**Supplementary file 1**

**Cardiovascular events adjudication procedure**

Non-fatal MI and other coronary artery disease (CAD) were adjudicated by 2 cardiologists based mainly upon an international expert consensus document.1 Unstable angina (UA) was included into MI category in order to correspond with the clinical ‘acute coronary syndrome’ entity. Diagnosis of UA was based upon the record of a consultation (either outpatient or inpatient) for worsening symptoms and resulting in a change in antianginal medication, unless troponin values were positive. CAD corresponded to subjects who presented typical symptoms (stable angina) and underwent either percutaneous (PTCA ± stenting) or surgical (CABG) revascularizations, unless these procedures were directly related to a MI.

Fatal and nonfatal strokes, adjudicated by one neurologist, were diagnosed in predisposed subjects who presented non-traumatic and rapidly progressing focal or global disturbances of cerebral function lasting ≥24h.2,3 Ischaemic origin was based upon normal imaging or imaging (CT and/or MRI) showing a recent lesion of ischaemic nature and compatible with the clinical presentation. Ischaemic strokes with haemorrhagic conversion were also listed here. Haemorrhagic origin was based upon imaging (CT and/or MRI) showing the presence of intracerebral, intraventricular and/or subarachnoid blood of presumed spontaneous occurrence and compatible with the clinical presentation. Transient ischaemic attacks were defined upon rapidly developing focal or global disturbances of cerebral function of presumed vascular origin and lasting <24 hours.4

Deaths, adjudicated by 2 internists, were classified as cardiac, vascular and non-cardiovascular; deaths from cerebrovascular origin were already defined as previously mentioned. Cardiac deaths, including fatal MI and cardiac sudden deaths, were based upon the same criteria as non-fatal MI.1 Vascular deaths encompassed aortic dissection, valvular heart disease, fatal arrhythmia and cardiac failure. Non-cardiovascular deaths included all other diagnoses not listed above (e.g. accident, infection/sepsis, cancer, pulmonary embolism, suicide, etc.). Undetermined deaths embraced deaths, which occurred outside hospital with or without witness. Unless another diagnosis could be established, they were listed as cardiac if their origin was reasonably attributable to a coronary event. This was suggested by the presence of typical symptoms just before death and/or personal history (presence of ≥2 traditional CV risk factors and/or ASCVD).

**References**

1. Thygesen K, Alpert JS, White HD, et al. Universal definition of myocardial infarction. Circulation 2007;116:2634-53.

2. A classification and outline of cerebrovascular diseases. II. Stroke 1975;6:564-616.

3. World Health Organisation. Cerebrovascular disorders : a clinical and research classification. WHO offset publication 1978; no. 43. [www.who.int/iris/handle/10665/37194#sthash.I8sxekCh.dpuf](http://www.who.int/iris/handle/10665/37194#sthash.I8sxekCh.dpuf) (Accessed August 19, 2015).

4. Easton JD, Saver JL, Albers GW, et al. Definition and evaluation of transient ischemic attack. Stroke 2009;40:2276-93.