

ONLINE SUPPLEMENT

Heart Rate Variability and Incident Stroke: The Atherosclerosis Risk in Communities Study

eTable I. Detailed description of heart rate variability (HRV) methodology; the Atherosclerosis Risk in Communities (ARIC) Study.

	Heart Rate Variability Parameters	
	Time-Domain	Frequency-Domain
Data Collection ¹	<ul style="list-style-type: none"> • Participants rested supine, comfortably for ≥ 20 minutes. • ARIC B-mode ultrasound and arterial distensibility studies. • 3 ECG leads placed on epigastrium. • Dedicated computer and software continuously collected ECG data. • Visit 1: 2-minute recordings collected; Visit 4: 6-minute recordings collected. 	
Data Processing ^{2,3}	<ul style="list-style-type: none"> • Software converted R-interval data to beat-to-beat heart rate data. • Computer algorithm imputed beat-to-beat heart data and performed smoothing. 	<ul style="list-style-type: none"> • Coders electronically marked all R-peaks (procedure performed in duplicate). • Abnormal beats flagged; two subsequent intervals excluded.
Data Analysis ^{2,3}	<ul style="list-style-type: none"> • Linear interpolation used on neighboring data points. • Neighboring data points used to fit a quadratic least squares model to obtain residuals. • Fast Fourier Transformation applied to residuals to compute power spectral density (PSD). • From PSD curve, low and high frequency spectral powers were calculated using a rectangular method. 	<ul style="list-style-type: none"> • Software calculated R-R interval duration on the basis of difference between coordinates. • Software calculated mean of duplicate R-R interval measurements.

eTable II: Clinical implications of HRV assessment; the Atherosclerosis Risk in Communities (ARIC) Study.

HRV Parameter*	Units	Description	ANS Function
Time-domain			
SD_{NN}	ms	Standard deviation of all NN RR intervals	Overall ANS variability
RMSSD	ms	Root mean square of successive differences in NN RR intervals	PNS
$Mean_{NN}^{\dagger}$	ms	Mean of all NN intervals	-
Frequency-domain			
LF	ms^2	Low frequency power	SNS & PNS
HF	ms^2	High frequency power	PNS
LF:HF	-	Ratio low:high frequency power	Balance between SNS & PNS

Abbreviations: Normal-to-normal, NN; interval between R waves of successive heartbeats, RR interval; autonomic nervous system, ANS; parasympathetic nervous system, PNS; sympathetic nervous system, SNS; milliseconds, ms; milliseconds squared, ms^2 .

*All ECG recordings obtained under standardized conditions to minimize external stimuli on autonomic function.

[†]Used primarily to calculate other HRV parameters.

eTable III: HRV quintile ranges for visit 1; the Atherosclerosis Risk in Communities (ARIC) Study.

	HRV Parameter					
	Time-domain*			Frequency-domain [†]		
	SD_{NN}	RMSSD	$Mean_{NN}$	LF	HF	LF:HF
Quintile 1	0.5-23.4	0.0 - 15.1	471.4 - 791.2	0.0 - 5.5	0.0 - 2.9	0.02 - 0.88
Quintile 2	23.5-30.4	15.2 - 21.0	791.3 - 862.2	5.6 - 12.2	3.0 - 6.3	0.89 - 1.53
Quintile 3	30.5-38.0	21.1 - 27.8	862.3 - 927.8	12.3 - 23.0	6.4 - 11.7	1.54 - 2.40
Quintile 4	38.1-49.5	27.9 - 39.0	927.9 - 1007.8	23.1 - 45.9	11.8 - 23.2	2.41 - 4.00
Quintile 5	49.6-394	39.1 - 652.4	1007.9 - 1587.2	46.0 - 1440.0	23.3 - 1700.0	4.01 - 33.84

Abbreviations: Standard deviation of all NN intervals, SD_{NN} ; root mean square of successive differences in NN RR intervals, RMSSD; mean of all NN intervals, $Mean_{NN}$; low frequency power, LF; high frequency power, HF; ratio low:high frequency power, LF/HF.

*Time-domain units: milliseconds, ms.

[†]Frequency-domain units: milliseconds squared, ms^2 (except LF:HF, a ratio).

eTable IV: Time-domain (top) and frequency-domain (bottom) heart rate variability at visit 4 and stroke risk for people without ($n = 6951$) and with ($n = 1090$) prevalent diabetes; total strokes $n = 372$.

Time Domain						
	SD _{NN}		Mean _{NN}		RMSSD	
	No diabetes	Diabetes	No diabetes	Diabetes	No diabetes	Diabetes
	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
Quintile 1	0.8 (0.5, 1.2)	1.8 (0.8, 3.8)	1.2 (0.8, 1.7)	1.5 (0.7, 3.1)	1.0 (0.6, 1.5)	2.1 (1.0, 4.4)
Quintile 2	0.8 (0.6, 1.2)	1.7 (0.8, 3.6)	1.4 (1.0, 2.1)	1.7 (0.8, 3.6)	0.8 (0.5, 1.2)	2.1 (1.0, 4.5)
Quintile 3	0.7 (0.5, 1.1)	1.9 (0.9, 4.0)	1.2 (0.8, 1.7)	1.3 (0.6, 3.0)	1.0 (0.7, 1.4)	1.4 (0.6, 3.0)
Quintile 4	0.8 (0.5, 1.1)	1.4 (0.6, 3.3)	0.9 (0.6, 1.4)	0.6 (0.2, 1.7)	1.1 (0.8, 1.7)	1.6 (0.7, 3.4)
Quintile 5	Ref	Ref	Ref	Ref	Ref	Ref
$p_{\text{interaction}}$	0.31		0.62		0.14	
Frequency Domain						
	Low frequency		High frequency		Low frequency/High frequency	
	No diabetes	Diabetes	No diabetes	Diabetes	No diabetes	Diabetes
	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)	HR (95% CI)
Quintile 1	1.2 (0.8, 1.8)	1.7 (0.9, 3.3)	1.0 (0.7, 1.5)	1.4 (0.7, 2.8)	1.2 (0.8, 1.8)	1.5 (0.8, 2.9)
Quintile 2	1.1 (0.7, 1.7)	1.1 (0.5, 2.3)	1.0 (0.6, 1.4)	1.4 (0.7, 2.8)	1.2 (0.8, 1.9)	0.8 (0.3, 1.7)
Quintile 3	1.3 (0.9, 1.9)	1.7 (0.8, 3.6)	1.1 (0.8, 1.7)	1.6 (0.8, 3.1)	1.1 (0.7, 1.7)	1.4 (0.7, 2.7)
Quintile 4	1.0 (0.7, 1.6)	1.0 (0.5, 2.2)	0.8 (0.6, 1.3)	1.0 (0.5, 2.2)	1.3 (0.9, 1.9)	1.1 (0.5, 2.2)
Quintile 5	Ref	Ref	Ref	Ref	Ref	Ref
$p_{\text{interaction}}$	0.80		0.99		0.25	

HR = Hazard Ratio; CI = Confidence Interval; Ref = Reference quintile.

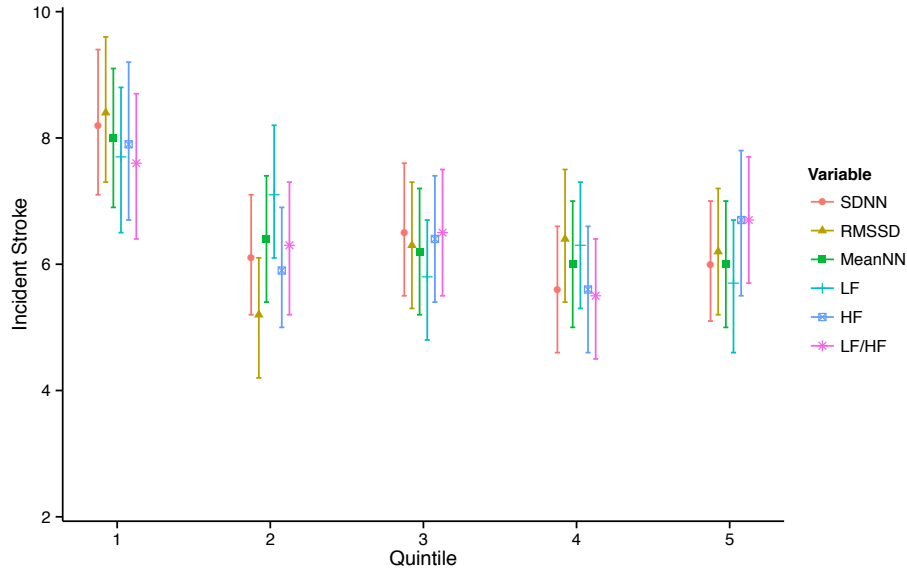
Visit 4 HRV measurements used 6-minute ECG recordings.

All results from Model 2: adjusted for age, sex, race, education, smoking, alcohol consumption, physical activity, body mass index, systolic and diastolic blood pressure, blood lipids, prevalent diabetes, antihypertensive use, and heart rate (except for Mean_{NN}).

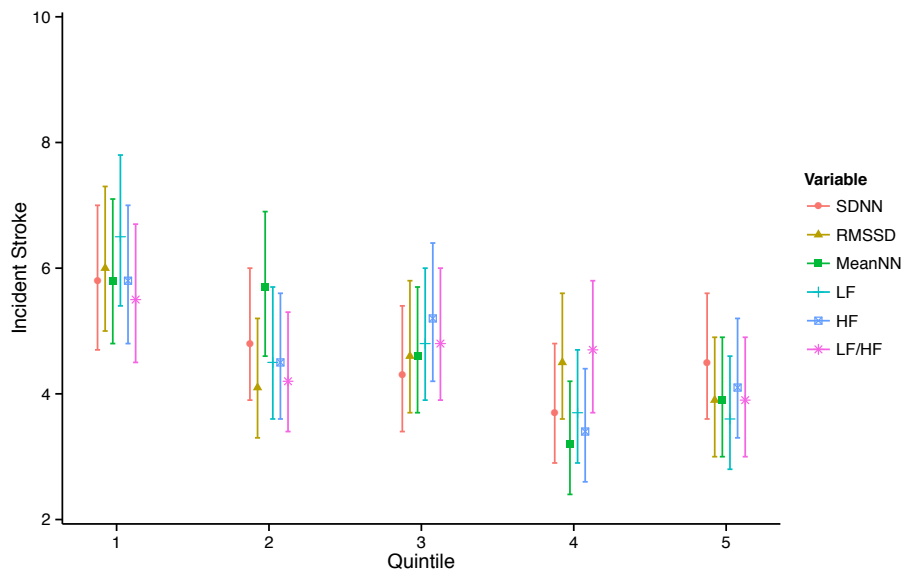
Hazard ratios can be interpreted as the comparison between quintiles 1, 2, 3, and 4 with quintile 5 (reference).

Figure. Unadjusted cumulative incidence of stroke (% , 95% CI) by HRV quintiles at: (A) visit 1, and (B) visit 4 in The Atherosclerosis Risk in Communities Study (ARIC).

(A) Visit 1



(B) Visit 4



REFERENCES:

1. The ARIC Manuals of Operation, No. 6, "Ultrasound Assessment."
<https://www2.csc.unc.edu/aric/cohort-manuals>
2. Liao D, Barnes RW, Chambless LE, Heiss G. A computer algorithm to impute interrupted heart rate data for the spectral analysis of heart rate variability--the ARIC study. *Comput. Biomed. Res.* 1996;29:140-51.
3. Dekker JM, Crow RS, Folsom AR, Hannan PJ, Liao D, Swenne CA, et al. Low heart rate variability in a 2-minute rhythm strip predicts risk of coronary heart disease and mortality from several causes: the ARIC Study. *Atherosclerosis Risk In Communities. Circulation* 2000;102:1239-44.