

**Supplemental Table 2.** Comparison of changes in recommendations between previous and revised guidelines

	Previous guideline in 2009	Updated guideline in 2022
Antiplatelet agents	<p>3. Aspirin should not be taken within 24 hours of thrombolysis (LOE: Ia, GOR: A).</p> <p>4. Intravenous injection of the glycoprotein IIb/IIIa receptor antagonists, including abciximab, is not recommended in patients with acute ischemic stroke (LOE: Ib, GOR: A).</p> <p>-</p>	<p>3. For patients treated with intravenous thrombolysis, it is generally recommended to delay antithrombotic therapy up to 24 hours. However, when the benefit is expected to outweigh the risk, antithrombotic therapy may be initiated within 24 hours after intravenous tPA (LOE: III, GOR: B).</p> <p>4. In general, intravenous glycoprotein IIb/IIIa receptor antagonists is not recommended in patients with acute ischemic stroke (LOE: Ib, GOR: A). However, intravenous and/or intra-arterial use of glycoprotein IIb/IIIa receptor antagonists can be considered in highly selected patients who require rescue therapy during mechanical thrombectomy or emergent angioplasty/stenting, taking into account benefit and risk (LOE: IV, GOR: C).</p> <p>5. In patients presenting with acute minor ischemic stroke (NIHSS score 0–3) or high-risk TIA (ABCD<sub>2</sub> score <math>\geq 4</math>), dual antiplatelet therapy with aspirin and clopidogrel initiated within 24 hours from the onset and maintained for up to 21–30 days is recommended to further reduce the risk of early recurrent stroke and major ischemic event (LOE: Ia, GOR: A).</p>
Anticoagulants	-	<p>4. For patients with acute ischemic stroke and atrial fibrillation, it is recommended to start oral anticoagulation when the risk of hemorrhagic transformation is expected to be low. It may be reasonable to start oral anticoagulation between 4 and 14 days after stroke onset. However, in patients with high risk of recurrent stroke and low risk of hemorrhagic transformation, oral anticoagulation might be initiated within 5 days from stroke onset (LOE: III, GOR: B).</p>

LOE, level of evidence; GOR, grade of recommendation; tPA, tissue plasminogen activator; NIHSS, National Institutes of Health Stroke Scale; TIA, transient ischemic attack.