Supplemental Table II. Association between in-hospital cholinesterase inhibitor treatment and poor functional outcomes at 3 months

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Age- and sex-adjusted | | |  | Multivariable-adjusted | | |
|  | Events/n (%) |  | OR | 95% CI | P |  | OR | 95% CI | P |
| Patients with pre-stroke ChEI treatment |  |  |  |  |  |  |  |  |  |  |
| ChEI withdrawal (–) |  | 91/166 (54.8) |  | 1.00 | reference |  |  | 1.00 | reference |  |
| ChEI withdrawal (+) |  | 36/ 46 (78.3) |  | 3.01 | 1.42–6.91 | <0.01 |  | 2.23 | 0.85–5.34 | 0.11 |
| Patients without pre-stroke ChEI treatment |  |  |  |  |  |  |  |  |  |  |
| ChEI initiation (–) |  | 352/554 (63.5) |  | 1.00 | reference |  |  | 1.00 | reference |  |
| ChEI initiation (+) |  | 21/ 39 (53.9) |  | 0.76 | 0.38–1.51 | 0.43 |  | 1.06 | 0.50–2.25 | 0.87 |

Patients with pre-stroke ChEI treatment were divided into two groups by the presence of with or without withdrawal of ChEI treatment during hospitalization. Patients without pre-stroke ChEI treatment were divided into two groups by the presence of with or without initiation of ChEI treatment during hospitalization. ChEI: cholinesterase inhibitor, OR: odds ratio, CI: confidence interval. Multivariable-adjusted model included age, sex, chronic kidney disease, smoking, pre-stroke anti-hypertensive medication, NIHSS on admission, and acute revascularization.