Supplementary Table 4. Temporal trends in operationally defined antithrombotic-class concordance at recurrent ischemic stroke admission, overall and stratified by known AF status, Korean Stroke Registry 2018–2023

Cohort	2018 (%)	2023 (%)	OR/year (95% CI)	*P*
Overall antithrombotic-class concordance (n=22,608)	71.5	76.9	1.05 (1.02–1.09)	0.003
Known AF subgroup (n=4,441)	65.3	73.3	1.08 (1.03–1.14)	0.005
No known AF subgroup (n=18,167)	73.0	77.8	1.05 (1.01–1.09)	0.030

Antithrombotic-class concordance was operationally defined as OAC use in patients with known pre-existing AF and any antithrombotic use in patients without known AF. This definition assessed medication class only and did not incorporate dose appropriateness, therapeutic anticoagulation intensity, contraindications, or adherence. Patients with newly detected AF during the index hospitalization (n=1,575) were excluded from this analysis. ORs were estimated using population-averaged GEE logistic models with calendar year as a continuous predictor and hospitals specified as clusters with an exchangeable working correlation structure.

AF, atrial fibrillation; OR, odds ratio; CI, confidence interval; OAC, oral anticoagulant; GEE, generalized estimating equation.