JoS

Yang et al.    SGLT2i Improves Neurological Outcomes After Stroke

**Supplementary Table 2.** Summary of antidiabetic medication prescription other than SGLT2i

| | No SGLT2i (n=259) | SGLT2i (n=71) | P |
|---|---|---|---|
| Prestroke antidiabetic medication | | | |
| Metformin | 139 (53.7) | 50 (70.4) | 0.017 |
| Sulfonylurea | 65 (25.1) | 32 (45.1) | 0.002 |
| DPP4 inhibitor | 108 (41.7) | 23 (32.4) | 0.200 |
| Thiazolidinedione | 9 (3.5) | 3 (4.2) | 0.726 |
| Insulin | 39 (15.1) | 6 (8.5) | 0.214 |
| Others | 4 (1.5) | 1 (1.4) | >0.999 |
| Discharge antidiabetic medication | | | |
| Metformin | 194 (74.9) | 61 (85.9) | 0.072 |
| Sulfonylurea | 73 (28.2) | 25 (35.2) | 0.317 |
| DPP4 inhibitor | 143 (55.2) | 2 (2.8) | <0.001 |
| Thiazolidinedione | 12 (4.6) | 2 (2.8) | 0.742 |
| Insulin | 53 (20.5) | 9 (12.7) | 0.188 |
| Others | 1 (0.4) | 1 (1.4) | 0.385 |

The data are presented as n (%).
SGLT2i, sodium-glucose cotransporter 2 inhibitor; DPP4, dipeptidyl-peptidase 4.

**Supplementary Table 3.** Clinical characteristics and outcomes according to the prescription timing of SGLT2i

| | SGLT2i use after stroke (n=39) | SGLT2i use before stroke (n=32) | P |
|---|---|---|---|
| Age (yr) | 66.1±12.2 | 69.1±8.8 | 0.248 |
| Male sex | 29 (74.4) | 17 (53.1) | 0.106 |
| Hypertension | 33 (84.6) | 27 (84.4) | >0.999 |
| Hyperlipidemia | 29 (74.4) | 27 (84.4) | 0.461 |
| Ever smoking | 21 (53.8) | 9 (28.1) | 0.052 |
| Stroke history | 12 (30.8) | 12 (37.5) | 0.731 |
| Atrial fibrillation | 6 (15.4) | 8 (25.0) | 0.476 |
| Coronary heart disease | 5 (12.8) | 14 (43.8) | 0.008 |
| Heart failure | 2 (5.1) | 7 (21.9) | 0.080 |
| HbA1c (%) | 7.8 [7.3; 9.7] | 7.6 [6.9; 8.1] | 0.147 |
| eGFR (mL/min/1.73 m²) | 80.4 [62.8; 91.1] | 71.2 [56.8; 84.3] | 0.165 |
| Intracranial atherosclerosis | 20 (51.3) | 18 (56.3) | 0.858 |
| Total SVD score | 2 [1; 3] | 2 [1.5; 3] | 0.114 |
| Prestroke statin use | 20 (51.3) | 27 (84.4) | 0.007 |
| Prestroke mRS | 0 [0; 0.5] | 0 [0; 1] | >0.999 |
| Initial NIHSS | 3 [2; 6] | 3 [1; 4] | 0.616 |
| Intravenous thrombolysis | 3 (7.7) | 0 (0.0) | 0.312 |
| Endovascular thrombectomy | 2 (5.1) | 1 (3.1) | >0.999 |
| Stroke etiology | | | 0.390 |
| LAA | 18 (46.2) | 16 (50.0) | |
| SVO | 11 (28.2) | 4 (12.5) | |
| CE | 6 (15.4) | 8 (25.0) | |
| Others | 4 (10.3) | 4 (12.5) | |
| END | 5 (12.8) | 1 (3.1) | 0.302 |
| NIHSS at discharge | 2 [1; 3.5] | 2 [0.5; 3] | 0.660 |
| mRS at discharge | 2 [1; 3] | 1 [1; 2.5] | 0.355 |
| Favorable outcome at discharge | 26 (66.7) | 24 (75.0) | 0.614 |
| Excellent outcome at discharge | 18 (46.2) | 18 (56.3) | 0.543 |
| mRS at 3 months | 1 [0; 2.5] | 1 [0; 2] | 0.823 |
| Favorable outcome at 3 months | 29 (74.4) | 25 (78.1) | 0.928 |
| Excellent outcome at 3 months | 26 (66.7) | 20 (62.5) | 0.908 |

The data are presented as n (%), mean±standard deviation, or median [interquartile range].
SGLT2i, sodium-glucose cotransporter 2 inhibitor; HbA1c, hemoglobin A1c; eGFR, estimated glomerular filtration rate; SVD, small vessel disease; mRS, modified Rankin Scale; NIHSS, National Institutes of Health Stroke Scale; LAA, large artery atherosclerosis; SVO, small vessel occlusion; CE, cardioembolism; END, early neurological deterioration.