

Supplementary documents for “Education, socioeconomic status and intelligence in childhood and stroke risk in later life: A meta-analysis”

eDocument 1: Medline Search Strategy

eTable 1a-c: Details of included studies by early life factor

eFigure 3: Quality assessment: Frequencies of scores on individual quality items

eFigure 4a. Funnel Plot for analysis of publication bias in studies reporting ORs for education and risk of stroke

eFigure 4b. Funnel Plot for analysis of publication bias in studies reporting MDs for education and risk of stroke.

eFigure 4c. Funnel Plot for analysis of publication in studies reporting HRs for education and risk of stroke.

eDocument 2. Footnotes for Figure 2a. Educational attainment (low versus high) and risk of stroke, risk ratio (OR, HR and RR), random effects model (risk ratio <1 indicates low education decreases risk of stroke; >1 = low education increases risk of stroke).

eFigure 5a. Sensitivity analysis comparing studies that included younger (mean age ≤ 65 years) vs those that included older (mean age >65 years) participants by education level and risk of stroke; OR>1= low education increases risk of stroke.

eFigure 5b. Sensitivity analysis comparing studies that included younger (mean age ≤ 65 years) vs studies that included older (mean age >65 years) participants by education level and risk of stroke; HR>1= low education increases risk of stroke.

eFigure 5c. Sensitivity analysis for comparing studies that included younger (mean age ≤ 65 years) vs studies that included older (mean age >65 years) participants by education level and risk of stroke; negative mean difference = lower education decreases risk of stroke and positive mean difference = lower education increases risk of stroke.

eFigure 5d. Sensitivity analysis comparing adjusted vs unadjusted studies by education level and risk of stroke; OR>1= low education increases risk of stroke.

eFigure 5e. Sensitivity analysis comparing adjusted for vascular risk factors vs unadjusted studies by education level and risk of stroke; OR>1= low education increases risk of stroke.

eFigure 5f. Sensitivity analysis comparing population cohort studies vs hospital/outpatient studies by education level and risk of stroke; OR>1= low education increases risk of stroke.

eFigure 5g. Sensitivity analysis comparing stroke ascertainment methods (clinical examination, self-report, central health statistics) by education level and risk of stroke; OR>1= low education increases risk of stroke.

eFigure 5h. Sensitivity analysis comparing males and females by education level and risk of stroke; OR>1= low education increases risk of stroke.

eFigure 5i. Sensitivity analysis comparing males and females by education level and risk of stroke; HR>1= low education increases risk of stroke.

eFigure 5j. Sensitivity analysis comparing first only and recurrent/unspecified stroke by education level and risk of stroke; HR>1= low education increases risk of stroke.

eDocument 1: MEDLINE Search Strategy

Note we included search terms to identify studies examining early life risk factors for post-stroke cognitive impairment and depression for subsequent reviews, hence terms such as cognition – these have not been excluded if not relevant to education, SES, IQ and stroke in the present analysis.

1. cerebrovascular disorders/ or basal ganglia cerebrovascular disease/ or exp brain ischemia/ or carotid artery diseases/ or carotid artery thrombosis/ or carotid stenosis/ or cerebral small vessel diseases/ or cerebral amyloid angiopathy, familial/ or stroke, lacunar/ or intracranial arterial diseases/ or cerebral arterial diseases/ or intracranial arteriosclerosis/ or exp "intracranial embolism and thrombosis"/ or exp stroke/ or leukoencephalopathies/ or leukoaraiosis/
2. exp *brain/ and *atrophy/
3. (isch?emi\$ adj6 (stroke\$ or apoplex\$ or cerebral vasc\$ or cerebrovasc\$ or cva)).tw.
4. ((brain or cerebr\$ or cerebell\$ or vertebrobasil\$ or hemispher\$ or intracran\$ or intracerebral or infratentorial or supratentorial or middle cerebral artery or MCA\$ or anterior circulation or posterior circulation or basilar artery or vertebral artery or space-occupying) adj6 (isch?emi\$ or infarct\$ or thrombo\$ or emboli\$ or occlus\$ or hypoxi\$)).tw.
5. ((cerebell\$ or vertebrobasil\$ or hemispher\$ or intracran\$ or intracerebral or infratentorial or supratentorial or middle cerebr\$ or MCA\$ or anterior circulation or posterior circulation or basilar artery or vertebral artery or space-occupying) adj6 stroke\$).tw.
6. ((brain or cerebr\$) adj6 (vascular or microvascular) adj6 (disease\$ or disorder\$)).tw.
7. (intracranial adj6 (disease\$ or disorder\$)).tw.
8. (cerebral adj6 (small vessel disease\$ or microangiopath\$ or amyloid angiopath\$)).tw.
9. ((lacun\$ or subcortical) adj6 (stroke\$ or infarct\$)).tw.
10. (leukoencephalopath\$ or leukoaraiosis).tw.
11. (white matter adj6 (disease\$ or hyperintensit\$ or intensity\$ or change\$ or lesion\$ or damage or abnormalit\$ or integrity or tracts or infarct\$ or structure)).tw.
12. ((brain or cerebral or intracranial) adj6 (arteriosclero\$ or atherosclero\$ or atrophy\$ or microbleed\$ or microhaem\$ or microhem\$)).tw.
13. exp *intracranial hemorrhages/ and (microbleed\$ or microhaem\$ or microhem\$).tw.
14. or/1-13
15. cognition disorders/ or mild cognitive impairment/ or dementia/ or dementia, vascular/ or dementia, multi-infarct/
16. neurobehavioral manifestations/ or confusion/ or memory disorders/
17. mental processes/ or cognition/ or cognitive reserve/ or Arousal/ or Orientation/ or Attention/ or exp memory/ or perception/ or exp thinking/ or Awareness/ or Problem Solving/ or "Generalization (Psychology)"/ or "Transfer (Psychology)"/ or comprehension/ or Impulsive Behavior/ or Learning/
18. ((cogniti\$ or arous\$ or orientat\$ or attention\$ or concentrat\$ or memor\$ or recall or percept\$ or think\$ or sequenc\$ or judg?ment\$ or awareness or problem solving or generali?ation or transfer or comprehension or learning or mental process\$ or (concept adj5 formation) or executive function\$) adj6 (ability\$ or function\$ or

difficult\$ or impair\$ or process\$ or skill\$ or performance or reserve or disorder\$ or manifestation\$ or declin\$ or dysfunct\$ or deficit\$ or disabilit\$ or problem\$)).tw.

19. (cognition or confusion or dysexecutive syndrome\$ or impulsive behavior\$ or executive dysfunction\$).tw.

20. or/15-19

21. exp intelligence/ or exp intelligence tests/

22. aptitude/ or aptitude tests/ or language tests/

23. education/ or educational status/ or exp educational measurement/

24. (intelligence or intelligent or IQ or intellectual or aptitude).tw.

25. (language adj6 (test\$ or ability)).tw.

26. (education\$ adj6 (status or attainment or measurement\$)).tw.

27. ((mental or intellect\$) adj6 (capacit\$ or capabilit\$ or abilit\$ or performance)).tw.

28. or/21-27

29. child/ or child, preschool/ or adolescent/ or adult children/

30. (child\$ or adolescen\$ or youth or early life or early adult or pre-adult or early year\$ or premorbid or pre-morbid).tw.

31. 29 or 30

32. 28 and 31

33. Education/ or Socioeconomic factors/ or educational status/ or educational measurement/ or psychology, educational/ or achievement/

34. (education or school\$ or preschool or college or university or literate or literacy).tw.

35. ((educat\$ or academi\$ or schola\$) adj6 (achieve\$ or attain\$ or level or qualification\$ or performance or status\$)).tw.

36. or/33-35

37. socioeconomic factors/ or exp poverty/ or social class/ or social mobility/ or employment/ or unemployment/ or exp family characteristics/ or exp income/ or exp occupations/

38. ((soci\$ or economic or living or family) adj6 (condition\$ or factor\$ or status or inequalit\$ or standard\$ or characteristic\$ or size\$ or wealth or position or depriv\$ or income)).tw.

39. 37 or 38

40. child/ or child, preschool/ or adolescent/ or adult children/ or fathers/ or mothers/ or parents/

41. (child\$ or adolescen\$ or youth or early life or early adult or pre-adult or early year\$).tw

42. 40 or 41

43. 39 and 42

44. ((father\$ or mother\$ or parent\$) adj6 (income\$ or occupation\$ or job\$)).tw

45. 43 or 44

46. 14 and 20 and 32 (CVD, cog and IQ))

47. 14 and 20 and 36 (CVD, cog and education)

- 48. 14 and 20 and 45 (CVD, cog and SES)
- 49. 14 and 32 (CVD and IQ)
- 50. 14 and 36 (CVD and education)
- 51. 14 and 45 (CVD and SES)
- 52. 46 or 47 or 48 (CVD, Cog and any early life factor)
- 53. 49 or 50 or 51 (CVD and any early life factor)
- 54. 52 or

eTable 1a-c. Details of included studies by early life factor

1a Education									
Study	Setting	Total number of participants	Participants with stroke (n)	Participants without stroke (n)	Age at follow up/stroke	Measure of education	Primary outcome	Measurement of outcome	Results
Mean years of education									
Tatemichi et al (1992) ¹	Hospital	500	251	249	71.9	Mean years of education	Ischaemic stroke	Clinical examination	Stroke: 10.1±4.5
	Outpatient clinic							Neuroimaging	Non-stroke: 12.3±4.6
Sydney Stroke Study	Hospital	280	183	97	71.91	Mean years of education	Ischaemic stroke and TIA	Clinical examination	Stroke: 10.10±2.66
Sachdev et al (2014) ² (3-7)								Neuroimaging	Non-stroke: 11.75±3.31
Lukatela et al (2000) ⁸	Outpatient clinic	218	159	59	Mean age approx. 72	Mean years of education	Ischaemic and haemorrhagic stroke	Clinical examination	Single stroke: 11.97±2.57
			89 Single stroke 70 Multiple infarction					Neuroimaging	Multiple infarction: 11.62±3.23 Non-stroke: 12.86±2.51

Vantaa 85+ Study	Population	553	111	442	88.5	Mean years of education	Ischaemic, haemorrhagic stroke and TIA	Clinical examination	Stroke: 3.2±2.0
Rastas et al (2007) ⁹								Centralised Health Statistics	Non-stroke: 4.3±3.0
Copstein et al (2012) ¹⁰	Population	3391	285	3106	≥20 44.13 (whole sample)	Mean years of education	Ischaemic and haemorrhagic stroke	Self-report questionnaire	Stroke: 7.09±4.05 Non-stroke: 8.12±3.45
Honolulu- Asia Aging Study	Population	3734	147	3170	78.8	Mean years of education	Ischaemic and haemorrhagic stroke	Neuroimaging	Stroke: 9.8±3.0
Petrovitch et al (1998) ¹¹								Case note review	Non-stroke: 10.5±3.2
Mok et al (2004) ¹²	Hospital	117	75	42	71	Mean years of education	Ischaemic stroke and TIA	Clinical examination Neuroimaging	Stroke: 4.8±4.1 Non-stroke: 5.4±4.6
Hochstenbach et al (1998) ¹³	Hospital	262	229	33	18-70 mean = 55.9	Mean years of education	Ischaemic and haemorrhagic stroke	Clinical examination Neuroimaging	Stroke: 4.1±1.5 Non-stroke: 4.4±1.5

Helsinki Stroke Aging Memory (SAM) Study Jokinen et al (2006) ¹⁴	Hospital	361	323 85 Subcortical ischaemic vascular disease 238 other stroke	38	71.7	Mean years of education	Ischaemic stroke	Clinical examination Neuroimaging	Stroke (other): 9.8±4.3 Non-stroke: 9.4±3.5
Kastorini et al (2013) ¹⁵	Hospital	500	250	250	77/73	Mean years of education	Ischaemic stroke	Clinical examination Neuroimaging	Stroke: 8±4.6 Non-stroke: 8±4.9
Third National Health and Nutrition Survey (NHANES III) Bravata et al (2005) ¹⁶ 17-19	Population	11 163	619	10 544	>40 Average <65	Year of schooling	Ischaemic and haemorrhagic stroke	Self-report questionnaire	Stroke: 9.2±4.1 Non-stroke: 10.3±4.2
Kauranen et al (2013) ²⁰	Hospital	190	140	50	52	Mean years of education	Ischaemic stroke	Clinical examination Neuroimaging	Stroke: 12.5±2.6 Non-stroke: 12.4±2.9

Reitz et al (2006) ²¹	Community	1 271	97	1 174	76.3	Mean years of education	Ischaemic, haemorrhagic stroke and TIA WHO criteria	Clinical examination Neuroimaging Case note review Self-report questionnaire	Stroke: 8.9±4.3 Non-stroke: 8.6±4.6
Gillespie et al (2012) ²²	Hospital	112	56	56	40-88 65.55	Mean years of education	Ischaemic and haemorrhagic stroke	Clinical examination Neuroimaging	Stroke: 10.09±1.64 Non-stroke: 10.56±2.12
Kessels et al (2006) ²³	Hospital Outpatient Clinic	266	105	161	59.5	Mean years of education	Ischaemic and haemorrhagic stroke	Clinical examination	Stroke: 10.7±3.7 Non-stroke: 10.3±3.2
Columbia-Presbyterian Medical Centre Desmond et al (2002) ²⁴	Outpatient Clinic	575	334	241	≥60	Mean years of education	Ischaemic stroke	Clinical examination Neuroimaging	Stroke: 10.7±4.9 Non-stroke: 12.4±4.5

25

Frequencies (n=stroke vs without stroke)									
Hu et al (2005) ²⁶	Population cohort	47 721	2863	44 858	Men: 49.5 Women: 52 No range	0-6 years 7-9 years 9+ years	Ischaemic and haemorrhagic stroke	Centralised Health Statistics	0-6 years = 798 vs 12 610 ≥7 years = 2065 vs 32 248 [§]
Japan Public Health Centre-based Prospective Study (JPHC) Honjo et al (2009) ²⁷ 28-30	Population cohort	29 134	793	28 341	50-69	Age at completion of education ≤ 14 years 15-17 years	Ischaemic and haemorrhagic stroke	Neuroimaging Case note review Centralised health statistics Self-report	≤ 14 years = 439 vs 13 662 ≥15-17 = 354 vs 14 679 [§]
National Health Interview Survey (NHIS-1994) Huang et al (1997) ³¹	Population cohort	11 925	71	11 854	All ages included Majority over 65yrs	Not educated (NE) Primary school (PS) ≥ Junior School (JS)	Ischaemic and haemorrhagic stroke	Case note review Self-report	≤ PS = 60 vs 5459 [§] ≥ JS = 11 vs 6395

Framingham Heart Study	Population cohort	264	132	132	77.4	< High school (<HS)	Ischaemic and haemorrhagic stroke	Clinical examination	<HS =14 vs 10
Weinstein et al (2014) ³²						High school degree (HS)		Neuroimaging	≥ HS = 118 vs 122 [§]
³³						Some college		Case-note review	
						≥ College degree		Centralised Health Statistics	
								Self-report	
Health and Aging and Body Composition (Health ABC)	Population cohort	2574	180	2394	70-75	< 12 years	Ischaemic, haemorrhagic stroke and TIA	Clinical examination	<12 years = 82 vs 1046
Koster et al (2005) ³⁴						12 years		Self-report	≥ 12 years = 98 vs 1345 [§]
						>12 years			
REGARDS	Population cohort	27 716	2830	24 886	≥45	< High school (<HS)	Ischaemic, haemorrhagic stroke and TIA	Self-report	<HS = 611 vs 2986
Brenner et al (2010) ³⁵					Majority over 65yrs	High school degree (HS)			≥ HS = 2 216 vs 21 924 [§]
³⁶						Some college (SC)			
						College graduate (CG)			

de Bruijin et al (2014) ³⁷	Hospital	157	96 94 with education	61	47.3 18-49	Low: ≤ High school (HS) Medium: Secondary vocational education High: ≥ Higher professional or university	Ischaemic stroke	Clinical examination Neuroimaging	≤ HS = 35 vs 7 >HS = 59 vs 54 [§]
Multi-ethnic Study of Atherosclerosis (MESA) Everson-Rose (2014) ³⁸	Outpatient clinic	6749	195 147 strokes 48 TIA	6554	68.3 45-84	<High school (<HS) High school or some college (HS) ≥ College degree (≥CD)	Ischaemic, haemorrhagic stroke and TIA	Clinical examination Neuroimaging	<HS = 43 vs 1171 ≥HS = 152 vs 5383 [§]
Uppsala Longitudinal Study of Adult Men (ULSAM) Wiberg et al (2012) ³⁹ 40	Population cohort	919	155 72 with education	764 729 with education	70	Elementary school (6-8 years) Secondary school (12 years) ≥ College (>12 years)	Ischaemic, haemorrhagic stroke and TIA	Centralised health Statistics Medical records	6-8 years = 53 vs 571 ≥12 years = 19 vs 158 [§]

EPIC- Postdam Study	Population cohort	27 548	168	2198	55.9	≤ Vocational school (≤ 10 years)	Ischaemic stroke	Case note review	≤ 10 years = 72 vs 808
Weikert et al (2008) ⁴¹			167 with education	2196 with education	35-65	Technical school (12 years) University (>12 years)		Self-report questionnaire Death certificate	≥12 years: n = 95 vs 1389 [§]
Cardiovascular Health Study	Cohort study	4619	650	3969	≥65	<High school (<HS)	Ischaemic stroke	Clinical examination	<HS = 216 vs 1125
Yan et al (2013) ⁴²					73.57	High School or GED (HS) Some college (SC) College graduate (CG) Graduate or Professional school (Grad)		Centralised Health Statistics Self-report	≥HS = 434 vs 2844 [§]
Diet, Cancer and Health Danish Follow up Study	Hospital	508	254	254	60.5	7 years	Ischaemic stroke	Neuroimaging	≤ 10 years = 217 vs 203 [§]
Nybo et al (2008) ⁴³					50-64	8-10 years >10 years		Centralised Health Statistics Autopsy	>10 year =37 vs 51

Engels et al (2014) ⁴⁴	Population	44 742	127	44 615	15+ Majority of stroke over 65yrs	0-4 years 5-9 years ≥10 years	Ischaemic and haemorrhagic stroke	Clinical examination Neuroimaging Self-report	0-9 = 117 vs 33 716 [§] ≥10: n=10 vs 10 899
Trygged et al (2011) ⁴⁵	Population	424 281	42 026	382 255	18-64	Compulsory (9 years) Upper Secondary University	NS	Centralised Health Statistics	Compulsory = 16 642 vs 126 482 ≥ Upper secondary = 25 359 vs 255 798 [§]
Social Inequality in Cancer Cohort Study Combines Copenhagen City Heart Study, 1936 Cohort Study, Monica I, II, III, Diet Cancer and Health Study and Inter 99 Study Nordahl et al (2014) ⁴⁶	Population cohort	68 643	3613	65 030	30-70 54 at baseline (follow up 14 years)	Low: Primary and lower Secondary Medium: Upper secondary, vocational or technical education High: University	Ischaemic stroke	Centralised Health Statistics	Low = 1393 vs 67 250 ≥Medium = 2148 vs 135 066 [§]

Valko et al (2008) ⁴⁷	Hospital	689	235 214 with education	454 447 with education	63/47 21-87	Primary school (PS) Secondary school (SS) College (Coll) University (Uni)	Ischaemic stroke	NS	PS = 59 vs 43 ≥ SS = 155 vs 404 [§]
Assets and Health Dynamics among the oldest old (AHEAD) Wolinsky et al (2009) ⁴⁸	Population	5511	545	4966	≥65	Grade school (GS) High school (HS) College (Coll)	Ischaemic and haemorrhagic stroke	Centralised Health Statistics	GS = 137 vs 1241 ≥ HS = 408 vs 3725 [§]
Baune et al (2006) ⁴⁹	Hospital Outpatient clinic	336	112 111 with education	224 223 with education	35-69 Majority under 65yrs	No education Primary school (PS) Preparatory school (Prep) Secondary school (SS) University degree (Uni) Other	Ischaemic and haemorrhagic stroke	Clinical examination Neuroimaging	≤ Prep = 86 vs 157 ≥ SS = 25 vs 66 [§]

Deoke et al (2012) ⁵⁰	Hospital	201	101	100	59.3 Most over 60	Illiterate or Primary school (\leq PS) >Primary school (>PS)	Ischaemic and haemorrhagic stroke	Clinical examination Neuroimaging	\leq PS = 38 vs 34 >PS = 63 vs 66
Oxford Vascular Study (OXVASC)	Population	314	207	107	71.4	<12 years \geq 12 years	Ischaemic and haemorrhagic stroke	NS	<12 years = 119 vs 25 \geq 12 years = 88 vs 82
Oxford Project to Investigate Memory and Ageing (OPTIMA)									
Pendlebury et al (2012) ⁵¹									
Kingshole Project	Population	1301	183	1118	\geq 75	<8 years \geq 8 years	Ischaemic and haemorrhagic stroke	Centralised Health Statistics	<8 years = 96 vs 559
Zhu et al (2000) ⁵²								Hospital register	\geq 8 years = 87 vs 559
Sim et al (2008) ⁵³	Outpatient clinic	479	265	214	58.87	<12 years	Ischaemic and haemorrhagic stroke	Clinical examination	<12 years = 141 vs 117
	Population				40-79	\geq 12 years			\geq 12 years = 124 vs 97

Swedish military service conscription Wennerstad et al (2010) ⁵⁴ 55	Population	1 135 383	8215	1 127 168	NS 28-55	≤ 9 years > 9 years	Ischaemic and haemorrhagic stroke	Centralised Health Statistics Cause of death register ICD 8 : 430-438; ICD 9: 430-435, 437; ICD10: I60, I62-I69, G45	≤ 9 years = 1945 vs 157 804 >9 years = 6270 vs 969 364
CogFAST Nigeria Study Akinyemi et al (2014) ⁵⁶	Out-patient clinic Hospital	219	143	74	≥45 60.4	None (0 years) Primary education (1-6 years) Secondary education (7-12 years) Tertiary education (>12 years)	Ischaemic and haemorrhagic stroke	Clinical examination and neuroimaging WHO criteria	0-6 years = 60 vs 21 [§] ≥ 7 years = 83 vs 53 [§]

Liu et al (2008) ⁵⁷	Hospital	112	60	52	73	Illiterate Primary school (PS; 0-6 years) Middle school (MS; 7+ years)	Ischaemic stroke	Clinical examination Neuroimaging Chinese classification - 1995	≤ PS = 30 vs 37 [§] > MS = 30 vs 15
--------------------------------	----------	-----	----	----	----	--	---------------------	--	---

Odds Ratios

Jilin Provincial Chronic Disease Survey of 2012 Wang et al (2015) ⁵⁸	Population	21 435	NS	NS	18-79 Majority under 60yrs	≤ Primary school Junior high school Senior high school ≥ College	"Cerebrovascul ar disease" Based on the ICD10: I60-67, I69	Self-report questionnaire	OR = 0.91 (0.78-1.07)*†
---	------------	--------	----	----	--------------------------------------	--	--	------------------------------	----------------------------

Chen et al (2014) ⁵⁹	Population	512 891	8884	504 007	35-74 61.5	No formal school Primary school (PS) Middle school (MS) High school (HS) College/university	Ischaemic, haemorrhagic stroke and TIA	Self-report questionnaire	OR = 2.28 (2.02-2.56)*†
Hamano et al (2014) ⁶⁰	Population	326 229	4718	321 511	≥30	Compulsory school (≤ 9 years) High school (10-12 years) High school/college (>12 years)	Ischaemic and haemorrhagic stroke ICD10: I60-I69	Centralised Health Statistics	OR = 1.56 (1.45-1.67)†
Strodl et al (2008) ⁶¹	Community	7839	174	8939	70-75	No formal education Primary school (PS) Secondary school (SS) Tertiary	Stroke	Self-report questionnaire	OR = 0.98 (0.68-1.41)*

Nanjing Chronic Disease and Risk Behaviour Study (NCDRBS) Xu et al (2008) ⁶²	Population	29 340	453	28 887	>35 Majority of stroke >65	0-9 years	Stroke	Self-report questionnaire	OR = 1.08 (0.82-1.44)*†
						10-12 years	WHO MONICA	Medical records	
						>13 years			
Medin et al (2008) ⁶³	Hospital	168	65	103	54.8	Low education (6-9 years)	Ischaemic and haemorrhagic stroke	NS	OR = 2.48 (1.18-5.23)†
						High education (> 9 years)	ICD10 I61, I63, I64		
You et al (1999) ⁶⁴	Community and hospital	904	452	452	59	No high school	Ischaemic stroke	NS	OR = 0.83 (0.47-1.47)*†
						Some high school	WHO classification		
						Completed high school			
						Other tertiary University			
Kisjanto et al (2005) ⁶⁵	Hospital	917	235	682	20-44	Illiterate or elementary school (ES)	Ischaemic and haemorrhagic stroke	Clinical examination	OR= 0.72 (0.52-0.99)*
						≥Secondary school	WHO classification		

Lofmark et al (2007) ⁶⁶	Population	55 266	457	54 809	35-85 Split into 35-75 and 75-85	Low education (maximum of 9 years compulsory school) High education (>9 years compulsory school)	Ischaemic stroke WHO classification ICD 10: I63.0-I63.9	Centralised health Statistics	OR: Age 35-75 years = 1.09 (0.88-1.34) [†] OR: Age 75-85 years = 2.48 (1.06-5.77) [†]
Folsom et al (1990) ⁶⁷	Population	2063	218	1845	55-69	<High school (<HS) High school (HS) >High school (>HS)	Ischaemic and haemorrhagic stroke ICD 9: 430-438	Centralised health Statistics Self-report questionnaire Contact with GP	OR = 0.6 (0.4-0.8) ^{*†}

The Rotterdam Study	Population	4274	162	3996 (baseline)	NS	Primary school (PS)	NS	Case note review	OR: HS = 0.89 (0.54-1.49)*†
Van Rossum et al (1999) ⁶⁸			105 with history of stroke (HS) 157 with stroke at follow up (FS)	3839 (follow up)	Majority over 65yrs	Lower/intermediate general and lower vocational education Higher general and intermediate vocational education Higher education (vocational) and university	ICD 10	Centralised Health Statistics Self-report	OR: FS = 0.86 (0.57-1.30)*†
Vasterbotten Intervention Program (VIP) in collaboration with WHO MONICA Emmelin et al (2003) ⁶⁹	Population	1148	473	945	25-74 54.7	Low (≤ 9 years) Medium (10-12 years) High (≥ 13 years)	Ischaemic and haemorrhagic stroke	Neuroimaging	OR: Men = 1.1 (0.7-1.8) OR: Women = 1.1 (0.7-1.9)

Gan et al (2011) ⁷⁰	Hospital	618	309	309	61.34/61.03	≤Junior school (≤JS)	Ischaemic stroke	Clinical examination	OR = 0.63 (0.42-0.96)*
Fitzpatrick et al (2012) ⁷¹	Population	1612	401	1211	52	Mean years of education	Ischaemic, haemorrhagic stroke and TIA	Self-report questionnaire	OR: 0.98 (0.93-1.04)*
Epidemiologic studies of the Elderly (EPESE) program Fillenbaum et al (2000) ⁷²	Community	4034	307	3727	>65		NS	Self-report questionnaire	OR: 0.97 (0.95-1.01)*†
WHO collaborative study Chang et al (2002) ⁷³ 74	Hospital	8146	2162	5984	15-49	High (>Secondary schooling) Secondary schooling Low (Primary or no schooling)	Ischaemic and haemorrhagic stroke Only Ischaemic stroke results used	Clinical examination	OR: Eastern Europe = 2.05 (0.92-4.54)† OR: Asia = 1.19 (0.71-1.98)† OR: Latin American = 1.16 (0.72-1.87)†

The Brain Attack Surveillance in Corpus Christie (BASIC) project Smith et al (2003) ⁷⁵	Population	1147	808	339	≥45	<High school (<HS)	Ischaemic and haemorrhagic stroke and TIA	Case note review	OR: NHW = 4.53 (2.20-9.32)†
			405 Non-Hispanic whites (NHW) 403 Mexican Americans (MA)			≥High school (≥HS)		Centralised health Statistics	OR: MA = 5.08 (3.17-8.14)†
Jackson et al (2014) ⁷⁶	Population	11 468	177	11 291	47-52	No formal education	Ischaemic and haemorrhagic stroke ICD10: I60-I60.9, I61-I61.9, I53-I63.9 and I64	Self-report questionnaire	OR = 1.30 (0.72-2.34)†
						School certificate High school certificate Trades and apprentice Certificate/diploma University degree or higher		Centralised health Statistics	

Grau et al (2012) ⁷⁷	Hospital	740	370	370	60.7	≥ 12 years	Ischaemic, haemorrhagic stroke and TIA	Clinical examination	OR = 0.81 (0.50-1.31)*†
78-81						<12 years		Neuroimaging	
Relative Risk									
Andersen et al (2014) ⁸²	Population	54 048	NS	NS	71.9	Basic/High school (7-12 years) Vocational (10- 12 years) Higher (≥13 years)	Ischaemic stroke	Neuroimaging Centralised health Statistics	RR = 0.99 (0.97-1.0)*†
NHANES I and NHEFS Gillum et al (2002) ⁸³ 84	Population	5614	802	4812	45-74 Majority of strokes >65	<8 years 8-11 years 12 years >12 years	Ischaemic and haemorrhagic stroke ICD 9: 431- 434.9, 436, 437-437.1	Centralised health Statistics	RR: White Men =0.96 (0.73-1.27)*† RR: White Women = 0.91 (0.69- 1.19)*† RR: Black Men and Women = 0.66 (0.46- 0.96)*†
Lindenstrom et al (1993) ⁸⁵	Population	13 000	696	12 304	>35 61.7	≤ 7 years ≥ 8 years	Ischaemic stroke and TIA	NS	RR = 1.3 (1.1- 1.5)†

The Brain Attack Surveillance in Corpus Christie (BASIC) project Lisabeth et al (2007) ⁸⁶	Population	631	631	NS	72.7	High school (HS) <High school (<HS)	Ischaemic and haemorrhagic stroke ICD 9: 430-432, 435-439	Neuroimaging Case note review Centralised health Statistics	RR = 0.42 (0.35-0.50)*†
Hart et al (2000) ⁸⁷	Community	5765	416	5349	35-64	Age at leaving full time education: ≤ 16 Age at leaving full time education: >16	Ischaemic, haemorrhagic stroke and TIA ICD 8 & 9: 430-438; ICD 10: I60-I69, G45	Centralised health Statistics Hospital discharge records	RR = 1.28 (0.96-1.70)†

Hazard Ratios

Kuopic Ischaemic Heart Disease Study (KIHD) Everson et al (2001) ⁸⁸	Population	2303	113 90 ischaemic	2190	42-60	≤ Primary school (≤ PS/6 years) < High school/some vocational training (<HS/7-8 years) Some high school or more (≥ 9 years)	Ischaemic and haemorrhagic stroke ICD 9: 430-438 Only Ischaemic stroke results used	Centralised health Statistics FINMONICA stroke register	HR: 1.76 (0.87-3.55)
---	------------	------	-------------------------	------	-------	---	---	--	----------------------

Malmo-Diet-and-Cancer-Cohort	Population	24 944	1253	23 691	Approx. mean age of 58	<p>Didn't complete elementary school</p> <p>Elementary school (6-8 years)</p> <p>Junior school (9-10 years)</p> <p>Education at advanced level (12 years)</p> <p>At least one additional year</p> <p>University degree</p>	<p>Ischaemic stroke</p> <p>ICD9: 430, 431, 434, 436</p> <p>ICD10: I60, I61, I63, I64</p>	Centralised health Statistics	HR = 0.38 (0.23-0.62)*†
Hamrefors et al (2014) ⁸⁹									
Northern Manhattan Stroke Study (NOMAS)	Population	1840	687	1153	68.2	<High school (<HS)	Ischaemic stroke	Centralised health Statistics	HR = 1.4 (1.1-1.7)†
Boden-Albala et al (2012) ⁹⁰						≥ High school (≥HS)		Self-report questionnaire	
91-93									

Prevention with Mediterranean Diet (PREDIMED)	Outpatient clinics	7263	136	7126	55-80	Low education (Primary school education or less)	Ischaemic and haemorrhagic stroke	Case note review	HR = 1.83 (1.09-3.09)†
Mejia-Lacheros et al (2014) ⁹⁴					67	High education (Secondary or university studies)		Self-report questionnaire	
								Centralised health statistics	
ARIC	Population	274 299	988	14 419	45-64	< High school	Ischaemic and haemorrhagic stroke	Neuroimaging	HR: black ethnicity = 1.79 (1.06-3.02)†
Huxley et al (2014) ⁹⁵						High school graduate and/or vocational school		Case note review	HR: White ethnicity = 0.83 (0.56-1.23)†
96						College		Centralised health statistics	
						Graduate or professional school		Self-report questionnaire	

Swedish Conscription Surveys Hemmingsson et al (2007) ⁹⁷	Population	44 495	592	43 903	40-55	≤9 years 10-11 years 12-13 years 14 years ≥15 years	Ischaemic and haemorrhagic stroke ICD 9: 430- 438; ICD 10: I60-I69	Centralised health statistics	HR: 1.04 (0.99-1.09)
EPESI Newhaven sample Avendano et al (2006) ⁹⁸	Population	2494	260	2234	≥65	0-7 years 8-9 years 10-12 years ≥13	Ischaemic and haemorrhagic stroke	Case note review Centralised health statistics Self-report/ questionnaire	HR =1.31 (0.66-2.65)†
Prospective population study of women in Gothenberg Blomstrand et al (2014) ⁹⁹	Population	1460	184	1276	38-60	8 levels from elementary school to secondary school.	Ischaemic and haemorrhagic stroke Only Ischaemic stroke results used	Centralised health statistics	HR = 1.17 (1.01-1.35)†

<p>Dutch National Survey of General Practice</p> <p>Avendano et al (2006)¹⁰⁰</p>	Population	190 665	472	190 193	<p>≥25</p> <p>70.9 (men); 76.1 (females)</p>	<p>Low (no schooling or solely elementary education)</p> <p>Middle (Secondary schooling)</p> <p>High (Post-secondary education)</p>	<p>Ischaemic, haemorrhagic stroke and TIA</p> <p>International classification of Primary care coding system</p>	Case note review	<p>HR: Men = 1.58 (1.07-2.36)[†]</p> <p>HR: Women = 1.12 (0.59-2.14)[†]</p>
<p>Health and Retirement Study merged with Study of Asset and Health Dynamics among the Oldest Old; Children of the Depression; War Baby; Early Baby Boomer</p> <p>Liu et al (2013)¹⁰¹</p> <p>102;103</p>	Population	22 847	2298	20 549	<p>>51</p> <p>Majority of strokes over 65yrs</p>	<p>Low: < High School (<9 years)</p> <p>Middle: High School (9-12 years)</p> <p>High: College (≥13 years)</p>	Ischaemic and haemorrhagic stroke	Self-report questionnaire	HR = 1.37 (1.17-1.59) [†]

Kuper et al (2007) ¹⁰⁴	Population	47 942	200	47 742	30-49	Total years of education	Ischaemic and haemorrhagic stroke ICD 9: 434, 431; ICD 10: I63.3- I63.9, I64; ICD 7: 332, 331; ICD 8: 433-434, 334 Only Ischaemic stroke results used	Centralised health statistics	HR = 2.2 (1.3-3.7)†
Jichi Medical School Cohort Study	Population	10 640	362	10 278	NS	Age at leaving school: ≤ 14	Ischaemic and haemorrhagic stroke	Clinical examination	Males: HR: 0.92 (0.51- 1.65)*
Honjo et al (2010) ¹⁰⁵						15-17 years ≥ 18 years		Neuroimaging	Females: :HR: 1.04 (0.47- 2.31)*

POSPECT and MORGEN	Population cohort	33 106	531	32 575	20-70	Lowest (Primary education)	Ischaemic and haemorrhagic stroke	Centralised health statistics	HR = 1.21 (0.91-1.60)†
Mejean et al (2013) ¹⁰⁶					all mean ages are below 60	Lower (Intermediate, secondary or lower vocational)		ICD 9: 430-434, 436; ICD 10: I60-I66	
107						Higher (higher general or intermediate vocational)			
						Highest (University or higher vocational education)			

Prevalence Ratio

Llibre et al (2010) ¹⁰⁸	Population	3015	229	2786	≥ 65	≤ 6 grades	Ischaemic and haemorrhagic stroke	Neuroimaging	≥ 7 grades: Prevalence ratio: 0.90 (0.6-1.1)
						≥ 7 grades	WHO definition	Self-report questionnaire	

1b. Childhood SES

Study	Setting	Total number of participants	Participants with stroke (n)	Participants without stroke (n)	Age at follow up/stroke	Measure of childhood SES	Primary outcome	Measurement of outcome	Results
-------	---------	------------------------------	------------------------------	---------------------------------	-------------------------	--------------------------	-----------------	------------------------	---------

Hazard ratios									
Health and Retirement Study	Population Cohort	22 847	2298	20 549	61	Sum of parents education	Ischaemic or haemorrhagic stroke	Clinical examination	HR=1.35 (1.15-1.59)
Liu et al (2013) ¹⁰¹								Neuroimaging	
103;109-111									
Swedish Conscript Study 1949-1951	Population	44 495	592	43 903	40-55	Father's occupation	Ischaemic or haemorrhagic stroke	Centralised health statistics	HR= 1.08 (1.03-1.09)
Hemmingsson et al (2007) ⁹⁷						Crowded housing			
Copenhagen City Heart Study	Population	9542	350	9192	NS	Financial problems in childhood	Ischaemic stroke	Centralised health statistics	HR=1.71 (1.29-2.26)†
Kornerup et al (2010) ¹¹²									
Frequencies (n=stroke vs without stroke)									
ARIC	Population Cohort	5347	234	5113	51.8	Father's education	Ischaemic stroke	Centralised health statistics	Low SES= 74 vs 1736
Johnson et al (2010) ¹¹³			104 with childhood SES	2507 with childhood SES	57-79			Self-report	High SES = 30 vs 875

Hart et al (2000) ⁸⁷	Community sample	5765	416 404 with childhood SES	5349 5,249 with childhood SES	35-64	Father's occupation	Ischaemic, haemorrhagic stroke or TIA	Centralised health statistics	Low SES = 335 vs 3948 High SES = 69 vs 1301
Nurse's Health Study Cohort	Population sample	117 006	828 741 with childhood SES	116 178 104,644 with childhood SES	30-55	Father's occupation	Ischaemic or haemorrhagic stroke	Case note review Centralised health statistics	Low SES = 463 vs 63 697 High SES = 278 vs 40 947
British Regional Heart Study Wannamethee et al (1996) ¹¹⁵	Population cohort	5934	136	5380	40-59	Father's occupation	Stroke	Self-report	Low SES = 103 vs 3903 High SES = 33 vs 1477
Swedish Conscript Study 1951-1976 Wennerstad (2010) ⁵⁴ 116	Population cohort	1 135 383	8215	1 127 168	Approx. 36	Father's occupation	Stroke	Centralised health statistics	Low SES = 4580 vs 542 168 High SES = 3635 vs 585 001
Odds Ratios									
Grau et al (2012) ⁷⁷	Hospital	740	370	370	60.7 <80	Father's occupation	Ischaemic, haemorrhagic stroke or TIA	Clinical examination Neuroimaging	OR= 0.79 (0.48-1.30)*†

Prevalence Rate									
Aberdeen Children of the 1950's	Population cohort	11 106	-	-	Approx. 50	Father's occupation	Ischaemic or haemorrhagic stroke	Centralised health statistics	PR per 10 000 PY: Social class I/II= 2.3 (1.0-6.9) PR per 10 000 PY: Social class V= 7.8 (5.6-11.3)
Lawlor et al (2006) ¹¹⁷									
1c. Childhood/ Premorbid IQ									
Study	Setting	Total number of participants	Participants with stroke (n)	Participants without stroke (n)	Age at follow up/stroke	Measure of childhood/ premorbid IQ	Primary outcome	Measurement of outcome	Results
Hazard Ratios									
Danish Birth Cohort Study 1953	Population	6910	93	6817	≈ 47	Danish translation of the Swedish Harnquist Intelligence Test	Stroke	Centralised Health Statistics	HR=1.29 (0.75-2.25)†
Batty et al (2005) ¹¹⁸							ICD 8: 430-438, 410-414 ICD 10: I60-I69, I20-25		

Swedish Conscription Study 1949-1951 Hemmingsson et al (2007) ⁹⁷	Population	44 495	592	43 903	40-55	Standardised global IQ score	Ischaemic and haemorrhagic stroke ICD-9: 430– 438 ICD-10: I60– I69	Centralised Health Statistics	HR = 1.26 (0.76-2.09) †
Swedish Conscription Study 1951-1976 Wennerstad et al (2010) ⁵⁴	Population	1 135 383	8215	1 127 168	Mean age ≈ 36	Standardised global IQ score	Ischaemic or haemorrhagic stroke ICD8: 430-438 ICD9: 433-438 ICD10: I60- I69, G45	Centralised Health Statistics	HR=0.94 (0.92-0.96) *†
Helsinki Birth Cohort Study Kajantie et al (2012) ¹¹⁹	Population Cohort	2786	131	2655	56.7	The Finnish Defence Forces Basic Ability Test	Ischaemic or haemorrhagic stroke ICD8: 430- 434, 436-437 ICD9: 430- 434, 436-438 ICD10: I60- I69	Centralised Health Statistics	HR= 0.98 (0.75-1.27) †

Aberdeen Children of the 1950s	Population Cohort	11 125	56	11 069	50-55	Moray House Test aged 11	Ischaemic or haemorrhagic stroke ICD9: 430-438 ICD10: I60-I69, G45	Centralised Health Statistics	HR=0.68 (0.55-0.84) *†
Lawlor et al (2008) ¹²⁰									

Mean Differences

Sydney Stroke Study	Hospital	264	167	97	72.42	NART-R IQ	Ischaemic stroke WHO criteria	Clinical examination	104.31 ± 10.26 Stroke 114.09 ± 7.99 Non-stroke
Brodaty et al (2010) ⁴ 3;6;7;121									
Kessels et al (2006) ²³	Hospital	266	105	161	59.5	NART-R IQ	Ischaemic or haemorrhagic stroke	NS	97.1 ± 15.6 Stroke 101.1 ± 14.6 Non-stroke
Sampson et al (2002) ¹²²	Hospital	103	50	47	72.5	NART-R IQ	Stroke	NS	105 (95-114) Stroke 110 (102-116) Non-stroke

Odds Ratios

Wisconsin Longitudinal Study	Cohort	8623	276	8347	64.8	Henmon- Nelson Test of Mental Ability	Stroke	NS	OR=0.85 (0.74-0.99)†
Jokela et al (2011) ¹²³									

* inverted for meta-analysis to demonstrate inverse relationship

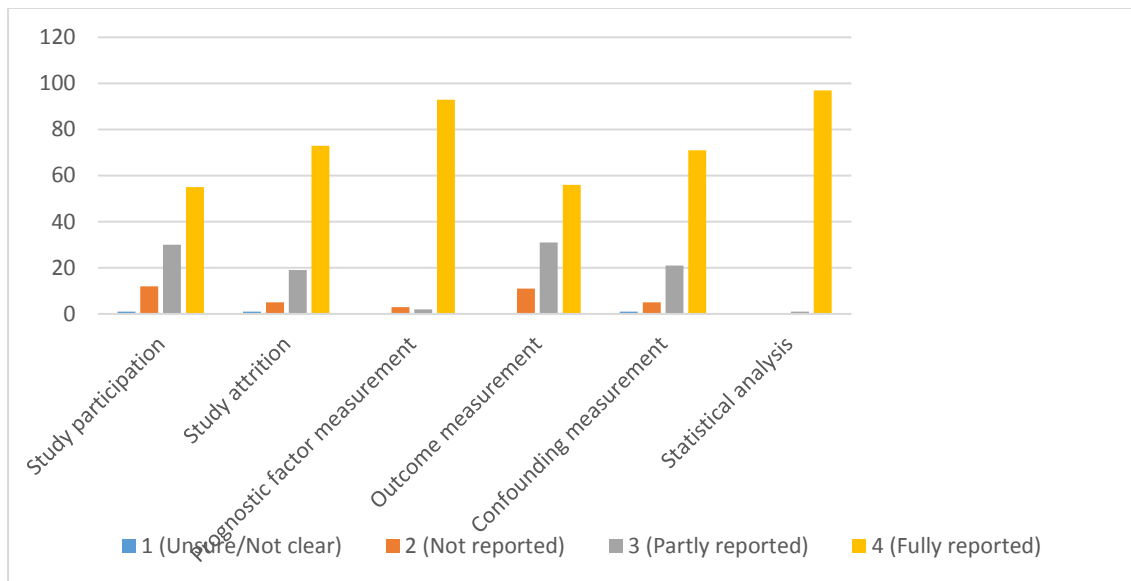
† Adjusted

§ Sum of multiple categories to represent low and high educational level

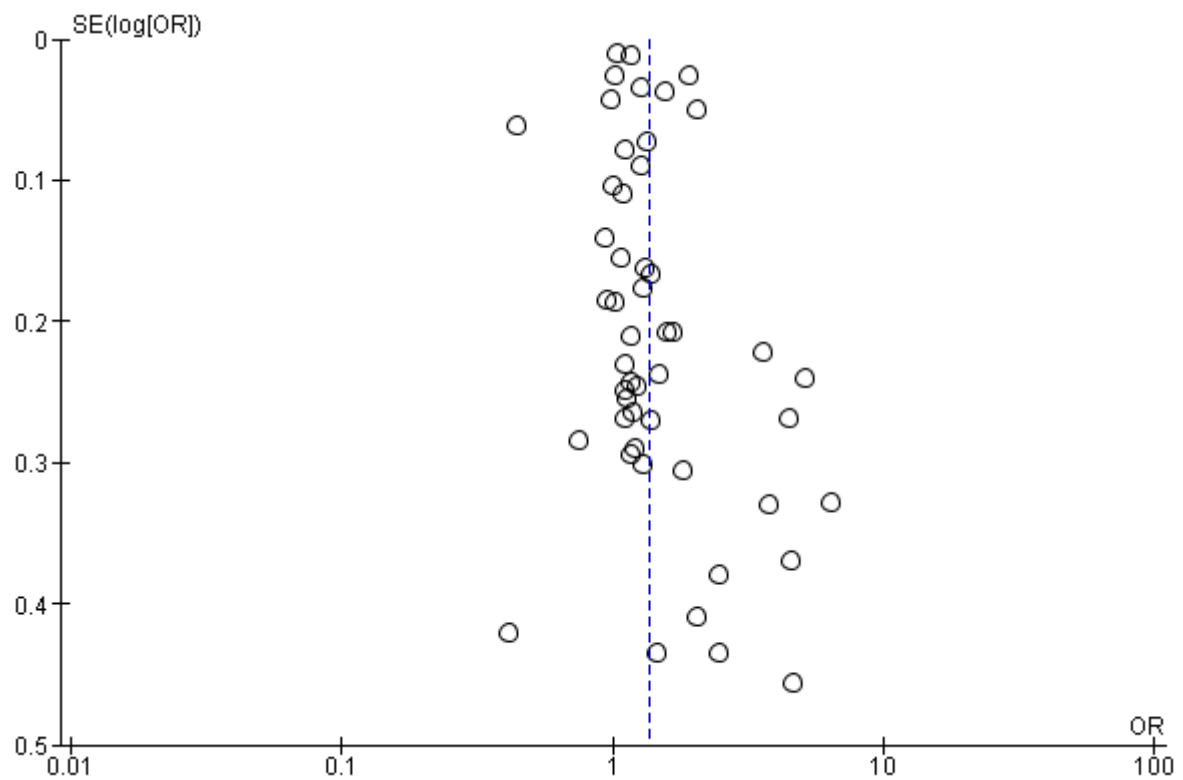
NS= Not specified

Values in table and figures may differ due to rounding

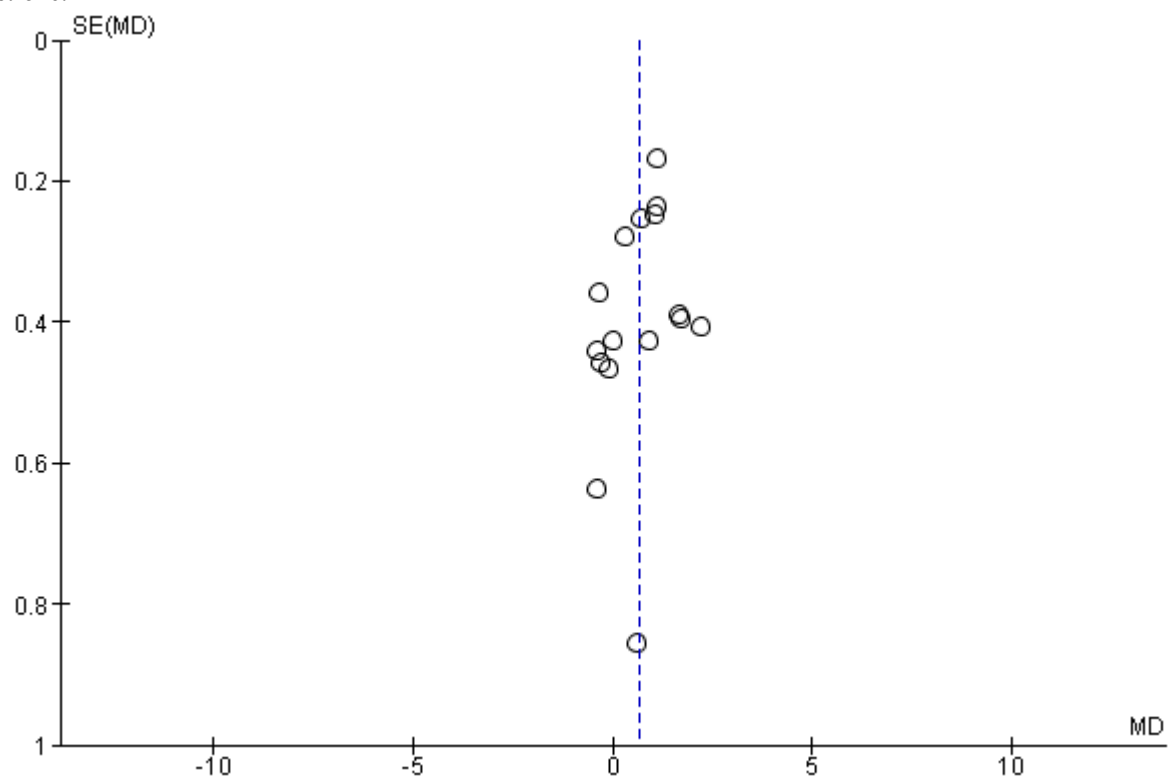
eFigure 3. Quality assessment: Frequencies of scores on individual quality items



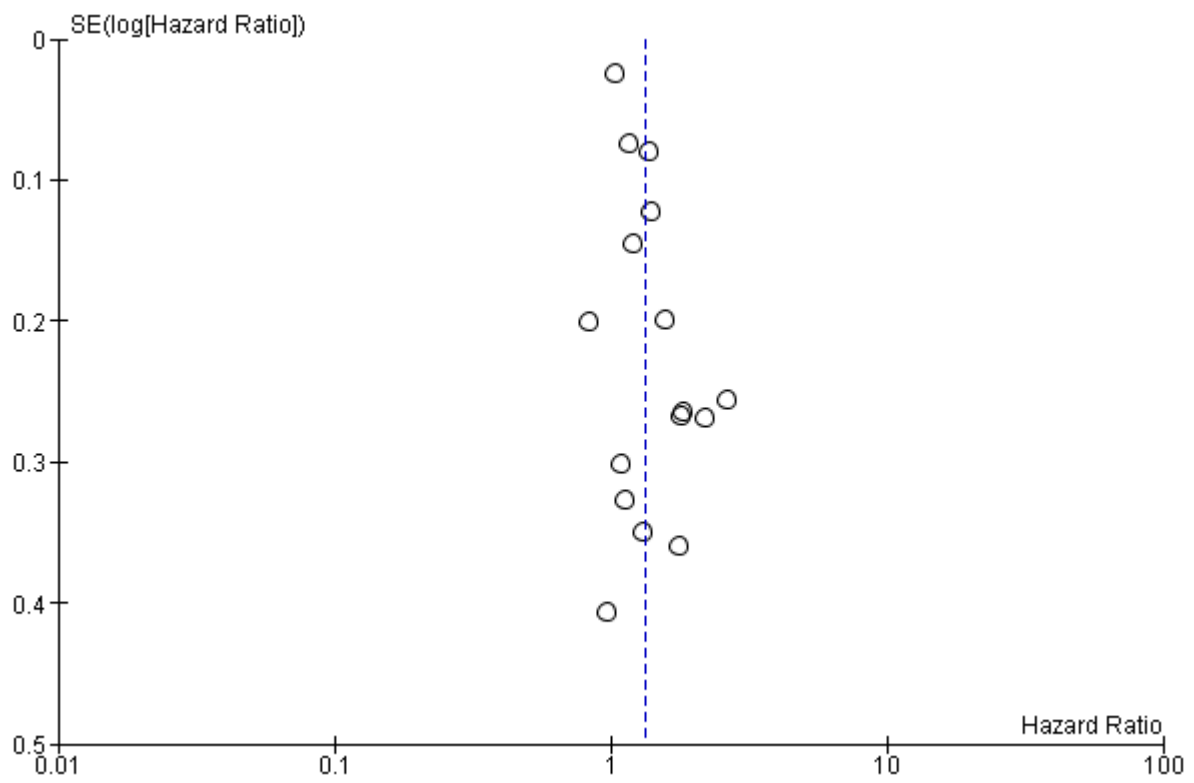
eFigure 4a. Funnel Plot for analysis of publication bias in studies reporting ORs for education and risk of stroke.



eFigure 4b. Funnel Plot for analysis of publication bias in studies reporting MDs for education and risk of stroke.



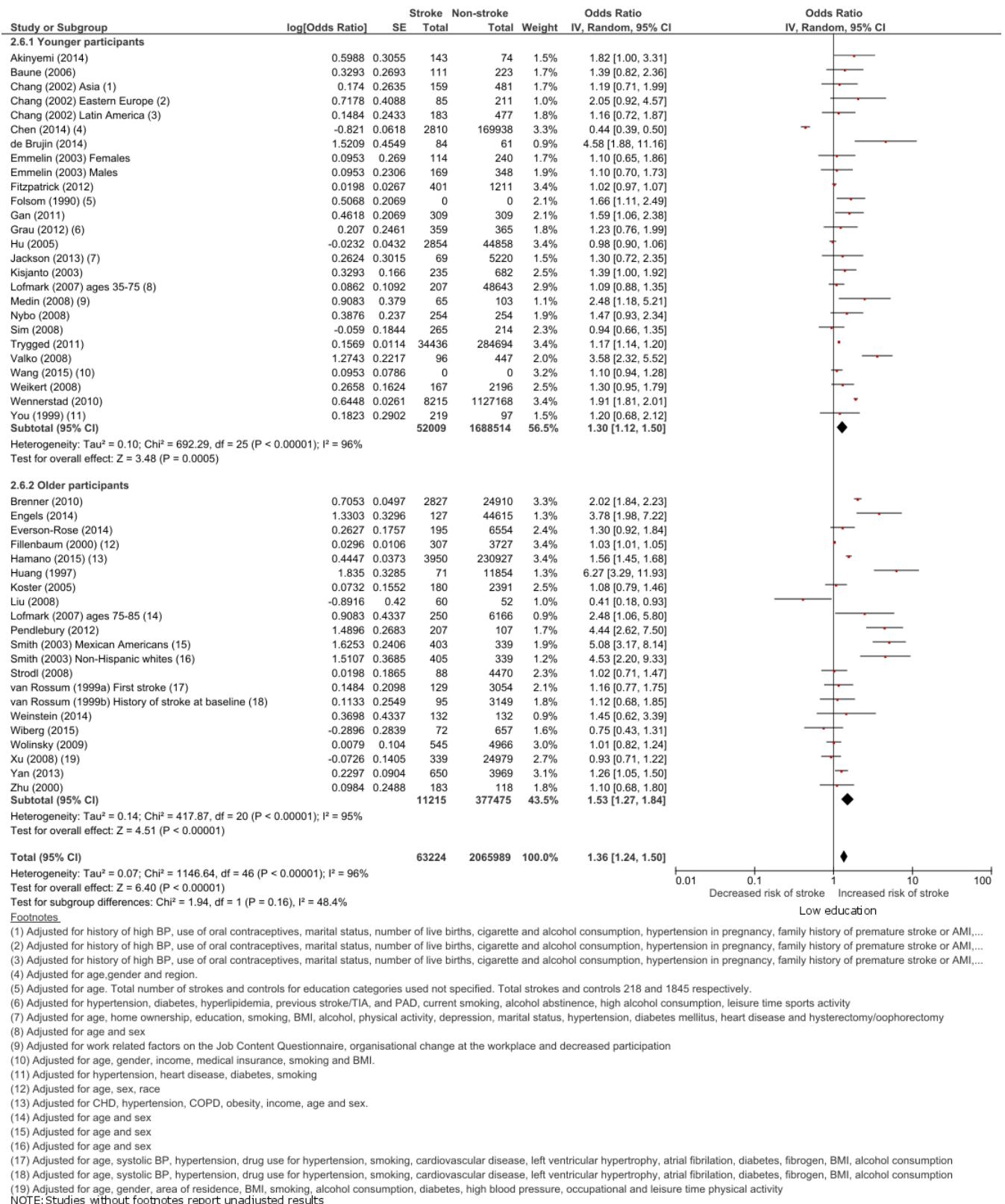
eFigure 4c. Funnel Plot for analysis of publication in studies reporting HRs for education and risk of stroke.



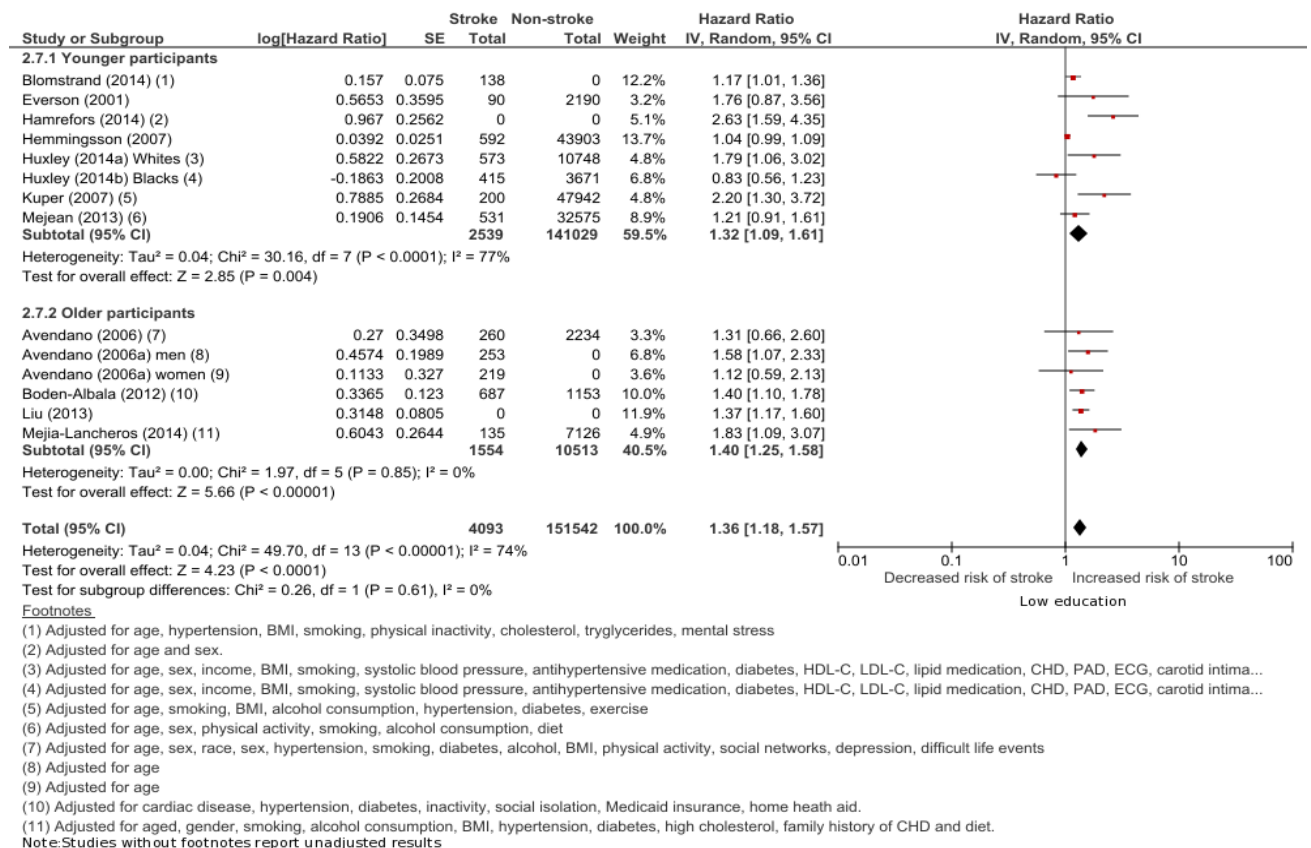
eDocument 2. Footnotes for figure 2a. Educational attainment (low versus high) and risk of stroke, risk ratio (OR, HR and RR), random effects model (risk ratio <1 indicates low education decreases risk of stroke; >1 = low education increases risk of stroke).

- ^a Adjusted for age, gender and region
- ^b Adjusted for age, gender, area of residence, BMI, smoking, alcohol consumption, diabetes, high blood pressure, occupational and leisure time physical activity
- ^c Adjusted for age, sex, race
- ^d Adjusted for age and sex
- ^e Adjusted for age, gender, income, medical insurance, smoking and BMI
- ^f Adjusted for age, systolic BP, hypertension, drug use for hypertension, smoking, cardiovascular disease, left ventricular hypertrophy, atrial fibrillation, diabetes, fibrogen, BMI, alcohol consumption
- ^g Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of premature stroke or AMI, area of residence, diabetes and abnormal blood fats
- ^h Adjusted for hypertension, heart disease, diabetes, smoking
- ⁱ Adjusted for hypertension, diabetes, hyperlipidaemia, previous stroke/TIA, and PAD, current smoking, alcohol abstinence, high alcohol consumption, leisure time sports activity
- ^j Adjusted for age, home ownership, education, smoking, BMI, alcohol, physical activity, depression, marital status, hypertension, diabetes mellitus, heart disease and hysterectomy/oophorectomy
- ^k Adjusted for CHD, hypertension, COPD, obesity, income, age and sex
- ^l Adjusted for age. Total number of strokes and controls for education categories used not specified. Total strokes and controls 218 and 1845 respectively.
- ^m Adjusted for work related factors on the Job Content Questionnaire, organisational change at the workplace and decreased participation
- ⁿ Adjusted for age, sex, income, BMI, smoking, systolic blood pressure, antihypertensive medication, diabetes, HDL-C, LDL-C, lipid medication, CHD, PAD, ECG, carotid intima thickness and physical activity
- ^o Adjusted for age, area of residence, cholesterol level, physical activity, ethanol intake, marital status, smoking, obesity, medical history of hypertension, diabetes
- ^p Adjusted for age
- ^q Adjusted for age, hypertension, BMI, smoking, physical inactivity, cholesterol, triglycerides, mental stress
- ^r Adjusted for age, sex, physical activity, smoking, alcohol consumption, diet
- ^s Adjusted for age, sex, race, sex, hypertension, smoking, diabetes, alcohol, BMI, physical activity, social networks, depression, difficult life events
- ^t Adjusted for age, race, ethnicity, gender, marital status, adult SES
- ^u Adjusted for cardiac disease, hypertension, diabetes, inactivity, social isolation, Medicaid insurance, home health aid
- ^v Adjusted for age, gender, smoking, alcohol consumption, BMI, hypertension, diabetes, high cholesterol, family history of CHD and diet
- ^w Adjusted for age, smoking, BMI, alcohol consumption, hypertension, diabetes, exercise
- ^x Adjusted for baseline age, smoking, history of diabetes, history of heart disease, alcohol consumption, non recreational physical activity, blood pressure medication, and systolic blood pressure
- ^y Adjusted for age, sex, calendar year and income
- ^z Adjusted for age, smoking, adjusted FEV1, diastolic and systolic blood pressure, height, alcohol consumption and pre-existing CHD.
- ^{aa} Adjusted for age, sex and ethnicity

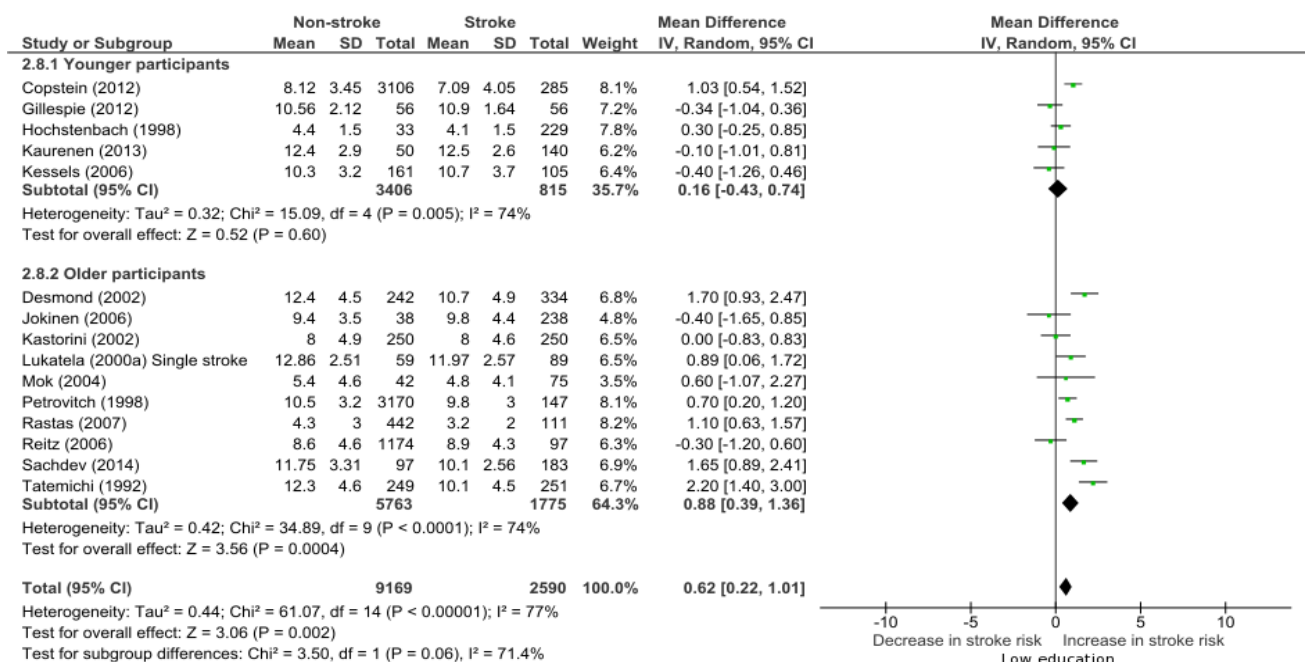
eFigure 5a. Sensitivity analysis comparing studies that included younger (mean age ≤ 65 years) vs those that included older (mean age >65 years) participants by education level and risk of stroke; OR >1 = low education increases risk of stroke.



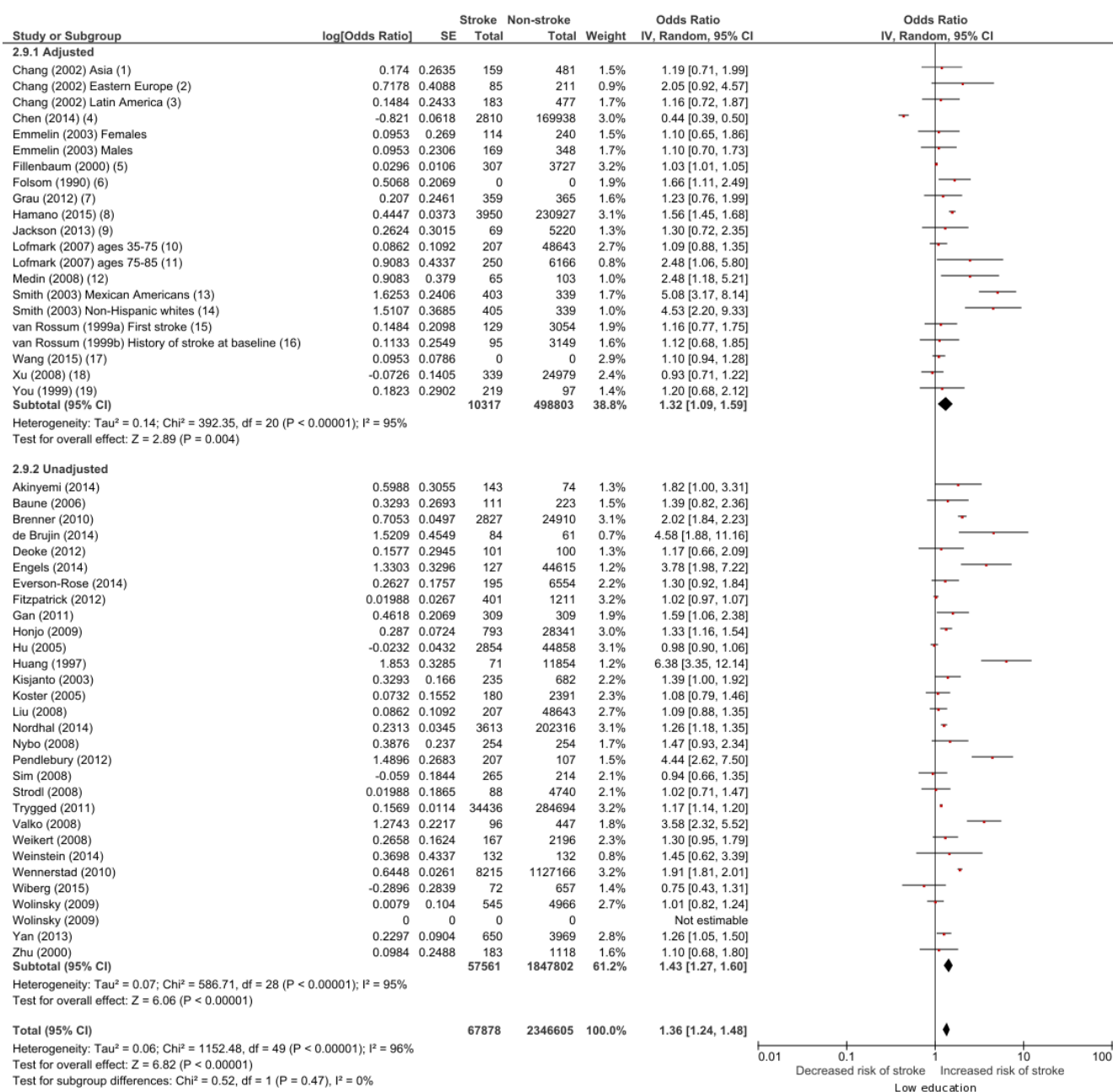
eFigure 5b. Sensitivity analysis comparing studies that included younger (mean age ≤ 65 years) vs studies that included older (mean age > 65 years) participants by education level and risk of stroke; HR >1 = low education increases risk of stroke.



eFigure 5c. Sensitivity analysis for comparing studies that included younger (mean age ≤ 65 years) vs studies that included older (mean age > 65 years) participants by education level and risk of stroke; negative mean difference = lower education decreases risk of stroke and positive mean difference = lower education increases risk of stroke.



eFigure 5d. Sensitivity analysis comparing adjusted vs unadjusted studies by education level and risk of stroke;
OR>1= low education increases risk of stroke.

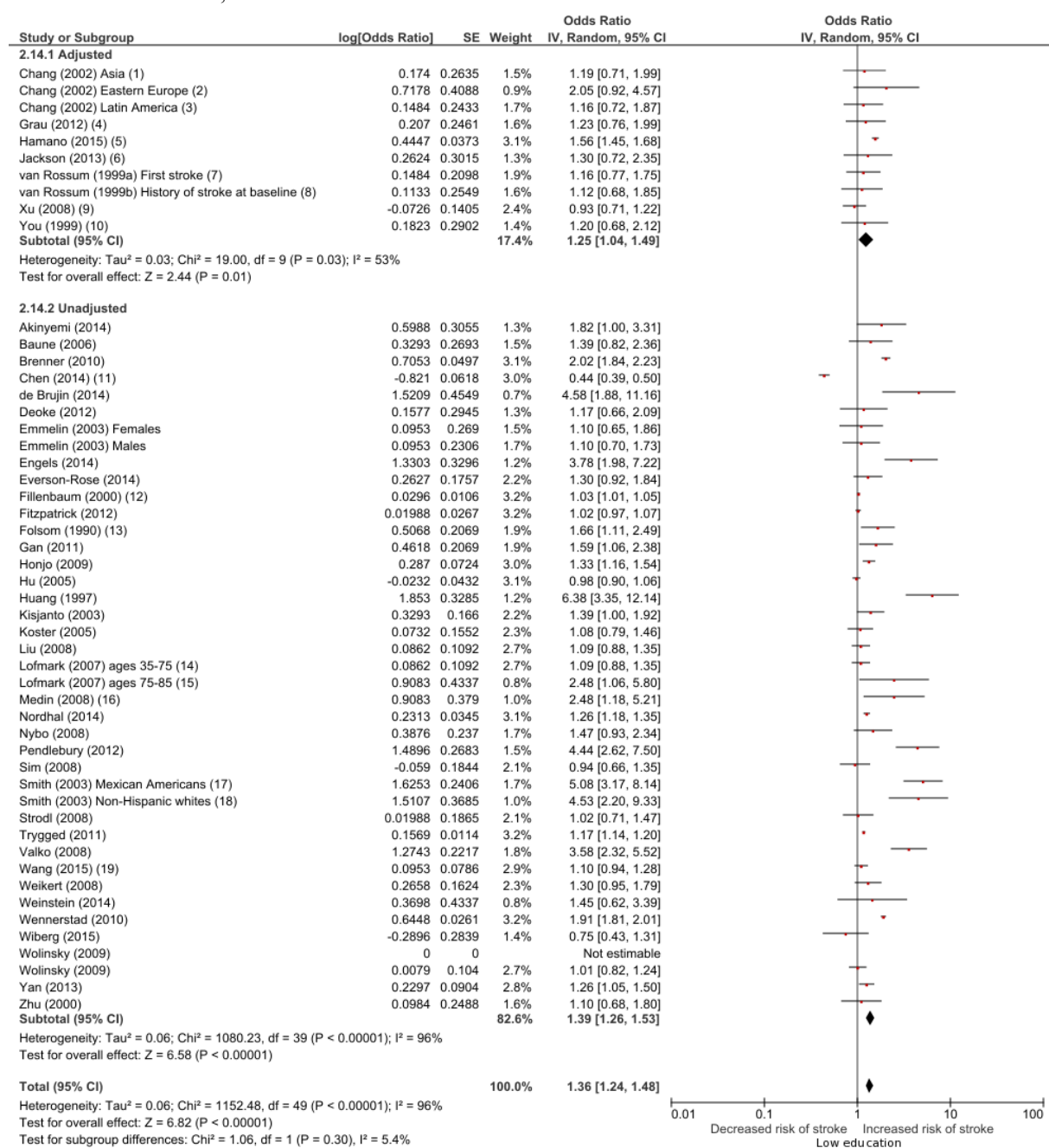


Footnotes

- (1) Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of premature stroke or AMI,...
- (2) Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of premature stroke or AMI,...
- (3) Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of premature stroke or AMI,...
- (4) Adjusted for age, gender and region.
- (5) Adjusted for age, sex, race
- (6) Adjusted for age. Total number of strokes and controls for education categories used not specified. Total strokes and controls 218 and 1845 respectively.
- (7) Adjusted for hypertension, diabetes, hyperlipidemia, previous stroke/TIA, and PAD, current smoking, alcohol abstinence, high alcohol consumption, leisure time sports activity
- (8) Adjusted for CHD, hypertension, COPD, obesity, income, age and sex.
- (9) Adjusted for age, home ownership, education, smoking, BMI, alcohol, physical activity, depression, marital status, hypertension, diabetes mellitus, heart disease and hysterectomy/oophorectomy
- (10) Adjusted for age and sex
- (11) Adjusted for age and sex
- (12) Adjusted for work related factors on the Job Content Questionnaire, organisational change at the workplace and decreased participation
- (13) Adjusted for age and sex
- (14) Adjusted for age and sex
- (15) Adjusted for age, systolic BP, hypertension, drug use for hypertension, smoking, cardiovascular disease, left ventricular hypertrophy, atrial fibrillation, diabetes, fibrogen, BMI, alcohol consumption
- (16) Adjusted for age, systolic BP, hypertension, drug use for hypertension, smoking, cardiovascular disease, left ventricular hypertrophy, atrial fibrillation, diabetes, fibrogen, BMI, alcohol consumption
- (17) Adjusted for age, gender, income, medical insurance, smoking and BMI.
- (18) Adjusted for age, gender, area of residence, BMI, smoking, alcohol consumption, diabetes, high blood pressure, occupational and leisure time physical activity
- (19) Adjusted for hypertension, heart disease, diabetes, smoking

Note: Studies without footnotes report unadjusted results

eFigure 5e. Sensitivity analysis comparing adjusted for vascular risk factors vs unadjusted studies by education level and risk of stroke; OR>1= low education increases risk of stroke.

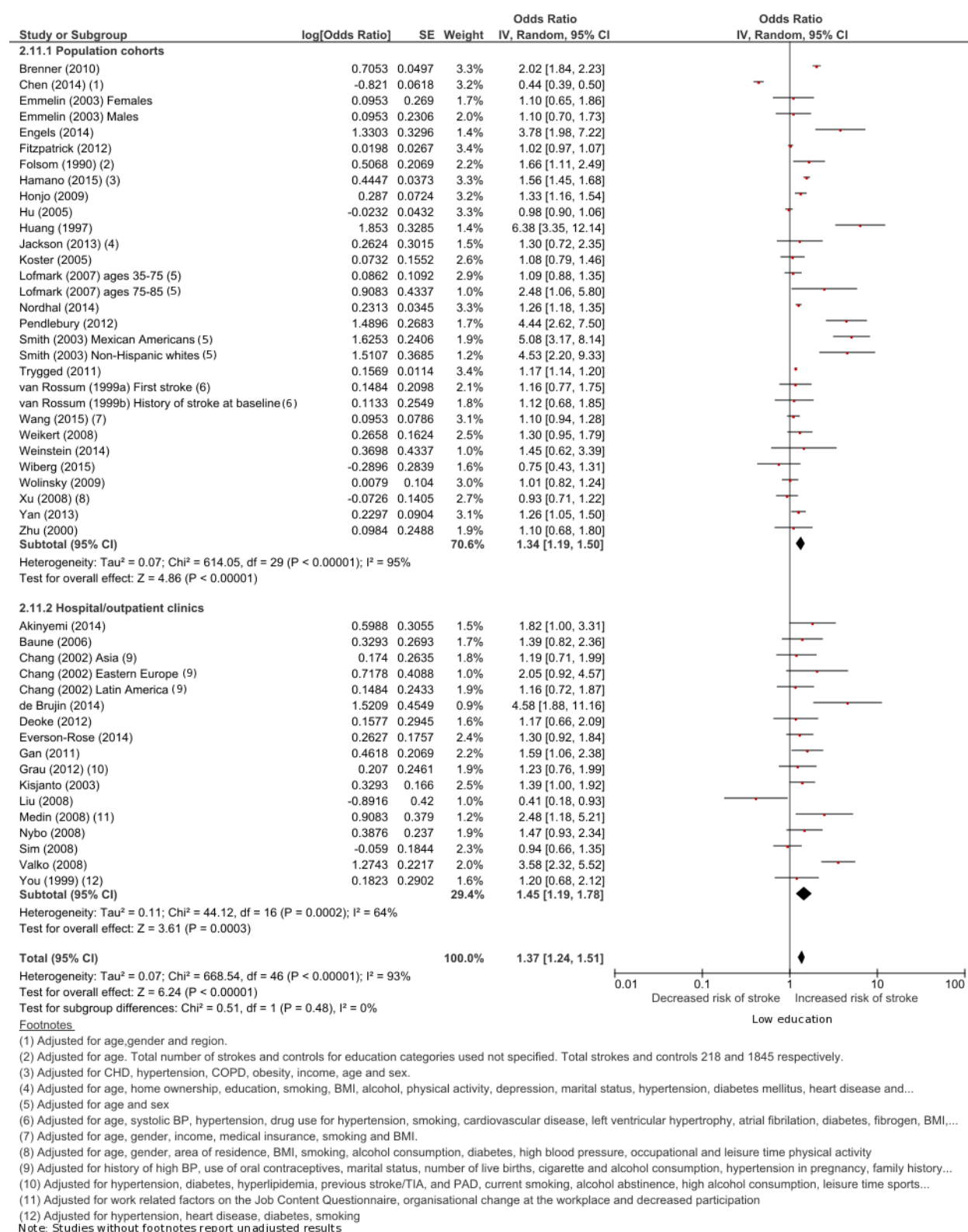


Footnotes

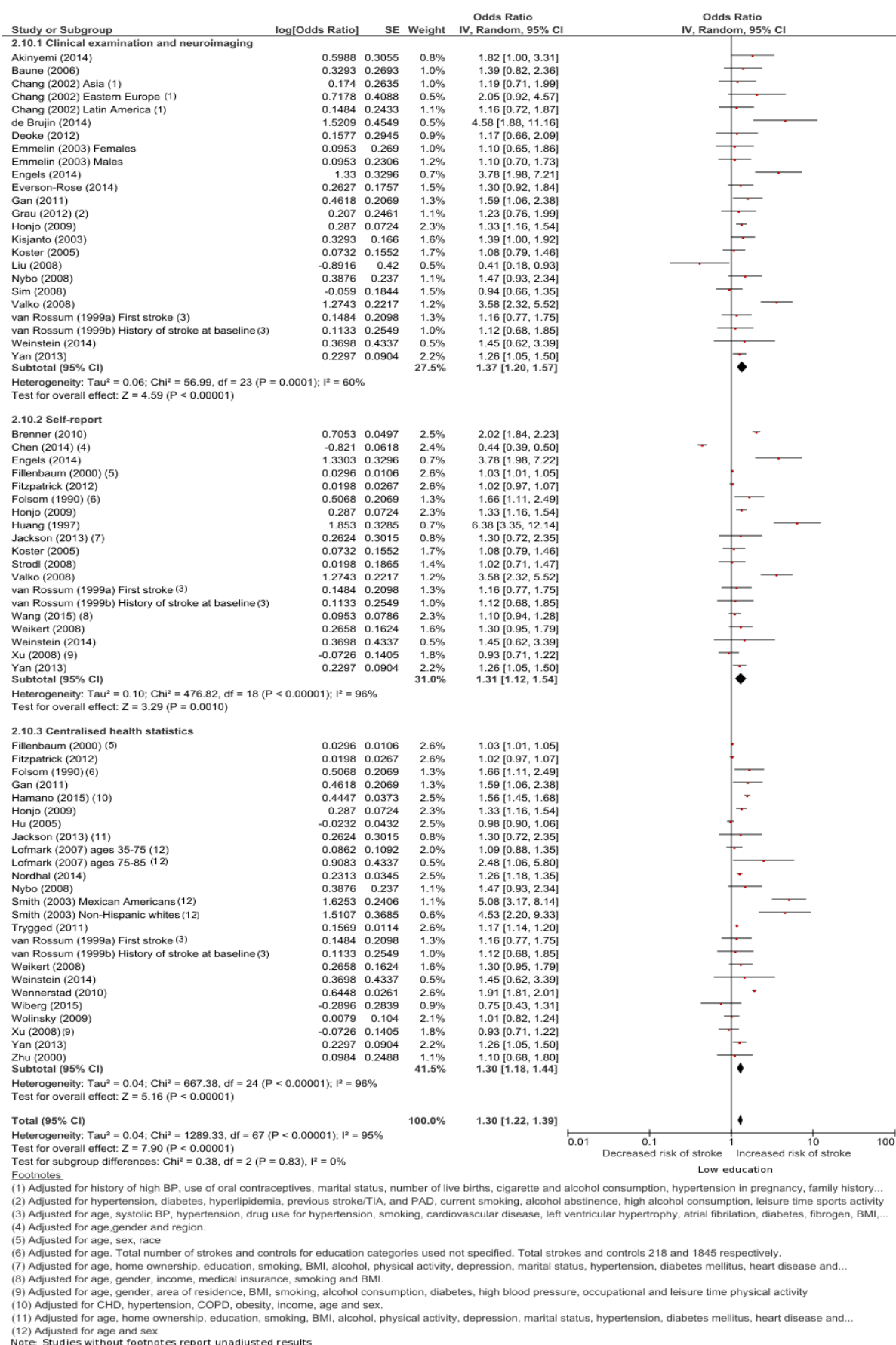
- (1) Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of...
- (2) Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of...
- (3) Adjusted for history of high BP, use of oral contraceptives, marital status, number of live births, cigarette and alcohol consumption, hypertension in pregnancy, family history of...
- (4) Adjusted for hypertension, diabetes, hyperlipidemia, previous stroke/TIA, and PAD, current smoking, alcohol abstinence, high alcohol consumption, leisure time sports activity
- (5) Adjusted for CHD, hypertension, COPD, obesity, income, age and sex.
- (6) Adjusted for age, home ownership, education, smoking, BMI, alcohol, physical activity, depression, marital status, hypertension, diabetes mellitus, heart disease and...
- (7) Adjusted for age, systolic BP, hypertension, drug use for hypertension, smoking, cardiovascular disease, left ventricular hypertrophy, atrial fibrillation, diabetes, fibrogen, BMI,...
- (8) Adjusted for age, systolic BP, hypertension, drug use for hypertension, smoking, cardiovascular disease, left ventricular hypertrophy, atrial fibrillation, diabetes, fibrogen, BMI,...
- (9) Adjusted for age, gender, area of residence, BMI, smoking, alcohol consumption, diabetes, high blood pressure, occupational and leisure time physical activity
- (10) Adjusted for hypertension, heart disease, diabetes, smoking
- (11) Adjusted for age, gender and region.
- (12) Adjusted for age, sex, race
- (13) Adjusted for age. Total number of strokes and controls for education categories used not specified. Total strokes and controls 218 and 1845 respectively.
- (14) Adjusted for age and sex
- (15) Adjusted for age and sex
- (16) Adjusted for work related factors on the Job Content Questionnaire, organisational change at the workplace and decreased participation
- (17) Adjusted for age and sex
- (18) Adjusted for age and sex
- (19) Adjusted for age, gender, income, medical insurance, smoking and BMI.

Note: Studies without footnotes report unadjusted results

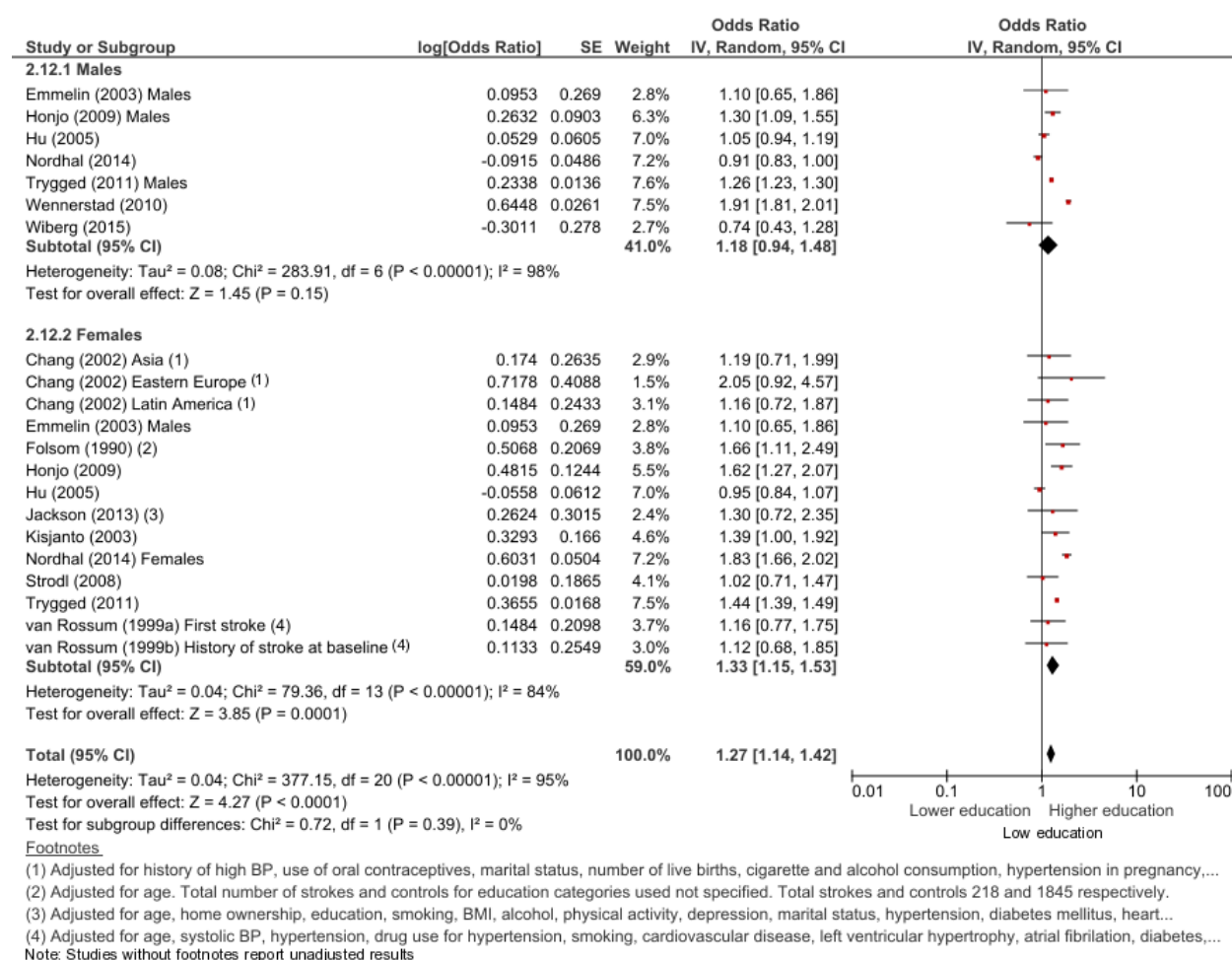
eFigure 5f. Sensitivity analysis comparing population cohort studies vs hospital/outpatient studies by education level and risk of stroke; OR>1= low education increases risk of stroke.



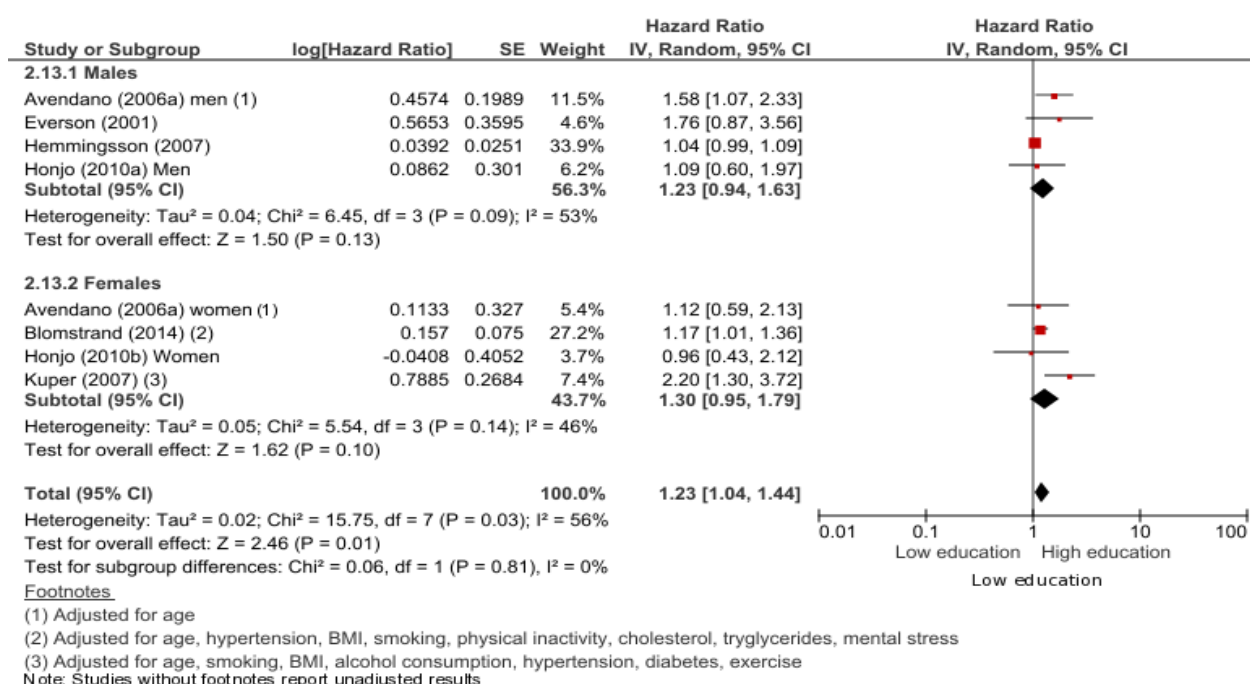
eFigure 5g. Sensitivity analysis comparing stroke ascertainment methods (clinical examination, self-report, central health statistics) by education level and risk of stroke; OR>1= low education increases risk of stroke.



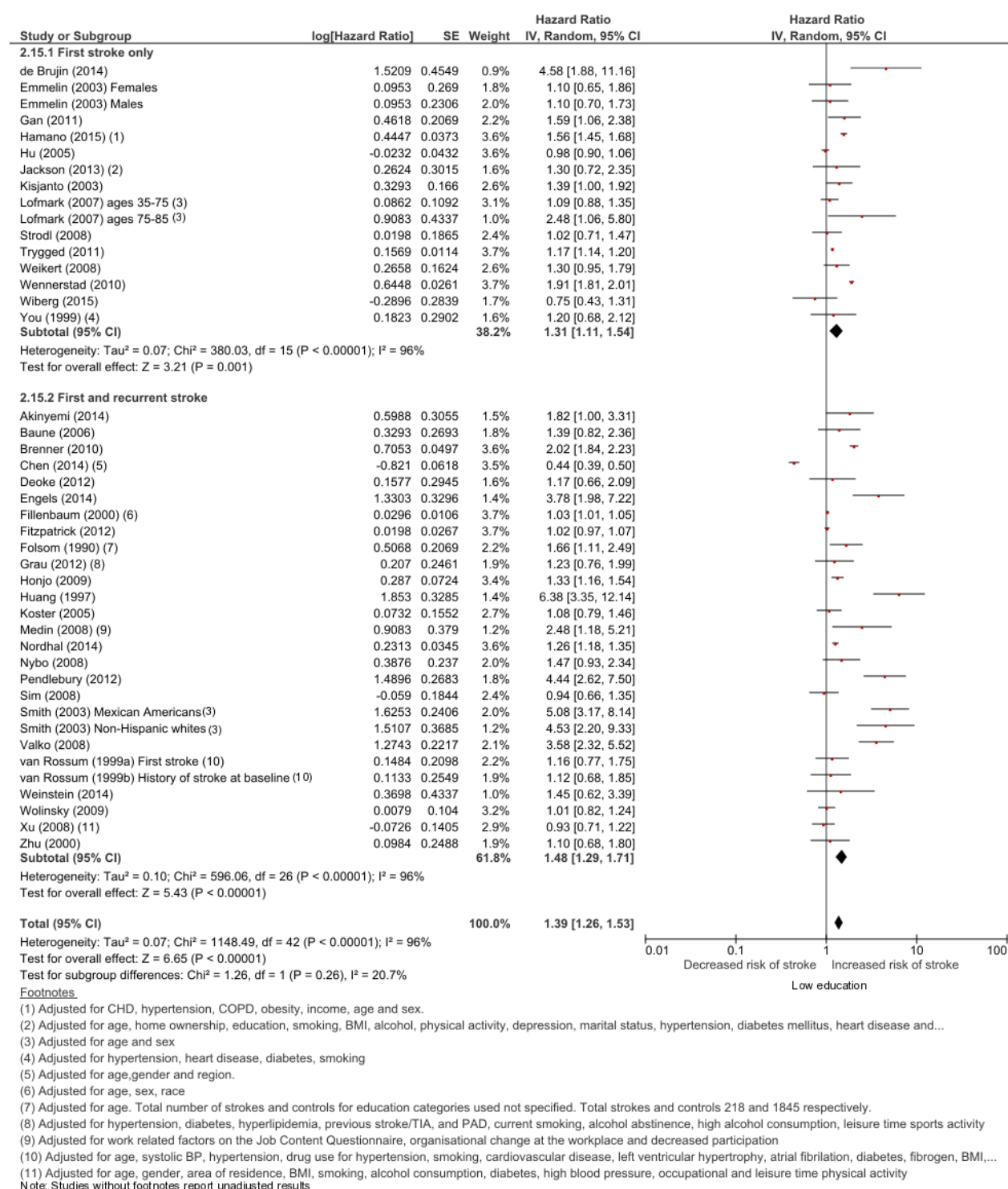
eFigure 5h. Sensitivity analysis comparing males and females by education level and risk of stroke; OR>1= low education increases risk of stroke.



eFigure 5i. Sensitivity analysis comparing males and females by education level and risk of stroke; HR>1= low education increases risk of stroke.



eFigure 5j. Sensitivity analysis comparing first only and recurrent/unspecified stroke by education level and risk of stroke; HR>1= low education increases risk of stroke.



Supplementary 2 References

- (1) Tatemichi TK, Desmond DW, Mayeux R, et al. Dementia after stroke: Baseline frequency, risks, and clinical features in a hospitalized cohort. *Neurol* 1992;42(6):1185-93.
- (2) Sachdev PS, Lipnicki DM, Crawford JD, Wen W, Brodaty H. Progression of cognitive impairment in stroke/TIA patients over 3 years. *J Neurol Neurosurg Psychiatry* 2014;21.
- (3) Brodaty H, Sachdev PS, Withall A, Altendorf A, Valenzuela MJ, Lorentz L. Frequency and clinical, neuropsychological and neuroimaging correlates of apathy following stroke: The Sydney Stroke Study. *Psych Med* 2005;35(12):1707-16.
- (4) Brodaty H, Altendorf A, Withall A, Sachdev PS. Mortality and institutionalization in early survivors of stroke: The effects of cognition, vascular mild cognitive impairment, and vascular dementia. *J Stroke Cerebrovas Dis* 2010;19(6):485-93.
- (5) Sachdev PS, Brodaty H, Valenzuela MJ, Lorentz LM, Koschera A. Progression of cognitive impairment in stroke patients. *Neurol* 2004;63(9):1618-23.
- (6) Sachdev PS, Brodaty H, Valenzuela MJ, et al. The neuropsychological profile of vascular cognitive impairment in stroke and TIA patients. *Neurol* 2004;62(6):912-9.
- (7) Sachdev PS, Brodaty H, Valenzuela MJ, et al. Clinical determinants of dementia and mild cognitive impairment following ischaemic stroke: The Sydney Stroke Study. *Dement Geriatr Cogn Disord* 2006;21(5-6):275-83.
- (8) Lukatela KA, Cohen RA, Kessler HA, et al. Dementia rating scale performance: A comparison of vascular and Alzheimer's dementia. *J Clin Exp Neuropsychol* 2000;22(4):445-54.
- (9) Rastas S, Verkkoniemi A, Polvikoski T, et al. Atrial fibrillation, stroke, and cognition: A longitudinal population-based study of people aged 85 and older. *Stroke* 2007;38(5):1454-60.
- (10) Copstein L, Fernandes JG, Bastos GA. Prevalence and risk factors for stroke in a population of Southern Brazil. *Arq Neuropsiquiatri* 2013;71(5):294-300.
- (11) Petrovitch H, White L, Masaki KH, et al. Influence of myocardial infarction, coronary artery bypass surgery, and stroke on cognitive impairment in late life. *Am J Cardiol* 1998;81(8):1017-21.
- (12) Mok VCT, Wong A, Lam WWM, et al. Cognitive impairment and functional outcome after stroke associated with small vessel disease. *J Neurol Neurosurg Psychiatry* 2004;75(4):560-6.
- (13) Hochstenbach J, Mulder T, van Limbeek J, Donders R, Schoonderwaldt H. Cognitive decline following stroke: A comprehensive study of cognitive decline following stroke. *J Clin Exp Neuropsychol* 1998;20(4):503-17.
- (14) Jokinen H, Kalska H, Mantyla R, et al. Cognitive profile of subcortical ischaemic vascular disease. *J Neurol Neurosurg Psychiatry* 2006;77(1):28-33.
- (15) Kastorini CM, Milionis HJ, Georgousopoulou E, et al. Modelling eating practices in non-fatal acute coronary syndrome or stroke development: A case/case-control study. *Nut Met Cardiovas Dis* 2013;23(3):242-9.
- (16) Bravata DM, Wells CK, Gulanski B, et al. Racial disparities in stroke risk factors: The impact of socioeconomic status. *Stroke* 2005;36(7):1507-11.

- (17) Giles WH, Croft JB, Greenlund KJ, Ford ES, Kittner SJ. Total homocyst(e)ine concentration and the likelihood of nonfatal stroke: Results from the Third National Health and Nutrition Examination Survey, 1988-1994. *Stroke* 1998;29(12):2473-7.
- (18) Giles WH, Kittner SJ, Hebel JR, Losonczy KG, Sherwin RW. Determinants of black-white differences in the risk of cerebral infarction. The National Health and Nutrition Examination Survey Epidemiologic Follow-up Study. *Arch Int Med* 1995;155(12):1319-24.
- (19) Giles WH, Kittner SJ, Anda RF, Croft JB, Casper ML. Serum folate and risk for ischemic stroke. First National Health and Nutrition Examination Survey epidemiologic follow-up study. *Stroke* 1995;26(7):1166-70.
- (20) Kauranen T, Turunen K, Laari S, Mustanoja S, Baumann P, Poutiainen E. The severity of cognitive deficits predicts return to work after a first-ever ischaemic stroke. *J Neurol Neurosurg Psychiatry* 2013;84(3):316-21.
- (21) Reitz C, Luchsinger JA, Tang M, Manly J, Mayeux R. Stroke and memory performance in elderly persons without dementia. *Arch Neurol* 2006;63(4):571-6.
- (22) Gillespie DC, Bowen A, Foster JK. The assessment of premorbid intellectual ability following right-hemisphere stroke: Reliability of a lexical decision task. *Appl Neuropsychol Adult* 2012;19(1):32-7.
- (23) Kessels RP, Nys GM, Brands AM, Van den Berg E, van Zandvoort MJ. The modified Location Learning Test: norms for the assessment of spatial memory function in neuropsychological patients. *Arch Clin Neuropsychol* 2006;21(8):841-6.
- (24) Desmond DW, Moroney JT, ano M, tern Y. Incidence of dementia after ischemic stroke: Results of a longitudinal study. *Stroke* 2002;33(9):2254-62.
- (25) Tatemichi TK, Desmond DW, Stern Y, Paik M, Sano M, Bagiella E. Cognitive impairment after stroke: frequency, patterns, and relationship to functional abilities. *J Neurol Neurosurg Psychiatry* 1994;57(2):202-7.
- (26) Hu G, Sarti C, Jousilahti P, Silventoinen K, Barengo NC, Tuomilehto J. Leisure time, occupational, and commuting physical activity and the risk of stroke. *Stroke* 2005;36(9):1994-9.
- (27) Honjo K, Iso H, Ikeda A, Inoue M, Tsugane S, JPHC Study Group. Education level and physical functional limitations among Japanese community residents-gender difference in prognosis from stroke. *BMC Public Health* 2009;9:131.
- (28) Honjo K, Iso H, Inoue M, Tsugane S, Japan Public Health Center-based Prospective Study Group. Education, social roles, and the risk of cardiovascular disease among middle-aged Japanese women: the JPHC Study Cohort I. *Stroke* 2008;39(10):2886-90.
- (29) Honjo K, Iso H, Iwata M, et al. Effectiveness of the combined approach for assessing social gradients in stroke risk among married women in Japan. *J Epidemiol* 2012;22(4):324-30.
- (30) Honjo K, Iso H, Inoue M, Sawada N, Tsugane S, JPHC Study Group. Socioeconomic status inconsistency and risk of stroke among Japanese middle-aged women. *Stroke* 2014;45(9):2592-8.
- (31) Huang ZS, Chiang TL, Lee TK. Stroke prevalence in Taiwan: Findings from the 1994 National Health Interview Survey. *Stroke* 1997;28(8):1579-84.
- (32) Weinstein G, Preis SR, Beiser AS, et al. Cognitive performance after stroke - The Framingham Heart Study. *Int J Stroke* 2014;9:48-54.

- (33) Kase CS, Wolf PA, Kelly-Hayes M, Kannel WB, Beiser A, D'Agostino RB. Intellectual decline after stroke: The Framingham Study. *Stroke* 1998;29(4):805-12.
- (34) Koster A, Penninx BWJH, Bosma H, et al. Socioeconomic differences in cognitive decline and the role of biomedical factors. *Ann Epidemiol* 2006;15(8):September.
- (35) Brenner DA, Zweifler RM, Gomez CR, et al. Awareness, treatment, and control of vascular risk factors among stroke survivors. *J Stroke Cerebrovas Dis* 2010;19(4):311-20.
- (36) Judd SE, Kleindorfer DO, McClure LA, et al. Self-report of stroke, transient ischemic attack, or stroke symptoms and risk of future stroke in the REasons for Geographic And Racial Differences in Stroke (REGARDS) study. *Stroke* 2013;44(1):55-60.
- (37) De Bruijn MAAM, Synhaeve NE, Van Rijsbergen MWA, De LFE, Jansen BPW, De Kort PLM. Long-term cognitive outcome of ischaemic stroke in young adults. *Cerebrovas Dis* 2014;37(5):376-81.
- (38) Everson-Rose SA, Roetker NS, Lutsey PL, et al. Chronic stress, depressive symptoms, anger, hostility, and risk of stroke and transient ischemic attack in the Multi-Ethnic Study of Atherosclerosis. *Stroke* 2014;45(8):2318-23.
- (39) Wiberg B, Kilander L, Sundstrom J, Byberg L, Lind L. The relationship between executive dysfunction and post-stroke mortality: A population-based cohort study. *BMJ Open* 2012;2(3):e000458.
- (40) Wiberg B, Lind L, Kilander L, Zethelius B, Sundelof JE, Sundstrom J. Cognitive function and risk of stroke in elderly men. *Neurology* 2010;74(5):379-85.
- (41) Weikert C, Stefan N, Schulze MB, et al. Plasma fetuin-a levels and the risk of myocardial infarction and ischemic stroke. *Circulation* 2008;118(24):2555-62.
- (42) Yan T, Escarce JJ, Liang LJ, et al. Exploring psychosocial pathways between neighbourhood characteristics and stroke in older adults: The Cardiovascular Health Study. *Age Ageing* 2013;42(3):391-7.
- (43) Nybo M, Johnsen SP, Dethlefsen C, et al. Lack of observed association between high plasma osteoprotegerin concentrations and ischemic stroke risk in a healthy population. *Clin Chem* 2008;54(12):1969-74.
- (44) Engels T, Baglione Q, Audibert M, et al. Socioeconomic status and stroke prevalence in Morocco: Results from the Rabat-Casablanca study. *PLoS ONE* 2014;9(2):e89271.
- (45) Trygged S, Hedlund E, Kareholt I. Education and poststroke separation among couples with mutual children. *J Divorce Remarriage* 2011;52(6):401-414.
- (46) Nordahl H, Osler M, Frederiksen BL, et al. Combined effects of socioeconomic position, smoking, and hypertension on risk of ischemic and hemorrhagic stroke. *Stroke* 2014;45(9):2582-7.
- (47) Valko PO, Bassetti CL, Bloch KE, Held U, Baumann CR. Validation of the fatigue severity scale in a Swiss cohort. *Sleep* 2008;31(11):1601-7.
- (48) Wolinsky FD, Bentler SE, Cook EA, et al. A 12-year prospective study of stroke risk in older Medicare beneficiaries. *BMC Geriatrics* 2009;9:17.
- (49) Baune BT, Aljeesh Y. The association of psychological stress and health related quality of life among patients with stroke and hypertension in Gaza Strip. *Ann Gen Psychiatry* 2006;5.
- (50) Deoke A, Deoke S, Saoji A, Hajare S. Profile of modifiable and non-modifiable risk factors in stroke in a rural based tertiary care hospital - a case control study. *Glob J Health Sci* 2012;4(3):158-63.

- (51) Pendlebury ST, Markwick A, De Jager CA, Zamboni G, Wilcock GK, Rothwell PM. Differences in cognitive profile between TIA, stroke and elderly memory research subjects: A comparison of the MMSE and MoCA. *Cerebrovas Dis* 2012;34(1):48-54.
- (52) Zhu L, Fratiglioni L, Guo Z, et al. Incidence of dementia in relation to stroke and the apolipoprotein E epsilon4 allele in the very old. Findings from a population-based longitudinal study. *Stroke* 2000;31(1):53-60.
- (53) Sim SJ, Kim HD, Moon JY, et al. Periodontitis and the risk for non-fatal stroke in Korean adults. *Journal of Periodontology* 2008;79(9):1652-8.
- (54) Wennerstad KM, Silventoinen K, Tynelius P, Bergman L, Rasmussen F. Association between intelligence and type-specific stroke: A population-based cohort study of early fatal and non-fatal stroke in one million Swedish men. *J Epidemiol Com Health* 2010;64(10):908-12.
- (55) Hogstrom G, Nordstrom A, Eriksson M, Nordstrom P. Risk factors assessed in adolescence and the later risk of stroke in men: A 33-year follow-up study. *Cerebrovas Dis* 2015;39(1):63-71.
- (56) Akinyemi RO, Allan L, Owolabi MO, et al. Profile and determinants of vascular cognitive impairment in African stroke survivors: The CogFAST Nigeria Study. *J Neurol Sci* 2014;346(1-2):241-9.
- (57) Liu J-Y, Xie R-M. Recovery of cognitive impairment and its influencing factors in patients after subcortical small vessel disease. *Chin J Cerebrovas Dis* 2008;5(8):August.
- (58) Wang S, Kou C, Liu Y, et al. Rural-urban differences in the prevalence of chronic disease in northeast China. *Asia Pac J Public Health* 2015;27(4):394-406.
- (59) Chen Y, Li L, Zhang Q, et al. Use of drug treatment for secondary prevention of cardiovascular disease in urban and rural communities of China: China Kadoorie Biobank Study of 0.5 million people. *Int J Cardiol* 2014;172(1):88-95.
- (60) Hamano T, Li X, Lonn SL, et al. Depression, stroke and gender: Evidence of a stronger association in men. *J Neurol Neurosurg Psychiatry* 2015;86(3):319-23.
- (61) Strodl E, Kenardy J. The 5-item mental health index predicts the initial diagnosis of nonfatal stroke in older women. *J Womens Health* 2008;17(6):979-86.
- (62) Xu F, Ah TL, Yin X, Yu IT, Griffiths S. Impact of socio-economic factors on stroke prevalence among urban and rural residents in Mainland China. *BMC Public Health* 2008;8:170.
- (63) Medin J, Ekberg K, Nordlund A, Eklund J. Organisational change, job strain and increased risk of stroke? A pilot study. *Work* 2008;31(4):443-9.
- (64) You RX, Thrift AG, McNeil JJ, Davis SM, Donnan GA. Ischemic stroke risk and passive exposure to spouses' cigarette smoking. Melbourne Stroke Risk Factor Study (MERFS) Group. *Am J Pub Health* 1999;89(4):572-5.
- (65) Kisjanto J, Bonneux L, Prihartono J, Ranakusuma TA, Grobbee DE. Risk factors for stroke among urbanised Indonesian women of reproductive age: A hospital-based case-control study. *Cerebrovas Dis* 2005;19(1):18-22.
- (66) Lofmark U, Hammarstrom A. Evidence for age-dependent education-related differences in men and women with first-ever stroke. Results from a community-based incidence study in northern Sweden. *Neuroepidemiol* 2007;28(3):135-41.
- (67) Folsom AR, Prineas RJ, Kaye SA, Munger RG. Incidence of hypertension and stroke in relation to body fat distribution and other risk factors in older women. *Stroke* 1990;21(5):701-6.

- (68) Van Rossum CTM, Van De Mheen H, Breteler MMB, Grobbee DE, Mackenbach JP. Socioeconomic differences in stroke among Dutch elderly women: The Rotterdam Study. *Stroke* 1999;30(2):357-62.
- (69) Emmelin M, Weinehall L, Stegmayr B, Dahlgren L, Stenlund H, Wall S. Self-rated ill-health strengthens the effect of biomedical risk factors in predicting stroke, especially for men -- an incident case referent study. *J Hyperten* 2003;21(5):887-96.
- (70) Gan XM, Xu YH, Liu L, et al. Predicting the incidence risk of ischemic stroke in a hospital population of southern China: A classification tree analysis. *J Neurol Sci* 2011;306(1-2):108-14.
- (71) Fitzpatrick AL, Ngo QV, Ly KA, et al. Symptoms and risk factors for stroke in a community-based observational sample in Viet Nam. *J Epidemiol Glob Health* 2012;2(3):155-63.
- (72) Fillenbaum GG, Pieper CF, Cohen HJ, Cornoni-Huntley JC, Guralnik JM. Comorbidity of five chronic health conditions in elderly community residents: Determinants and impact on mortality. *J Gerontol A Biol Sci Med Sci* 2000;55(2):M84-M89.
- (73) Chang CL, Shipley MJ, Marmot MG, Poulter NR. Can cardiovascular risk factors explain the association between education and cardiovascular disease in young women? *J Clin Epidemiol* 2002;55(8):749-55.
- (74) Chang CL, Marmot MG, Farley TM, Poulter NR. The influence of economic development on the association between education and the risk of acute myocardial infarction and stroke. *J Clin Epidemiol* 2002;55(8):741-7.
- (75) Smith MA, Risser JM, Lisabeth LD, Moye LA, Morgenstern LB. Access to care, acculturation, and risk factors for stroke in Mexican Americans: The Brain Attack Surveillance in Corpus Christi (BASIC) project. *Stroke* 2003;34(11):2671-5.
- (76) Jackson CA, Jones M, Mishra GD. Educational and homeownership inequalities in stroke incidence: A population-based longitudinal study of mid-aged women. *Eur J Pub Health* 2014;24(2):231-6.
- (77) Grau AJ, Ling P, Palm F, Urbanek C, Becher H, Buggle F. Childhood and adult social conditions and risk of stroke. *Cerebrovas Dis* 2012;33(4):385-91.
- (78) Grau AJ, Becher H, Ziegler CM, et al. Periodontal disease as a risk factor for ischemic stroke. *Stroke* 2004;35(2):496-501.
- (79) Grau AJ, Fischer B, Barth C, Ling P, Lichy C, Buggle F. Influenza vaccination is associated with a reduced risk of stroke. *Stroke* 2005;36(7):1501-6.
- (80) Grau AJ, Preusch MR, Palm F, Lichy C, Becher H, Buggle F. Association of symptoms of chronic bronchitis and frequent flu-like illnesses with stroke. *Stroke* 2009;40(10):3206-10.
- (81) Grau AJ, Barth C, Geletnek B, et al. Association between recent sports activity, sports activity in young adulthood, and stroke. *Stroke* 2009;40(2):426-31.
- (82) Andersen KK, Dalton SO, Steding-Jessen M, Olsen TS. Socioeconomic position and survival after stroke in Denmark 2003 to 2012: Nationwide hospital-based study. *Stroke* 2014;45(12):3556-60.
- (83) Gillum RF, Mussolino ME. Education, poverty, and stroke incidence in whites and blacks: The NHANES I Epidemiologic Follow-up Study. *J Clin Epidemiol* 2003;56(2):188-95.
- (84) Jonas BS, Mussolino ME. Symptoms of depression as a prospective risk factor for stroke. *PsychosomMed* 2000;62(4):463-71.

- (85) Lindenstrom E, Boysen G, Nyboe J. Risk factors for stroke in Copenhagen, Denmark. I. Basic demographic and social factors. *Neuroepidemiol* 1993;12(1):37-42.
- (86) Lisabeth LD, Diez Roux AV, Escobar JD, Smith MA, Morgenstern LB. Neighborhood environment and risk of ischemic stroke: the brain attack surveillance in Corpus Christi (BASIC) Project. *Am J Epidemiol* 2007;165(3):279-87.
- (87) Hart CL, Hole DJ, Smith GD. Influence of socioeconomic circumstances in early and later life on stroke risk among men in a Scottish cohort study. *Stroke* 2000;31(9):2093-7.
- (88) Everson SA, Lynch JW, Kaplan GA, Lakka TA, Sivenius J, Salonen JT. Stress-induced blood pressure reactivity and incident stroke in middle-aged men. *Stroke* 2001;32(6):1263-70.
- (89) Hamrefors V, Hedblad B, Hindy G, et al. Smoking modifies the associated increased risk of future cardiovascular disease by genetic variation on chromosome 9p21. *PloS one* 2014;9(1):2014.
- (90) Boden-Albala B, Roberts ET, Moats H, Arif H, Sacco RL, Paik MC. Community level disadvantage and the likelihood of first ischemic stroke. *Epidemiol Res Int* 2012;2012.
- (91) Sacco RL, Boden-Albala B, Abel G, et al. Race-ethnic disparities in the impact of stroke risk factors: The Northern Manhattan Stroke Study. *Stroke* 2001;32(8):1725-31.
- (92) Sacco RL, Elkind M, Boden-Albala B, et al. The protective effect of moderate alcohol consumption on ischemic stroke. *JAMA* 1999;281(1):53-60.
- (93) Sacco RL, Gan R, Boden-Albala B, et al. Leisure-time physical activity and ischemic stroke risk: The Northern Manhattan Stroke Study. *Stroke* 1998;29(2):380-7.
- (94) Mejia-Lancheros C, Estruch R, Martinez-Gonzalez MA, et al. Impact of psychosocial factors on cardiovascular morbimortality: A prospective cohort study. *BMC Cardiovas Disord* 2014;14:135.
- (95) Huxley RR, Bell EJ, Lutsey PL, et al. A comparative analysis of risk factors for stroke in blacks and whites: The Atherosclerosis Risk in Communities study. *Ethn Health* 2014;19(6):601-16.
- (96) Rosamond WD, Folsom AR, Chambless LE, et al. Stroke incidence and survival among middle-aged adults: 9-year follow-up of the Atherosclerosis Risk in Communities (ARIC) cohort. *Stroke* 1999;30(4):736-43.
- (97) Hemmingsson T, Essen J, Melin B, Allebeck P, Lundberg I. The association between cognitive ability measured at ages 18–20 and coronary heart disease in middle age among men: A prospective study using the Swedish 1969 conscription cohort. *Soc Sci Med* 2007;65(7):1410-9.
- (98) Avendano M, Kawachi I, Van LF, et al. Socioeconomic status and stroke incidence in the US elderly: The role of risk factors in the EPESE study. *Stroke* 2006;37(6):1368-73.
- (99) Blomstrand A, Blomstrand C, Ariai N, Bengtsson C, Bjorkelund C. Stroke incidence and association with risk factors in women: A 32-year follow-up of the Prospective Population Study of Women in Gothenburg. *BMJ Open* 2014;4(10):e005173.
- (100) Avendano M, Boshuizen HC, Schellevis FG, Mackenbach JP, van Lenthe FJ, van den Bos GA. Disparities in stroke preventive care in general practice did not explain socioeconomic disparities in stroke. *J Clin Epidemiol* 2006;59(12):1285-94.
- (101) Liu L, Xue F, Ma J, Ma M, Long Y, Newschaffer CJ. Social position and chronic conditions across the life span and risk of stroke: A life course epidemiological analysis of 22,847 American adults in ages over 50. *Int J Stroke* 2013;8:Suppl-5.

- (102) Avendano M, Glymour MM. Stroke disparities in older Americans: Is wealth a more powerful indicator of risk than income and education? *Stroke* 2008;39(5):1533-40.
- (103) Moon JR, Capistrant BD, Kawachi I, et al. Stroke incidence in older US Hispanics: Is foreign birth protective? *Stroke* 2012;43(5):1224-9.
- (104) Kuper H, Adami HO, Theorell T, Weiderpass E. The socioeconomic gradient in the incidence of stroke: A prospective study in middle-aged women in Sweden. *Stroke* 2007;38(1):27-33.
- (105) Honjo K, Tsutsumi A, Kayaba K, Jichi Medical School Cohort Study Group. Socioeconomic indicators and cardiovascular disease incidence among Japanese community residents: The Jichi Medical School Cohort Study. *Int J Behav Med* 2010;17(1):58-66.
- (106) Mejean C, Droomers M, Van Der Schouw YT, et al. The contribution of diet and lifestyle to socioeconomic inequalities in cardiovascular morbidity and mortality. *Int J Cardiol* 2013;168(6):5190-5.
- (107) Nabi H, Kivimaki M, Suominen S, Koskenvuo M, Singh-Manoux A, Vahtera J. Does depression predict coronary heart disease and cerebrovascular disease equally well? The Health and Social Support Prospective Cohort Study. *Int J Epidemiol* 2010;39(4):1016-24.
- (108) de Jesus LJ, Valhuerdi A, Fernandez O, et al. Prevalence of stroke and associated risk factors in older adults in Havana City and Matanzas Provinces, Cuba (10/66 population-based study). *MEDICC Rev* 2010;12(3):20-6.
- (109) Avendano M, Glymour MM. Stroke disparities in older Americans: is wealth a more powerful indicator of risk than income and education? *Stroke* 2008;39(5):1533-40.
- (110) Glymour MM, Avendano M, Haas S, Berkman LF. Lifecourse social conditions and racial disparities in incidence of first stroke. *Ann Epidemiol* 2008;18(12):904-12.
- (111) Nandi A, Glymour MM, Kawachi I, VanderWeele TJ. Using marginal structural models to estimate the direct effect of adverse childhood social conditions on onset of heart disease, diabetes, and stroke. *Epidemiol* 2012;23(2):223-32.
- (112) Kornerup H, Osler M, Boysen G, Barefoot J, Schnohr P, Prescott E. Major life events increase the risk of stroke but not of myocardial infarction: Results from the Copenhagen City Heart Study. *Eur J Cardiovas Prev Rehab* 2010;17(1):113-8.
- (113) Johnson AM, Rose KM, Elder GH, Jr., Chambless LE, Kaufman JS, Heiss G. Military combat and risk of coronary heart disease and ischemic stroke in aging men: The Atherosclerosis Risk in Communities (ARIC) study. *Ann Epidemiol* 2010;20(2):143-50.
- (114) Gliksman MD, Kawachi I, Hunter D, et al. Childhood socioeconomic status and risk of cardiovascular disease in middle aged US women: A prospective study. *J Epidemiol Com Health* 1995;49(1):10-5.
- (115) Wannamethee SG, Whincup PH, Shaper G, Walker M. Influence of fathers' social class on cardiovascular disease in middle-aged men. *Lancet* 1996;348(9037):1259-63.
- (116) Bergh C, Udumyan R, Fall K, Nilsagard Y, Appelros P, Montgomery S. Stress resilience in male adolescents and subsequent stroke risk: Cohort study. *J Neurol Neurosurg Psychiatry* 2014;85(12):1331-6.
- (117) Lawlor DA, Ronalds G, Macintyre S, Clark H, Leon DA. Family socioeconomic position at birth and future cardiovascular disease risk: Findings from the Aberdeen Children of the 1950s cohort study. *Am Journal Pub Health* 2006;96(7):1271-7.

- (118) Batty GD, Mortensen EL, Nybo Andersen AM, Osler M. Childhood intelligence in relation to adult coronary heart disease and stroke risk: Evidence from a Danish birth cohort study. *Paediat Perinat Epidemiol* 2005;19(6):452-9.
- (119) Kajantie E, Raikkonen K, Henriksson M, et al. Stroke is predicted by low visuospatial in relation to other intellectual abilities and coronary heart disease by low general intelligence. *PloS one* 2012;7(11):e46841.
- (120) Lawlor DA, Batty GD, Clark H, McIntyre S, Leon DA. Association of childhood intelligence with risk of coronary heart disease and stroke: findings from the Aberdeen Children of the 1950s cohort study. *Eur J Epidemiol* 2008;23(10):695-706.
- (121) Sachdev PS, Valenzuela MJ, Brodaty H, et al. Homocysteine as a risk factor for cognitive impairment in stroke patients. *Dement Geriat Cogni Disord* 2003;15(3):155-62.
- (122) Sampson MJ, Kinderman P, Watts S, Sembi S. Psychopathology and autobiographical memory in stroke and non-stroke hospitalized patients. *Int J Geriat Psychiatry* 2003;18(1):23-32.
- (123) Jokela M, Batty GD, Deary IJ, Silventoinen K, Kivimaki M. Sibling analysis of adolescent intelligence and chronic diseases in older adulthood. *Ann Epidemiol* 2011;21(7):489-96.