



Supporting Information

Supplementary material

**This appendix was part of the submitted manuscript and has been peer reviewed.
It is posted as supplied by the authors.**

Appendix to: Ottavi TP, Pepper E, Bateman G, et al. Consensus statement for the management of incidentally found brain white matter hyperintensities in general medical practice. *Med J Aust* 2023; doi: 10.5694/mja2.52079.

Table 1. Summary of questions to the expert panel with number (proportion) in favour of each question

| Question | Number in favour (%) |
|---|-----------------------------|
| Those with WMH found incidentally on brain imaging should have screening for cardiovascular risk factors including investigation of lipids, HbA _{1c} , blood pressure, smoking status, and ECG | 13/14 (93%) |
| Those with WMH found incidentally should be screened for obstructive sleep apnoea | 5/14 (36%) |
| Those with WMH found incidentally should have 24-hour ambulatory blood pressure monitoring | 4/14 (29%) |
| Those with WMH found incidentally should undergo formal screening for cognitive impairment | 5/14 (36%) |
| Intensive cardiovascular risk factor management should be implemented for those in whom incidental WMH have been found | 11/14 (79%) |
| More intensive treatment of blood pressure to below 120/80 mmHg should be targeted to reduce progression and symptoms of WMH | 6/14 (43%) |
| Those with WMH found incidentally should be prescribed an exercise program to reduce progression and symptoms of WMH | 5/14 (36%) |
| Those with WMH found incidentally should be prescribed an antiplatelet medication in the absence of another indication | 2/14 (14%) |

ECG = electrocardiogram; HbA_{1c} = glycated haemoglobin; WMH = white matter hyperintensities.