

Supplementary material

Supplementary Table 1. Factors frequently associated with PS-CI and dementia (1, 2).

Factors	
Risk profile	Age (> 70 or 75 years)
	Female sex
	Education level (primary vs. other)
	Diabetes
	Alcohol abuse
	Previous episode of stroke
	Pre-stroke cognitive impairment
Acute phase	Severity of neurological deficit
	Aphasia, delirium, abnormal cognitive screening test
	Acute complication (urinary incontinence, hypoxia, early seizure, for instance)
Imaging	Multiple or previous infarct/haemorrhage
	Left hemispheric infarct/haemorrhage
	Strategic infarct/haemorrhage
	Extensive white matter abnormalities
	Microbleeds
	Hippocampal atrophy

Supplementary Table 2. Illustration of an Harmonization Standards cognitive battery (3). Similar cognitive profiles were found across countries (4,5, 6,7).

Domain	Tests
Screening tests	Prestroke CI: Informant Questionnaire for Cognitive Decline in the Elderly (short) Poststroke CI Mini-Mental State Examination or Montreal Cognitive Assessment
Language	Shortened Naming test (such as Boston Naming test) ± oral comprehension test (shortened Token test) ± aphasia battery
Visuospatial and constructive abilities	Rey–Osterrieth complex figure test (copy) ± Albert cancellation test
Memory	California or Hopkins verbal learning test Or Free Cued Selective Reminding test Rey–Osterrieth complex figure test (delayed reproduction) or Doors test
Executive functions	Verbal fluency: categorical and literal Trail Making Test B Behavioral Inventory validated for dysexecutive disorder
Action speed	Trail Making Test A Digit Symbol substitution test
Neuropsychiatric symptoms	Depression Scale such as Center for Epidemiological Study

Supplementary Table 3. Complementary investigations for major CI-CVD subtypes (8-14)

CI-CVD subtype	Aim of investigation	Suggested investigations
PSD (including multi-infarct dementia)	Stroke subtype identification; Identification of treatable/preventable underlying mechanism; extension and localization of vascular brain injury	As per TOAST (15) /ASCOD (16) classification criteria MRI (CT)
SVD	Sporadic or genetic? (CADASIL, CAA etc)	MRI prerequisite Genetic testing if clinical and neuroradiological phenotype imply (17)
Mixed vascular-degenerative dementia	Confirmation of mixed pathology	MRI (CT) CSF analysis (reduced amyloid β_{1-42} and increased phosphorylated-tau181 in Alzheimer pathology)

CI – cognitive impairment; CVD – cerebrovascular disease; CADASIL – Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy; CAA – cerebral amyloid angiopathy; CSF – cerebrospinal fluid; TOAST – Trial of Org 10172 in Acute Stroke Treatment; ASCOD – A: atherosclerosis, S: small-vessel disease, C: cardiac pathology, O: other causes, D: dissection; MRI – Magnetic resonance imaging; CT – computerized tomography

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