## **Supplementary Online Content**

Carvalho DZ, St Louis EK, Knopman DS, et al. Association of excessive daytime sleepiness with longitudinal β-amyloid accumulation in elderly persons without dementia. *JAMA Neurol*. Published online March 12, 2018. doi:10.1001/jamaneurol.2018.0049

- **eTable 1.** Multiple Linear Regression Model Estimates for Predicted ΔPiB (SUVR)
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This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Multiple Linear Regression Model Estimates for Predicted ΔPiB (SUVR)

	Estimates for baseline EDS					
Model	Global PiB (+)		Cognitively-		No witnessed apneas	
			normal			
	B (95% CI)	P Value	B (95% CI)	P	B (95% CI)	P
				Value		Value
Prefrontal	.044 (007;	.093	.023 (009;	.153	.032 (.000;	.052
	.095)		.054)		.064)	
Anterior Cingulate	.056 (.006;	.028	.028 (003;	.077	.034 (.002;	.038
	.106)		.059)		.067)	
Cingulate/Precuneu	.064 (.010;	.021	.034 (.001;	.045	.044 (.009;	.013
s	.118)		.068)		.078)	
Parietal	.051 (006;	.078	.026 (008;	.134	.038 (.003;	.035
	.108)		.059)		.073)	

ΔPiB was calculated as the difference between consecutive scans (PiB2-PiB1) in Aβ-susceptible regions for different groups: 1) all participants with global PiB positivity (PiB SUVR ≥ 1.4) at baseline; 2) only cognitively-normal individuals; 3) limited to individuals without witnessed apneas. Models were controlled for only up to 9 other variables - baseline age, interval between scans, baseline PiB, global PiB positivity (for "Cognitively-normal" and "No witnessed apnea" models) sex, APOE4, hypertension, diabetes, and depression.

eTable 2. Multiple Linear Regression Model Estimates for Baseline Self-reported Sleep Symptoms

	Estimates for baseline self-reported sleep symptoms				
	Reduced Sleep		Respiratory symptoms		
Models	B (95% CI)	P	B (95% CI)	P Value	
		Value			
1 – All					
Prefrontal	008 (040; .025)	.637	.001 (025; .027)	.918	
Anterior Cingulate	012 (044; .021)	.485	.000 (026; .025)	.973	
Cingulate/Precuneus	014 (049; .020)	.408	004 (031; .023)	.777	
Parietal	013 (048; .022)	.471	003 (031; .025)	.824	
2 – Global PiB (+)					
Prefrontal	019 (081; .043)	.544	.005 (041; .052)	.814	
Anterior Cingulate	013 (074; .048)	.664	.004 (042; .049)	.869	
Cingulate/Precuneus	025 (092; .041)	.449	.005 (044; .055)	.830	
Parietal	019 (088; .050)	.589	.002 (050; .053)	.952	

ΔPiB was calculated as the difference between consecutive scans (PiB2-PiB1). Includes all non-demented elderly individuals (All model) or individuals with baseline global PiB positivity (Global PiB[+] model). Models were controlled for baseline age, interval between scans, sex, APOE4, years of education, baseline regional PiB, baseline global PiB positivity (All model only), midlife physical activity, cardiovascular comorbidities (obesity, hypertension, hyperlipidemia, diabetes), and depression.

eTable 3. Multiple Linear Regression Model Estimates for Witnessed Apneas

	Estimates for Witnessed Apneas				
Models	B (95% CI)	Р			
		Value			
1 – All					
Prefrontal	006 (039; .026)	.702			
Anterior Cingulate	004 (036; .029)	.831			
Cingulate/Precuneus	014 (049; .021)	.420			
Parietal	009 (045; .027)	.621			
2 – Global PiB (+)					
Prefrontal	024 (082; .035)	.426			
Anterior Cingulate	015 (073; .043)	.612			
Cingulate/Precuneus	026 (088; .037)	.423			
Parietal	020 (085; .046)	.556			

ΔPiB was calculated as the difference between consecutive scans (PiB2-PiB1) in Aβ susceptible regions of non-demented elderly for all individuals (All model) or individuals with baseline global PiB positivity (Global PiB[+] model). In this model, the compound variable respiratory symptoms was replaced by witnessed apneas only. Models were controlled for baseline age, interval between scans, sex, APOE4, years of education, baseline regional PiB, baseline global PiB positivity (All model only), midlife physical activity, cardiovascular comorbidities (obesity, hypertension, hyperlipidemia, diabetes), reduced sleep duration, and depression