		3	0.643*	0.132	p < 0.001	0.295	0.992

Based on estimated marginal means; * indicated the mean difference is significant at the 0.05 level. a indicated the adjustment for multiple comparisons: Bonferroni. 1, 2, 3, 4 indicated the

four ISH categories, from Normal BP to Normal-high BP to Grade 1 hypertension and Grade 2 hypertension.

Abbreviations: ISH = International Society of Hypertension; BAG $_{GM}$ = grey matter brain age gap; BAG $_{WM}$ = white matter brain age gap.

Table S6 Pairwise comparison between BAG_{GM} and BAG_{WM} at different ISH levels

ISHgro	(I)	(J)	Mean	Std.	Sig.a	95% Confidence Interval	
up	BAG_G	BAG_{WM}	Difference	Error		for Differen	ice ^b
	M		(I-J)				
						Lower	Upper
						Bound	Bound
Normal	1	2	-0.012	0.060	0.836	-0.130	0.105
High-	1	2	-0.195*	0.071	0.006	-0.335	-0.056
Normal							
Grade 1	1	2	-0.174*	0.060	0.004	-0.292	-0.056
hyperte							
nsion							
Grade 2	1	2	-0.510*	0.101	p <	-0.708	-0.313
hyperte					0.001		
nsion							

Based on estimated marginal means; * indicated the mean difference is significant at the 0.05 level. a indicated the djustment for multiple comparisons: Bonferroni. 1 and 2 indicated the BAG $_{GM}$ and BAG $_{WM}$ separately.

Abbreviations: ISH = International Society of Hypertension; BAG $_{GM}$ = grey matter brain age gap; BAG $_{WM}$ = white matter brain age gap.

Table S7 Sensitivity analysis and pleiotropy analysis for causal effect of hypertension on brain ageing in 2SMR method

	IVW		MR Egger		Weighted median		MR PRESSO		Horizontal pleiotropy	
							Global	Correct		
	beta	p value	beta	p value	beta	p value	test P	P*	Egger Inter	cept P
$\mathrm{BAG}_{\mathrm{GM}}$	1.078347	0.014752	1.033	0.172668	0.545368	0.396132	170.9439	NA	0.000583	0.940908
BAG_{WM}	1.807963	0.000109	1.194	0.1349	1.341693	0.049622	172.8107	NA	0.007901	0.340486

Abbreviations: IVW = inverse-variance weighted; MR= Mendelian randomisation; 2SMR = two-sample MR; $BAG_{WM} = white matter brain age gap.$

Table S8 Summary of genetic variants used to estimate the effect of hypertension on GM ageing in 2SMR methods

			effect						
exposure	outcome	SNP	allele	beta_exposure	se_exposure	pval_exposure	beta_outcome	se_outcome	pval_outcome
Hypertension	$BAG_{GM} \\$	rs10061297	T	-0.01441	0.01081	1.83E-01	-0.00811	0.075753	9.15E-01
Hypertension	$BAG_{GM} \\$	rs10077410	A	0.027112	0.009772	5.54E-03	0.018241	0.068275	7.89E-01
Hypertension	$BAG_{GM} \\$	rs10265221	\mathbf{C}	0.001239	0.007399	8.67E-01	0.036625	0.0517	4.79E-01
Hypertension	$BAG_{GM} \\$	rs10504744	\mathbf{C}	0.006014	0.006701	3.70E-01	0.052765	0.047029	2.62E-01
Hypertension	$BAG_{GM} \\$	rs10749408	C	0.014499	0.007158	4.28E-02	0.094818	0.050073	5.83E-02
Hypertension	$BAG_{GM} \\$	rs1077394	C	-0.00495	0.007041	4.82E-01	0.009081	0.049279	8.54E-01
Hypertension	$BAG_{GM} \\$	rs10926978	C	0.002467	0.0072	7.32E-01	-0.04608	0.050266	3.59E-01
Hypertension	$BAG_{GM} \\$	rs10995307	C	-0.0029	0.006723	6.66E-01	0.021481	0.046926	6.47E-01
Hypertension	$BAG_{GM} \\$	rs11039216	C	-0.01503	0.006626	2.33E-02	-0.01031	0.046412	8.24E-01
Hypertension	$BAG_{GM} \\$	rs11064885	A	-0.01217	0.010746	2.57E-01	0.045648	0.075378	5.45E-01
Hypertension	$BAG_{GM} \\$	rs11072508	C	0.013433	0.007181	6.14E-02	0.053991	0.050371	2.84E-01
Hypertension	$BAG_{GM} \\$	rs11099098	T	0.012127	0.007428	1.03E-01	0.048093	0.05193	3.54E-01
Hypertension	$BAG_{GM} \\$	rs111663960	G	0.018237	0.010355	7.82E-02	-0.02595	0.072565	7.21E-01
Hypertension	$BAG_{GM} \\$	rs11168327	T	0.009869	0.007603	1.94E-01	0.110493	0.053137	3.76E-02
Hypertension	$BAG_{GM} \\$	rs1116969	C	-0.00245	0.007625	7.48E-01	0.000683	0.053268	9.90E-01

Hypertension	BAG_{GM}	rs11191580	C	-0.01426	0.012315	2.47E-01	-0.06479	0.085948	4.51E-01
Hypertension	$BAG_{GM} \\$	rs11231711	A	0.001775	0.01397	8.99E-01	-0.04025	0.098185	6.82E-01
Hypertension	$BAG_{GM} \\$	rs115262049	T	-0.02122	0.012037	0.077896	-0.09782	0.084783	0.248616
Hypertension	$BAG_{GM} \\$	rs11556924	T	-0.0102	0.006832	0.135544	0.035755	0.047833	0.454782
Hypertension	$BAG_{GM} \\$	rs11774829	A	-0.00417	0.011416	0.714621	0.042906	0.079991	0.591702
Hypertension	$BAG_{GM} \\$	rs11864054	G	-0.00686	0.006926	0.321779	0.010918	0.048569	0.822149
Hypertension	$BAG_{GM} \\$	rs11866219	A	-9.1E-05	0.00693	0.989544	0.103133	0.048425	0.033217
Hypertension	$BAG_{GM} \\$	rs1186699	A	-0.00891	0.006941	0.199376	-0.09522	0.04861	0.050162
Hypertension	$BAG_{GM} \\$	rs12035750	C	-0.00696	0.006896	0.31296	-0.03108	0.048186	0.518938
Hypertension	$BAG_{GM} \\$	rs12258967	G	-0.01785	0.007302	0.014494	-0.00931	0.051154	0.855628
Hypertension	$BAG_{GM} \\$	rs12413195	C	-0.00672	0.007797	0.388471	0.008964	0.05467	0.869768
Hypertension	$BAG_{GM} \\$	rs12426667	C	-0.01543	0.007392	0.036836	0.010286	0.051657	0.842166
Hypertension	$BAG_{GM} \\$	rs12482030	T	0.011755	0.010227	0.250394	0.013745	0.071264	0.84706
Hypertension	$BAG_{GM} \\$	rs12514965	C	-0.00624	0.00781	0.424577	0.000751	0.05469	0.989042
Hypertension	$BAG_{GM} \\$	rs12753716	C	-0.03507	0.01361	0.009994	0.252208	0.095631	0.008368
Hypertension	$BAG_{GM} \\$	rs1275988	C	0.017667	0.006892	0.010385	-0.03189	0.048176	0.508015
Hypertension	$BAG_{GM} \\$	rs1278719	G	-0.00801	0.007934	0.312905	0.015968	0.055513	0.77362
Hypertension	$BAG_{GM} \\$	rs12925388	A	-0.00072	0.006779	0.915945	-0.04422	0.047397	0.35088
Hypertension	$BAG_{GM} \\$	rs12948326	G	0.009655	0.007052	0.171041	-0.20501	0.049318	3.25E-05
Hypertension	$BAG_{GM} \\$	rs12978472	G	-0.0167	0.009962	0.093645	-0.06353	0.069488	0.36064
Hypertension	$BAG_{GM} \\$	rs13112725	G	-0.00974	0.007779	0.210824	0.057576	0.054508	0.290863
Hypertension	$BAG_{GM} \\$	rs13150093	A	-0.00633	0.006667	0.342418	-0.00237	0.046492	0.959427
Hypertension	$BAG_{GM} \\$	rs1436138	G	-0.00144	0.007017	0.837929	-0.09486	0.049195	0.053856
Hypertension	$BAG_{GM} \\$	rs1507154	T	0.008232	0.006607	0.212857	0.10045	0.046282	0.03
Hypertension	$BAG_{GM} \\$	rs1558902	A	-0.0031	0.0068	0.648847	0.052271	0.04769	0.273073
Hypertension	$BAG_{GM} \\$	rs1650581	G	-0.00056	0.007688	0.942097	0.037485	0.053889	0.486692
Hypertension	$BAG_{GM} \\$	rs16853173	T	-0.0014	0.012568	0.91133	0.037983	0.087567	0.664472

Hypertension	BAG_{GM}	rs16895971	C	-0.01157	0.009627	0.22956	0.006394	0.067376	0.92439
Hypertension	$BAG_{GM} \\$	rs169080	T	0.006882	0.006999	0.325473	-0.0705	0.048758	0.14822
Hypertension	$BAG_{GM} \\$	rs1717200	G	-0.00264	0.00673	0.694556	-0.0165	0.04704	0.725812
Hypertension	$BAG_{GM} \\$	rs17264887	G	-0.00232	0.006794	0.732554	-0.02678	0.047508	0.57299
Hypertension	$BAG_{GM} \\$	rs17335134	G	-0.00316	0.007564	0.67658	0.041527	0.052789	0.431496
Hypertension	$BAG_{GM} \\$	rs17608766	C	0.015221	0.009402	0.105517	0.175741	0.065943	0.007708
Hypertension	$BAG_{GM} \\$	rs17747401	T	-0.02213	0.007009	0.001598	-0.06512	0.049032	0.184197
Hypertension	$BAG_{GM} \\$	rs1801253	G	-0.01424	0.007652	0.062734	0.002126	0.053524	0.96831
Hypertension	$BAG_{GM} \\$	rs1882961	T	0.000418	0.007348	0.9546	-0.00405	0.051316	0.937168
Hypertension	$BAG_{GM} \\$	rs188315257	G	-0.0096	0.011637	0.409446	-0.09431	0.081309	0.246101
Hypertension	$BAG_{GM} \\$	rs2014590	T	-0.01103	0.006668	0.098205	0.049974	0.04666	0.284183
Hypertension	$BAG_{GM} \\$	rs2046823	A	-0.02033	0.007667	0.008014	0.072229	0.05364	0.17815
Hypertension	$BAG_{GM} \\$	rs2238280	T	0.003892	0.00778	0.616947	-0.00032	0.054613	0.995325
Hypertension	$BAG_{GM} \\$	rs2298359	C	-0.00768	0.013634	0.573386	0.113829	0.095064	0.231178
Hypertension	$BAG_{GM} \\$	rs2306363	T	-0.01327	0.00824	0.10739	-0.06749	0.05769	0.242107
Hypertension	$BAG_{GM} \\$	rs2327429	C	-0.00848	0.007367	0.249456	0.091219	0.051686	0.077612
Hypertension	$BAG_{GM} \\$	rs2443708	T	0.002322	0.00728	0.749757	0.046371	0.050917	0.362464
Hypertension	$BAG_{GM} \\$	rs2493136	T	0.018054	0.00687	0.008607	-0.00701	0.048107	0.884105
Hypertension	$BAG_{GM} \\$	rs2521501	T	0.006727	0.007294	0.356429	0.017186	0.050978	0.736028
Hypertension	$BAG_{GM} \\$	rs2643826	T	0.004006	0.006749	0.552801	0.003247	0.047138	0.945087
Hypertension	$BAG_{GM} \\$	rs2681485	G	-0.01959	0.006773	0.003836	-0.09914	0.047346	0.036295
Hypertension	$BAG_{GM} \\$	rs268263	T	-0.01683	0.007805	0.031032	-0.03079	0.054647	0.573193
Hypertension	$BAG_{GM} \\$	rs2735357	A	-0.00724	0.007691	0.346747	0.046862	0.053568	0.381699
Hypertension	$BAG_{GM} \\$	rs2760061	A	0.005453	0.006836	0.425068	0.038509	0.047892	0.421364
Hypertension	$BAG_{GM} \\$	rs2820290	A	0.000882	0.006697	0.89517	0.059259	0.046813	0.20559
Hypertension	$BAG_{GM} \\$	rs28416181	G	-0.01138	0.007685	0.138653	0.005689	0.053723	0.915674
Hypertension	$BAG_{GM} \\$	rs28431893	A	0.007838	0.01803	0.663785	-0.09758	0.126603	0.440882

Hypertension	$BAG_{GM} \\$	rs28667801	T	-0.00176	0.006842	0.797489	0.10613	0.047888	0.026698
Hypertension	$BAG_{GM} \\$	rs2906163	\mathbf{C}	0.011432	0.007099	0.10732	-0.01814	0.049704	0.715133
Hypertension	$BAG_{GM} \\$	rs34869093	G	0.006115	0.006975	0.380681	0.060049	0.048736	0.217928
Hypertension	$BAG_{GM} \\$	rs35429	G	0.001284	0.006858	0.851454	-0.05369	0.04785	0.261853
Hypertension	$BAG_{GM} \\$	rs35479618	A	-0.02624	0.024346	0.281118	0.095027	0.172317	0.581324
Hypertension	$BAG_{GM} \\$	rs35593046	T	2.24E-05	0.007796	0.997709	0.039287	0.054551	0.471427
Hypertension	$BAG_{GM} \\$	rs36071027	T	-0.0056	0.007006	0.42376	-0.00672	0.049027	0.891046
Hypertension	$BAG_{GM} \\$	rs3790604	A	0.001584	0.012742	0.901074	0.038708	0.089317	0.664751
Hypertension	$BAG_{GM} \\$	rs3796205	C	0.003366	0.007014	0.631292	0.109042	0.048957	0.025948
Hypertension	$BAG_{GM} \\$	rs3796581	G	-0.00861	0.00847	0.309543	-0.01328	0.059576	0.823668
Hypertension	$BAG_{GM} \\$	rs3802228	A	0.013425	0.006718	0.045718	-0.00713	0.046987	0.879441
Hypertension	$BAG_{GM} \\$	rs3803266	G	0.005919	0.007933	0.455595	0.021716	0.055339	0.694754
Hypertension	$BAG_{GM} \\$	rs3858446	G	0.006336	0.006972	0.36352	0.050635	0.048777	0.299249
Hypertension	$BAG_{GM} \\$	rs3863248	G	-0.00789	0.007771	0.310148	-0.00917	0.05436	0.866073
Hypertension	$BAG_{GM} \\$	rs3902740	T	-0.0023	0.006871	0.738132	-0.08281	0.048024	0.084688
Hypertension	$BAG_{GM} \\$	rs3918226	T	0.02062	0.012861	0.108902	0.0045	0.089785	0.960029
Hypertension	$BAG_{GM} \\$	rs3936510	T	0.00193	0.008364	0.817558	-0.00491	0.058505	0.933155
Hypertension	$BAG_{GM} \\$	rs42038	T	-0.00865	0.007372	0.240783	-0.02348	0.051654	0.649385
Hypertension	$BAG_{GM} \\$	rs426570	T	0.010917	0.007338	0.136861	0.089609	0.051315	0.080795
Hypertension	$BAG_{GM} \\$	rs4277405	C	0.000249	0.006913	0.971253	0.004169	0.048326	0.931256
Hypertension	$BAG_{GM} \\$	rs4363897	C	0.013787	0.015961	0.38775	-0.03376	0.111637	0.762313
Hypertension	$BAG_{GM} \\$	rs4375757	T	0.008543	0.012157	0.482241	0.010132	0.085204	0.905341
Hypertension	$BAG_{GM} \\$	rs448385	A	0.007813	0.006771	0.248529	0.034986	0.047255	0.459095
Hypertension	$BAG_{GM} \\$	rs4609031	A	0.005854	0.008081	0.4688	-0.01284	0.056321	0.819664
Hypertension	$BAG_{GM} \\$	rs4690774	T	-0.00171	0.006692	0.798428	-0.0181	0.046712	0.698481
Hypertension	$BAG_{GM} \\$	rs4755737	A	-0.00459	0.006708	0.494071	0.064509	0.046862	0.168674
Hypertension	$BAG_{GM} \\$	rs4785581	A	0.008722	0.006794	0.199272	0.00037	0.0475	0.993791

Hypertension	$BAG_{GM} \\$	rs483071	C	0.003859	0.007011	0.582031	-0.04591	0.049258	0.351367
Hypertension	$BAG_{GM} \\$	rs4833586	A	0.009808	0.009289	0.291059	0.075728	0.065012	0.244114
Hypertension	$BAG_{GM} \\$	rs4873492	T	-0.00351	0.00893	0.694495	-0.02562	0.062347	0.681147
Hypertension	$BAG_{GM} \\$	rs4910498	A	-0.00328	0.006922	0.636114	-0.02803	0.048434	0.562829
Hypertension	$BAG_{GM} \\$	rs4942041	T	0.019696	0.012738	0.122093	-0.08767	0.089429	0.32694
Hypertension	$BAG_{GM} \\$	rs516246	C	-0.01355	0.006654	0.041754	-0.046	0.046646	0.324045
Hypertension	$BAG_{GM} \\$	rs56163207	G	0.000631	0.007217	0.930277	0.038479	0.050534	0.446405
Hypertension	$BAG_{GM} \\$	rs56393506	T	0.009271	0.00927	0.317264	-0.00133	0.0646	0.983605
Hypertension	$BAG_{GM} \\$	rs56403963	G	0.002065	0.00885	0.815541	-0.02429	0.061894	0.694706
Hypertension	$BAG_{GM} \\$	rs569550	G	0.018853	0.006884	0.00618	0.032172	0.04814	0.50396
Hypertension	$BAG_{GM} \\$	rs57139556	G	0.006806	0.012558	0.587851	0.009344	0.087867	0.915314
Hypertension	$BAG_{GM} \\$	rs57748895	T	0.043684	0.024575	0.075496	-0.01149	0.170392	0.946242
Hypertension	$BAG_{GM} \\$	rs57866767	C	-0.00084	0.00667	0.899772	0.13089	0.046683	0.005059
Hypertension	$BAG_{GM} \\$	rs57946343	C	-0.01068	0.009424	0.25733	-0.1237	0.065648	0.059541
Hypertension	$BAG_{GM} \\$	rs6031431	G	0.010985	0.006802	0.106341	0.010085	0.047334	0.831283
Hypertension	$BAG_{GM} \\$	rs604723	T	-0.00956	0.007601	0.208297	0.055737	0.053298	0.295692
Hypertension	$BAG_{GM} \\$	rs61056117	A	-0.01001	0.012501	0.423108	-0.12193	0.087267	0.162365
Hypertension	$BAG_{GM} \\$	rs6108168	A	-0.00837	0.007659	0.274723	-0.09976	0.053706	0.063274
Hypertension	$BAG_{GM} \\$	rs6108787	G	0.009049	0.006671	0.174957	0.032644	0.046722	0.484762
Hypertension	$BAG_{GM} \\$	rs6119758	A	-0.00954	0.007618	0.210483	-0.05926	0.053044	0.263925
Hypertension	$BAG_{GM} \\$	rs61772626	G	0.022487	0.010025	0.024904	0.006127	0.070258	0.930506
Hypertension	$BAG_{GM} \\$	rs62481856	A	-0.0016	0.008422	0.849701	-0.00951	0.058811	0.871607
Hypertension	$BAG_{GM} \\$	rs6271	T	-0.0202	0.012455	0.104861	0.032036	0.087461	0.714154
Hypertension	$BAG_{GM} \\$	rs6445597	A	0.008683	0.007139	0.223893	0.018195	0.050052	0.71622
Hypertension	$BAG_{GM} \\$	rs6488549	T	-0.00206	0.006771	0.760695	-0.02706	0.047366	0.567838
Hypertension	$BAG_{GM} \\$	rs6812640	C	0.007466	0.006845	0.275367	-0.01773	0.047854	0.71099
Hypertension	$BAG_{GM} \\$	rs6860901	T	0.01101	0.007381	0.135807	0.038914	0.051662	0.451324

Hypertension	BAG_{GM}	rs6923071	T	0.004051	0.006776	0.549925	-0.00381	0.04743	0.936058
Hypertension	$BAG_{GM} \\$	rs6932812	G	-0.01539	0.013205	0.243995	-0.07528	0.092533	0.415904
Hypertension	$BAG_{GM} \\$	rs6961048	G	0.009783	0.011151	0.38031	0.061296	0.077999	0.431968
Hypertension	$BAG_{GM} \\$	rs6985028	G	0.0078	0.006704	0.244617	0.046998	0.046845	0.315761
Hypertension	$BAG_{GM} \\$	rs7129204	C	-0.01963	0.01035	0.057894	-0.07861	0.072441	0.277883
Hypertension	$BAG_{GM} \\$	rs7174222	T	0.018475	0.006726	0.006027	0.005915	0.047177	0.900225
Hypertension	$BAG_{GM} \\$	rs7233089	A	-0.00044	0.007439	0.953047	-0.07366	0.05198	0.156462
Hypertension	$BAG_{GM} \\$	rs72762705	T	-5.4E-05	0.008472	0.994898	-0.05516	0.059203	0.351499
Hypertension	$BAG_{GM} \\$	rs7302981	A	0.018803	0.006915	0.006556	-0.04141	0.048346	0.391673
Hypertension	$BAG_{GM} \\$	rs73046792	A	-0.01965	0.009017	0.029352	-0.07757	0.06318	0.219564
Hypertension	$BAG_{GM} \\$	rs73105845	C	0.004917	0.011502	0.66905	-0.07042	0.080638	0.382546
Hypertension	$BAG_{GM} \\$	rs7310615	C	0.0111	0.006778	0.101513	0.013682	0.047325	0.772506
Hypertension	$BAG_{GM} \\$	rs74439044	C	-0.0029	0.01143	0.800037	0.225406	0.079558	0.004616
Hypertension	$BAG_{GM} \\$	rs74884762	A	0.005122	0.008587	0.550868	-0.00618	0.059778	0.917693
Hypertension	$BAG_{GM} \\$	rs74900445	C	0.00371	0.010277	0.718064	0.018369	0.071863	0.798261
Hypertension	$BAG_{GM} \\$	rs751984	C	-0.01976	0.010684	0.064437	-0.07783	0.07481	0.298194
Hypertension	$BAG_{GM} \\$	rs75511781	G	0.021487	0.016323	0.188085	-0.03776	0.114091	0.74066
Hypertension	$BAG_{GM} \\$	rs7700842	C	-0.00791	0.006901	0.252031	-0.02248	0.048347	0.641948
Hypertension	$BAG_{GM} \\$	rs7733331	T	-0.01416	0.006826	0.038026	-0.06359	0.047787	0.183303
Hypertension	$BAG_{GM} \\$	rs7764523	A	0.011879	0.007091	0.093926	-0.01695	0.049602	0.732572
Hypertension	$BAG_{GM} \\$	rs7768871	T	0.009789	0.006794	0.149671	-0.0068	0.04761	0.886393
Hypertension	$BAG_{GM} \\$	rs77924615	A	-0.00552	0.008569	0.519842	-0.02801	0.05998	0.640553
Hypertension	$BAG_{GM} \\$	rs7837979	T	0.004376	0.006865	0.523847	-0.04414	0.047943	0.357204
Hypertension	$BAG_{GM} \\$	rs78953748	G	0.026638	0.010995	0.015422	0.062348	0.076867	0.417318
Hypertension	$BAG_{GM} \\$	rs79044887	G	-0.0074	0.009314	0.426747	0.02595	0.065166	0.690486
Hypertension	$BAG_{GM} \\$	rs7972957	C	0.00023	0.007528	0.975576	0.000371	0.052628	0.994373
Hypertension	$BAG_{GM} \\$	rs7981842	T	-0.00302	0.015842	0.848859	-0.00868	0.11092	0.937611

Hypertension	BAG_{GM}	rs800981	T	-0.01006	0.008432	0.232659	-0.04951	0.058804	0.399847
Hypertension	$BAG_{GM} \\$	rs8061324	T	0.01096	0.00765	0.151993	-0.01296	0.053689	0.80925
Hypertension	$BAG_{GM} \\$	rs8102879	A	-0.00381	0.008231	0.643445	0.016692	0.057579	0.7719
Hypertension	$BAG_{GM} \\$	rs880315	\mathbf{C}	0.008464	0.007142	0.23599	0.00418	0.049998	0.933381
Hypertension	$BAG_{GM} \\$	rs9798571	A	-0.00926	0.007949	0.244058	-0.08504	0.055562	0.125892
Hypertension	$BAG_{GM} \\$	rs9844972	\mathbf{C}	0.023054	0.013598	0.090028	0.117664	0.09445	0.212873
Hypertension	BAG_{GM}	rs9848655	A	0.008785	0.009061	0.332311	-0.08431	0.063368	0.18341

Table S9 Summary of genetic variants used to estimate the effect of hypertension on WM ageing in 2SMR methods

			effect						_
exposure	outcome	SNP	allele	beta_exposure	se_exposure	pval_exposure	beta_outcome	se_outcome	pval_outcome
Hypertension	$BAG_{WM} \\$	rs10061297	T	-0.01441	0.01081	1.83E-01	-0.01643	0.079273	8.36E-01
Hypertension	BAG_{WM}	rs10077410	A	0.027112	0.009772	5.54E-03	0.021893	0.071492	7.59E-01
Hypertension	BAG_{WM}	rs10265221	C	0.001239	0.007399	8.67E-01	-0.00751	0.054226	8.90E-01
Hypertension	$BAG_{WM} \\$	rs10504744	C	0.006014	0.006701	3.70E-01	0.066427	0.049343	1.78E-01
Hypertension	$BAG_{WM} \\$	rs10749408	C	0.014499	0.007158	4.28E-02	0.125665	0.052538	1.68E-02
Hypertension	BAG_{WM}	rs1077394	C	-0.00495	0.007041	4.82E-01	0.049663	0.051628	3.36E-01
Hypertension	$BAG_{WM} \\$	rs10926978	C	0.002467	0.0072	7.32E-01	-0.03007	0.052778	5.69E-01
Hypertension	$BAG_{WM} \\$	rs10995307	C	-0.0029	0.006723	6.66E-01	0.086995	0.049163	7.68E-02
Hypertension	BAG_{WM}	rs11039216	C	-0.01503	0.006626	2.33E-02	-0.09429	0.048656	5.27E-02
Hypertension	BAG_{WM}	rs11064885	A	-0.01217	0.010746	2.57E-01	-0.08276	0.079073	2.95E-01
Hypertension	$BAG_{WM} \\$	rs11072508	C	0.013433	0.007181	6.14E-02	0.034312	0.052812	5.16E-01
Hypertension	$BAG_{WM} \\$	rs11099098	T	0.012127	0.007428	1.03E-01	0.023673	0.054412	6.64E-01
Hypertension	BAG_{WM}	rs111663960	G	0.018237	0.010355	7.82E-02	0.117604	0.076087	1.22E-01
Hypertension	$BAG_{WM} \\$	rs11168327	T	0.009869	0.007603	1.94E-01	0.033055	0.055741	5.53E-01
Hypertension	BAG_{WM}	rs1116969	\mathbf{C}	-0.00245	0.007625	7.48E-01	0.025976	0.055912	6.42E-01
Hypertension	BAG_{WM}	rs11191580	C	-0.01426	0.012315	2.47E-01	-0.0256	0.090029	7.76E-01

Hypertension	BAG_{WM}	rs11231711	A	0.001775	0.01397	8.99E-01	0.170931	0.102801	9.64E-02
Hypertension	$BAG_{WM} \\$	rs115262049	T	-0.02122	0.012037	0.077896	-0.01747	0.088786	0.844035
Hypertension	BAG_{WM}	rs11556924	T	-0.0102	0.006832	0.135544	-0.07262	0.050229	0.14828
Hypertension	BAG_{WM}	rs11774829	A	-0.00417	0.011416	0.714621	-0.09431	0.083879	0.260873
Hypertension	BAG_{WM}	rs11864054	G	-0.00686	0.006926	0.321779	-0.08767	0.050987	0.085546
Hypertension	$BAG_{WM} \\$	rs11866219	A	-9.1E-05	0.00693	0.989544	0.068377	0.050768	0.178059
Hypertension	BAG_{WM}	rs1186699	A	-0.00891	0.006941	0.199376	-0.05946	0.05099	0.243634
Hypertension	BAG_{WM}	rs12035750	C	-0.00696	0.006896	0.31296	-0.07028	0.050542	0.16438
Hypertension	BAG_{WM}	rs12258967	G	-0.01785	0.007302	0.014494	-0.05254	0.053697	0.327863
Hypertension	$BAG_{WM} \\$	rs12413195	C	-0.00672	0.007797	0.388471	0.042426	0.057369	0.459606
Hypertension	$BAG_{WM} \\$	rs12426667	C	-0.01543	0.007392	0.036836	-0.04973	0.054154	0.358454
Hypertension	BAG_{WM}	rs12482030	T	0.011755	0.010227	0.250394	0.015554	0.075064	0.835848
Hypertension	BAG_{WM}	rs12514965	C	-0.00624	0.00781	0.424577	0.058542	0.057305	0.307001
Hypertension	BAG_{WM}	rs12753716	C	-0.03507	0.01361	0.009994	0.143272	0.100625	0.154529
Hypertension	BAG_{WM}	rs1275988	C	0.017667	0.006892	0.010385	-0.05682	0.05053	0.260811
Hypertension	$BAG_{WM} \\$	rs1278719	G	-0.00801	0.007934	0.312905	0.044165	0.058233	0.448213
Hypertension	BAG_{WM}	rs12925388	A	-0.00072	0.006779	0.915945	-0.09451	0.049644	0.056968
Hypertension	BAG_{WM}	rs12948326	G	0.009655	0.007052	0.171041	-0.16393	0.051848	0.001573
Hypertension	BAG_{WM}	rs12978472	G	-0.0167	0.009962	0.093645	0.002616	0.072872	0.971364
Hypertension	$BAG_{WM} \\$	rs13112725	G	-0.00974	0.007779	0.210824	-0.05067	0.057252	0.376154
Hypertension	BAG_{WM}	rs13150093	A	-0.00633	0.006667	0.342418	-0.03777	0.048826	0.439185
Hypertension	BAG_{WM}	rs1436138	G	-0.00144	0.007017	0.837929	-0.14513	0.051542	0.004875
Hypertension	BAG_{WM}	rs1507154	T	0.008232	0.006607	0.212857	0.081974	0.048553	0.091375
Hypertension	BAG_{WM}	rs1558902	A	-0.0031	0.0068	0.648847	-0.02527	0.050051	0.613608
Hypertension	BAG_{WM}	rs1650581	G	-0.00056	0.007688	0.942097	0.109573	0.056464	0.052335
Hypertension	BAG_{WM}	rs16853173	T	-0.0014	0.012568	0.91133	-0.01166	0.092188	0.899359
Hypertension	$BAG_{WM} \\$	rs16895971	C	-0.01157	0.009627	0.22956	-0.03577	0.07073	0.613054

Hypertension	BAG_{WM}	rs169080	T	0.006882	0.006999	0.325473	-0.09859	0.051198	0.054178
Hypertension	$BAG_{WM} \\$	rs1717200	G	-0.00264	0.00673	0.694556	-0.05865	0.049323	0.234399
Hypertension	$BAG_{WM} \\$	rs17264887	G	-0.00232	0.006794	0.732554	-0.01569	0.049777	0.752603
Hypertension	BAG_{WM}	rs17335134	G	-0.00316	0.007564	0.67658	0.026689	0.055342	0.62963
Hypertension	BAG_{WM}	rs17608766	\mathbf{C}	0.015221	0.009402	0.105517	0.087852	0.069342	0.205201
Hypertension	$BAG_{WM} \\$	rs17747401	T	-0.02213	0.007009	0.001598	-0.03295	0.051451	0.521918
Hypertension	$BAG_{WM} \\$	rs1801253	G	-0.01424	0.007652	0.062734	-0.06342	0.056149	0.258726
Hypertension	BAG_{WM}	rs1882961	T	0.000418	0.007348	0.9546	0.104479	0.053847	0.052369
Hypertension	BAG_{WM}	rs188315257	G	-0.0096	0.011637	0.409446	-0.23306	0.085154	0.006213
Hypertension	$BAG_{WM} \\$	rs2014590	T	-0.01103	0.006668	0.098205	-0.05145	0.04896	0.293385
Hypertension	$BAG_{WM} \\$	rs2046823	A	-0.02033	0.007667	0.008014	0.020367	0.056285	0.717475
Hypertension	BAG_{WM}	rs2238280	T	0.003892	0.00778	0.616947	0.060377	0.057407	0.292944
Hypertension	$BAG_{WM} \\$	rs2298359	C	-0.00768	0.013634	0.573386	0.022427	0.099849	0.822289
Hypertension	$BAG_{WM} \\$	rs2306363	T	-0.01327	0.00824	0.10739	-0.02659	0.060537	0.660524
Hypertension	$BAG_{WM} \\$	rs2327429	C	-0.00848	0.007367	0.249456	0.016103	0.054185	0.766332
Hypertension	$BAG_{WM} \\$	rs2443708	T	0.002322	0.00728	0.749757	0.027729	0.0534	0.603581
Hypertension	$BAG_{WM} \\$	rs2493136	T	0.018054	0.00687	0.008607	-0.03058	0.050387	0.543893
Hypertension	BAG_{WM}	rs2521501	T	0.006727	0.007294	0.356429	0.058386	0.053607	0.276111
Hypertension	BAG_{WM}	rs2643826	T	0.004006	0.006749	0.552801	-0.0216	0.049504	0.66257
Hypertension	$BAG_{WM} \\$	rs2681485	G	-0.01959	0.006773	0.003836	-0.06911	0.049671	0.164165
Hypertension	$BAG_{WM} \\$	rs268263	T	-0.01683	0.007805	0.031032	-0.09194	0.057426	0.109421
Hypertension	BAG_{WM}	rs2735357	A	-0.00724	0.007691	0.346747	-0.0002	0.056203	0.997209
Hypertension	$BAG_{WM} \\$	rs2760061	A	0.005453	0.006836	0.425068	0.021601	0.050245	0.667276
Hypertension	$BAG_{WM} \\$	rs2820290	A	0.000882	0.006697	0.89517	0.006769	0.049106	0.89036
Hypertension	BAG_{WM}	rs28416181	G	-0.01138	0.007685	0.138653	-0.0092	0.0563	0.870244
Hypertension	$BAG_{WM} \\$	rs28431893	A	0.007838	0.01803	0.663785	-0.17109	0.132906	0.19803
Hypertension	$BAG_{WM} \\$	rs28667801	T	-0.00176	0.006842	0.797489	0.042453	0.050329	0.398961

Hypertension	BAG_{WM}	rs2906163	C	0.011432	0.007099	0.10732	-0.02159	0.052143	0.678883
Hypertension	BAG_{WM}	rs34869093	G	0.006115	0.006975	0.380681	-0.01821	0.051103	0.721625
Hypertension	BAG_{WM}	rs35429	G	0.001284	0.006858	0.851454	-0.04829	0.050161	0.335701
Hypertension	BAG_{WM}	rs35479618	A	-0.02624	0.024346	0.281118	-0.08873	0.182748	0.627299
Hypertension	BAG_{WM}	rs35593046	T	2.24E-05	0.007796	0.997709	-0.02777	0.057319	0.628106
Hypertension	$BAG_{WM} \\$	rs36071027	T	-0.0056	0.007006	0.42376	-0.05977	0.051491	0.24572
Hypertension	$BAG_{WM} \\$	rs3790604	A	0.001584	0.012742	0.901074	-0.07908	0.094021	0.400286
Hypertension	BAG_{WM}	rs3796205	\mathbf{C}	0.003366	0.007014	0.631292	0.11414	0.05143	0.026486
Hypertension	BAG_{WM}	rs3796581	G	-0.00861	0.00847	0.309543	-0.06915	0.062518	0.268714
Hypertension	$BAG_{WM} \\$	rs3802228	A	0.013425	0.006718	0.045718	0.011214	0.049281	0.819996
Hypertension	$BAG_{WM} \\$	rs3803266	G	0.005919	0.007933	0.455595	0.002285	0.058142	0.968645
Hypertension	BAG_{WM}	rs3858446	G	0.006336	0.006972	0.36352	0.04741	0.05116	0.35411
Hypertension	BAG_{WM}	rs3863248	G	-0.00789	0.007771	0.310148	-0.00508	0.056963	0.928886
Hypertension	BAG_{WM}	rs3902740	T	-0.0023	0.006871	0.738132	-0.00551	0.05037	0.912945
Hypertension	BAG_{WM}	rs3918226	T	0.02062	0.012861	0.108902	0.035733	0.094197	0.704437
Hypertension	BAG_{WM}	rs3936510	T	0.00193	0.008364	0.817558	0.008585	0.061478	0.888944
Hypertension	BAG_{WM}	rs42038	T	-0.00865	0.007372	0.240783	-0.00219	0.054168	0.967809
Hypertension	BAG_{WM}	rs426570	T	0.010917	0.007338	0.136861	0.070568	0.053717	0.188977
Hypertension	BAG_{WM}	rs4277405	C	0.000249	0.006913	0.971253	0.00078	0.050714	0.98773
Hypertension	BAG_{WM}	rs4363897	C	0.013787	0.015961	0.38775	0.1657	0.11702	0.156808
Hypertension	BAG_{WM}	rs4375757	T	0.008543	0.012157	0.482241	0.134341	0.089261	0.132347
Hypertension	BAG_{WM}	rs448385	A	0.007813	0.006771	0.248529	0.092736	0.049627	0.0617
Hypertension	BAG_{WM}	rs4609031	A	0.005854	0.008081	0.4688	-0.05602	0.059058	0.34287
Hypertension	BAG_{WM}	rs4690774	T	-0.00171	0.006692	0.798428	-0.09601	0.049026	0.050228
Hypertension	BAG_{WM}	rs4755737	A	-0.00459	0.006708	0.494071	-0.05724	0.049198	0.244653
Hypertension	BAG_{WM}	rs4785581	A	0.008722	0.006794	0.199272	-0.01301	0.049954	0.79451
Hypertension	$BAG_{WM} \\$	rs483071	C	0.003859	0.007011	0.582031	-0.02425	0.051634	0.638555

Н	Iypertension	$BAG_{WM} \\$	rs4833586	A	0.009808	0.009289	0.291059	-0.04773	0.068303	0.484683
Н	Iypertension	$BAG_{WM} \\$	rs4873492	T	-0.00351	0.00893	0.694495	-0.03564	0.065393	0.58575
Н	Iypertension	$BAG_{WM} \\$	rs4910498	A	-0.00328	0.006922	0.636114	-0.12822	0.050847	0.011691
Н	Iypertension	$BAG_{WM} \\$	rs4942041	T	0.019696	0.012738	0.122093	-0.10091	0.093577	0.280874
Н	Iypertension	BAG_{WM}	rs516246	C	-0.01355	0.006654	0.041754	-0.02127	0.048934	0.663749
Н	Iypertension	$BAG_{WM} \\$	rs56163207	G	0.000631	0.007217	0.930277	-0.00032	0.052962	0.995114
Н	Iypertension	$BAG_{WM} \\$	rs56393506	T	0.009271	0.00927	0.317264	-0.06697	0.067831	0.323553
Н	Iypertension	$BAG_{WM} \\$	rs56403963	G	0.002065	0.00885	0.815541	-0.02216	0.064894	0.732695
Н	Iypertension	$BAG_{WM} \\$	rs569550	G	0.018853	0.006884	0.00618	0.066612	0.050526	0.187406
Н	Iypertension	$BAG_{WM} \\$	rs57139556	G	0.006806	0.012558	0.587851	-0.02527	0.091907	0.783382
Н	Iypertension	$BAG_{WM} \\$	rs57748895	T	0.043684	0.024575	0.075496	-0.00316	0.179033	0.985932
Н	Iypertension	$BAG_{WM} \\$	rs57866767	C	-0.00084	0.00667	0.899772	0.078254	0.048976	0.110118
Н	Iypertension	$BAG_{WM} \\$	rs57946343	C	-0.01068	0.009424	0.25733	-0.13202	0.068873	0.055286
Н	Iypertension	BAG_{WM}	rs6031431	G	0.010985	0.006802	0.106341	0.091296	0.049855	0.067096
Н	Iypertension	BAG_{WM}	rs604723	T	-0.00956	0.007601	0.208297	0.010759	0.055723	0.8469
Н	Iypertension	$BAG_{WM} \\$	rs61056117	A	-0.01001	0.012501	0.423108	-0.05899	0.09153	0.519262
Н	Iypertension	$BAG_{WM} \\$	rs6108168	A	-0.00837	0.007659	0.274723	-0.0414	0.056427	0.463203
Н	Iypertension	$BAG_{WM} \\$	rs6108787	G	0.009049	0.006671	0.174957	0.065441	0.048978	0.181539
Н	Iypertension	$BAG_{WM} \\$	rs6119758	A	-0.00954	0.007618	0.210483	-0.08133	0.05571	0.144351
Н	Iypertension	$BAG_{WM} \\$	rs61772626	G	0.022487	0.010025	0.024904	-0.02598	0.073993	0.725535
Н	Iypertension	$BAG_{WM} \\$	rs62481856	A	-0.0016	0.008422	0.849701	0.086051	0.061694	0.163105
Н	Iypertension	$BAG_{WM} \\$	rs6271	T	-0.0202	0.012455	0.104861	-0.02494	0.091843	0.785936
Н	Iypertension	$BAG_{WM} \\$	rs6445597	A	0.008683	0.007139	0.223893	-0.01045	0.052597	0.842512
Н	Iypertension	$BAG_{WM} \\$	rs6488549	T	-0.00206	0.006771	0.760695	-0.02781	0.049604	0.575105
Н	Iypertension	$BAG_{WM} \\$	rs6812640	C	0.007466	0.006845	0.275367	0.047799	0.050239	0.341406
Н	Iypertension	BAG_{WM}	rs6860901	T	0.01101	0.007381	0.135807	-0.02344	0.054256	0.665773
Н	Iypertension	$BAG_{WM} \\$	rs6923071	T	0.004051	0.006776	0.549925	0.019803	0.049717	0.690401

Hypertension	BAG_{WM}	rs6932812	G	-0.01539	0.013205	0.243995	-0.08145	0.096989	0.401078
Hypertension	$BAG_{WM} \\$	rs6961048	G	0.009783	0.011151	0.38031	0.102612	0.081801	0.209722
Hypertension	BAG_{WM}	rs6985028	G	0.0078	0.006704	0.244617	-0.01968	0.049168	0.688961
Hypertension	BAG_{WM}	rs7129204	\mathbf{C}	-0.01963	0.01035	0.057894	-0.02584	0.076007	0.733898
Hypertension	BAG_{WM}	rs7174222	T	0.018475	0.006726	0.006027	0.04505	0.049526	0.363033
Hypertension	$BAG_{WM} \\$	rs7233089	A	-0.00044	0.007439	0.953047	-0.00907	0.054517	0.867847
Hypertension	$BAG_{WM} \\$	rs72762705	T	-5.4E-05	0.008472	0.994898	0.004653	0.062135	0.940306
Hypertension	BAG_{WM}	rs7302981	A	0.018803	0.006915	0.006556	-0.01256	0.050699	0.804269
Hypertension	BAG_{WM}	rs73046792	A	-0.01965	0.009017	0.029352	-0.09495	0.066278	0.15199
Hypertension	$BAG_{WM} \\$	rs73105845	C	0.004917	0.011502	0.66905	-0.04532	0.084436	0.591429
Hypertension	$BAG_{WM} \\$	rs7310615	C	0.0111	0.006778	0.101513	-0.02406	0.049626	0.627876
Hypertension	BAG_{WM}	rs74439044	C	-0.0029	0.01143	0.800037	0.165255	0.083416	0.047605
Hypertension	BAG_{WM}	rs74884762	A	0.005122	0.008587	0.550868	-0.08632	0.062671	0.168442
Hypertension	BAG_{WM}	rs74900445	C	0.00371	0.010277	0.718064	-0.02135	0.075175	0.776447
Hypertension	BAG_{WM}	rs751984	C	-0.01976	0.010684	0.064437	-0.03584	0.078502	0.648049
Hypertension	$BAG_{WM} \\$	rs75511781	G	0.021487	0.016323	0.188085	-0.15238	0.11989	0.203766
Hypertension	BAG_{WM}	rs7700842	C	-0.00791	0.006901	0.252031	0.06567	0.050713	0.195368
Hypertension	BAG_{WM}	rs7733331	T	-0.01416	0.006826	0.038026	-0.06768	0.050168	0.177317
Hypertension	BAG_{WM}	rs7764523	A	0.011879	0.007091	0.093926	-0.01528	0.051959	0.768724
Hypertension	$BAG_{WM} \\$	rs7768871	T	0.009789	0.006794	0.149671	-0.02156	0.049722	0.664603
Hypertension	BAG_{WM}	rs77924615	A	-0.00552	0.008569	0.519842	0.047444	0.062775	0.449803
Hypertension	BAG_{WM}	rs7837979	T	0.004376	0.006865	0.523847	-0.009	0.050241	0.85782
Hypertension	BAG_{WM}	rs78953748	G	0.026638	0.010995	0.015422	0.067472	0.080635	0.402748
Hypertension	BAG_{WM}	rs79044887	G	-0.0074	0.009314	0.426747	0.017054	0.068387	0.803078
Hypertension	BAG_{WM}	rs7972957	\mathbf{C}	0.00023	0.007528	0.975576	0.046407	0.055199	0.400523
Hypertension	BAG_{WM}	rs7981842	T	-0.00302	0.015842	0.848859	0.068597	0.116687	0.556628
Hypertension	$BAG_{WM} \\$	rs800981	T	-0.01006	0.008432	0.232659	0.049578	0.061712	0.421777

Hypertension	BAG_{WM}	rs8061324	T	0.01096	0.00765	0.151993	-0.01175	0.056207	0.834374
Hypertension	BAG_{WM}	rs8102879	A	-0.00381	0.008231	0.643445	-0.10305	0.060353	0.087769
Hypertension	BAG_{WM}	rs880315	\mathbf{C}	0.008464	0.007142	0.23599	0.033936	0.052464	0.517742
Hypertension	BAG_{WM}	rs9798571	A	-0.00926	0.007949	0.244058	-0.09827	0.05825	0.091613
Hypertension	BAG_{WM}	rs9844972	\mathbf{C}	0.023054	0.013598	0.090028	-0.01516	0.098657	0.877892
Hypertension	BAG_{WM}	rs9848655	A	0.008785	0.009061	0.332311	0.011831	0.066491	0.858778

Table S10 Longitudinal sample descriptions of each BP group

		mal	_	normal		ypertension	Grade 2 hypertension	
	(n =	493)	(n =	= 309)	(n =	456)	(n =	: 141)
	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up	Baseline	Follow-up
Demographics								_
Chronological age, mean (SD)	60.86 (7.19)	63.11 (7.19)	63.71 (6.99)	65.97 (6.99)	63.90 (6.71)	66.15 (6.70)	66.26 (6.86)	68.52 (6.85)
Sex (male, %)	173 (35.1)	-	151 (48.9)	-	261 (57.2)	-	96 (68.1)	-
Education (college, %)	257 (25.4)	-	137 (44.6)	-	222 (49.0)	-	61 (43.6)	-
Risk factors								
Diabetes (%)	16 (3.3)	-	19 (6.2)	-	23 (5.1)	-	7 (5.0)	-
Hypercholesterolemia (%)	62 (12.7)	-	72 (23.5)	-	122 (26.9)	-	41 (29.1)	-
Obesity (%)	54 (11.0)	-	56 (18.4)	-	86 (18.9)	-	35 (35.0)	-
Smoking (%)	134 (27.3)	-	110 (35.9)	-	154 (33.9)	-	58 (41.1)	-
APOE ε4 carriers (%)	132 (32.0)	-	76 (28.7)		108 (28.2)	-	30 (25.6)	-
Anti-hypertensive medication (%)	49 (10.0)	-	65 (21.2)	-	134 (29.6)	-	44 (31.2)	-
Brain ages								
GM brain age, mean (SD)	60.38 (7.91)	62.43 (8.04)	63.46 (8.19)	65.64 (8.12)	63.83 (7.67)	66.03 (7.53)	66.90 (7.64)	69.04 (7.23)
WM brain age, mean (SD)	60.24 (8.08)	62.51 (8.16)	63.44 (7.76)	65.80 (7.84)	64.05 (7.42)	66.50 (7.35)	67.34 (7.06)	69.61 (7.02)
BAG_{GM} , mean (SD)	-0.48 (3.34)	-0.68 (3.32)	-0.25(3.67)	-0.32 (3.64)	-0.07(3.54)	-0.12 (3.43)	0.64(3.74)	0.52(3.74)
BAG_{WM} , mean (SD)	-0.62 (3.32)	-0.60 (3.29)	-0.26 (3.55)	-0.16 (3.48)	0.15 (3.35)	0.35 (3.40)	1.09 (3.59)	1.10 (3.59)
Cognition	, ,		· · ·	, ,				

Processing speed, mean (SD)	0.41 (0.90)	0.36 (0.97)	0.26 (0.91)	0.10 (0.96)	0.22 (0.89)	0.11 (1.00)	0.06 (0.99)	-0.04 (1.04)
Executive function, mean (SD)	0.34 (0.96)	0.29(0.95)	0.21 (0.89)	0.06(0.95)	0.20(0.98)	0.10(1.00)	0.02(0.96)	-0.06 (1.01)
Memory, mean (SD)	0.20(0.96)	0.23(0.97)	0.20(0.93)	0.08(0.95)	0.13 (0.98)	0.06(0.98)	-0.02 (1.04)	-0.22 (1.01)
Global cognition, mean (SD)	0.40(0.92)	0.37 (0.96)	0.29(0.87)	0.11 (0.94)	0.23 (0.96)	0.12 (0.98)	0.03 (0.97)	-0.13 (1.03)

Abbreviations: BP = blood pressure; SD = standard deviation; APOE = apolipoprotein E; GM = grey matter; WM = white matter; BAG $_{GM}$ = grey matter brain age gap; BAG $_{WM}$ = white matter brain age gap

Table S11 Statistical details of sliding window analysis

			$\mathrm{BAG}_{\mathit{GM}}$				BAG_{WM}	
Windows (years)	Averaged age (years)	Number of participants	Regression coefficient	p	Corrected p	Regression coefficient	p	Corrected p
45.49-55	50	1557	0.4783	0.0080	0.2324	0.5605	0.0054	0.1574
46-56	51	1910	0.5922	0.0004	0.0109*	0.8309	0.0000	0.0002*
47-57	52	2256	0.5452	0.0004	0.0111*	0.7686	0.0000	0.0002*
48-58	53	2572	0.4531	0.0019	0.0558	0.7224	0.0000	0.0002*
49-59	54	2864	0.4748	0.0007	0.0217*	0.7636	0.0000	P < 0.0001*
50-60	55	3116	0.5170	0.0002	0.0052*	0.7947	0.0000	P < 0.0001*
51-61	56	3315	0.5291	0.0001	0.0028*	0.8826	0.0000	P < 0.0001*
52-62	57	3546	0.4709	0.0004	0.0104*	0.8145	0.0000	P < 0.0001*
53-63	58	3668	0.5045	0.0001	0.0030*	0.8951	0.0000	P < 0.0001*
54-64	59	3790	0.4694	0.0002	0.0072*	0.8093	0.0000	P < 0.0001*
55-65	60	3974	0.4458	0.0004	0.0102*	0.8008	0.0000	P < 0.0001*
56-66	61	4108	0.3890	0.0014	0.0403*	0.7644	0.0000	P < 0.0001*
57-67	62	4220	0.4131	0.0006	0.0170*	0.7537	0.0000	P < 0.0001*

58-68	63	4321	0.4698	0.0001	0.0020*	0.7536	0.0000	P < 0.0001*
59-69	64	4386	0.5211	0.0000	0.0002*	0.7997	0.0000	P < 0.0001*
60-70	65	4494	0.4903	0.0000	0.0004*	0.7529	0.0000	P < 0.0001*
61-71	66	4573	0.5014	0.0000	0.0001*	0.6827	0.0000	P < 0.0001*
62-72	67	4505	0.4894	0.0000	0.0002*	0.6205	0.0000	P < 0.0001*
63-73	68	4470	0.5217	0.0000	P < 0.0001*	0.5499	0.0000	P < 0.0001*
64-74	69	4330	0.4707	0.0000	0.0003*	0.4925	0.0000	0.0001*
65-75	70	4112	0.4396	0.0000	0.0014*	0.5037	0.0000	0.0001*
66-76	71	3836	0.4375	0.0001	0.0022*	0.4234	0.0001	0.0035*
67-77	72	3529	0.4031	0.0004	0.0112*	0.4111	0.0002	0.0067*
68-78	73	3198	0.3800	0.0012	0.0357*	0.3885	0.0008	0.0221*
69-79	74	2847	0.2956	0.0173	0.5022	0.2161	0.0734	2.1293
70-80	75	2429	0.2889	0.0289	0.8370	0.1461	0.2558	7.4169
71-81	76	1974	0.1853	0.1948	5.6482	0.1075	0.4383	12.7102
72-82	77	1577	0.2540	0.1073	3.1103	0.1764	0.2500	7.2513
73-82.32	78	1207	0.0681	0.7033	20.3961	0.0811	0.6455	18.7182

Abbreviations: BAG_{GM} = grey matter brain age gap; BAG_{WM} = white matter brain age gap; corrected p indicated the adjusted p value after Bonferroni correction.

Supplementary Figures

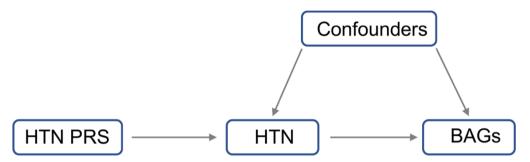


Figure S1 Schematic representation of MR analysis. The two-stage MR analysis was conducted with HTN PRS as the genetic instrument using individual-level data from 11056 UK Biobank participants. This analysis was restricted in White British Ancestry. Confounders including chronological age, sex, scanner and four genetic principal components were adjusted in the first and second stage. Abbreviations: MR = Mendelian randomization; HTN = hypertension; PRS = polygenetic risk score; BAGs = BAG_{GM} or BAG_{WM}.

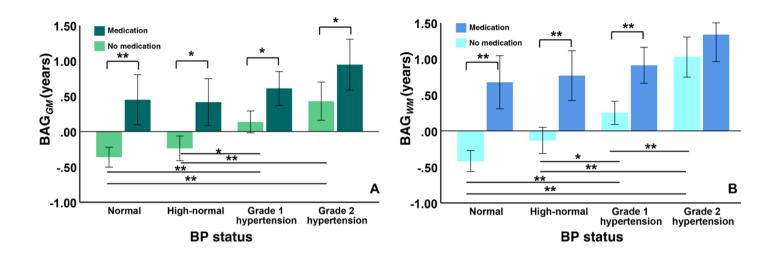


Figure S2 Association between BP and BAG_{GM} (Figure S2A) and BAG_{WM} (Figure S2B) stratified by anti-hypertensive medication status. Abbreviations: BAG_{GM} = grey matter brain age gap; BAG_{WM} = white matter brain age gap; BP = blood pressure. ** indicates p < 0.001 after Bonferroni correction.

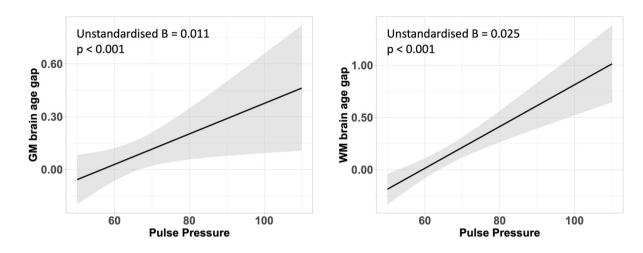


Figure S3 Association between pulse pressure and WM and GM brain age gaps. WM = white matter; GM = grey matter

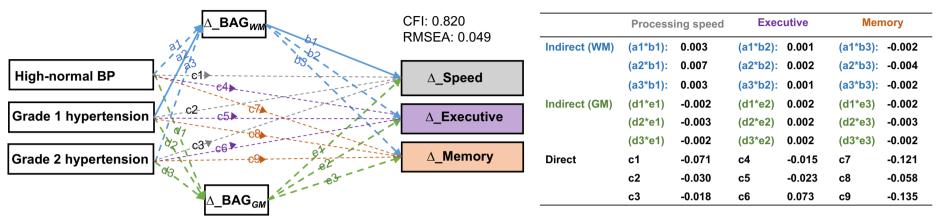


Figure S4 Longitudinal mediation analyses for baseline BP, changes of BAGs and changes of cognition. a*b indicate the indirect effect mediated by Δ _BAG_{WM}; d*e indicate the indirect effect mediated by Δ _BAG_{GM}; c1-9 indicate the average direct effect between BP levels and cognition; solid lines indicate significant paths while dash lines indicate the insignificant paths. Abbreviations: BP = blood pressure; Δ _BAG_{GM} = change of grey matter brain age gap; Δ _BAG_{WM} = change of white matter brain age gap; Δ _Speed = change of processing speed; Δ _Executive = change of executive function; Δ _Memory = change of memory; RMSEA = Root mean square error of approximation; CFI = comparative fit index. * indicates the p < 0.05, ** indicates the p < 0.001.