SUPPLEMENTAL MATERIAL

Data S1.

Supplemental Methods

Search terms for systematic review (Databases: Ovid MEDLINE, Database: EMBASE, and Cochrane Database, N = 1334).

Database: EMBASE (1,288 articles)

('non dipping' OR 'dipping' OR 'dipper' OR 'non dipper' OR 'non dipper hypertension' OR 'reverse dipping' OR (circadian AND blood AND pressure) OR 'nocturnal blood pressure' OR 'nocturnal blood pressure dipping' OR 'night-time blood pressure' OR 'blood pressure monitoring' OR 'ambulatory blood pressure' OR 'ambulatory blood pressure measurement') AND ('silent cerebrovascular disease' OR 'ischemic stroke' OR 'white matter hyperintensity' OR 'lacunar infarct' OR 'cerebral microbleed' OR 'brain microbleed' OR 'small vessel disease' OR 'cerebrovascular disease' OR 'occlusive cerebrovascular disease' OR 'silent cerebral infarction' OR 'silent cerebral infarct' OR 'white matter change' OR 'perivascular space')

Database: Ovid MEDLINE (46 articles)

1 dipper.mp.
2 dipping.mp.
3 non dipper.mp.
4 non dipping.mp.
5 reverse-dipping.mp.
6 reverse dipper.mp.
7 circadian blood pressure.mp.
8 nocturnal blood pressure.mp.
9 night-time blood pressure.mp.
10 ambulatory blood pressure.mp.
11 ambulatory blood pressure monitoring.mp.
12 1 or 2 or 3 or 4 or 5 or 6 or 7 or 8 or 9 or 10 or 11
13 silent cerebrovascular disease.mp.
14 silent stroke.mp.
15 silent ischemic stroke.mp.
16 white matter hyperintensity.mp.
17 lacunar infarct.mp.
18 cerebral microbleed$.mp.
19 brain microbleed$.mp.
20 small vessel disease.mp.
21 cerebrovascular disease.mp.
22 silent cerebral infarct.mp.
23 white matter change.mp.
24 perivascular space$.mp.
25 13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24
26 13 and 25

Cochrane Database (0 articles)

('non dipping' OR 'dipping' OR 'dipper' OR 'non dipper' OR 'non dipper hypertension' OR 'reverse dipping' OR (circadian AND blood AND pressure) OR 'nocturnal blood pressure' OR 'nocturnal blood pressure dipping' OR 'night-time blood pressure' OR 'blood pressure monitoring' OR 'ambulatory blood pressure' OR 'ambulatory blood pressure measurement') AND ('silent cerebrovascular disease' OR 'ischemic stroke' OR 'white matter hyperintensity' OR 'lacunar infarct' OR 'cerebral microbleed' OR 'brain microbleed' OR 'small vessel disease' OR 'cerebrovascular disease' OR 'occlusive cerebrovascular disease' OR 'silent cerebral infarction' OR 'silent cerebral infarct' OR 'white matter change' OR 'perivascular space')

PRISMA 2009 Checklist

Section/topic	#	Checklist item	Reported on page #
TITLE			
Title	1	Identify the report as a systematic review, meta-analysis, or both.	Title
ABSTRACT			
Structured summary	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings; systematic review registration number.	1
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known.	3
Objectives	4	Provide an explicit statement of questions being addressed with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	4
METHODS			
Protocol and registration	5	Indicate if a review protocol exists, if and where it can be accessed (e.g., Web address), and, if available, provide registration information including registration number.	4
Eligibility criteria	6	Specify study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	4-5
Information sources	7	Describe all information sources (e.g., databases with dates of coverage, contact with study authors to identify additional studies) in the search and date last searched.	4-5
Search	8	Present full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	4-5
Study selection	9	State the process for selecting studies (i.e., screening, eligibility, included in systematic review, and, if applicable, included in the meta-analysis).	5
Data collection process	10	Describe method of data extraction from reports (e.g., piloted forms, independently, in duplicate) and any processes for obtaining and confirming data from investigators.	4-5
Data items	11	List and define all variables for which data were sought (e.g., PICOS, funding sources) and any assumptions and simplifications made.	5-6
Risk of bias in individual studies	12	Describe methods used for assessing risk of bias of individual studies (including specification of whether this was done at the study or outcome level), and how this information is to be used in any data synthesis.	5
Summary measures	13	State the principal summary measures (e.g., risk ratio, difference in means).	5-6
Synthesis of results	14	Describe the methods of handling data and combining results of studies, if done, including measures of consistency (e.g., I^2) for each meta-analysis.	6

Section/topic	#	Checklist item	Reported on page #
Risk of bias across studies	15	Specify any assessment of risk of bias that may affect the cumulative evidence (e.g., publication bias, selective reporting within studies).	5-6
Additional analyses	16	Describe methods of additional analyses (e.g., sensitivity or subgroup analyses, meta-regression), if done, indicating which were pre-specified.	6
RESULTS			
Study selection	17	Give numbers of studies screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally with a flow diagram.	6-7
Study characteristics	18	For each study, present characteristics for which data were extracted (e.g., study size, PICOS, follow-up period) and provide the citations.	Table 1
Risk of bias within studies	19	Present data on risk of bias of each study and, if available, any outcome level assessment (see item 12).	Table 1
Results of individual studies	20	For all outcomes considered (benefits or harms), present, for each study: (a) simple summary data for each intervention group (b) effect estimates and confidence intervals, ideally with a forest plot.	Figure 2-3
Synthesis of results	21	Present results of each meta-analysis done, including confidence intervals and measures of consistency.	7-8
Risk of bias across studies	22	Present results of any assessment of risk of bias across studies (see Item 15).	8
Additional analysis	23	Give results of additional analyses, if done (e.g., sensitivity or subgroup analyses, meta-regression [see Item 16]).	7-8
DISCUSSION			
Summary of evidence	24	Summarize the main findings including the strength of evidence for each main outcome; consider their relevance to key groups (e.g., healthcare providers, users, and policy makers).	9-12
Limitations	25	Discuss limitations at study and outcome level (e.g., risk of bias), and at review-level (e.g., incomplete retrieval of identified research, reporting bias).	12
Conclusions	26	Provide a general interpretation of the results in the context of other evidence, and implications for future research.	12
FUNDING			
Funding	27	Describe sources of funding for the systematic review and other support (e.g., supply of data); role of funders for the systematic review.	13

From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). Preferred Reporting Items for Systematic Reviews and Meta-Analyses: The PRISMA Statement. PLoS Med 6(6): e1000097. doi:10.1371/journal.pmed1000097

Figure S1. Forest plots of studies with confounder-adjusted analysis assessing association between a non-dipping pattern and WMH. A diamond data marker depicts the overall rate from included studies (square data markers) and 95%CI

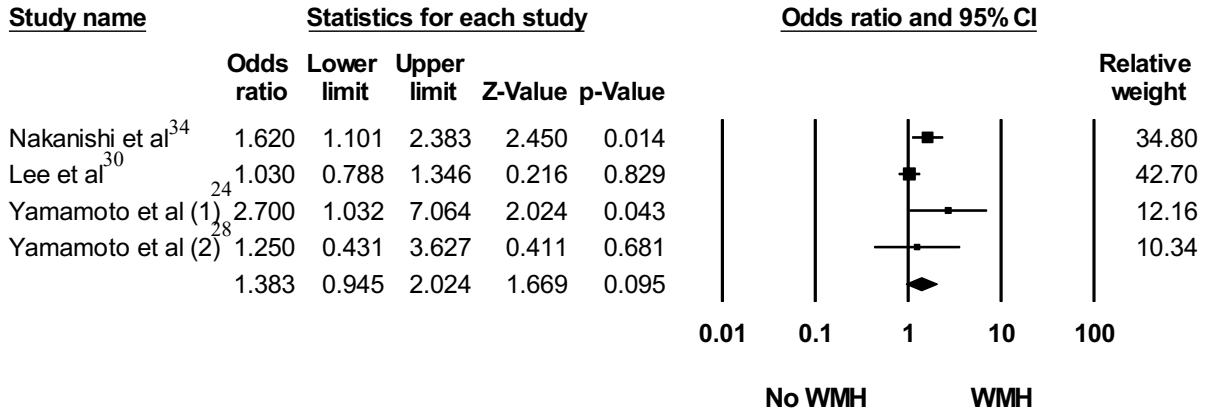

Figure S2. Forest plots of studies with confounder-adjusted analysis assessing association between a non-dipping pattern and ALI. A diamond data marker depicts the overall rate from included studies (square data markers) and 95%CI

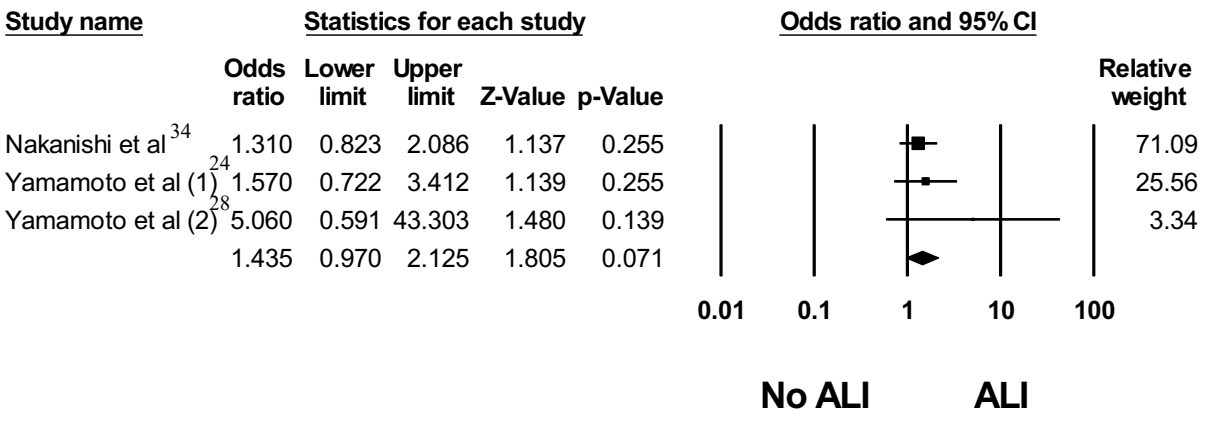

Figure S3. Forest plots of studies with confounder-adjusted analysis assessing association between a non-dipping pattern and CMB. A diamond data marker depicts the overall rate from included studies (square data markers) and 95%CI