

**Supplementary Table 1** Comparison of common methods for measuring body fat

<b>Method</b>	<b>Advantages</b>	<b>Disadvantages</b>
Nuclear Magnetic Resonance Imaging (MRI)	<ol style="list-style-type: none"> <li>1. Non-invasive</li> <li>2. High spatial resolution</li> <li>3. Can distinguish between subcutaneous and visceral fat</li> <li>4. Can measure other body tissues such as muscle and organs</li> </ol>	<ol style="list-style-type: none"> <li>1. Expensive</li> <li>2. Time-consuming</li> <li>3. Limited availability</li> <li>4. Cannot be used in patients with metal implants or claustrophobia</li> </ol>
Computed Tomography (CT)	<ol style="list-style-type: none"> <li>1. Non-invasive</li> <li>2. High spatial resolution</li> <li>3. Can distinguish between subcutaneous and visceral fat</li> <li>4. Can measure other body tissues such as bone and organs</li> <li>5. Fast scanning time</li> </ol>	<ol style="list-style-type: none"> <li>1. Expensive</li> <li>2. Radiation exposure</li> <li>3. Cannot be used in patients with metal implants or claustrophobia</li> <li>4. Cannot be used in patients with renal impairment</li> </ol>
Dual-Energy X-ray Absorptiometry (DEXA)	<ol style="list-style-type: none"> <li>1. Non-invasive</li> <li>2. Low radiation exposure</li> <li>3. Can measure bone mineral density and lean mass</li> <li>4. Can distinguish between subcutaneous and visceral fat in the abdominal region</li> </ol>	<ol style="list-style-type: none"> <li>1. Limited spatial resolution</li> <li>2. Limited availability</li> <li>3. Cannot measure visceral fat outside the abdominal region</li> </ol>
Bioelectrical Impedance Analysis (BIA)	<ol style="list-style-type: none"> <li>1. Non-invasive</li> <li>2. Low cost</li> <li>3. Can be used in outpatient settings</li> <li>4. Can measure body composition (fat mass and lean mass)</li> <li>5. Can track changes over time</li> </ol>	<ol style="list-style-type: none"> <li>1. Limited accuracy</li> <li>2. Affected by hydration status</li> <li>3. Cannot distinguish between subcutaneous and visceral fat</li> </ol>

**Supplementary Table 2: AUCs of VFA, BFP, BMI and their combination for diagnosing hyperuricemia**

Variables	AUC	95%CI low	95%CI up	Best threshold	Specificity	Sensitivity
BFP (%)	0.5515	0.5424	0.5607	30.8500	0.3653	0.7468
VFA (cm <sup>2</sup> )	0.5782	0.5689	0.5874	77.3500	0.4468	0.6889
BMI (kg/m <sup>2</sup> )	0.6883	0.6797	0.6969	24.5500	0.5577	0.7148
Model 1	0.8052	0.7984	0.8120	-1.3249	0.6074	0.8731
Model 2	0.7495	0.7419	0.7570	-1.5425	0.5507	0.8323
Model 3	0.8053	0.7985	0.8121	-1.3360	0.6024	0.8776
Model 4	0.7951	0.7883	0.8018	-1.2320	0.5973	0.8751

Model 1: (Age+gender+BMI+BFP+VFA):  $\text{logit}(\text{hyperuricemia}) = -6.00014 + 0.05207 \cdot \text{BFP} - 0.00397 \cdot \text{VFA} + 0.12259 \cdot \text{BMI} + 2.66719 \cdot \text{SEX} - 0.02771 \cdot \text{AGE}$ . Model 2(BFP+BMI+VFA):  $\text{logit}(\text{hyperuricemia}) = -4.68798 - 0.15314 \cdot \text{BFP} + 0.01298 \cdot \text{VFA} + 0.25787 \cdot \text{BMI}$ . Model 3(BFP+BMI+Sex+Age):  $\text{logit}(\text{hyperuricemia}) = -5.56092 + 0.03729 \cdot \text{BFP} + 0.10761 \cdot \text{BMI} + 2.63569 \cdot \text{SEX} - 0.02747 \cdot \text{AGE}$ . Model 4(BMI+BFP+Sex):  $\text{logit}(\text{hyperuricemia}) = -6.91626 + 0.02620 \cdot \text{BFP} + 0.12173 \cdot \text{BMI} + 2.59018 \cdot \text{SEX}$ . AUC, area under curve; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.

**Supplementary Table 3: Hyperuricemia in normal-weight and lean populations (BMI<25 kg/m<sup>2</sup>) with higher VFA and BFP**

Hyperuricemia	No	Yes	<i>P</i> -value
Female (n)	5658	172	
VFA (cm <sup>2</sup> )	73.20 (59.80-92.30)	88.15 (72.25-105.93)	<0.001
BFP (%)	29.70 (26.10-33.00)	32.35 (29.28-34.90)	<0.001
Male (n)	3443	1299	
VFA (cm <sup>2</sup> )	62.40 (50.70-74.05)	67.40 (55.70-78.20)	<0.001
BFP (%)	21.40 (18.20-24.30)	22.80 (19.70-25.50)	<0.001

VFA: Visceral fat area; BFP: body fat percentage.

**Supplementary Table 4:** AUCs of VFA, BFP, BMI and their combination for diagnosing hyperuricemia in normal-weight and lean populations

Variables	AUC	95%CI low	95%CI up	Best threshold	Specificity	Sensitivity
BFP (%)	0.6343	0.6204	0.6482	27.3500	0.4458	0.7967
VFA (cm <sup>2</sup> )	0.4887	0.4737	0.5038	66.1500	0.4510	0.5758
BMI (kg/m <sup>2</sup> )	0.6401	0.6257	0.6546	22.9500	0.5882	0.6281
Model 1	0.8031	0.7923	0.8140	-1.6037	0.6712	0.8355

Model 1: (Age+gender+BMI+BFP+VFA):  $\text{logit}(\text{hyperuricemia}) = -6.56135 + 0.04708 \cdot \text{BFP} + 0.00246 \cdot \text{VFA} + 0.11388 \cdot \text{BMI} + 2.88429 \cdot \text{SEX} - 0.02269 \cdot \text{AGE}$ . ROC, receiver operating characteristic; AUC, area under curve; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.

**Supplementary Table 5** AUCs of VFA, BFP, BMI and their combination for diagnosing hyperuricemia with lower cut-off value

Variables	AUC	95%CI low	95%CI up	Best threshold	Specificity	Sensitivity
BFP (%)	0.5257	0.5173	0.5341	28.6500	0.4906	0.5691
VFA (cm <sup>2</sup> )	0.5849	0.5767	0.5932	75.1500	0.4683	0.6687
BMI (kg/m <sup>2</sup> )	0.6792	0.6715	0.6869	24.5500	0.6559	0.6055
Model 1	0.7588	0.7519	0.7656	0.6638	0.7372	0.6680

Model 1: (Age+Sex+BMI+BFP):  $\text{logit}(\text{hyperuricemia}) = -3.55374 + 0.04016 \cdot \text{BFP} + 0.11282 \cdot \text{BMI} + 1.78541 \cdot \text{SEX} - 0.01624 \cdot \text{AGE}$ ; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.

**Supplementary Table 6** Hyperuricemia in normal-weight and lean populations

(BMI < 25 kg/m<sup>2</sup>) with higher VFA and BFP with lower cut-off value

Hyperuricemia	No	Yes	P-value
Female (n)	3877	1953	
VFA (cm <sup>2</sup> )	71.10 (15.60-202.80)	78.70 (5.00-185.10)	<0.001
BFP (%)	29.10 (9.90-47.50)	30.80 (3.00-50.90)	<0.001
Male (n)	1413	3329	
VFA (cm <sup>2</sup> )	60.70 (7.00-116.60)	65.30 (5.00-143.30)	<0.001
BFP (%)	20.80 (3.00-33.70)	22.20 (3.00-36.50)	<0.001

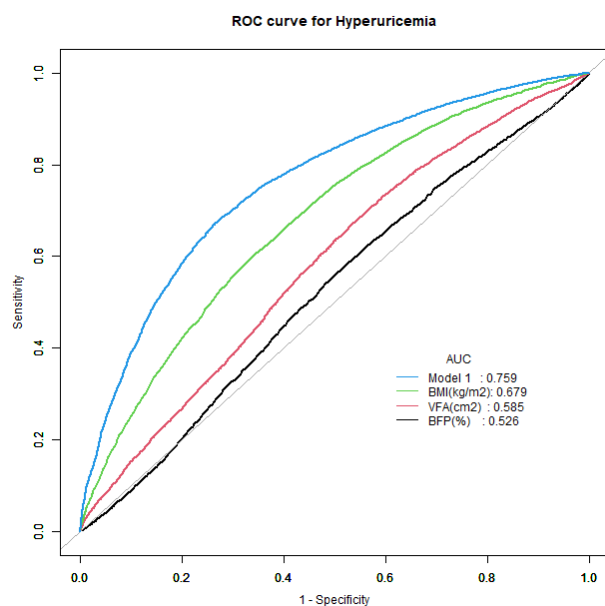
VFA: Visceral fat area; BFP: body fat percentage.

**Supplementary Table 7** AUCs of VFA, BFP, BMI and their combination for diagnosing hyperuricemia with lower cut-off value in normal-weight and lean populations

Variables	AUC	95%CI low	95%CI up	Best threshold	Specificity	Sensitivity
BFP (%)	0.5809	0.5701	0.5918	26.8500	0.5147	0.6310
VFA (cm <sup>2</sup> )	0.5095	0.4985	0.5205	63.5500	0.4136	0.6229
BMI (kg/m <sup>2</sup> )	0.6199	0.6093	0.6306	22.2500	0.5183	0.6660
Model 1	0.7268	0.7172	0.7363	0.1676	0.7552	0.6126

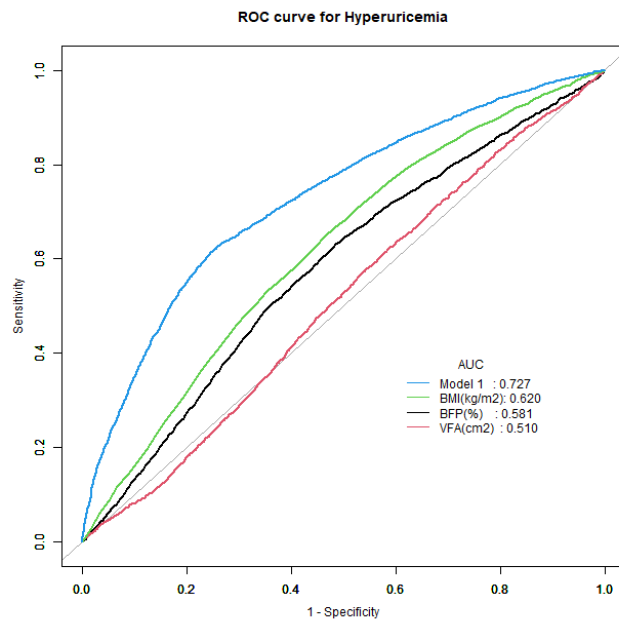
Model 1: (Age+Sex+BMI+BFP+VFA):  $\text{logit}(\text{hyperuricemia}) = -3.95982 + 0.05135 \cdot \text{BFP} - 0.00202 \cdot \text{VFA} + 0.11849 \cdot \text{BMI} + 1.87699 \cdot \text{SEX} - 0.01456 \cdot \text{AGE}$ . ROC, receiver operating characteristic; AUC, area under curve; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.

**Supplementary Figure 1:** ROC curves of hyperuricemia with lower cutoff value for BMI, VFA, BFP, and the combined model.



Model 1: (Age+Sex+BMI+BFP):  $\text{logit}(\text{hyperuricemia}) = -3.55374 + 0.04016 \cdot \text{BFP} + 0.11282 \cdot \text{BMI} + 1.78541 \cdot \text{SEX} - 0.01624 \cdot \text{AGE}$ ; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index. **Abbreviation:** ROC, receiver operating characteristic; AUC, area under curve; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.

**Supplementary Figure 2:** ROC curves of hyperuricemia with lower cutoff value in normal and lean populations for BMI, VFA, BFP BMI, VFA, BFP, and the combined model



Model 1: (Age+Sex+BMI+BFP+VFA):  $\text{logit}(\text{hyperuricemia}) = -3.95982 + 0.05135 \cdot \text{BFP} - 0.00202 \cdot \text{VFA} + 0.11849 \cdot \text{BMI} + 1.87699 \cdot \text{SEX} - 0.01456 \cdot \text{AGE}$ . ROC, receiver operating characteristic; AUC, area under curve; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.

**Abbreviation:** ROC, receiver operating characteristic; AUC, area under curve; VFA: Visceral fat area; BFP: body fat percentage; BMI: body mass index.