SUPPLEMENTAL MATERIAL

Table S1. Patterns of follow up change in mRS between Day 1, 28, 90, 180 and 365 for haemorrhagic stroke.

Change from previous period	Day 1 (n=185)	Day 28 (n=181)	Day 90 (n=178)	Day 180 (n=179)	Day 365 (n=179)
Worsening, n (%)	-	2 (1%)	3 (2%)	9 (5%)	11 (6%)
No change, n (%)	-	60 (33%)	90 (51%)	110 (61%)	134 (75%)
Improving, n (%)	-	119 (66%)	85 (48%)	60 (34%)	34 (19%)
Incremental deaths, n (%)		2 (1%)	3 (2%)	2 (1%)	2 (1%)
mRS, mean (SD)	3.8 (0.1)	2.9 (0.1)	2.4 (0.1)	2 (0.1)	1.9 (0.1)
mRS, median (IQR)	4 (0)	3 (2)	2 (2)	2 (2)	1 (2)
mRS change, mean (SD)	-	- 0.9 (0.9)	- 0.6 (0.9)	- 0.4 (0.8)	- 0.1 (0.6)

Worsening, No change and Improving refer to the difference between the participant's mRS score at one assessment compared to the previous. For example, at Day 90, 3 (2%) individuals had a worse mRS score than at Day 28.

Table S2. Patterns of follow up change in mRS between Day 1, 28, 90, 180 and 365 for ischemic stroke.

	Day 1 (n=1091)	Day 28 (n=1082)	Day 90 (n=1075)	Day 180 (n=1070)	Day 365 (n=1067)
Worsening, n (%)	-	22 (2%)	31 (3%)	35 (3%)	55 (5%)
No change, n (%)	-	476 (44%)	586 (55%)	743 (69%)	868 (81%)
Improving, n (%)	-	584 (54%)	458 (43%)	292 (27%)	144 (13%)
Incremental deaths, n (%)		7 (1%)	9 (1%)	5 (0%)	16 (1%)
mRS, mean (SD)	3.3 (0.0)	2.5 (0.0)	2.0 (0.0)	1.7 (0.0)	1.7 (0.0)
mRS, median (IQR)	4 (2)	3 (2)	2 (2)	2 (2)	1 (2)
mRS change, mean (SD)	-	- 0.7 (0.9)	- 0.5 (0.7)	- 0.3 (0.6)	- 0.1 (0.6)

Worsening, No change and Improving refer to the difference between the participant's mRS score at one assessment compared to the previous. For example, at Day 90, 31 (3%) individuals had a worse mRS score than at Day 28.

Figure S1. Modified CONSORT Flow Diagram for the AFFINITY trial secondary post-hoc cohort level analysis.

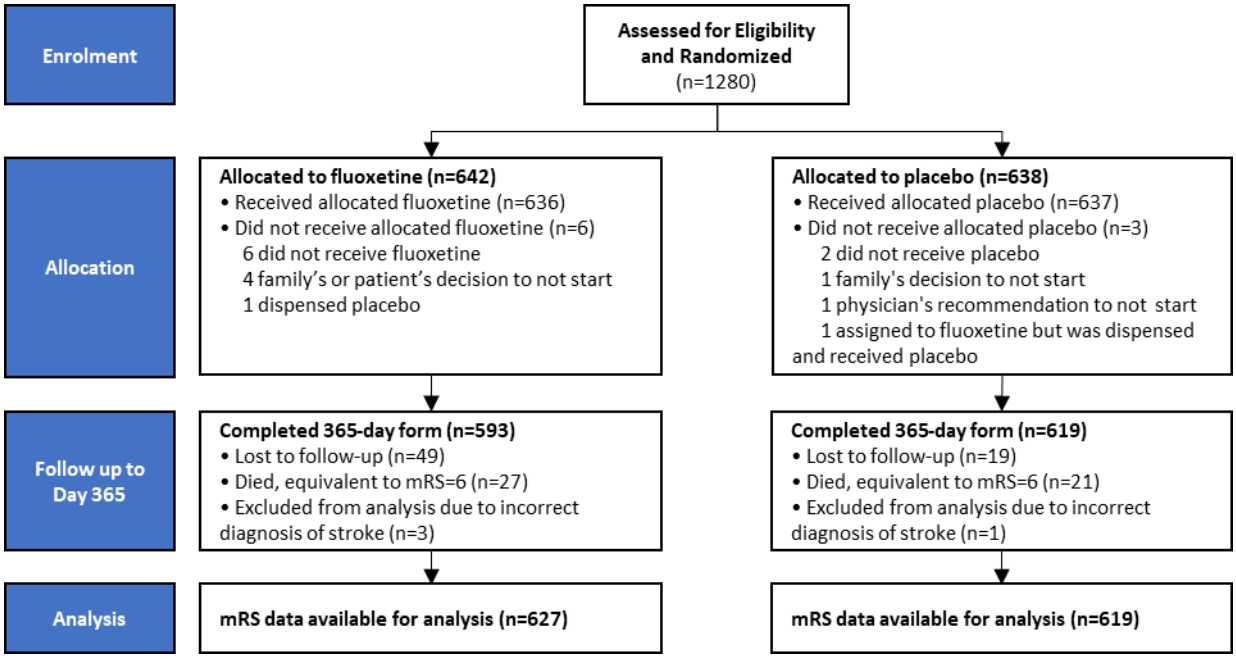


Figure S2. Sankey diagram of the mRS score over 1 year for AFFINITY study participants.

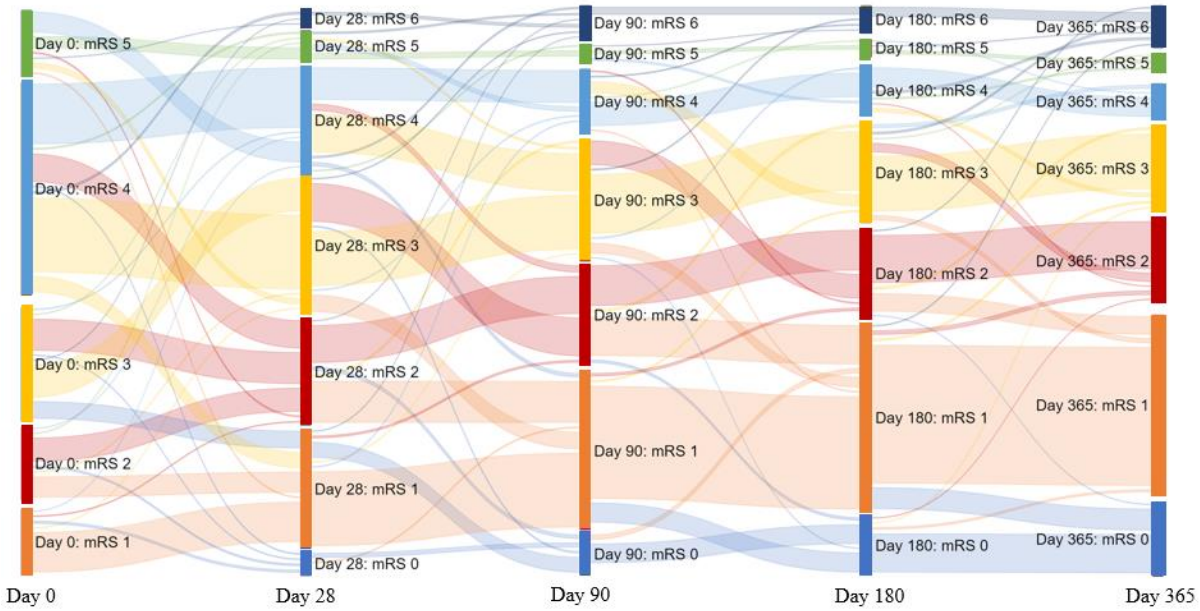
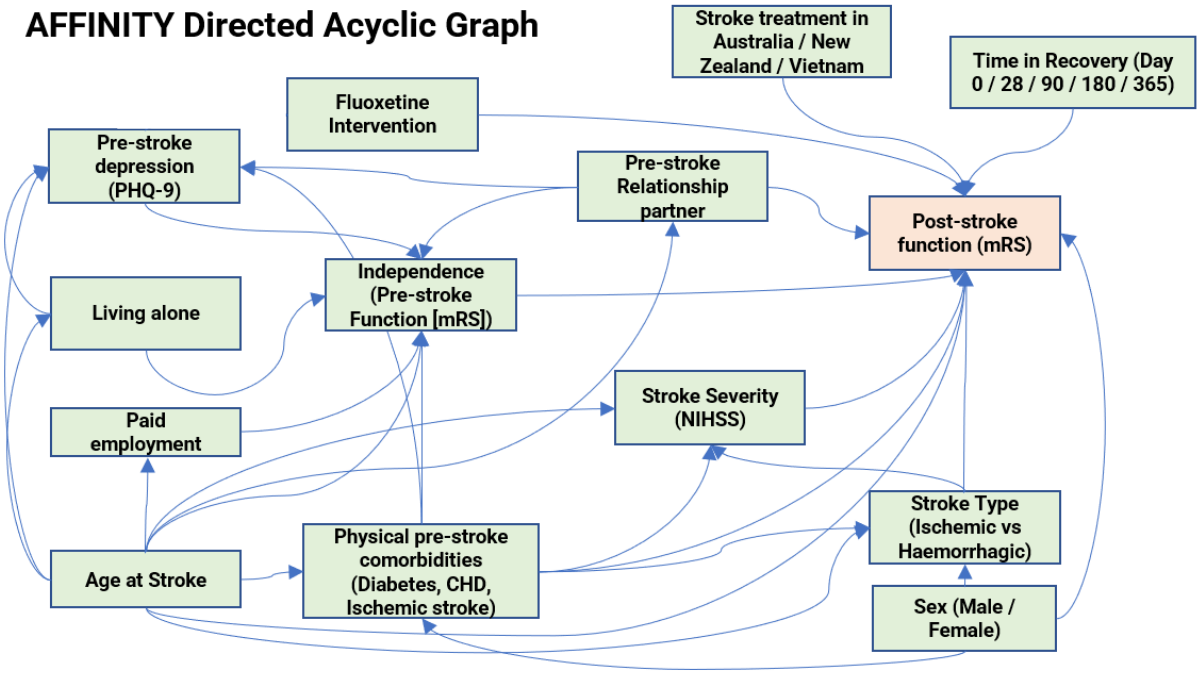


Figure S3 Directed Acyclic Graph for the AFFINITY trial secondary post-hoc cohort level analysis.



Arrows leading from one variable to another indicate the likely mediating effect of that variable.

Age at stroke and sex were deemed to be the only truly exogenous confounders for the explanatory variables; and were the only covariates used in adjusted regression.

Age at stroke, sex, fluoxetine intervention, country of treatment, and time since stroke were deemed to be exogenous variables not requiring adjustment.

Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Guidelines Checklist

		Reporting Item	Page Number
Title and abstract			
Title	#1a	Indicate the study's design with a commonly used term in the title or the abstract	5
Abstract	#1b	Provide in the abstract an informative and balanced summary of what was done and what was found	5
Introduction			
Background / rationale	#2	Explain the scientific background and rationale for the investigation being reported	8-10
Objectives	#3	State specific objectives, including any prespecified hypotheses	10
Methods			
Study design	#4	Present key elements of study design early in the paper	11-12
Setting	#5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	11

Eligibility criteria	#6a	Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up.	11
Eligibility criteria	#6b	For matched studies, give matching criteria and number of exposed and unexposed	N/a – not matched
Variables	#7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	11-13
Data sources / measurement	#8	For each variable of interest give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group. Give information separately for for exposed and unexposed groups if applicable.	n/a – referenced original AFFINITY trial methods.
Bias	#9	Describe any efforts to address potential sources of bias	11-13
Study size	#10	Explain how the study size was arrived at	11-12
Quantitative variables	#11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen, and why	11-13

Statistical methods	#12a	Describe all statistical methods, including those used to control for confounding	11-13
Statistical methods	#12b	Describe any methods used to examine subgroups and interactions	n/a
Statistical methods	#12c	Explain how missing data were addressed	12
Statistical methods	#12d	If applicable, explain how loss to follow-up was addressed	12
Statistical methods	#12e	Describe any sensitivity analyses	11-13 comparison of cross sectional and repeated measures
Results			
Participants	#13a	Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed. Give information separately for for exposed and unexposed groups if applicable.	Full data in tables and Figure 1, Figure S1 and Figure S2. Refer to original AFFINITY study for

			original trial enrolment numbers.
Participants	#13b	Give reasons for non-participation at each stage	n/a – refer to original AFFINITY trial
Participants	#13c	Consider use of a flow diagram	n/a – refer to original AFFINITY trial
Descriptive data	#14a	Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders. Give information separately for exposed and unexposed groups if applicable.	Table 1
Descriptive data	#14b	Indicate number of participants with missing data for each variable of interest	12
Descriptive data	#14c	Summarise follow-up time (eg, average and total amount)	11-13
Outcome data	#15	Report numbers of outcome events or summary measures over time. Give information	Table 1, Table 2

		separately for exposed and unexposed groups if applicable.	
Main results	#16a	Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	11-13 Table 3
Main results	#16b	Report category boundaries when continuous variables were categorized	Table 3, logit categories provided
Main results	#16c	If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	n/a – risk estimates not provided
Other analyses	#17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	11-13 Table S1, Table S2
Discussion			
Key results	#18	Summarise key results with reference to study objectives	13-17
Limitations	#19	Discuss limitations of the study, taking into account sources of potential bias or	18

		imprecision. Discuss both direction and magnitude of any potential bias.	
Interpretation	#20	Give a cautious overall interpretation considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence.	13-18
Generalisability	#21	Discuss the generalisability (external validity) of the study results	13-18
Other Information			
Funding	#22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	19