Supplementary Table 3. STOP-Bang definition and threshold heterogeneity across included studies

Study	Data source	STOP-Bang definition used in source study	Alternative or modified criteria	How it was handled in the present synthesis	Caveat
Kang et al. [4], 2024	KNHANES 2019–2020	Conventional STOP-Bang risk categories: low 0–2, intermediate 3–4, high ≥5	STOP questionnaire, alternative scoring model, and modified STOP-Bang for Koreans were also examined in the source study	Primary descriptive estimates were extracted from the conventional high-risk group where appropriate	Cardiovascular outcome may be partly confounded by STOP-Bang components including pressure, BMI, age, and sex
Lee and Kim [7], 2025	KNHANES 2019–2020	OSA was defined as meeting ≥5 STOP-Bang items, or meeting ≥2 STOP items plus ≥1 BANG item	Self-reported physician-diagnosed OSA was also included in the source study definition	Treated as a study-specific STOP-Bang-based OSA classification, not directly pooled with studies using only ≥5	Strongest structural overlap with outcome because hypertension is included in STOP-Bang and uncontrolled hypertension was the outcome
Kim et al. [17], 2023	KNHANES 2020	High-risk OSA defined as ≥3 positive items among the 8 STOP-Bang questions in adults aged ≥65 years	None reported as a primary analytic alternative	Used descriptively to characterize older-adult clinical and metabolic profiles	Different threshold from most included studies; no adjusted effect estimate extracted
Yu et al. [15], 2026	KNHANES 2019–2021	High OSA risk defined as STOP-Bang score ≥5	Individual STOP-Bang components were also examined in relation to albuminuria	Extracted fully adjusted estimates for albuminuria-to-OSA risk and OSA risk-to-albuminuria model directions	"Bidirectional" refers to separate model directions, not temporal reciprocity
Jung and Lee [1], 2023	KNHANES 2019–2020	Low risk 0–2, intermediate risk 3–4, high risk 5–8	Participants with STOP ≥2 plus one BANG criterion were also categorized as high-risk	Extracted overall and sex-stratified fully adjusted estimates for CKD and albuminuria	Overlapping STOP-Bang components and renal/cardiometabolic risk factors require cautious interpretation
Zoh and Yun [16], 2025	KNHANES 2019–2021	STOP-Bang score used as a continuous OSA-risk burden measure	Not primarily categorized as high-risk vs low-risk in the extracted glaucoma/IOP estimates	Extracted per-point STOP-Bang score estimates for glaucoma and IOP	Glaucoma association was borderline and IOP β was small
Chung and Kim [14], 2024	KNHANES 2019–2021	Low risk 0–2, intermediate risk 3–4, high risk ≥5	None reported as a primary alternative in extracted results	Extracted fully adjusted estimates for former smoking and high-risk drinking as correlates of high-risk OSA	Former smoking association may reflect reverse causation or illness-driven cessation

Because STOP-Bang thresholds and scoring variants differed across source studies, results were summarized descriptively by domain and were not quantitatively pooled.
BANG, body mass index, age, neck circumference, and gender/sex; BMI, body mass index; CKD, chronic kidney disease; IOP, intraocular pressure; KNHANES, Korea National Health and Nutrition Examination Survey; OSA, obstructive sleep apnea; STOP, snoring, tiredness, observed apnea, and pressure.