**STable 1. Adjusteda association between Each Nutrient and Depression in the United States and South Korea**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | **Carbohydrateb** | | | **Proteinb** | | | **Fatb** |
| **Nutrient Intake Status** | |
| **United States** | | |  | | |  |  | |
|  | Normal Intake of Carbohydratec | | – | **0.603 (0.498-0.729)e** | | | 1.074 (0.919-1.255) | |
| **South Korea** | | |  |  | | |  | |
|  | Normal Intake of Carbohydrated | | – | 0.569 (0.310-1.042)f | | | 1.346 (0.998-1.816) | |

a Adjusted for age, gender, income, BMI, hypertension, dyslipidemia, diabetes and chest pain.

b Odds ratio for 10% increase of each nutrient and depression.

c AMDR (Acceptable Macronutrient Distribution Range) for carbohydrate: 45 to 65% of total calories intake per day.

d KDRIs (Dietary Reference Intakes for Koreans) for carbohydrate: 55 to 70% of total calories intake per day.

e p < 0.001

f p = 0.067