

Appendix

Appendix S1. Definitions of follow-up outcomes

Stroke: A sudden onset of focal or global brain, spinal cord or retinal vascular damage, resulting in symptoms and signs of acute nervous system defects, which is associated with cerebral circulation disorders.

Ischaemic stroke: An acute focal infarction of the brain or retina. Criteria: ① Acute onset of a new focal neurological deficit or worsening of an existing focal neurological deficit (NIHSS score increased by 4 points or above), lasting more than 24 hours. ② Acute onset of a new focal neurological deficit or worsening of an existing focal neurological deficit (NIHSS score increased by 4 points or above), lasting less than 24 hours, imaging confirmed (CT or MR) new infarction lesions or expansion of the original infarction. The above two conditions are required to be excluded for fever, drug effects, infection and any other etiology. Brain imaging (CT or MR) is needed for the exception of cerebral edema, bleeding and hemorrhage transformation etc.

Transient ischaemic attack: Rapid onset of a focal neurological deficit attributed to focal brain or retinal ischemia lasting less than 24 hours, without evidence of associated acute focal infarction on imaging (CT or MR).

Hemorrhagic stroke: An acute extravasation of blood into the brain parenchyma or subarachnoid space with associated neurological symptoms.

Cerebral hemorrhage: Cerebral bleeding caused by parenchymal blood vessel rupture, confirmed by imaging (CT or MR). Here mainly refers to non-traumatic

bleeding, including primary and secondary cerebral hemorrhage.

Subarachnoid hemorrhage: Intracranial vascular rupture of blood flow into the subarachnoid space, confirmed by imaging (CT or MR), here is mainly to non-traumatic spontaneous subarachnoid hemorrhage.

Hemorrhagic transformation after cerebral infarction: Any non-traumatic hemorrhage within the scope of the known ischaemic stroke infarction.

Symptomatic: Imaging evidence of hemorrhage in the infarct region (CT or MRI); symptoms associated with hemorrhagic transformation; NIHSS score increased by 4 points or more after an ischaemic event; death.

Non-symptomatic: Imaging evidence of hemorrhage in the infarcted area (CT or MRI); no symptoms, or clinical deterioration resulting in NIHSS score increase of less than 4 points caused by hemorrhagic transformation.

Combined vascular event: Combined vascular event includes stroke, myocardial infarction, and cardiovascular death.

Myocardial infarction: Acute myocardial infarction diagnosed by the third universal definition (Thygesen, 2012).

Cardiovascular death: Vascular death includes sudden cardiac death, death due to stroke, acute myocardial infarction, heart failure, pulmonary embolism, cardiac/cerebrovascular intervention or surgery (unrelated to acute MI) and other cardiovascular causes [e.g. arrhythmia irrelevant with sudden cardiac death, aortic aneurysm rupture, or peripheral artery disease]. Any death of unknown/unclear cause within 30 days after stroke, myocardial infarction, or cardio-cerebrovascular

operation/surgery will be regarded as death due to stroke, myocardial infarction, or cardio-cerebrovascular operation/surgery, respectively.

Disability: Disability is defined as modified Rankin Scale scores 3 to 5.

All-cause death: Death from any cause.