S2 Table. Studies addressing Body Mass Index and non-fatal outcome after stroke.

Study	Patients with	Outcome	Results	Factors adjusted for in
	information on			multivariate analysis
	<b>Body Mass Index</b>			
	(n)			
Razinia,	451 Patients with	Favorable discharge destination,	Normal-weight: 1 (reference)	Age, sex, history of
2007[1]	ischemic stroke	home vs. other (Follow-up	Overweight: OR: 1.13 (95% CI 0.68 – 1.91)	hypertension, atrial
(USA)	aged > 18 or older	unknown)	Obese: OR: 0.46 (95% CI 0.22 – 0.96)	fibrillation, diabetes mellitus,
			Severely Obese: OR: 0.42 (95% CI 0.13 – 1.37)	coronary artery disease,
		Length of hospital stay, Median	Normal-weight: 5.2 (95% CI 4.6 – 5.8)	statin use, stroke severity
		hospital stay in days (Follow-up	Overweight: 5.2 (95% CI 4.6 – 5.8)	(NIHSS), systolic blood
		unknown)	Obese: 6.4 (95 % CI 5.4 – 7.5)	pressure, cardioembolic
			Severely Obese: 6.3 (95% CI 4.5 – 8.2)	stroke mechanisms, current
				smoking
Ovbiagele,	20246 patients aged	Recurrent stroke (Follow-Up 2.5	Normal-weight: 1 (reference)	Age, sex, previous stroke,
2011[2]	55 years, or those	years)	Overweight: HR: 0.947 (95% CI 0.850 -1.056)	diabetes, myocardial
(USA, UK,	aged 50 to 54 years		Obese: HR: 0.947 (95% CI 0.8333 – 1.077)	infarction, baseline systolic
Germany)	with at least 2			blood pressure, hypertension,
	additional vascular			qualifying stroke – small
	risk factors, who			vessel disease, qualifying
	experienced an			stroke – cardioembolic,
	ischemic stroke <			current smoking status,
	120 days before			stroke severity (NIHSS),

	randomization and			previous transient ischemic
	whose condition			attack
	was stable	Major vascular event (Stroke,	Normal-weight: 1 (reference)	Age, sex, previous stroke,
		myocardial infarction, vascular	Overweight: HR: 0.841 (95% CI 0.769 – 0.918)	diabetes, myocardial
		death) (Follow-Up 2.5 years)	,	infarction, baseline systolic
			Obese: HR: 0.860 (95% CI 0.774 – 0.956)	blood pressure, hypertension,
				qualifying stroke – small
				vessel disease, qualifying
				stroke – cardioembolic,
				hyperlipidemia, coronary
				artery disease current
				smoking status,
				antihypertensive medication
				at baseline, stroke severity
				(NIHSS), previous transient
				ischemic attack, Asian
				ethnicity
Andersen,	28'382 patients	Risk of stroke being recurrent	Underweight: OR: 1.23 (95% CI 1.06 – 1.42)	Age, sex, stroke severity
2013[3]	with acute stroke	(Follow-Up unknown)	Normal weight: OR: 1 (reference)	(Scandinavian Stroke Scale),
Denmark			Overweight: OR: 0.89 (95% CI 0.83 – 0.96)	stroke type, civil status,
			Obese: OR: 0.90 (95% CI 0.82 – 0.98)	cardiovascular risk factor
Doehner,	1521 patients with	Recurrent stroke or death at 30	Underweight: OR: 2.74 (95% CI 1.23 – 6.03)	Age, sex, living in
2013[4]	acute stroke or TIA	months after stroke	Normal weight: OR: 1.0 (reference)	partnership prior to the event,

(Germany)			Overweight: OR: 0.79 (95% CI 0.60 – 1.03)	co-morbidities, stroke	
			Obese: OR: 0.56 (95% CI 0.37 – 0.86)	severity, classification of the	
			Very obese: OR 0.51 (95% CI 0.27 – 0.97)	cerebral event (TIA vs.	
		Functional disability (high	Underweight: OR: 1.28 (95% CI 0.50 – 3.25)	ischemic stroke vs.	
		dependency)	Normal-weight: OR: 1.0 (reference)	intracerebral hemorrhage),	
			Overweight: OR: 0.74 (95% CI 0.50 – 1.00)	assignment to the Telestroke	
			Obese: OR: 0.60 (95% CI 0.39 – 0.91)	Unit or conventional	
			Very obese: OR: 0.68 (95% CI 0.37 – 1.25)	treatment arm of the TEMPiS	
		Institutional care	Underweight: OR: 2.18 (95% CI 0.90 – 5.28)	study protocol	
			Normal-weight: OR: 1.0 (reference)		
			Overweight: OR 0.68 (95% CI 0.51 – 0.91)		
			Obese: OR 0.60 (95% CI 0.38 – 0.92)		
			Very obese: OR 0.49 (95% CI 0.25 – 0.99)		
Kim,	365 patients with	Hemorrhagic transformation	Underweight: OR: 1.05 (95% CI 0.28 – 3.96)	Age, gender, hypertension,	
2013[5]	first-ever acute	within 1 week after acute	Normal-weight: OR: 1.0 (reference)	diabetes, hyperlipidemia,	
(South	ischemic stroke	ischemic stroke with/ without		current smoking, initial	
Korea)		thrombolytic treatment	Overweight: OR: 0.48 (95% CI 0.21 – 1.11)	NIHSS score, thrombolysis,	
			Obese: OR: 0.39 (95% CI 0.17 – 0.87)	acute heparin treatment,	
			Obese. OK. 0.39 (93% CI 0.17 – 0.87)	stroke subtype, previous	
				aspirin use, previous warfarin	
				use, presence of advanced	
				WMLS and cerebral micro	
				bleeds	

Zhao,	10905 patients with	Favorable 3 – month functional	Underweight: OR: 1.24 (95% CI 0.96 – 1.59)	Age, gender, stroke severity
2014[6]	acute ischemic	recovery	Normal-weight: 1 (reference)	(NIHSS), prestrike mRS,
(China)	stroke		Overweight: OR: 1.24 (95% CI 1.12 – 1.38)	AIS Trial of ORG 10172 in
			Obese: OR: 1.15 (95% CI 0.99 – 1.34)	Acute Stroke Treatment
			Severely obese: OR: 1.07 (95% CI 0.72 – 1.60)	subtype, and risk factors or
				comorbidities (including
				hypertension, diabetes,
				dyslipidemia, coronary heart
				disease, atrial fibrillation or
				flutter, heart failure, current
				or previous smoking, and
				history of stroke)
Burke,	819 patients	Functional progress in stroke	Underweight: 1.01 (95% CI 0.6 – 1.43)	Age, sex, length of hospital
2014[7]	admitted to an	rehabilitation (mean FMI	Normal-weight: 1.29 (95% CI 1.15 – 1.49)	stay
(USA)	acute freestanding	efficiency)(unknown Follow-up)	Overweight: 1.38 (95% CI 1.22 – 1.55)	
	rehabilitation		Obese: 1.05 (95% CI 0.82 – 1.23)	
	hospital with a			
	diagnosis of stroke			
Andersen,	29'326 patients	Risk of readmission for recurrent	Underweight: HR 1.04 (95% CI 0.81 – 1.34)	Cardiovascular risk factors,
2015[8]	with acute first-	stroke (Median Follow-up 2.6	Normal weight: HR 1.0 (reference)	age, gender, civil status,
(Denmark)	ever stroke	years)	Overweight: HR: 0.97 (95% CI 0.87 – 1.08)	stroke severity (Scandinavian
			Obese: HR: 0.84 (95% CI 0.72 – 0.97)	Stroke Scale)
Kim,	703 patients with	3-month functional outcome	BMI ≤ 21.2: OR: 1.0 (reference)	Gender, age, dyslipidemia,

2015[9]	ischemic stroke	(modified Rankin Scale)	BMI = 21.2 – 23.0: OR: 0.57 (95% CI 0.30 – 1.07)	smoking, atrial fibrillation,
(South			BMI = 23.1 – 24.5: OR 0.60 (95% CI 032 – 1.14)	serum white blood cell,
Korea)			BMI= 24.6 – 26.2: OR: 0.43 (95% CI 0.21 – 0.86)	serum hematocrit, serum
			BMI ≥ 26.3: OR: 0.76 (95% CI 0.39 – 1.49)	fasting blood sugar, diastolic
				blood pressure, stroke
				subtype, initial neurological
				severity (NIHSS)

HR: Hazard Ratio, OR: Odds Ratio, RR: Relative Risk, CI: Confidence Interval, -: no data available in study, wk: week, m: month, yr: year

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