

 Table 1. Summary of CPAP studies conducted in stroke settings

Author	Duration	Received CPAP (N)	Outcome Variables	Significance
Observational Studies				
Bassetti et al., (2006) <sup>1</sup>	60+/-16 months	70	Treatment adherence	Eight patients (11%) were CPAP adherent at follow-up. Of those patient discharged from the hospital using CPAP, (31%) were adherent at follow
Broadley et al. (2007) <sup>2</sup>	NA	16	Treatment adherence	CPAP was "accepted" by 13 (81%) patients and "well tolerated" in eight (50%)
Disler et al., (2002) <sup>3</sup>	NA	5	Oxygen saturation	CPAP resulted in "normalization of oxygen saturation" in all patients
			Treatment acceptance	Treatment was "tolerated well".
Martinez-Garcia, et al., (2005) <sup>4</sup>	18 months	15 vs 36 (CPAP non- adherent)	New vascular events	CPAP adherence associated with fewer new vascular events (6.7% vs 36. $p = 0.03$ ).
Martinez-Garcia et al (2009) <sup>5</sup>	5 years	28 vs 68 (CPAP non- adherent)	Mortality	CPAP adherence was associated with decreased risk of mortality (49.6 % 68.3%; HR = 1.58; $p$ = 0.04).
Martinez-Garcia et al. (epub) <sup>6</sup>	7 years	28 vs 68 (CPAP non- adherent)	Non-fatal CVE	CPAP adherence was associated with decreased risk of non-fatal CVE (17 vs 38.2%; HR = 2.87; $p$ = 0.03).
Palombini & Guilleminault (2006) <sup>7</sup>	8 weeks	32	Treatment adherence	Seven patients (22%) were CPAP adherent at follow-up.
Scala et al. (2009) <sup>8</sup>	1 night	12	Treatment adherence	Ten patients (84%) agreed to try CPAP; of those five (42%) used CPAP ≥6 hours, five (42%) used CPAP for 1-3 hours.
Wessendorf et al. (2001) <sup>9</sup>	10 days	105	24-h Blood Pressure (BP)	16 patients underwent 24-h BP monitoring. CPAP was associated with decreased nocturnal BP in CPAP compliant patients (N=11) compared to noncompliant patients (N=5) ( $\Delta$ -8 vs $\Delta$ 0.8, $p$ =0.04). There was no different in mean daytime BP between groups ( $\Delta$ -4.3 vs $\Delta$ -6.8, $p$ =0.57).
			Subjective wellbeing	Subjective wellbeing was assessed in 41 patients. CPAP use was associat with improvements compared to controls ( $\Delta 26$ vs $\Delta 2$ , $p = 0.02$ )
			Treatment acceptance	74/105 patients (70.5%) agreed to CPAP titration

Randomized Studies	(CPAP group/C	Control Grou	p (Treatment as Usual)	
Bravata et al. (2010) <sup>10</sup>	3 months	30/12	Adherence to auto-CPAP	Regular CPAP use (≥70% nights for ≥ 4 hours/night) was observed in 12 patients (40%), 18 patients (60%) had "some use (< 70% nights for < 4 hours/night"
			Recurrent vascular event rate	Vascular event rate was highest amongst sleep apnea patients with no (use (16%), lower in those with "some use" (5%) and lowest in those with "acceptable adherence (0%) ( $p = 0.08$ )
Bravata et al. (2011) <sup>11</sup>	1 month	31/24	National Institutes of Health Stroke Scale (NIHSS)	CPAP use associated with greater improvements on the NIHSS ( $\Delta$ -3.0) th control ( $\Delta$ -1.0) ( $p$ = 0.03).
Hsu et al. (2006) <sup>12</sup>	8 weeks	15/15	Extended Activities of Daily Living (EADL) Total	CPAP use, compared to control, was not associated with improvements the EADL total at 6-month follow-up (28 vs 23, $p = 0.50$ )
			Barthel Index (BI)	CPAP use, compared to control, was not associated with improvements the BI at 6-month follow-up (18 vs 19, $p = 0.64$ )
			Short Form-36 Health Survey (SF-36) Physical Summary	CPAP use, compared to control, was not associated with improvements the SF-36 Physical Summary at 6-month follow-up (28.4 vs 19.8, $p = 0.25$
			SF-36 Mental Summary	CPAP use, compared to control, was not associated with improvements the SF-36 Mental Summary at 6-month follow-up (54.3 vs 52.8, $p$ = 0.80
Hui et al., (2002) <sup>13</sup>			Treatment acceptance/adherence	16 patients (47%) agreed to a CPAP titration study, of which 4 (12%) agr to continue using CPAP at home.
Parra et al. (2011) <sup>14</sup>	24 months	71/69	ВІ	CPAP use not associated with changes on the BI compared to control ( $\Delta$ : vs - $\Delta$ 19.6, $p > 0.05$ )
			Canadian scale	CPAP use not associated with changes in the Canadian scale compared t control ( $\Delta 1.0 \text{ vs } \Delta 1.5, p > 0.05$ )
			Rankin Scale	CPAP use not associated with changes in the Rankin scale compared to control ( $\Delta$ -0.5 vs $\Delta$ -0.6, $p$ > 0.05)
			SF-36	CPAP use not associated with changes in the SF-36 compared to control ( $\Delta 7.5$ vs $\Delta 7.8$ , $p > 0.05$ )

			Cardiovascular events	CPAP associated with longer mean time until next cardiovascular event (versus 7.9 months, $p = 0.04$ )
			Cardiovascular mortality	CPAP use not associated with differences in cardiovascular mortality compared to control (87.7% versus 88.4%, $p$ = 0.91)
Ryan et al. (2011) <sup>15</sup>	1 month	22/22	6-minute walk test	CPAP use was not associated with improvements on the 6-minute walk t compared to controls ( $\Delta 113$ vs $\Delta 46$ , $p = 0.75$ )
			Canadian Scale	CPAP use was associated with improvements on the Canadian scale compared to controls ( $\Delta 2.3$ vs $\Delta 0.7$ , $p < 0.001$ )
			Chedoke-McMaster Stroke Assessment Scale (CMSAS)	CPAP use was marginally associated with improvements on the CMSAS $I$ subscale ( $\Delta 1.1$ vs $\Delta 0.5$ , $p$ =0.08) and was associated with improvements the leg subscale compared to controls ( $\Delta 0.8$ vs $\Delta 0.4$ , $p$ =0.001). CPAP use not associated with improvements on the hand ( $\Delta 0.7$ vs $\Delta 0.7$ , $p$ =0.92) o foot subscales ( $\Delta 0.5$ vs $\Delta 0.7$ , $p$ =0.64)
			Functional Independence	CPAP use was marginally associated with improvements on the FIM
			Measure (FIM)	compared to controls ( $\Delta 27.3 \text{ vs } \Delta 20.0 p = 0.07$ )
			Sustained Attention	CPAP use was not associated with improvements on the SART, total n of
			Response Time (SART)	false positive errors ( $\Delta 2$ vs $\Delta$ -1, $p$ =0.26) or mean RT in the 4 trials before false press ( $\Delta 12$ vs $\Delta$ -51, $p$ =0.26) compared to controls
			Digit + visual spatial	CPAP use was not associated with improvements on the Digit = visual sp span-forward ( $\Delta 3$ vs $\Delta - 3$ , $p$ =0.27) or span-backward ( $\Delta 10$ vs $\Delta 5$ , $p$ =0.32 compared to controls
			Purdue Pegboard	CPAP use was not associated with improvements on the Purdue Pegboardominant hand score ( $\Delta 3$ vs $\Delta 6$ , $p$ =0.88), nondominant hand score ( $\Delta 4$ v $p$ =0.37) or affected hand score ( $\Delta 4$ vs $\Delta 7$ , $p$ =0.62) compared to controls
			Beck Depression Inventory (BDI)	CPAP use was not associated with improvements on the somatic composite of the BDI (values not reported). A significant reduction in the affective component was observed, compared to controls ( $\Delta$ -2.6 vs $\Delta$ -1.4, $p$ = 0.00
			Epworth Sleepiness Scale (ESS)	CPAP group showed improvements on the ESS compared to controls ( $\Delta C$ $\Delta$ -2.6, $p$ <0.0001)
			Stanford Sleepiness Scale (SSS)	CPAP group showed improvements on the SSS compared to controls ( $\Delta$ - $0.9$ , $p = 0.05$ )
Sandberg et al., (2001) <sup>16</sup>	1 month	33/30	BI	CPAP use not associated with changes in the BI compared to control ( $\Delta 1$ $\Delta 1.1$ , $p = 0.98$ )
/			Delirium (%)	CPAP use not associated with changes in delirium compared to control (

	Mini-Mental Status Exam (MMSE)	15.4% vs $\Delta$ -19.0%, $p$ = 0.88) CPAP use not associated with improvements on the MMSE compared to control ( $\Delta$ 2.6 vs $\Delta$ 2.8, $p$ = 0.77			
	Montgomery-Asberg Depression Rating Scale (MADRS)	CPAP use associated with greater improvements on the MADRS than cor ( $\Delta$ -5.4 vs $\Delta$ 1.8, $p$ < 0.01).			
Randomized Study (CPAP group/Control Group S	ham CPAP				
Brown et al. (epub) <sup>17</sup> 3 months 15/17	BI	CPAP use not associated with changes on the BI compared to control (95 100, $p > 0.05$ )			
	ESS	CPAP use not associated with improvements on the ESS compared to co (8 vs 7, $p > 0.05$ )			
	Fatigue Severity Score (FSS)	CPAP use not associated with changes on the FSS compared to control (1 vs $2.4$ , $p > 0.05$ )			
	Patient Health	CPAP use not associated with changes on the PHQ-9 compared to control			
	Questionnaire (PHQ-9)	vs 2, <i>p</i> > 0.05)			
	NIHSS	CPAP use not associated with changes on the NIHSS compared to controvs 2, $p > 0.05$ )			

Addenbrooke's Cognitive Examination; ADL = activities of daily living; BDI = Beck Depression Inventory; BI= Barthel Index; BP = blood pressure; CMSAS = Chedoke-McMaster Stroke Assessment Scale; CPAP = continuous positive airway pressure; CVE = cardiovascular events; EADL = Extended Activities of Daily Living; ESS = Epworth Sleepiness Scale; FIM = Functional Independence Measure; FSS = Fatigue Severity Score; MADRS = Montgomery-Asberg Depression Rating Scale; MMSE = Mini-Mental Status Exam; NA = Not available; NIHSS = National Institutes of Health Stroke Scale; FSS = Patient Health Questionnaire SSS = Stanford Sleepiness Scale; SART = Sustained Attention Response Time; SF-36 = Short Form-36 quality of life questionnaire; TAU = Treatment as usual

 Table 2. Recruitment and Retention in Observational Studies

Author	Study Duration	Potential Participants N	Assigned to Sleep Study	Diagnosed with OSA N *	Prescribed CPAP N	CPAP Adherent in Hospital N	CPAP Adherer at Last Follow-up Poi N
Bassetti et al., (2006) <sup>1</sup>	60+/-16 months	NA	152	70	70	48	8
Broadley et al. (2007) <sup>2</sup>	6 weeks	81	57	23	16	8	NA
Disler et al., (2002) <sup>3</sup>	NA	38	38	19	5	5	5
Martinez-Garcia, et al., (2005) <sup>4</sup>	18 months	139	95	51	51	NA	15
Martinez-Garcia et al (2009) <sup>5</sup>	5 years	223	166	96	96	NA	28
Martinez-Garcia et al. (epub) <sup>6</sup>	7 years						
Palombini & Guilleminault (2006) <sup>7</sup>	2 months	50	21	14	14	12	7
Scala et al. (2009) <sup>8</sup>	1 night	NA	12	12	12	5	NA
Wessendorf et al. (2001) <sup>9</sup>	10 days	NA	105	NA	105	74	NA

<sup>\*</sup> OSA criteria varied by study team from AHI >/= 5/hour to AHI >/= to 30/hour. Our table reflects the individual study diagnosis criteria. NA = Not available

**Table 3.** Recruitment and Retention in Randomized Studies

Author	Study Duration	Potential Participants N	Potential Participants w/o exclusionary criteria N	Refused to Participate	Assigned to Sleep Study	Diagnosed with OSA N *	Randomized to CPAP/Control	Available for Follow-up Assessment N	CPAP Adherent at Last Follow-up Point N
R	andomized Stu	idies, Control G	roup TAU						
Bravata et al. (2010) <sup>10</sup>	3 months	360	213	137	70	42	30/12	NA	12 **
Bravata et al. (2011) <sup>11</sup>	1 month	955	199	144	55	28	15/13	NA	10
Hsu et al. (2006) <sup>12</sup>	2 months	658	96	25	71	33	15/15	30	7
Hui et al., (2002) <sup>13</sup>	NA	80	NA	NA	51	34	34/25	NA	4
Parra et al. (2011) <sup>14</sup>	24 months	NA	NA	NA	235	140	71/69	126	NA
Ryan et al. (2011) <sup>15</sup>	1 month	466	194	91	103	48	25/23	44	22
Sandberg et al., (2001) <sup>16</sup>	1 month	151	NA	NA	NA	63	31/28	59	16 **
R	andomized Stu	ıdy, Control Gro	up Sham CPAP						
Brown et al. (epub) <sup>17</sup>	3 months	803	264	133	87	54	15/17	19	8

<sup>\*</sup> OSA criteria varied by study team from AHI >/= 5/hour to AHI >/= to 30/hour. Our table reflects the individual study diagnosis criteria.

NA = Not available

<sup>\*\*</sup> Defined as CPAP use for longer than 4 hours/night

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