

## SUPPLEMENTARY MATERIAL – TABLES, FIGURES & LEGENDS

<b>Supplementary Table 1: Search strategy MEDLINE (OVID)– this search strategy was also adapted for EMBASE, Web of Science and CINAHL</b>	
1	exp Atrial Fibrillation/
2	(atrial adj3 fibrillation).tw.
3	1 or 2
4	exp stroke/
5	exp Brain Ischemia/
6	exp Cerebral Hemorrhage/ or exp Intracranial Hemorrhages/
7	(stroke* adj3 (acute or cerebral or cerebrovascular)).tw.
8	“cerebrovascular apoplexy”.tw.
9	((brain or cerebral) adj3 ischemi*).tw.
10	((brain or cerebral) adj3 ischaemi*).tw.
11	(accident adj3 (cerebrovascular or cerebral)).tw.
12	4 or 5 or 6 or 7 or 8 or 9 or 10 or 11
13	“thromboembolic event”.tw.
14	*hemorrhage/ or *ecchymosis/ or *epistaxis/ or *exsanguination/ or *eye hemorrhage/ or *gastrointestinal hemorrhage/ or *hemarthrosis/ or *hematocele/ or *hematoma/ or *hematuria/ or *hemobilia/ or *hemoperitoneum/ or *hemoptysis/ or *hemothorax/ or *intracranial hemorrhage/ or *oral hemorrhage/ or *postoperative hemorrhage/ or *pupura/ or *retrobulbar hemorrhage/ or *shock, hemorrhagic/ or *uterine hemorrhage/
15	exp thromboembolism/
16	Hospital mortality/ or mortality/
17	mortality.tw.
18	(major adj3 hemorrhage).tw.
19	(major adj3 haemorrhage).tw.
20	(stroke* adj3 (acute or cerebral or cerebrovascular)).tw.
21	exp stroke/
22	exp Cerebral Hemorrhage/ or exp Intracranial Hemorrhage/
23	exp Brain Ischemia/
24	“cerebrovascular apoplexy”.tw.
25	((brain or cerebral) adj3 ischaemi*).tw.
26	((brain or cerebral) adj3 ischemi*).tw.
27	13 or 14 or 15 or 16 or 17 or 18 or 19 or 20 or 21 or 22 or 23 or 24 or 25 or 26
28	3 and 12 and 27
29	Limit 28 to ((“all adult (19 plus years) or “young adult (19 to 24 years)” or “adult (19 to 44 years)” or “young adult and adult (19-24 and 19-44)” or “middle age (45 to 64 years)” or “middle aged (45 plus years)” or “all aged (65 and over)” or “aged (80 and over)” and (adaptive clinical trial or clinical study or clinical trial, all or clinical trial, phase i or clinical trial, phase ii or clinical trial, phase iii or clinical trial, phase iv or comparative study or multicentre study or observational study or pragmatic clinical trial))

**Supplementary Table 2:** Risk of bias Assessment of all studies using the ROBINS-E tool.

Author name and date	Bias due to confounding	Selection bias	Bias in classification of exposures	Bias in outcome measurement	Missing data/ bias in reporting of outcome	Overall risk of bias
Al-Khalili 2016 <sup>15</sup>	Low	Moderate*	Moderate	Moderate	Low	Moderate
Aronow 1999 <sup>16</sup>	Low	Moderate*	Moderate	Low	Low	Low
Azoulay 2012 <sup>17</sup>	Low	Moderate*	Moderate	Low	Low	Low
Baturova 2017 <sup>18</sup>	Low	Low	Moderate	Moderate	Low	Low
Britton 1984 <sup>19</sup>	Low	Low	Moderate	Low	Low	Low
Christensen 2014 <sup>20</sup>	Low	Moderate*	Low	Low	Low	Low
Friberg 2010 <sup>21</sup>	Moderate†	Moderate*	Low	Low	Low	Moderate†
Grond 2013 <sup>22</sup>	Low	Moderate*	Low	Moderate	Low	Low
Koga 2016 <sup>23</sup>	Low	Low	Low	Low	Low	Low
Levy 1999 <sup>24</sup>	Moderate†	Low	Moderate	Low	Low	Moderate†
Liantinioti 2017 <sup>25</sup>	Low	Moderate*	Low	Low	Low	Low
Marini 2005 <sup>26</sup>	Moderate†	Low	Low	Low	Low	Moderate†
Ntaios 2013 <sup>27</sup>	Low	Low	Low	Moderate‡	Moderate	Low
Önundarson 1987 <sup>28</sup>	Low	Low	Low	Moderate	Low	Low
Paciaroni 2018 <sup>29</sup>	Low	Low	Low	Low	Low	Low
Palomäki 2017 <sup>30</sup>	Low	Low	Low	Low	Moderate	Low
Petty 1998 <sup>31</sup>	Moderate†	Low	Low	Moderate‡	Serious	Moderate†
Rietbrock 2008 <sup>32</sup>	Low	Moderate*	Low	Low	Low	Low
Staszewski 2009 <sup>33</sup>	Moderate†	Moderate*	Low	Low	Low	Moderate†
Tanaka 2016 <sup>34</sup>	Moderate†	Low	Low	Low	Low	Moderate†
Tsivgoulis 2005 <sup>35</sup>	Moderate†	Moderate*	Low	Low	Low	Moderate†
Wolf 1978 <sup>36</sup>	Moderate†	Moderate	Low	Moderate‡	Low	Moderate†
Yamanouchi 1988 <sup>37</sup>	Moderate†	Low	Moderate	Low	Low	Moderate†
Yanagisawa 2016 <sup>38</sup>	Low	Moderate*	Low	Moderate	Low	Low
Yu 2018 <sup>39</sup>	Moderate†	Moderate*	Low	Moderate	Low	Moderate†
Zolotovskaya 2018 <sup>40</sup>	Moderate†	Moderate*	Moderate	Moderate	Low	Moderate†

\*studies only included patients that survived their index stroke event

†potential difference in baseline characteristics between the two groups which was not adjusted may have lead to moderate RoB




‡risk of bias caused by missing information on follow-up length

## Supplementary Table 3: GRADE criteria evidence and summary of findings table of the studies included in the analyses

**Author(s):** Antonia Mentel, Terence J. Quinn, Alan C. Cameron, Kennedy R. Lees, Azmil H. Abdul-Rahim

**Question:** The Impact of Atrial Fibrillation Type on the Risks of Thromboembolic Recurrence, Mortality, and Major Haemorrhage in Patients with Previous Stroke: A Systematic Review and Meta-analysis

**Setting:** Hospital

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	NPAF	PAF	Relative (95% CI)	Absolute (95% CI)		
<b>Stroke recurrence in NPAF vs PAF (follow up: range 10 days to 7.4 years; assessed with: no of events)</b>												
18	observational studies	serious <sup>a</sup>	not serious	not serious	not serious	all plausible residual confounding would reduce the demonstrated effect	4130/15286 (27.0%)	163/2341 (7.0%)	OR 1.47 (1.08 to 1.99)	<b>29 more per 1.000</b> (from 5 more to 60 more)	 LOW	IMPORTANT
<b>Mortality in NPAF vs PAF (assessed with: no of deaths)</b>												
18	observational studies	serious <sup>b</sup>	not serious	not serious	not serious	all plausible residual confounding would reduce the demonstrated effect	1514/4990 (30.3%)	457/2938 (15.6%)	OR 1.90 (1.43 to 2.52)	<b>104 more per 1.000</b> (from 53 more to 161 more)	 LOW	IMPORTANT
<b>Intracranial Haemorrhage in NPAF vs PAF (assessed with: no of events)</b>												
8	observational studies	not serious	not serious	not serious	not serious	none	117/1426 (8.2%)	25/646 (3.9%)	OR 1.01 (0.61 to 1.69)	<b>0 fewer per 1.000</b> (from 15 fewer to 25 more)	 LOW	IMPORTANT

CI: Confidence interval; OR: Odds ratio

### Explanations

a. 11/18 studies only included patients that survived their hospital stay with index stroke. 1 study only followed up patients for the length of their hospital stay. 1 study had reporting errors and several studies failed to report follow up lengths. Overall, only 3 studies adjusted their calculated RR for confounding factors. Some studies had unbalanced baseline characteristics.

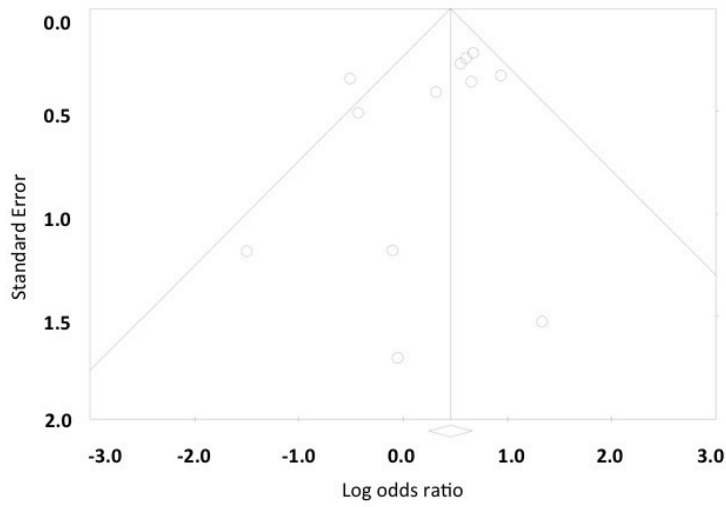
b. 7/18 studies only included patients that survived their hospital stay with index stroke. 1 study only followed up patients for the length of their hospital stay. Some studies failed to report follow up. Some studies had unbalanced baseline characteristics.



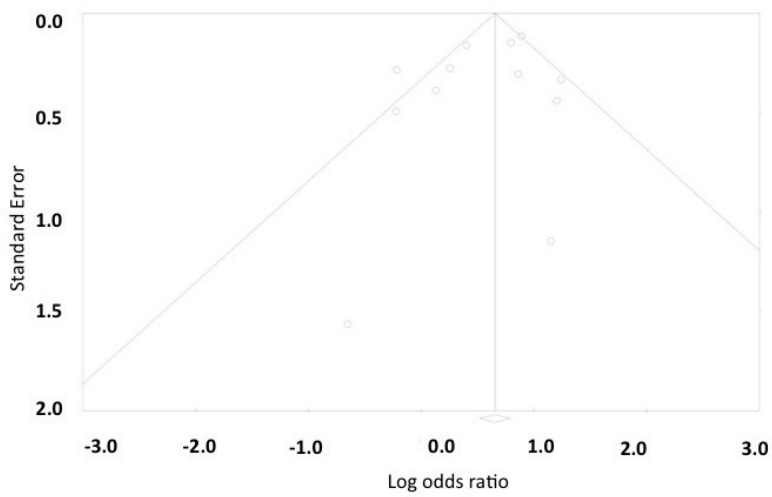


**Supplementary Figure 1:** Funnel plots for the reported incidences of recurrent thromboembolic events (A), all-cause mortality (B) and major haemorrhage (C) in paroxysmal and non-paroxysmal atrial fibrillation.

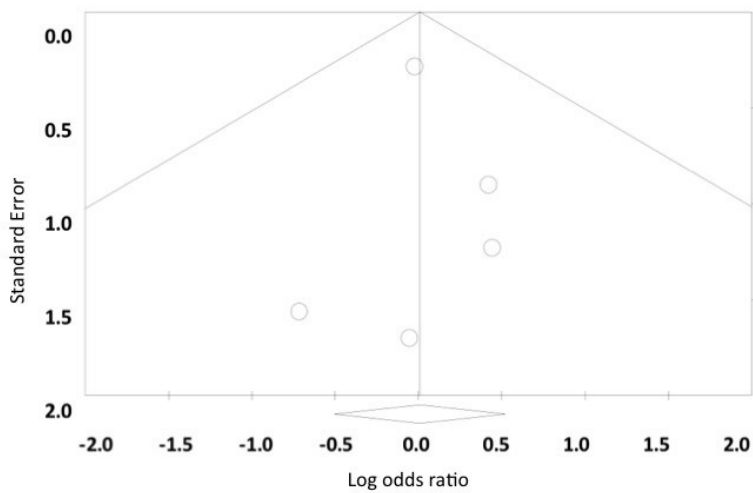
1A Funnel Plot of Standard Error by Log Odds Ratio for the Risk of Thromboembolic Recurrence



1B Funnel Plot of Standard Error by Log Odds Ratio for the Risk of All-Cause Mortality



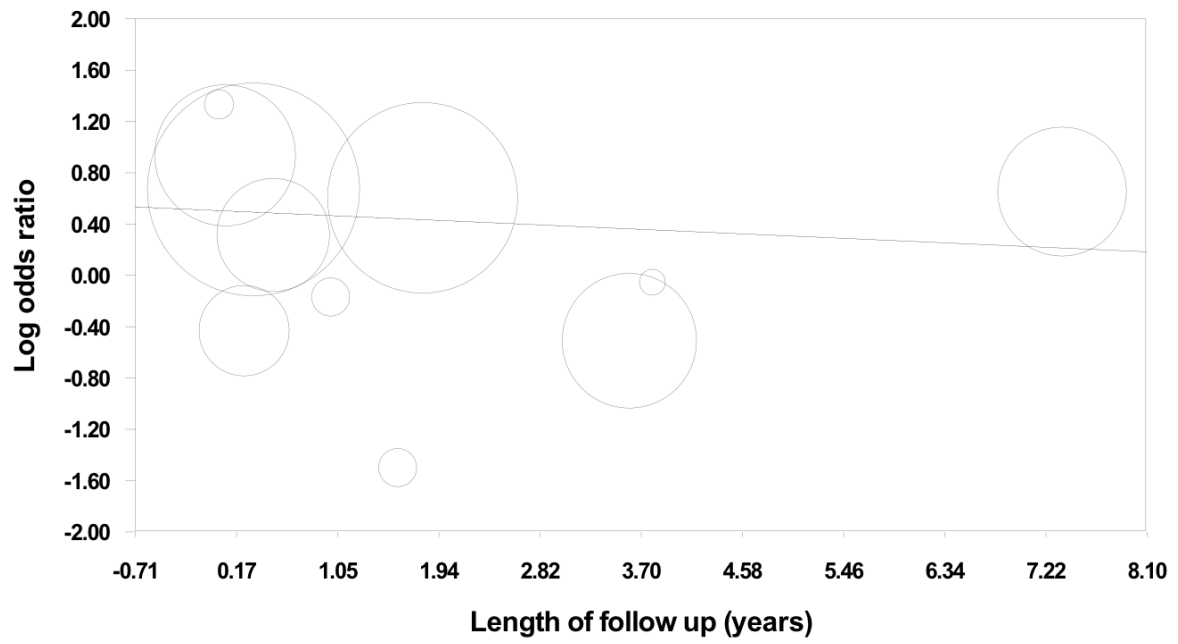
1C Funnel Plot of Standard Error by Log Odds Ratio for the Risk of Major Haemorrhage





**Supplementary Figure 2:** Meta-regression of the length of follow-up on the log odds ratio of thromboembolic recurrence.

### Regression of Length of Follow-up (in years) on Log odds ratio of Thromboembolic Recurrence



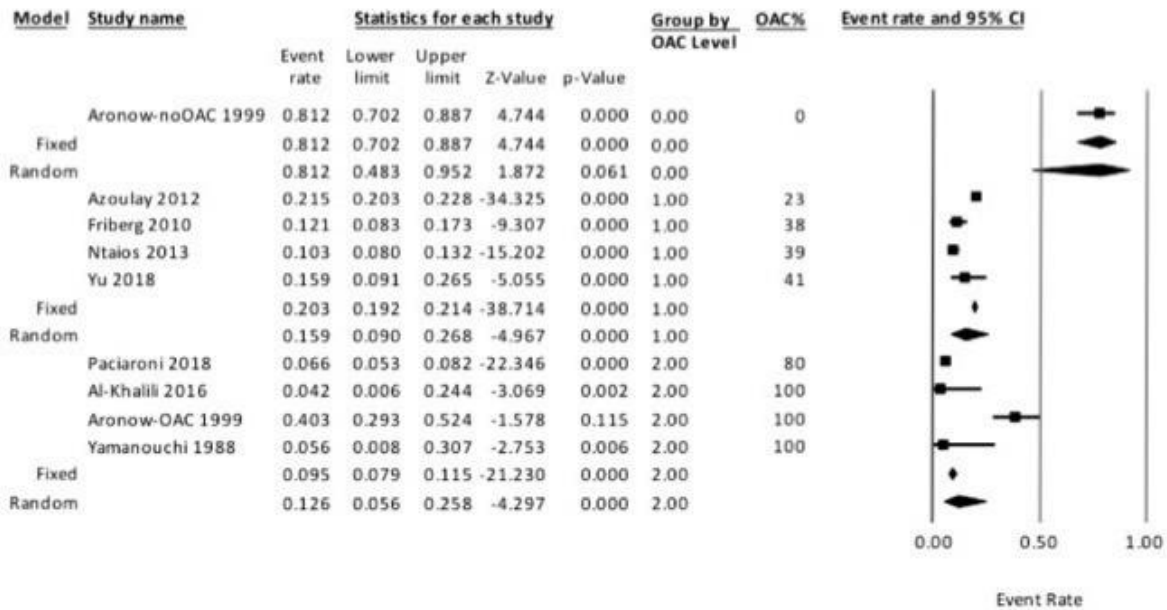
**Supplementary Figure 3:** Sensitivity analysis comparing the thromboembolic recurrence rates of studies with low and high proportions of patients on oral anti-coagulant (OAC) for non-paroxysmal (NPAF) and paroxysmal atrial fibrillation (PAF).

*Group 0.00:* 0% of patients on OAC

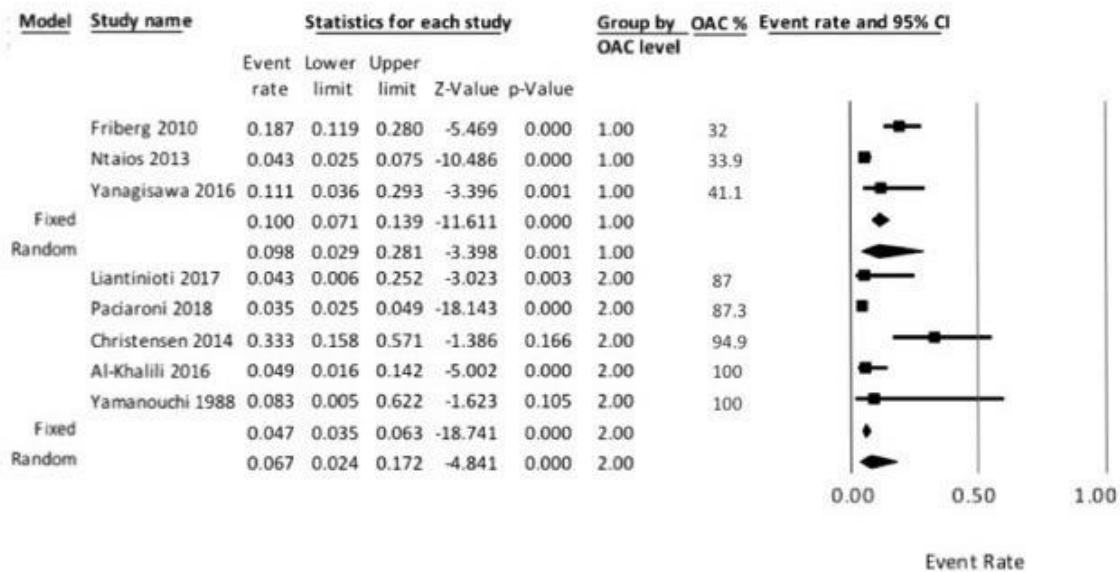
*Group 1.00:* less than 50% of patients on OAC

*Group 2.00:* more than 50% of patients on OAC

### 3A Sensitivity Analysis for the Effect of Oral-Anticoagulation use on the Incidence of Thromboembolic Recurrence in Non-Paroxysmal Atrial Fibrillation

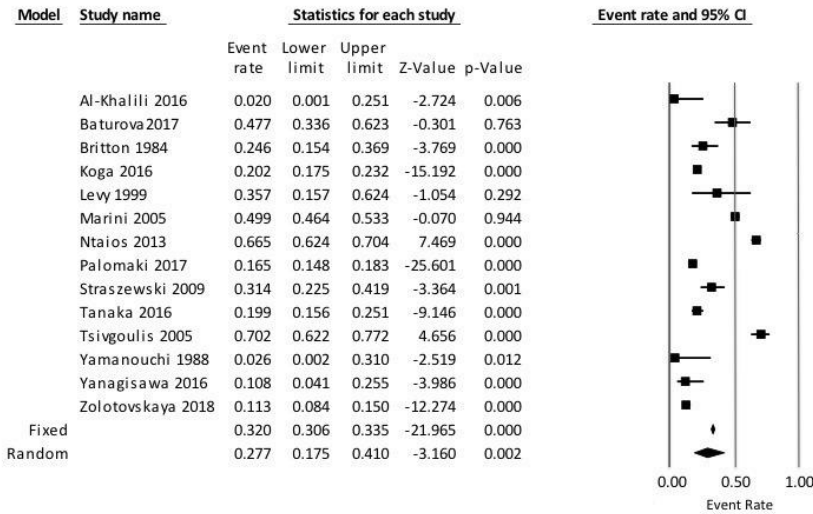


### 3B Sensitivity Analysis for the Effect of Oral-Anticoagulation use on the Incidence of Thromboembolic Recurrence in Paroxysmal Atrial Fibrillation

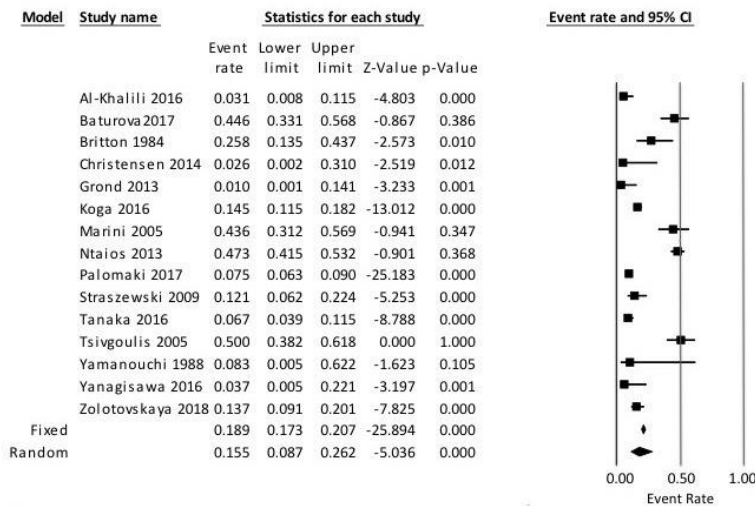


**Supplementary Figure 4:** Sensitivity analysis of the all-cause mortality risks in non-paroxysmal (NPAF) and paroxysmal atrial fibrillation (PAF), by using the outcome data of Baturova 2017 at 3-years.

#### 4A Sensitivity Analysis of All-Cause Mortality Rate in Non-Paroxysmal Atrial Fibrillation



#### 4B Sensitivity Analysis of All-Cause Mortality Rate in Paroxysmal Atrial Fibrillation



#### 4C Sensitivity Analysis All-Cause Mortality Risk in Non-Paroxysmal versus Paroxysmal Atrial Fibrillation

