

Online suppl. Table C. Effects of off-hour admission on clinical outcomes in patients treated with and without mannitol

	With mannitol		P	Without mannitol		P	P for homogeneity
	On-hour (n=549)	Off-hour (n=1158)		On-hour (n=460)	Off-hour (n=577)		
Death or major disability							
Number of outcomes (%)	281 (51)	588 (51)		264 (57)	321 (56)		0.73
Crude OR	1 (Reference)	0.98 (0.80-1.21)	0.88	1 (Reference)	0.93 (0.73-1.19)	0.57	
Adjusted OR*	1 (Reference)	0.91 (0.70-1.17)	0.45	1 (Reference)	0.94 (0.69-1.28)	0.68	
Death							
Number of outcomes (%)	47 (9)	119 (10)		53 (12)	67 (12)		0.47
Crude OR	1 (Reference)	1.22 (0.86-1.74)	0.26	1 (Reference)	1.01 (0.69-1.48)	0.96	
Adjusted OR*	1 (Reference)	1.20 (0.78-1.84)	0.42	1 (Reference)	1.66 (1.02-2.72)	0.04	
Major disability							
Number of outcomes (%)	234 (43)	469 (41)		211 (46)	254 (44)		0.94
Crude OR	1 (Reference)	0.92 (0.75-1.13)	0.41	1 (Reference)	0.93 (0.73-1.19)	0.55	
Adjusted OR*	1 (Reference)	0.84 (0.66-1.07)	0.17	1 (Reference)	0.86 (0.65-1.14)	0.29	

*Adjustment for age, sex, country (high income versus low/middle income), treated hypertension, antithrombotic therapy, lipid lowering therapy, time from onset to admission, systolic blood pressure, glucose, low (8 or less) Glasgow Coma Scale score, baseline hematoma volume, lobar location of hematoma, intraventricular extension, randomized treatment, admission to an intensive care unit, and prophylactic treatment of deep-vein thrombosis.

Low/middle income countries are China (n=1919), India (n=97), Pakistan (n=9), Argentina (n=4), and Brazil (n=17).