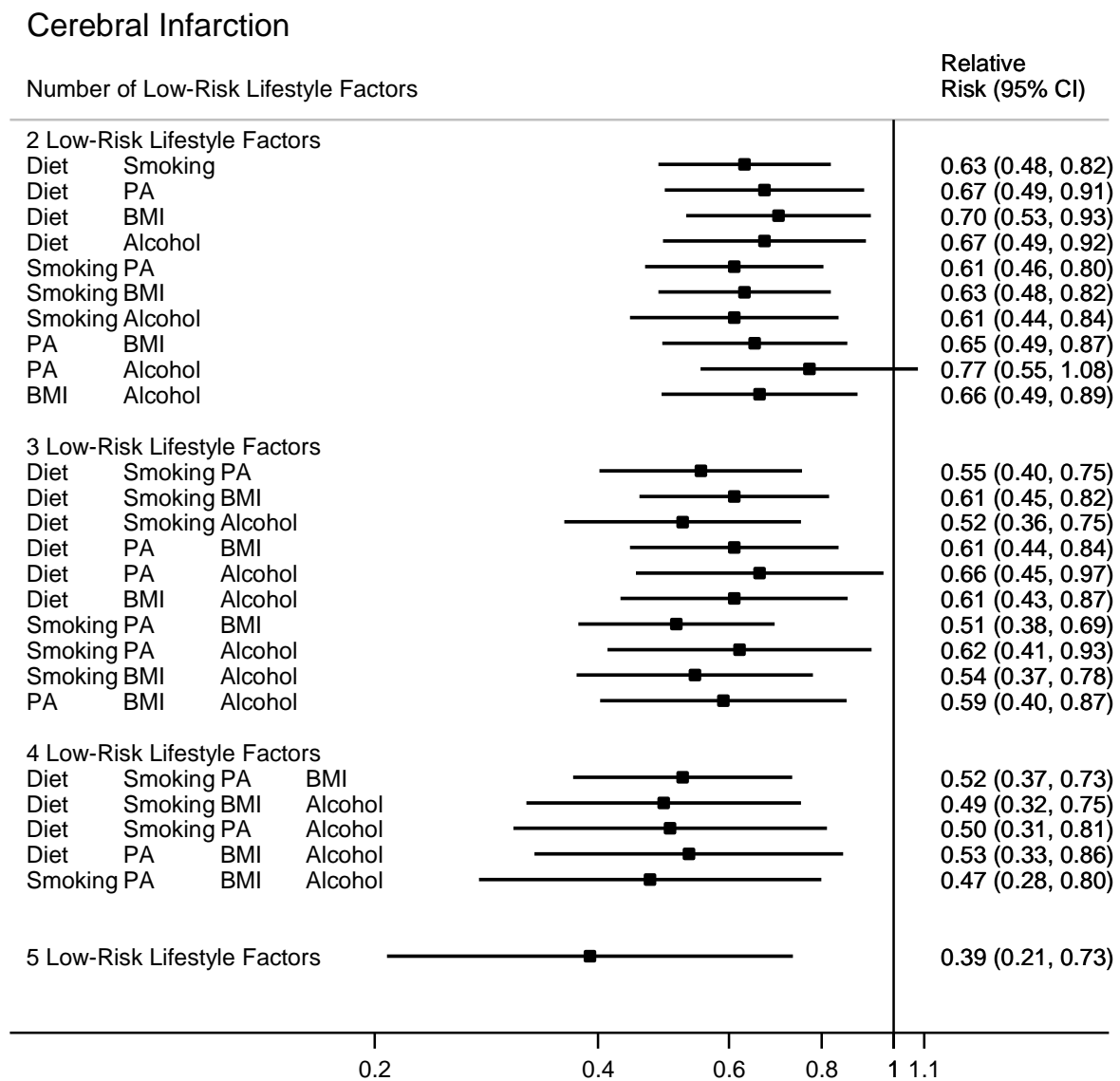


Supplemental Figure 1A. Multivariable relative risks (95% confidence intervals)* of cerebral infarction according to a healthy lifestyle defined by different combinations of five low-risk lifestyle factors†, compared with the high-risk group‡, among 31 696 Swedish women, 1998–2008

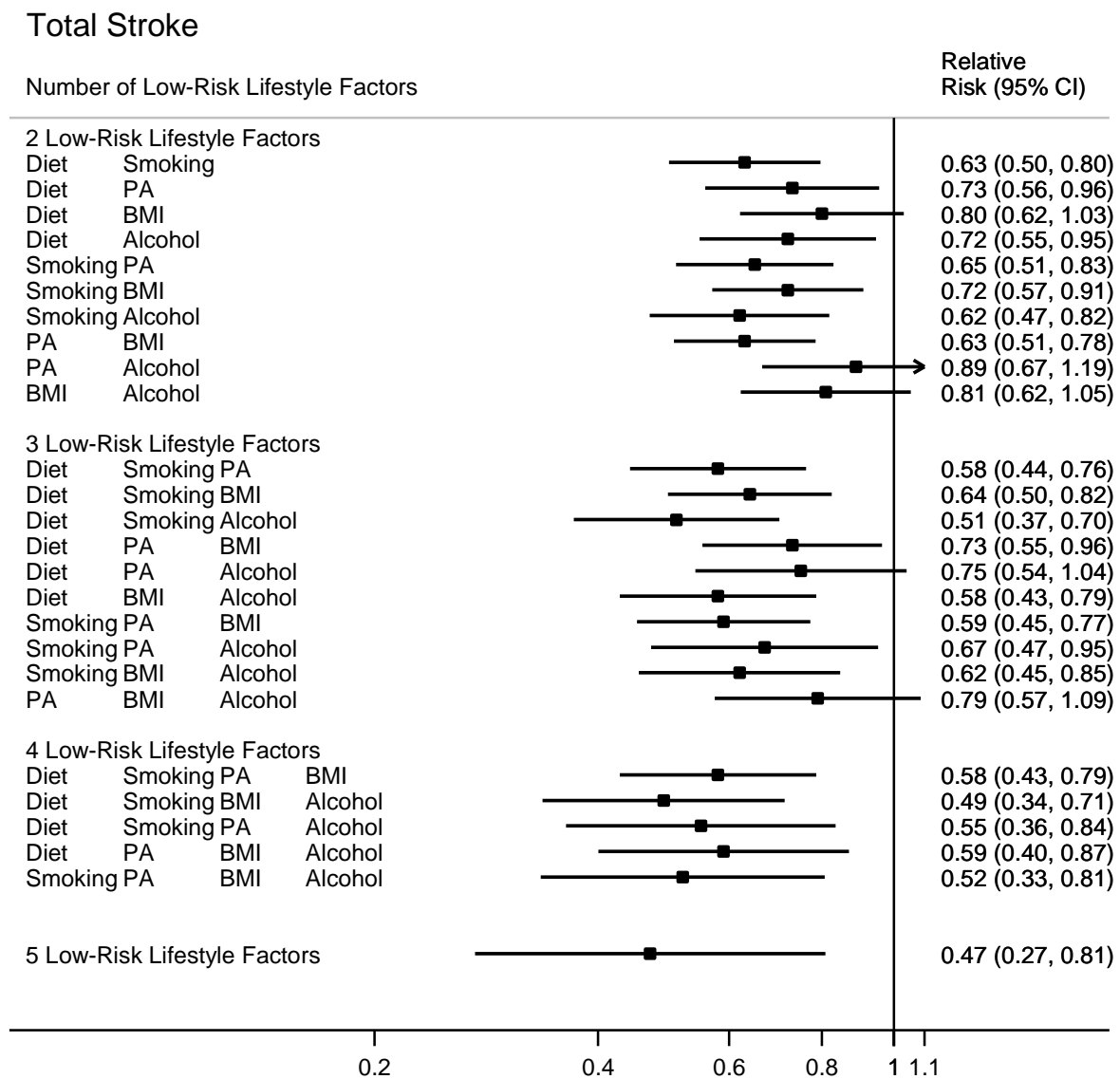


*Adjusted for age, education, aspirin use, history of diabetes, diagnosis of atrial fibrillation, family history of myocardial infarction before 60 years of age, total energy intake, non-recommended food score, and the other low-risk lifestyle factors. Also included in the model was a variable for women in the intermediate group, i.e., women who were neither in the low-risk group (defined by 2 to 5 lifestyle factors) nor in the high-risk group. Thus, all analyses included the whole study population.

†Low-risk for the lifestyle factors was defined as: diet = top 50% of Recommended Food Score; smoking = never smoking; PA (physical activity) = walking/bicycling ≥ 40 min/d and exercise ≥ 1 h/wk; BMI = body mass index < 25 kg/m²; and alcohol = intake of 5.0–15 g/d of alcohol.

‡High-risk group includes women with 0 (n=1535 women; 4.8%) low-risk lifestyle factors.

Supplemental Figure 1B. Multivariable relative risks (95% confidence intervals)* of total stroke according to a healthy lifestyle defined by different combinations of five low-risk lifestyle factors†, compared with the high-risk group‡, among 31 696 Swedish women, 1998–2008



*Adjusted for age, education, aspirin use, history of diabetes, diagnosis of atrial fibrillation, family history of myocardial infarction before 60 years of age, total energy intake, non-recommended food score, and the other low-risk lifestyle factors. Also included in the model was a variable for women in the intermediate group, i.e., women who were neither in the low-risk group (defined by 2 to 5 lifestyle factors) nor in the high-risk group. Thus, all analyses included the whole study population.

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