Table S1—Demographic and Clinical Details of patients who consented to participate in the study.

Variables	Patient who Consented (n = 354)	Patients who Underwent Polysomnography (n=116)	
Age	54.22± 12.01	54.58±12.73	
Sex (Male)	278(78.53)	92(79.31)	
ВМІ	25.81±3.21	26.55±6.1	
HTN	210 (59.32)	72(62.93)	
H/o CAD	27 (7.63)	14(12.07)	
DM	98 (27.68)	23(19.82)	
H/o Smoking	152 (42.94)	43(37.07)	
Dyslipidemia	102 (28.81)	45(38.79)	
BQ (High risk of OSA)	210 (59.32)	68(58.62)	
ESS(>10)*	78 (23.93)	34(29.82)	
ESS	5.43±5.4 6 (0-22)	5.58±4.98 6 (0-22)	
* ESS is not available for all patients RR (325/354 vs 114/116).			

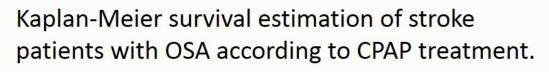
Table S2—CPAP Compliance (n=30).

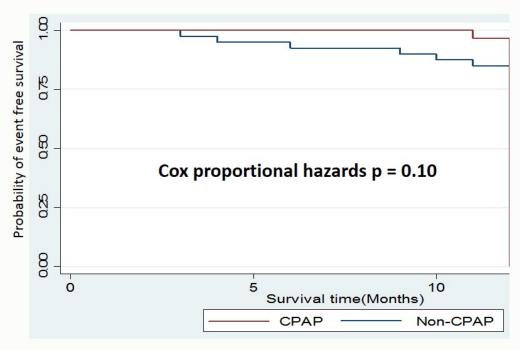
Characteristic	Mean ±SD Median(Range)		
Compliance			
Use (Hr/night)	4.2±1.32 4.5(3.4-6.6)		
% of Nights, on which CPAP used	76±22.87 71(52-96)		
% of Nights, on which CPAP used > 4 hrs	58.92±19.97 50(30-96)		
Efficacy			
АНІ	1.65±0.97 1.4(0-3.9)		
Mask Leak (L/s)	0.38±1.8 0.43(0.22-3.78)		

Table S3—Problems reported by patients with stroke using CPAP on nightly basis, and the solutions offered thereto.

Problem	Steps Taken	
Patients returned device due to inability to tolerate/accept.	Patients and caregivers counseled and patient acclimation to CPAP ensured	
Lack of understanding of utility of PAP device.	Repeated education and counseling sessions	
Using machine irregularly (reported by caregivers)	Daily telephonic counseling for variable periods to motivate and support patient to use device regularly	
Dry mouth	Advised to use humidifier / asked to use oronasal instead of nasal mask	
Anxiety in using device	Patients desensitized.	
Patient removed machine during sleep, and had difficulty to put it on again.	Mask application inspected, corrected → no further compliance issues	
Aerophagia	Improved by decreasing pressure, and advice regarding timing of dinner earlier than their usual	
Poorly fitting mask	Mask changed	
Frequent power cuts at patient's home	Suggested to connect device to uninterrupted power supply battery device	

Figure S1—Kaplan-Meier Survival estimates analysis.





The overall cardiovascular event free survival rate after 12 months was 96.66% (1 out of 30 subjects) in the n CPAP group and 85% (34 out of 40 subjects) in the control group (log-rank test 1.44; p= 0.23).

On multifactorial Cox proportional hazards regression analysis of factors associated with cardiovascular events or mortality at follow up, no variables (age sex, BMI, history of hypertension, ischaemic heart disease, smoking, dyslipidaemia, Epworth Sleepiness scale, Barthel index, modified Rankin scale, AHI) were associated with a higher risk in the non-CPAP group (hazard ratio 0.31, 95% CI 0.27 – 3.47, p = 0.10).