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Table S1. Literature search strategy.

ID	Terms/keywords	Hits
#1 (Myocardial infarction)	('heart infarction'/exp OR 'cardiac infarct' OR 'cardiac infarction' OR 'cardial infarct' OR 'heart attack' OR 'heart infarct' OR 'heart micro infarction' OR 'heart muscle infarction' OR 'myocardial infarct' OR 'myocardial infarction' OR 'myocardium infarct' OR 'myocardium infarction' OR 'premonitory infarction sign' OR 'second heart attack' OR 'subendocardial infarction' OR 'transmural cardiac infarction' OR 'transmural heart infarction' OR 'heart infarction' OR 'ischemic heart disease'/exp) AND ([embase]/lim OR [medline]/lim)	857,282
#2 (Stroke)	('cerebrovascular accident'/exp OR 'acute cerebrovascular lesion' OR 'acute focal cerebral vasculopathy' OR 'acute stroke' OR 'apoplectic stroke' OR 'apoplexia' OR 'apoplexy' OR 'brain accident' OR 'brain attack' OR 'brain blood flow disturbance' OR 'brain insult' OR 'brain insultus' OR 'brain vascular accident' OR 'cerebral apoplexia' OR 'cerebral insult' OR 'cerebral stroke' OR 'cerebral vascular accident' OR 'cerebral vascular insufficiency' OR 'cerebro vascular accident' OR 'cerebrovascular arrest' OR 'cerebrovascular failure' OR 'cerebrovascular injury' OR 'cerebrovascular insufficiency' OR 'cerebrovascular insult' OR 'cerebrum vascular accident' OR 'cryptogenic stroke' OR 'cva' OR 'insultus cerebralis' OR 'ischaemic seizure' OR 'ischemic seizure' OR 'stroke' OR 'thrombotic stroke' OR 'cerebrovascular accident') AND ([embase]/lim OR [medline]/lim)	737,687

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#3 (Dyslipidemia)	('low density lipoprotein cholesterol'/exp OR 'dyslipidemia'/exp OR 'low density lipoprotein cholesterol level'/exp OR 'low density lipoprotein cholesterol level' OR 'hypercholesterolemia'/exp OR 'ldl-c' OR 'ldl cholesterol' OR 'low density lipoprotein cholesterol' OR 'high cholesterol levels' OR 'elevated cholesterol' OR 'hypercholesteremia') AND ([embase]/lim OR [medline]/lim)	325,182
#4 (Other risk factors)	('diabetes mellitus' OR 'diabetic' OR 'glucose intolerance' OR 'type 2 diabetes mellitus' OR 'type 2 diabetes' OR 'insulin resistance' OR 'hypertension' OR 'high blood pressure' OR 'hypertensive patient' OR 'obesity' OR 'sedentary behavior' OR 'sedentary lifestyle' OR 'physical inactivity' OR 'smoking behavior' OR 'smoking habit' OR 'tobacco uses' OR 'tobacco consumption') AND ([embase]/lim OR [medline]/lim)	3,006,173
#5 (Secondary prevention)	('secondary disease prevention' OR 'secondary prevention'/exp OR 'secondary prevention' OR 'previous' OR 'preexistent') AND ([embase]/lim OR [medline]/lim)	1,610,108
Combinations		
#6	#1 OR #2	1,453,693
#7	'epidemiologic study' OR 'epidemiologic study':ti,ab OR 'epidemiology' OR 'epidemiology':ti,ab OR 'ecological' OR 'ecological':ti,ab OR 'case control study' OR 'case control study':ti,ab OR 'cross-sectional study' OR 'cross-sectional study':ti,ab OR 'case study' OR 'case study':ti,ab OR 'cohort analysis' OR 'cohort analysis':ti,ab OR 'cohort' OR 'cohort':ti,ab OR 'longitudinal study' OR 'longitudinal study':ti,ab OR 'retrospective study' OR 'retrospective study':ti,ab OR 'prospective study' OR 'prospective study':ti,ab OR 'observational study' OR 'observational study':ti,ab OR 'correlational study' OR 'correlational study':ti,ab OR 'comparative study' OR 'comparative study':ti,ab	7,659,755
#8	#3 AND #4 AND #5 AND #6 AND [2014-2024]/py	4,987
#9	#7 AND #8	**2831**

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Table S2. Design of included studies and patient characteristics, grouped by outcome.

Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
		Myocardial infarction				
Sagris et al., 2024	Cross-sectional and observational study that investigated differences between young adults and older individuals with MI, considering risk factor profile, pathophysiologic mechanisms, and angiographic features (Greece)	977	Mean age of 61	Male: 83.7 Female: 16.3	November 2017 to November 2022	Hypertension, diabetes mellitus, dyslipidemia, CAD, atrial fibrillation, obesity, and smoking
Greco et al., 2023	Study that analyzed the applicability of intensified strategies in a contemporary cohort of patients who underwent percutaneous coronary intervention and who completed initial prolonged dual antiplatelet therapy without any adverse events; in addition, we searched for predictors of the indication to intensified regimens (Italy)	78	Median of 66 (IQR: 62-71)	Male: 85.9 Female: 14.1	October 2019 to September 2021	Hypertension, diabetes mellitus, dyslipidemia, atrial fibrillation, heart failure, CKD, PAD, CAD, and smoking
Deshmukh et al., 2023	Prospective study that assessed the association between standard modifiable risk	410	Median of 58 (IQR: 52-66)	Male: 83.1 Female: 16.9	Median of 5.4 years	Hypertension (elevated BP), dyslipidemia (high cholesterol), diabetes

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	factors and inducible ventricular tachycardia at electrophysiology study early after MI (Australia)					mellitus, smoking, and IHD
Navaneeth et al., 2023	Prospective study that assessed the gender specific difference in risk factors, clinical features, complications and angiographic patterns of coronary artery involvement in patients admitted with STEMI (India)	224	Mean age of male group was 55.08±10.21 and in female group was 59.21±10.24	Male: 50.4 Female: 49.6	12 months	Hypertension, diabetes mellitus, dyslipidemia, atrial fibrillation, smoking, and alcohol use
Ibrahim et al., 2023	Retrospective multi-center cross-sectional study that analyzed the prevalence of cardiovascular risk factors and determined their association with different subtypes of ACS (Saudi Arabia)	87	Mean age of 58.2±11.9	Male: 75.8 Female: 24.2	Not mentioned	Hypertension, diabetes mellitus, dyslipidemia, obesity, and smoking
Almasi et al., 2022	Retrospective cohort study that determined the prognoses and characteristics of adult women with spontaneous coronary artery dissection who presented with STEMI (Iran)	283	Mean age of 53±6.2	Male: 0 Female: 100	March 2017 to August 2020	Hypertension, diabetes mellitus, dyslipidemia, illicit drug intake (opium), and smoking
Griffin et al., 2022	Two-center registry-based cohort that assessed the characteristics and	5,427	Mean age of 63±13.8	Male: 71.2 Female: 28.8	March 2003 to	Hypertension, diabetes mellitus,

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	prognosis of STEMI patients after symptom onset (United States)				December 2020	dyslipidemia, CAD, and smoking
Mohamud 2022	Prospectively cohort study that analyzed the epidemiological characteristics and risk factors in adult patients with their first MI and explored clinical presentation, complications, and in emergency treatment patterns (Somalia)	97	Mean age of 54.2±12.1	Male: 69.1 Female: 30.9	December 2020 to November 2021	Hypertension, diabetes mellitus, dyslipidemia, smoking, coffee drink, and renal failure
Ardissino et al., 2022	Nationwide cohort study that explored sex-related differences in the presentation, treatment and long-term clinical outcomes of patients who suffer an early-onset MI (Italy)	2,000	Median of 41 (IQR: 37-43)	Male: 88.9 Female: 11.1	From 1998 to 2002	Hypertension, diabetes mellitus, dyslipidemia, smoking, alcohol use, illicit drug intake (cocaine), physical inactivity, and thromboembolism
Gao et al., 2021	Retrospective single-center analysis that compares the characteristics and explore the association between age and clinical outcomes in male adults who first experienced MI (China)	2,737	Mean age of 61.0±11.5	Male: 100 Female: 0	January 2013 to August 2020	Hypertension, diabetes mellitus, dyslipidemia, smoking, alcohol use, CKD, PVD, and pulmonary disease

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
Siabani et al., 2020	Cohort study that evaluated the baseline and clinical characteristics of patients who died after STEMI (Iran)	1,484	Mean age of male group was 59.04±12.39 and in female group was 65.79±11.34 years	Male: 79 Female: 21	June 2016 to May 2018	Hypertension, diabetes mellitus, dyslipidemia, heart failure, and smoking
Zgheib et al., 2020	Retrospective study that evaluated ejection fraction prior to discharge, differences in demographics, time of presentation, symptoms, mode of arrival, door-to-balloon time, number of stents placed, surgical intervention, mortality, lengths of stay, and anatomic location of the culprit artery between young and older adults with STEMI (Lebanon)	321	Group of young adults (age ≤ 45) and older adults (age > 45)	Male: 93.5 Female: 6.5	From 2008 to 2018	Hypertension, diabetes mellitus, dyslipidemia, smoking, and alcohol use
Hermann et al., 2018	Cohort study that characterized patients who were referred for cardiac rehabilitation after acute myocardial infarction (Switzerland)	10,940	Mean age of 62.6 (SD: 12.2)	Male: 76.1 Female: 23.9	From 2005 to 2017	Hypertension, diabetes mellitus, dyslipidemia, obesity, smoking, heart failure, CKD, dementia, and pulmonary disease
Juárez-Orozco et al., 2018	Retrospective study that explored the relationship of stress myocardial	86	Mean age of 65.4 (SD: 10.8)	Male: 80.2 Female: 19.8	Not mentioned	Hypertension, diabetes mellitus,

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	blood flow and myocardial perfusion reserve with ventricular function in patients with and without a previous MI (Mexico)					dyslipidemia, and smoking
Plakht et al., 2018	Observational-retrospective study that investigated temporal trends in burden of cardiovascular risk factors among patients with MI throughout a decade (Israel)	14,698	Mean age of 66.86 (SD: 13.62)	Male: 68.2 Female: 31.8	From 2002 to 2012	Hypertension, diabetes mellitus, dyslipidemia, obesity, CAD, and smoking
Łysek et al., 2016	Cohort study that evaluated the relation between chronic periodontal disease and antibodies against *Porphyromonas gingivalis* gingipains and central and peripheral blood pressure in patients after MI (Poland)	99	Mean age of 60.5±8.7	Male: 71.7 Female: 28.3	January 2010 to April 2012	Hypertension, diabetes mellitus, dyslipidemia, and smoking
Krawczyk et al., 2014	Retrospective study that explored changes of the clinical characteristics of patients hospitalized due to MI (Poland)	756	Patients aged between 29 and 93	Male: 59.5 Female: 40.5	From 2007 to 2009	Hypertension, diabetes mellitus, dyslipidemia, hypertriglyceridemia, smoking, obesity, atrial fibrillation, and CKD
			Stroke			
Bager et al., 2024	Registry-based longitudinal observational study that determined	942	Mean age of 75.0 (SD: 10.3)	Male: 46.5 Female: 53.5	From 2010 to 2012	Hypertension, diabetes mellitus,

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	the use of secondary prevention treatment – antihypertensives, statins and antiplatelet treatment/oral anticoagulation after the first TIA (Sweden)					dyslipidemia (LDL > 2.6 mmol/L), atrial fibrillation, heart failure, smoking, IHD, pulmonary disease (COPD), and PAD
Brewer et al., 2024	Retrospective analysis that evaluated risk factors that may contribute to exclusion decisions from recombinant tissue plasminogen activator in acute ischemic stroke patients with a combined current or previous history of smoking and obesity (United States)	5,469	Mean age of 67.73±14.69	Not specified	January 2010 to December 2016	Hypertension, diabetes mellitus, dyslipidemia, obesity, smoking, alcohol use (or drugs), atrial fibrillation, CAD, heart failure, CKD, PVD, depression, and migraine
Fujiwara et al., 2024	Retrospective cohort that examined whether the comorbidity burden assessed by Charlson comorbidity index could predict neurological outcomes among acute ischemic stroke patients after mechanical thrombectomy (Japan)	388	Median of 78 (IQR: 70-85)	Male: 54.4 Female: 45.6	April 2016 to December 2021	Hypertension, diabetes mellitus, dyslipidemia, atrial fibrillation, heart failure, CKD, PVD, pulmonary disease, and dementia
Hamed et al., 2024	Prospective observational cohort study that evaluated factors	110	Mean age of 60.43±12.1	Male: 85.4 Female: 14.6	February 2019 to	Hypertension, diabetes mellitus, dyslipidemia, obesity,

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	associated with unfavorable outcomes following intravenous recombinant tissue plasminogen activator treatment in ischemic stroke patients (Saudi Arabia)				November 2022	smoking, and atrial fibrillation
Iwasawa et al., 2024	Prospective cohort study that evaluated the prevalence of pre-onset frailty in patients with acute first-onset and recurrent strokes and association between pre-onset frailty and functional disability at hospital discharge (Japan)	210	Mean age of 79.2 (SD: 7.4)	Male: 58 Female: 42	November 2021 to June 2022	Hypertension, diabetes mellitus, dyslipidemia, smoking, atrial fibrillation, and IHD
Pezzini et al., 2024	Prospective multicenter study that determined the long-term incidence of major arterial thrombotic events and bleeding recurrences in intracerebral hemorrhage survivors, assessing the impact of clinical and radiological variables on the risk of these events, and developing a multivariable risk score for estimating the long-term risk of arterial thrombotic events at the individual level (Italy)	2,517	Mean age of 73.8 (SD: 12.5)	Male: 55.4 Female: 44.6	January 2002 to July 2014	Hypertension, diabetes mellitus, dyslipidemia, CAD, atrial fibrillation, smoking, and alcohol use

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
Sonawane et al., 2024	Observational-prospective study that investigated the renal function in patients with acute stroke and its relationship with in-hospital mortality (Not mentioned)	160	Mostly > 65	Male: 62.5 Female: 37.5	Not mentioned	Hypertension, diabetes mellitus, dyslipidemia, smoking, and alcohol use
Aoki and Kimura 2023	Retrospective study that evaluated whether combined cilostazol and aspirin therapy might reduce the rate of ischemic stroke recurrence comparing aspirin therapy in mild stroke patients with aortic arch atheroma (Japan)	316	Median of 66 (IQR: 60-76)	Male: 71.8 Female: 28.2	May 2011 to June 2017	Hypertension, diabetes mellitus, dyslipidemia, and smoking
Balasubramanian et al., 2023	Cross-sectional analyses that determined if there might be differences in risk factor control in patients with type 2 diabetes with previous ischemic stroke versus coronary artery disease (multi-country)	3,400	Mean age of 64.7 (SD: 8.5)	Male: 61.6 Female: 38.4	Between 2.2 and 6.3 years	Hypertension, dyslipidemia, and smoking
Castilla-Guerra et al., 2023	Observational-retrospective study that evaluated how pharmacological treatment for secondary ischemic stroke prevention in very elderly patients in routine clinical practice has changed in recent decades,	349	Patients aged ≥ 80	Male: 61.9 Female: 38.1	From 2019 to 2020; from 2014 to 2016; and from	Hypertension, diabetes mellitus, dyslipidemia, atrial fibrillation, IHD, PAD, and smoking

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	focusing on changes in antihypertensive, lipid-lowering, and antithrombotic prescribing in these patients when they are discharged from the hospital (Spain)				1999 to 2001	
Chung et al., 2023	Retrospective study that investigated whether there are significant sex differences in the clinical characteristics and risk factors for recurrent ischemic stroke (Korea)	787	Mean age of male group was 67.5±10.5 and in female group was 71.87±8.8	Male: 59.2 Female: 40.8	From 2014 to 2020	Hypertension, diabetes mellitus, dyslipidemia, PAD, CHD, smoking, alcohol use, obesity, and thrombolysis
Muscari et al., 2023	Retrospective study that investigated whether different laboratory and electrocardiographic variables, in addition to already known predictors, allow to improve the performance of the ACTEL Score (Italy)	290	Patients aged ≥ 60	Male: 46.5 Female: 53.5	March 2007 to September 2020	Hypertension, diabetes mellitus, dyslipidemia, smoking, and hypertriglyceridemia
Ozkara et al., 2023	Retrospective cohort study that identified potential predictive clinical, lab, and radiographic biomarkers in patients who present with severe acute ischemic stroke due to large vessel occlusion and have been	53	Mean age of 67.89±18.1	Male: 43.4 Female: 56.6	September 2019 to April 2021	Hypertension, diabetes mellitus, dyslipidemia, smoking, alcohol use, and atrial fibrillation

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	successfully treated with mechanical thrombectomy (United States)					
Ratajczak-Tretel et al., 2023	Multicenter observational study that detected and quantified atrial fibrillation in patients with cryptogenic stroke or cryptogenic TIA using an insertable cardiac monitor and to identify biomarkers useful in clinical practice as predictors of incident atrial fibrillation (Norway, Denmark, and Sweden)	250	Mean age of 65.3 (SD: 12.6)	Male: 58.8 Female: 41.2	January 2017 to September 2020	Hypertension, diabetes mellitus, dyslipidemia, heart failure, and smoking
Saad et al., 2023	Retrospective analysis that investigated the differences in intracerebral hemorrhage between Jews and Arabs, focusing on risk factors, hemorrhage volume, and functional outcome (Israel)	241	Mean age of 66.77 (SD: 15.83)	Male: 61.8 Female: 38.2	From 2013 to 2019	Hypertension, obesity, diabetes mellitus, dyslipidemia, atrial fibrillation, IHD, and smoking
Tajmirriahi et al., 2023	Cohort study that investigated the incidence of cardiovascular events in small versus large ischemic stroke (Iran)	225	Mean age of 71.81±8.32	Male: 63.5 Female: 36.5	From 2018 to 2019	Hypertension, diabetes mellitus, dyslipidemia, IHD, and smoking
Wang et al., 2023	Nationwide serial cross-sectional study that monitored and tracked the temporal trends and rural–urban disparities in cerebrovascular risk	28,277	Median age of 67 (IQR: 57-76)	Male: 59 Female: 41	From 2005 to 2015	Hypertension, diabetes mellitus, dyslipidemia, atrial

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	factors, management and outcomes of patients admitted for ischemic stroke (China)					fibrillation, and smoking
García-Rudolph et al., 2022	Retrospective observational cohort study that identified novel classes of patients with ischemic stroke having similar temporal patterns in motor functional independence and related them to baseline clinical features (Not mentioned)	428	Median age of 51.5 (IQR: 45.3-56.7)	Male: 67.1 Female: 32.9	March 2005 to March 2020	Hypertension, diabetes mellitus, dyslipidemia, atrial fibrillation, and obesity
Müller et al., 2022	Retrospective analysis of all patients presenting with CFFT at a tertiary center summarizing information about their respective management (medical therapy and/or interventional therapy) and investigating the risk of recurrent cerebrovascular events (Not mentioned)	62	Mean age of 68 (IQR: 58-78)	Male: 69 Female: 31	January 2005 to December 2020	Hypertension, diabetes mellitus, dyslipidemia, atrial fibrillation, and smoking
Sadeq et al., 2022	Retrospective cohort study conducted to determine the risk factors for development of ischemic stroke (United Arab Emirates)	231	Mean age of 47.5±2.3	Male: 61.1 Female: 38.9	March 2019 to February 2020	Hypertension, diabetes mellitus, dyslipidemia, smoking, physical inactivity, CAD, and atrial fibrillation

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
Domínguez-Durán et al., 2021	Observational prospective study that the role that investigated the balance disorders seem to have in the development of acute cerebrovascular accidents (Not mentioned)	31	Mean age of 49.3	Male: 35.5 Female: 64.5	October 2017 to October 2019	Hypertension, diabetes mellitus, dyslipidemia, IHD, atrial fibrillation, PAD, and smoking
Eltemamy et al., 2021	Retrospective study that characterized cerebrovascular risk profiles in a cohort of consecutive young stroke patients (Saudi Arabia)	63	Median age of 44 (IQR: 34-47)	Male: 68.2 Female: 31.8	January 2012 to December 2018	Hypertension, obesity, diabetes mellitus, dyslipidemia, and smoking
Freitas-Silva et al., 2021	Cohort study that evaluated the impact of risk factors on the clinical outcome of subtypes of ischemic stroke in patients with or without previous aspirin therapy (Portugal)	342	Mean age of 70.1±12.6	Male: 56.7 Female: 43.3	September 2009 to April 2012	Hypertension, diabetes mellitus, dyslipidemia, CAD, obesity, and smoking
Wańkowicz et al., 2021	Single-center retrospective study that investigated atrial fibrillation risk factors in patients with ischemic stroke (Poland)	2,374	Mean age of 72.3	Male: 45.2 Female: 54.8	Not mentioned	Hypertension, diabetes mellitus, dyslipidemia, heart failure, CHD, and smoking
Mahmutbegovic et al., 2020	Prospective case-control that assessed the potential association between single-nucleotide polymorphisms, modifiable factors	40	Mean age of 40.5±7.6	Male: 47.5 Female: 52.5	Not mentioned	Hypertension, diabetes mellitus, dyslipidemia, smoking, alcohol use,

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
	and ischemic stroke in young subjects (Bosnia-Herzegovina)					physical inactivity, and atrial fibrillation
Mulugeta et al., 2020	Retrospective observational study that assessed the burden, risk factors, and outcomes of ischemic stroke (Ethiopia)	162	Median age of 60 (IQR: 45-70)	Male: 46.3 Female: 53.7	March 2017 to April 2019	Hypertension, diabetes mellitus, dyslipidemia, pulmonary disease (pneumonia), smoking, alcohol use, physical inactivity, and atrial fibrillation
Ruiz-Sandoval et al., 2018	Cohort study that identified the impact on short- and middle-term outcomes of patients with acute ischemic stroke among public and private hospitals (Mexico)	1,123	Mean age of 68±16	Male: 47.5 Female: 52.5	January 2005 to June 2006	Hypertension, diabetes mellitus, dyslipidemia, heart failure, smoking, alcohol use, physical inactivity, IHD, PAD, and obesity
Soliman et al., 2018	Cross-sectional descriptive study that evaluated the prevalence of ischemic stroke risk factors and the possible relation between such risk factors and the disease severity at patient presentation (Egypt)	167	Mean age of 59.3±13.45	Male: 53.9 Female: 46.1	June 2015 to August 2016	Hypertension, diabetes mellitus, dyslipidemia, smoking, alcohol use, obesity, and migraine

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
Torrealba-Acosta et al., 2018	Prospective observational registry that reported stroke patient profiles, risk factors, stroke subtypes, and severity (Costa Rica)	1,319	Mean age of 68.0±15.5	Male: 55 Female: 45	April 2009 to October 2016	Hypertension, diabetes mellitus, dyslipidemia, smoking, obesity, physical inactivity, and atrial fibrillation
Eissa et al., 2014	Retrospective study that determined the rates of utilization of the three key evidence-based drug therapies for the secondary prevention of stroke and to identify factors associated with use of treatment at discharge (Australia)	469	Mean age of 73.6±14.4	Male: 52.5 Female: 47.5	July 2009 to July 2010	Hypertension, diabetes mellitus, dyslipidemia, smoking, alcohol use, IHD, atrial fibrillation, dementia, and PVD
Kisialiou et al., 2014	Cohort study that characterized acute ischemic stroke patients, stratifying data for age, sex, and lesion site (Italy)	105	Mostly patients aged between 50 and 80	Male: 56.2 Female: 43.8	Not mentioned	Hypertension, diabetes mellitus, dyslipidemia, smoking, CKD, atrial fibrillation, heart failure, PAD, and migraine
Renna et al., 2014	Cohort study that classified the risk factors and causes of ischemic stroke in young adults (Italy)	150	Mean age of 41.3±8.0	Male: 65.3 Female: 34.7	December 2005 to January 2013	Hypertension, diabetes mellitus, dyslipidemia, heart failure, atrial fibrillation, CAD,

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Authors (year)	Study design (location)	Number of patients	Age of patients (years)	Gender (%)	Follow-up	Risk factors
						PAD, smoking, alcohol use, illicit drug intake, migraine, and obesity

ACS: acute coronary syndrome; ACTEL: age, cholesterol, tricuspid, end-diastolic volume, and left atrium; BP: blood pressure; CAD: coronary artery disease; CHD: coronary heart disease; CKD: chronic kidney disease; COPD: chronic obstructive pulmonary disease; CVD: cardiovascular disease; IHD: ischemic heart disease; IQR: interquartile range; LDL-c: low-density lipoprotein; MI: myocardial infarction; PAD: peripheral artery disease; PVD: peripheral vascular disease; STEMI: ST-elevation myocardial infarction; TIA: transient ischemic attack.

Table S3. Prevalence of identified risk factors in studies focused on MI.

Study (year)†	Total patients	Dyslipidemia		Hypertension		Diabetes mellitus		Smoking		Obesity	
		Y	N	Y	N	Y	N	Y	N	Y	N
Sagris et al., 2024											
Young group (≤ 55 age)	322	59	41	47.4	52.6	19.3	80.7	49.3	50.7	19.8	80.2
Older group (> 55 age)	655	70.8	29.2	76.2	23.8	30.6	69.4	23.8	76.2	18.1	81.9
Greco et al., 2023	78	82.1	17.9	91	9	48.7	51.3	30.8	69.2	-	-
Deshmukh et al., 2023	410	51.2	48.8	45.8	54.2	24.1	75.9	49.5	50.5	-	-

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Study (year)†	Total patients	Dyslipidemia		Hypertension		Diabetes mellitus		Smoking		Obesity	
		Y	N	Y	N	Y	N	Y	N	Y	N
Navaneeth et al., 2023											
Male patients	113	31.8	68.2	36.2	63.8	46.9	53.1	61	39	-	-
Female patients	111	40.5	59.5	32.7	67.3	60.3	39.7	-	-	-	-
Ibrahim et al., 2023	87	54.5	45.5	50	50	50.4	49.6	65.6	34.4	42.3	57.7
Almasi et al., 2022	283	65.6	34.4	59.6	40.4	61.3	38.7	14.2	85.8	-	-
Griffin et al., 2022	5,427	54.6	45.4	58.2	41.8	18.6	81.4	61.9	38.1	-	-
Mohamud 2022	97	21.6	78.4	46.4	53.6	48.5	51.5	20.6	79.4	-	-
Ardissino et al., 2022	2,000	61.2	38.8	26.8	73.2	8	92	46	54	-	-
Gao et al., 2021	2,737	45	55	60	40	29.2	70.8	60.4	39.6	-	-
Siabani et al., 2020	1,484	21.4	78.6	40.7	59.3	20.2	79.8	46.9	53.1	-	-
Zgheib et al., 2020	321	40.8	59.2	48.2	51.8	28	72	56.7	43.3	-	-
Hermann et al., 2018	10,940	55	45	55.6	44.4	16.7	83.3	44	56	22	78
Juárez-Orozco et al., 2018	86	59	41	56	44	30	70	55	45	-	-
Plakht et al., 2018	14,698	70.7	29.3	56.1	43.9	43.5	56.5	40.1	59.9	21.4	78.6
Łysek et al., 2016	99	69.4	30.6	41.4	58.6	25.3	74.7	16.2	83.8	-	-
Krawczyk et al., 2014	756	5.1	94.9	30.8	69.2	22.6	77.4	30.4	69.6	5	95

Dyslipidemia, hypertension, diabetes mellitus, smoking, and obesity were expressed as percentages (%). Columns Y indicate presence and N absence of the analyzed risk factors. † References numbered according to the reference list in the main article.

Table S4. Prevalence of identified risk factors in studies focused on MI.

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Study (year)†	Total patients	CKD or renal failure		Previous CAD		Atrial fibrillation		Alcohol use		Heart failure	
		Y	N	Y	N	Y	N	Y	N	Y	N
Sagris et al., 2024											
Young group (≤ 55 age)	322	-	-	91.3	8.7	2.6	97.4	-	-	-	-
Older group (> 55 age)	655	-	-	89	11	9.7	90.3	-	-	-	-
Greco et al., 2023	78	12.8	87.2	50	50	3.8	96.2	-	-	7.7	92.3
Navaneeth et al., 2023											
Male patients	113	-	-	-	-	3.5	96.5	33	67	-	-
Female patients	111	-	-	-	-	8.1	91.9	-	-	-	-
Griffin et al., 2022	5,427	-	-	29.8	70.2	-	-	-	-	-	-
Mohamud 2022	97	17.5	82.5	-	-	-	-	-	-	-	-
Ardissino et al., 2022	2,000	-	-	-	-	-	-	61.4	38.6	-	-
Gao et al., 2021	2,737	3.8	96.2	-	-	-	-	49	51	-	-
Siabani et al., 2020	1,484	-	-	-	-	-	-	-	-	3.4	96.6
Zgheib et al., 2020	321	-	-	-	-	-	-	15.3	84.7	-	-
Hermann et al., 2018	10,940	4.1	95.9	-	-	-	-	-	-	1.4	98.6
Plakht et al., 2018	14,698	-	-	84.3	15.7	-	-	-	-	-	-
Krawczyk et al., 2014	756	3.6	96.4	-	-	6	94	-	-	-	-

CAD: coronary artery disease; CKD: chronic kidney disease; CKD or renal failure, previous CAD, atrial fibrillation, alcohol use, and heart failure were expressed as percentages (%). Columns Y indicate presence and N absence of the analyzed risk factors. † References numbered according to the reference list in the main article.

Table S5. Prevalence of identified risk factors in studies focused on ischemic stroke.

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Study (year)†	Total patients	Dyslipidemia		Hypertension		Diabetes mellitus		Smoking		Atrial fibrillation		Obesity		Alcohol use	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Bager et al., 2024	942	60.7	39.3	84.3	15.7	37	63	15	85	18	82	-	-	-	-
Brewer et al., 2024	5,469	50.4	49.6	78.7	21.3	35.4	64.6	27.1	72.9	16.9	83.1	42.2	57.8	6.1	93.9
Fujiwara et al., 2024	388	20.4	79.6	55.2	44.8	14.2	85.8	-	-	59.6	40.4	-	-	-	-
Hamed et al., 2024	110	41.8	58.2	54.5	45.5	38.2	61.8	36.4	63.6	23.6	76.4	14.5	85.5	-	-
Iwasawa et al., 2024	210	39	61	73	27	29	71	47	53	19	81	-	-	-	-
Pezzini et al., 2024	2,517	25.7	74.3	74.9	25.1	18.8	81.2	11.5	88.5	13.9	86.1	-	-	13.5	86.5
Sonawane et al., 2024	160	36.2	63.8	58.1	41.9	45.6	54.4	43.7	56.3	-	-	-	-	38.7	61.3
Aoki and Kimura 2023	316	45	55	73	27	30.7	69.3	53.8	46.2	-	-	-	-	-	-
Balasubramanian et al., 2023	3,400	18.1	81.9	46.8	53.2	-	-	11.3	88.7	-	-	-	-	-	-
Castilla-Guerra et al., 2023	349	32.3	67.7	77	23	38.3	61.7	8	92	34	66	-	-	-	-
Chung et al., 2023	787	68.8	31.2	86.4	13.6	49.8	50.2	44.9	55.1	-	-	37.8	62.2	42.3	57.7
Muscari et al., 2023	290	69.6	30.4	86.5	13.5	20.3	79.7	36.5	63.5	-	-	-	-	-	-

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Study (year)†	Total patients	Dyslipidemia		Hypertension		Diabetes mellitus		Smoking		Atrial fibrillation		Obesity		Alcohol use	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Ozkara et al., 2023	53	37.7	62.3	77.4	22.6	26.4	73.6	49.1	50.9	34	66	-	-	32.1	67.9
Ratajczak-Tretel et al., 2023	250	31.2	68.8	50.8	49.2	8.4	91.6	21.2	78.8	-	-	-	-	-	-
Saad et al., 2023	241	60.7	39.3	76.7	23.3	44.6	55.4	24.6	75.4	18.8	81.2	30.6	69.4	-	-
Tajmirriahi et al., 2023	225	50.2	49.8	64	36	38.2	61.8	22.2	77.8	-	-	-	-	-	-
Wang et al., 2023	28,277	14.1	85.9	73.3	26.7	21.5	78.5	14.7	85.3	6.3	93.7	-	-	-	-
García-Rudolph et al., 2022	428	29.7	70.3	46.3	53.7	19.1	80.9	-	-	4.2	95.8	17.8	82.2	-	-
Müller et al., 2022	62	68	32	76	24	31	69	52	48	16	84	-	-	-	-
Sadeq et al., 2022	231	47.2	52.8	64.1	35.9	31.6	68.4	55.4	44.6	12.8	87.2	-	-	-	-
Domínguez-Durán et al., 2021	31	61.3	38.7	74.2	25.8	35.5	64.5	37.1	62.9	16.1	83.9	-	-	-	-
Eltemamy et al., 2021	63	71.4	28.6	50.8	49.2	52.4	47.6	52.4	47.6	-	-	38	62	-	-
Freitas-Silva et al., 2021	342	62	38	80.4	19.6	38.7	61.3	46.9	53.1	-	-	72.6	27.4	-	-
Wańkowicz et al., 2021	2,374	37	63	75.3	24.7	32.4	67.6	30.9	69.1	-	-	-	-	-	-
Mahmutbegovic et al., 2020	40	75	25	50	50	2.5	97.5	62.5	37.5	10	90	-	-	30	70

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Study (year)†	Total patients	Dyslipidemia		Hypertension		Diabetes mellitus		Smoking		Atrial fibrillation		Obesity		Alcohol use	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Mulugeta et al., 2020	162	21	79	34.6	65.4	13	87	11.7	88.3	18.5	81.5	-	-	41.4	58.6
Ruiz-Sandoval et al., 2018	1,123	21	79	67	33	36	64	39	61	-	-	67	33	24	76
Soliman et al., 2018	167	58.1	41.9	62.3	37.7	34.7	65.3	41.3	58.7	-	-	12	88	0	100
Torrealba-Acosta et al., 2018	1,319	36.3	63.7	78.8	21.2	31.9	68.1	17.7	82.3	15	85	14.1	85.9	-	-
Eissa et al., 2014	469	48	52	65.2	34.8	23.5	76.5	30.3	69.7	28.6	71.4	-	-	7.2	92.8
Kisialiou et al., 2014	105	46.7	53.3	82.9	17.1	39	61	17.1	82.9	12.4	87.6	-	-	-	-
Renna et al., 2014	150	52.7	47.3	39.3	60.7	6.7	93.3	47.3	52.7	3.3	96.7	16	84	8.3	91.7

Dyslipidemia, hypertension, diabetes mellitus, smoking, atrial fibrillation, obesity, and alcohol use were expressed as percentages (%). Columns Y indicate presence and N absence of the analyzed risk factors. † References numbered according to the reference list in the main article.

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Table S6. Prevalence of identified risk factors in studies focused on ischemic stroke.

Study (year)†	Total patients	Heart failure		Previous IHD or CAD		Previous PAD or PVD		Physical inactivity		Migraine		Pulmonary disease		Previous CKD	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Bager et al., 2024	942	19.2	80.8	31.3 (CAD)	68.7	4.2 (PAD)	95.8	-	-	-	-	13.3	86.7	-	-
Brewer et al., 2024	5,469	10.8	89.2	30.4 (CAD)	69.6	7.3 (PVD)	92.7	-	-	2.4	97.6	-	-	8.1	91.9
Fujiwara et al., 2024	388	24.5	75.5	-	-	3.1 (PVD)	96.9	-	-	-	-	3.1	96.7	4.9	95.1
Iwasawa et al., 2024	210	-	-	8 (IHD)	92	-	-	-	-	-	-	-	-	-	-
Pezzini et al., 2024	2,517	-	-	18 (CAD)	82	-	-	-	-	-	-	-	-	-	-
Castilla-Guerra et al., 2023	349	-	-	19.7 (IHD)	80.3	3.1 (PAD)	96.9	-	-	-	-	-	-	-	-
Chung et al., 2023	787	-	-	-	-	0.8 (PAD)	99.2	-	-	-	-	-	-	-	-
Ratajczak-Tretel et al., 2023	250	1.2	98.8	-	-	-	-	-	-	-	-	-	-	-	-
Saad et al., 2023	241	-	-	21.8 (IHD)	78.2	-	-	-	-	-	-	-	-	-	-
Tajmirriahi et al., 2023	225	-	-	7.1 (IHD)	92.9	-	-	-	-	-	-	-	-	-	-
Sadeq et al., 2022	231	-	-	4.3 (CAD)	95.7	-	-	73.1	26.9	-	-	-	-	-	-
Domínguez-Durán et al., 2021	31	-	-	25.8 (IHD)	74.2	6.5 (PAD)	93.5	-	-	-	-	-	-	-	-

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Study (year)†	Total patients	Heart failure		Previous IHD or CAD		Previous PAD or PVD		Physical inactivity		Migraine		Pulmonary disease		Previous CKD	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
Freitas-Silva et al., 2021	342	-	-	22.1 (CAD)	77.9	-	-	-	-	-	-	-	-	-	-
Wańkowicz et al., 2021	2,374	14.5	85.5	-	-	-	-	-	-	-	-	-	-	-	-
Mahmutbegovic et al., 2020]	40	-	-	-	-	-	-	15	85	-	-	-	-	-	-
Mulugeta et al., 2020	162	-	-	-	-	-	-	16.7	83.3	-	-	26.5	73.5	-	-
Ruiz-Sandoval et al., 2018]	1,123	19	81	14 (IHD)	86	7 (PAD)	93	75	25	-	-	-	-	-	-
Soliman et al., 2018	167	-	-	-	-	-	-	-	-	2.4	97.6	-	-	-	-
Torrealba-Acosta et al., 2018	1,319	-	-	-	-	-	-	15.1	84.9	-	-	-	-	-	-
Eissa et al., 2014	469	-	-	25.2 (IHD)	74.8	5.8 (PVD)	94.2	-	-	-	-	-	-	-	-
Kisialiou et al., 2014	105	3.8	96.2	-	-	6.7 (PAD)	93.3	-	-	4.8	95.2	-	-	44.8	55.2
Renna et al., 2014	150	1.3	98.7	4 (CAD)	96	3.3 (PAD)	96.7	-	-	5.7	94.3	-	-	-	-

CAD: coronary artery disease; CKD: chronic kidney disease; IHD: ischemic heart disease; PAD: peripheral artery disease; PVD: peripheral vascular disease. Heart failure, previous IHD or CAD, previous PAD or PVD, physical inactivity, migraine, pulmonary disease, and previous CKD were expressed as percentages (%). Columns Y indicate presence and N absence of the analyzed risk factors. † References numbered according to the reference list in the main article.

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Table S7. Assessment of risk of bias of studies focused on MI using the adapted Newcastle-Ottawa scale tool.

	Selection			Outcome			
Study†	**Representativeness of the exposed cohort**	**Selection of the non-exposed cohort**	**Ascertainment of exposure**	**Assessment of outcome**	**Sufficient follow-up time**	**Adequacy of follow-up**	**Final score**
Sagris et al., 2024	1	1	1	1	1	1	**6**
Greco et al., 2023	0	1	0	1	1	1	4
Deshmukh et al., 2023	1	1	1	1	1	1	**6**
Navaneeth et al., 2023	1	1	1	1	1	1	**6**
Ibrahim et al., 2023	0	1	1	1	1	0	4
Almasi et al., 2022	1	1	1	1	1	1	**6**
Griffin et al., 2022	1	1	1	1	1	1	**6**
Mohamud 2022	0	1	1	1	1	1	5
Ardissino et al., 2022	1	1	1	1	1	1	**6**
Gao et al., 2021	1	1	0	1	1	1	5
Siabani et al., 2020	1	1	1	1	1	1	**6**

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Zgheib et al., 2020	1	1	1	1	1	1	**6**
Hermann et al., 2018	1	1	1	1	1	1	**6**
Juárez-Orozco et al., 2018	0	1	1	1	1	0	4
Plakht et al., 2018	1	1	1	1	1	1	**6**
Łysek et al., 2016	0	1	1	1	1	1	5
Krawczyk et al., 2014	1	1	1	1	1	1	**6**

† References numbered according to the reference list in the main article.

Table S8. Assessment of risk of bias of studies focused on ischemic stroke, using the adapted Newcastle-Ottawa scale tool.

	Selection			**Outcome**			
Study†	**Representativeness of the exposed cohort**	**Selection of the non-exposed cohort**	**Ascertainment of exposure**	**Assessment of outcome**	**Sufficient follow-up time**	**Adequacy of follow-up**	**Final score**
Bager et al., 2024	1	1	1	1	1	1	**6**
Brewer et al., 2024	1	1	1	1	1	1	**6**
Fujiwara et al., 2024	1	1	1	1	1	1	**6**
Hamed et al., 2024	0	1	1	1	1	1	5
Iwasawa et al., 2024	1	1	1	1	1	1	**6**
Pezzini et al., 2024	1	1	1	1	1	1	**6**

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Sonawane et al., 2024	1	1	1	1	1	0	5
Aoki and Kimura 2023	1	1	1	1	1	1	**6**
Balasubramanian et al., 2023	1	1	1	1	1	1	**6**
Castilla-Guerra et al., 2023	1	1	1	1	1	1	**6**
Chung et al., 2023	1	1	1	1	1	1	**6**
Muscari et al., 2023	1	1	1	1	1	1	**6**
Ozkara et al., 2023	0	1	1	1	1	1	5
Ratajczak-Tretel et al., 2023	1	1	0	1	1	1	5
Saad et al., 2023	1	1	1	1	1	1	**6**
Tajmirriahi et al., 2023	1	1	0	1	1	1	5
Wang et al., 2023	1	1	1	1	1	1	**6**
García-Rudolph et al., 2022	1	1	1	1	1	1	**6**
Müller et al., 2022	0	1	1	1	1	1	5
Sadeq et al., 2022	1	1	1	1	1	1	**6**
Domínguez-Durán et al., 2021	0	1	1	1	1	1	5
Eltemamy et al., 2021	0	1	1	1	1	1	5
Freitas-Silva et al., 2021	1	1	1	1	1	1	**6**
Wańkowicz et al., 2021	1	1	1	1	1	1	**6**
Mahmutbegovic et al., 2020	0	1	1	1	1	0	4

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Mulugeta et al., 2020	1	1	1	1	1	1	**6**
Ruiz-Sandoval et al., 2018	1	1	1	1	1	1	**6**
Soliman et al., 2018	1	1	1	1	1	1	**6**
Torrealba-Acosta et al., 2018	1	1	1	1	1	1	**6**
Eissa et al., 2014	1	1	1	1	1	1	**6**
Kisialiou et al., 2014	1	1	1	1	1	0	5
Renna et al., 2014	1	1	1	1	1	1	**6**

† References numbered according to the reference list in the main article.

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