

SUPPLEMENTARY MATERIAL

The risk factors for hypertension have been defined in detail previously.¹ In brief, hypertension was defined as being present when a patient had been taking blood pressure-lowering agents, or had a resting systolic blood pressure ≥ 140 mm Hg or diastolic blood pressure ≥ 90 mm Hg in repeated measurements. Diabetes mellitus was diagnosed when the patient had a fasting blood glucose level ≥ 7.0 mmol/L, or was being treated with oral glucose-lowering medications or insulin. Hyperlipidemia was diagnosed if the patient had total cholesterol ≥ 6.2 mmol/L, low-density lipoprotein ≥ 4.1 mmol/L, or had taken lipid-lowering medications after a diagnosis of hyperlipidemia. Patients were defined as smokers if they were current smokers or had stopped smoking within 1 year before the index stroke. Previous stroke was defined as a previous stroke-like symptom and the presence of an ischemic lesion confirmed in brain imaging. Coronary artery disease was defined as a history of myocardial infarction, unstable angina, or angiographically confirmed coronary artery occlusive disease. Metabolic syndrome was diagnosed when a patient had more than three of the following components: abdominal obesity (waist circumference >102 cm for men and >88 cm for women), triglycerides ≥ 1.7 mmol/L, low level of high-density lipoprotein (<1.04 mmol/L for men and <1.30 mmol/L for women), resting systolic blood pressure >130 mm Hg or resting diastolic blood pressure >85 mm Hg, or fasting glucose ≥ 6.1 mmol/L. A mean weekly alcohol intake that regularly exceeded 300 g of ethanol was classified as a high alcohol intake.² Antihypertensive treatment after admission was defined as taking intravenous or oral antihypertensive agents within 7 days of admission. Any antihypertensive medications that the patient used before the index stroke were stopped after admission. The threshold for starting antihypertensive therapy was a systolic blood pressure of 200–220 mm Hg or a diastolic blood pressure of 120 mm Hg; however, in patients receiving thrombolytic treatment these thresholds were 185 mm Hg and 110 mm Hg, respectively. Left ventricular hypertrophy was diagnosed when electrocardiography findings matched at least one of the Sokolow-Lyon index, the Romhilt-Estes point score system, and the Cornell voltage criteria.³

REFERENCES

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