Table S1—CVD cause of death codes.

ICD10 Code	Cause of Death
E785	Hyperlipidemia
I219	Myocardial infarction
I251	Atherosclerotic heart disease
I259	Chronic ischemic heart disease, unspecified
I514	Myocarditis, unspecified

Table S2—ICD10/CCI codes for endpoints.

Outcome	ICD10	Diagnosis Type
MI	I21, I22	Any
Stroke	I60-I64	Any
Unstable angina	I200, I249	Any
VT	I472	Any
Procedures	**CCI**	
CABG	1IJ76	
PCI	1IJ50, 1IJ57GQ	
Cardioversion	1HZ09	
Defibrillation	1HZ53GRFS, 1HZ53HAFS, 1HZ53LAFS, 1HZ53SYFS	
Pacemaker	1HZ53GRNM, 1HZ53LANM, 1HZ53QANM, 1HZ53GRNK, 1HZ53LANK, 1HZ53QANK, 1HZ53GRNL, 1HZ53LANL, 1HZ53QANL	
Cardiac resynchronization therapy	1HZ53GRFS, 1HZ53HAFS, 1HZ53LAFS, 1HZ53SYFS	

Definitions: The events included stroke, myocardial infarction, primary heart failure, acute coronary syndrome, ventricular tachycardia, atrial fibrillation, percutaneous coronary intervention (PCI) and coronary artery bypass graft (CABG). Stroke was defined as nontraumatic subarachnoid hemorrhage (I60), nontraumatic intracerebral hemorrhage (I61), cerebral infarction (I63) stroke not specified as hemorrhage or infarction(I64). Transient ischemic attacks (TIA) were not included in the stroke diagnosis. Myocardial infarction (MI) was defined as acute myocardial infarction including all transmural sites (I21), and subsequent myocardial infarction (I22). Ventricular tachycardia (VT) was defined using code ICD-10-CA I47.2. Acute coronary syndrome included unstable angina (I200), unspecified acute ischemic heart disease (I248, I249), angina pectoris with documented spasm (i201), other angina (I208), unspecified angina pectoris (I209), coronary thrombosis not resulting in myocardial infarction (I240), and Dressler's syndrome (I241). We only included deaths with underlying cardiovascular causes. Death causes included hyperlipidemia (E 785), myocardial infarction (I219), atherosclerotic heart disease (I251), chronic ischemic heart disease (I259), and myocarditis (I514).

Table S3—Type of cardiovascular event by symptom subtype.

	Total (n = 1607)	Non-OSA (n = 315)	Minimally Symptomatic Subtype (n = 128)	Disturbed Sleep Subtype without Excessive Sleepiness (n = 457)	Moderate Sleepiness with Disturbed Sleep Subtype (n = 515)	Excessively Sleepiness with Disturbed Sleep Subtype (n = 192)
Myocardial infarction	54	6	5	19	21	3
Stroke	24	1	4	5	9	5
Unstable angina	44	7	4	15	13	5
**CABG	26	6	2	11	5	2
***CRTP	1	0	0	1	0	0
Defibrillation	6	1	1	1	2	1
****PCI	61	7	5	20	20	9
Death (related to CVD)	70	6	6	23	27	8
Total events	286	34	27	95	97	33

*These numbers are total events and as a result there are multiple events in individuals.
**CABG: coronary artery bypass grafting.
***CRTP: cardiac resynchronization therapy with pacemaker.
****PCI: percutaneous coronary intervention.

Table S4—Characteristics according to CPAP adherence group.

	Not Prescribed (n = 365)	Non-Adherent (n = 180)	Adherent (n = 357)	P
AHI	8.93 (10.18)	26.84 (21.02)	34.29 (25.04)	<.001
Age (years)	47.46 (12.91)	51.53 (11.29)	51.12 (11.08)	<.001
BMI	29.74 (6.22)	32.11 (7.68)	33.59 (10.42)	<.001
ESS*	8.18 (5.41)	9.30 (5.55)	9.87 (5.77)	<.001
Categorical variables, n (%)				
Male sex	221 (62.08%)	119 (68.39%)	248 (72.30%)	<.01
Hypertension	46 (12.67%)	24 (13.56%)	83 (23.58%)	<.01
Diabetes	25 (6.89%)	16 (9.04%)	49 (13.92%)	<.01
Prior heart disease	8 (2.20%)	6 (3.39%)	18 (5.11%)	0.11
Current smoker	46 (12.64%)	26 (14.44%)	41 (11.48%)	0.62

Continuous variables are presented as means and SD, P value from ANOVA, chi-square test comparing variables across subtypes.
*ESS scores range from 0-24.

Table S5—CPAP Adherence by symptom subtype.

	Total (n = 703)	Minimally Symptomatic Subtype (n = 72)	Disturbed Sleep without Excessive Sleepiness Subtype (n = 231)	Moderate Sleepiness with Disturbed Sleep Subtype (n = 297)	Excessively Sleepiness with Disturbed Sleep Subtype (n = 103)
Not prescribed	Yes= 194 (27.60%)	Yes= 26 (36.11%)	Yes= 77 (33.33%)	Yes= 72 (24.24%)	Yes= 19 (18.45%)
Non-adherent	Yes= 171 (24.32%)	Yes= 16 (22.22%)	Yes= 55 (23.81%)	Yes= 75 (25.25%)	Yes= 25 (24.27%)
Adherent	Yes= 338 (48.08%)	Yes= 30 (41.67%)	Yes= 99 (42.86%)	Yes= 150 (50.51%)	Yes= 59 (57.28%)

* Chi Square $P = 0.04$

Table S6—Cox proportion hazards model with incident cardiovascular/cerebrovascular events as the outcome and CPAP adherence added to the model.

	Estimate	Standard Error	*P*	Hazard Ratio	95% Hazard Ratio CI
Disturbed sleep without excessive sleepiness subtype*	0.31	0.46	0.51	1.36	(0.55, 3.39)
Moderate sleepiness with disturbed sleep subtype*	0.24	0.43	0.57	1.27	(0.55, 2.96)
Excessively sleepiness with disturbed sleep subtype*	0.36	0.49	0.47	1.43	(0.54, 3.77)
Male	0.38	0.33	0.25	1.46	(0.77, 2.79)
Age	0.09	0.01	<.001	1.09	(1.06, 1.12)
BMI	0.03	0.02	0.10	1.03	(0.99, 1.07)
AHI	0.002	0.01	0.70	1.00	(0.99, 1.02)
Hypertension	0.45	0.32	0.16	1.58	(0.84, 2.97)
Diabetes	0.18	0.36	0.61	1.20	(0.59, 2.42)
Prior heart disease	0.56	0.44	0.21	1.75	(0.73, 4.16)
Current smoker	0.61	0.39	0.12	1.84	(0.85, 3.98)
CPAP adherence (non-adherent) **	-0.19	0.42	0.66	0.83	(0.36, 1.91)
CPAP adherence (adherent) **	0.05	0.36	0.89	1.05	(0.52, 2.13)

*Minimally symptomatic as the reference.
**Group of patients not prescribed CPAP as the reference.