

Does Ethnicity Alter the Hazard of Stroke in Patients with Major Modifiable Cardiometabolic Risk Factors?

A population-based Longitudinal Study using Electronic Health Records in South London

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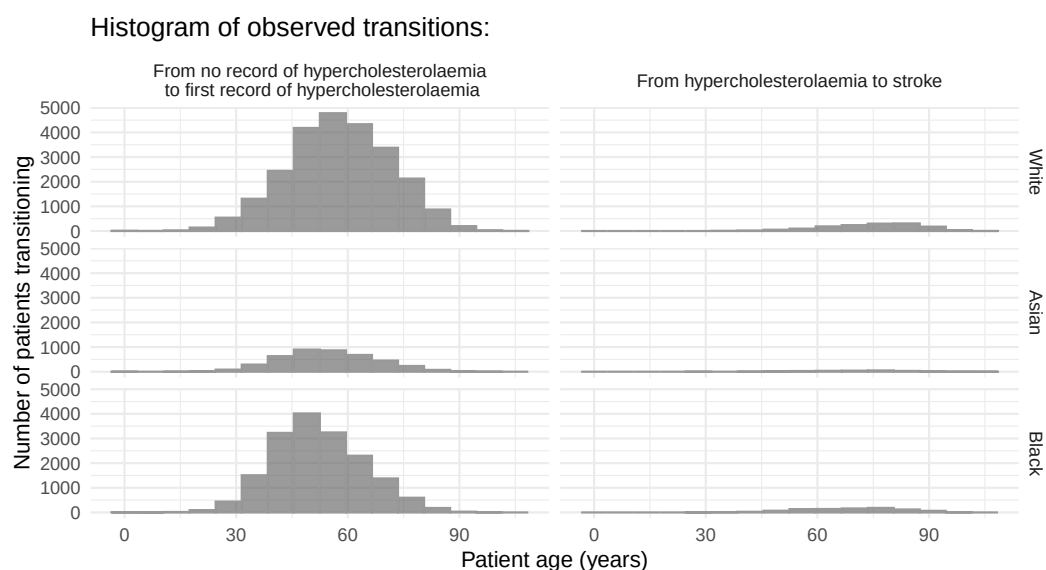
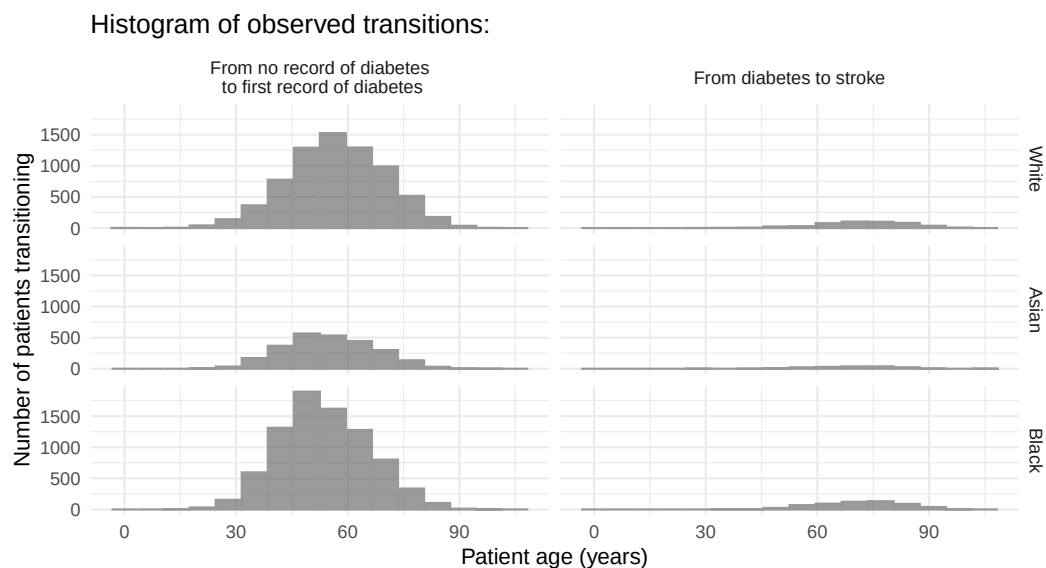
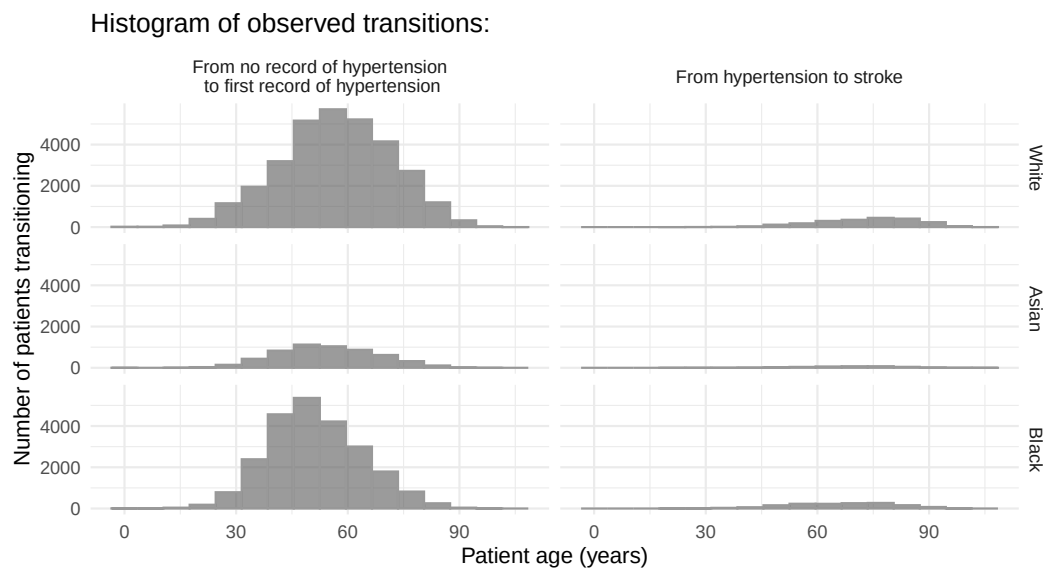
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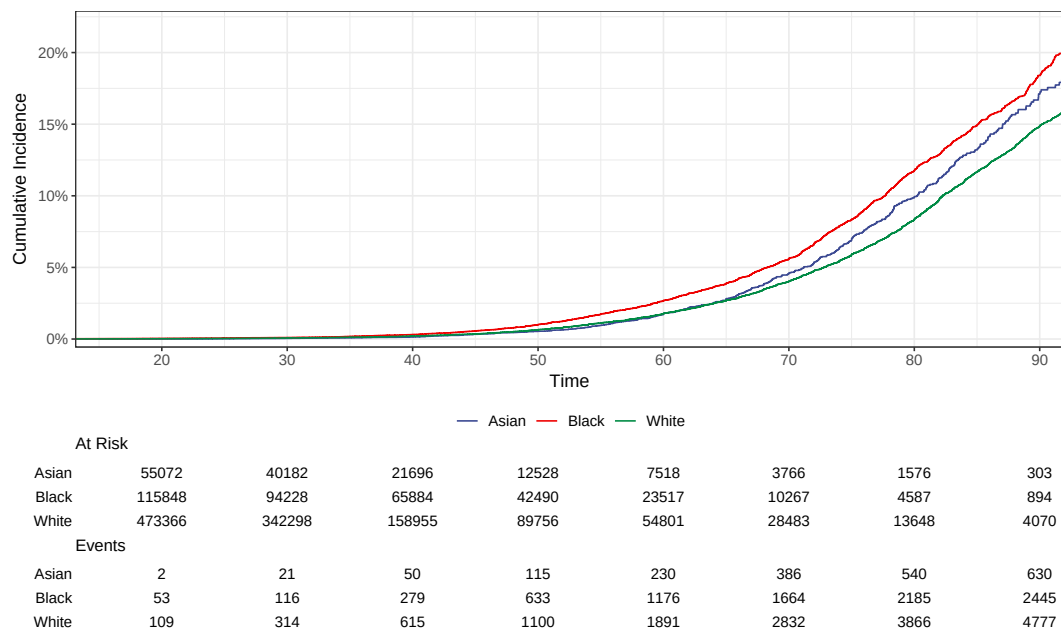
Supplementary materials

Supplementary Table S1: *Unadjusted transition-specific hazard ratios of the risk factor/disease models in which hypertension, diabetes and hypercholesterolaemia were sequentially analysed as risk factor associated with stroke. “→ Risk factor” indicates a transition from a state free from both the analysed risk factor and stroke, to the analysed risk factor (transition 1).*

Transition	Hazard Ratio	Ethnicity
→ Hypertension	2.26 (2.22-2.30, p<0.001)	Black
→ Hypertension	1.43 (1.39-1.47, p<0.001)	Asian
Hypertension → Stroke	1.13 (1.06-1.21, p<0.001)	Black
Hypertension → Stroke	1.16 (1.04-1.30, p=0.007)	Asian
→ Diabetes	2.63 (2.56-2.69, p<0.001)	Black
→ Diabetes	3.04 (2.94-3.14, p<0.001)	Asian
Diabetes → Stroke	1.08 (0.98-1.20, p=0.128)	Black
Diabetes → Stroke	0.96 (0.83-1.12, p=0.630)	Asian
→ Hyperchol.	1.05 (1.04-1.07, p<0.001)	Black
→ Hyperchol.	1.21 (1.19-1.24, p<0.001)	Asian
Hyperchol. → Stroke	1.25 (1.17-1.35, p<0.001)	Black
Hyperchol. → Stroke	1.07 (0.95-1.20, p=0.256)	Asian



Supplementary Figure S1: Histograms of ages at transition 1 and 2: These graphs represent the number of patients and age at transition to the first record of the considered cardiometabolic in patient without a record of stroke and transition from the considered cardiometabolic risk factors to first record of stroke.



Supplementary Figure S2: Cumulative incidence of stroke according to ethnicity (Asian, Black, and White), with death treated as a competing risk.