Supporting material S1:

**Search strategy for relevant risk factors**

To identify relevant risk factors, we searched for systematic reviews on risk factors for ICU-AW using the following search strategy in Medline: “risk factors AND (ICUAW OR critical illness neuromyopathy OR critical illness myopathy OR critical illness polyneuropathy) [limits: systematic reviews, humans, adults and English]”. Titles and abstracts of the reviews obtained through the search were screened for relevance. Only relevant reviews using a systematic search strategy were included, narrative reviews were excluded. Because the most recent systematic review evaluated literature until 2006[1], we performed an additional search for original studies on risk factors for ICU-AW published in 2006 or later using the following strategy in Medline: “risk factors AND (ICUAW OR critical illness neuromyopathy OR critical illness myopathy OR critical illness polyneuropathy) [limits: published > 01-01-2006, adults, humans and English]”.

**Extracted relevant risk factors**

For risk factor extracting only the systematic review by Stevens et al[1] was used since it was an update from the other identified systemic review[2]. Additionally risk factors were extracted from the following studies published after the most recent systematic review: Nanas et al[3], Weber-Carstens et al[4] and Anastasopoulos et al[5]. We identified the following relevant risk factors in our literature search: glucose[1,3], renal replacement therapy[1], systemic inflammatory response syndrome (SIRS)[1], sepsis[1,5], multiple organ dysfunction syndrome (MODS)[1,3,4], severity of illness[1,3,5], age[1], gender[1,5], hypocalcaemia[5],...
catecholamines[1,3,4], morphine[1], corticosteroids[1], aminoglycosides[1,3], neuromuscular blockers[1], midazolam[4] and fentanyl[4].

We excluded the following risk factors because they are not easily available: insulin-like growth factor-binding protein-1[4], interleukin-6[4] and hypoalbuminemia[3]. Additionally, we excluded duration of mechanical ventilation[1], hospital length of stay[1], ICU length of stay[1] and presence of gram-negative bacteria[3] as relevant risk factors because these are not available within two days of ICU admission.

**Literature for supporting material S1**


