Supplementary Material

Article Title: Time Course and Predictors of Suicidal Ideation During Citalopram Treatment in the STAR*D Trial

Authors: Catherine G. Coughlin, BS; Ewgeni Jakubovski, MA; and Michael H. Bloch, MD, MS

DOI Number: 10.4088/JCP.15m10075

List of Supplementary Material for the article

Disclaimer

This Supplementary Material has been provided by the author(s) as an enhancement to the published article. It has been approved by peer review; however, it has undergone neither editing nor formatting by in-house editorial staff. The material is presented in the manner supplied by the author.

Supplementary Material:

Alternative Emergence of Suicidal Ideation Analysis Utilizing QIDS-SR item 12≥1 (*felt that life was empty or wondered if it was worth living).*

  The Supplementary Table depicts baseline characteristics associated with emergence of suicidal ideation in univariate survival analysis. Being widowed, the presence of cardiac, musculoskeletal and neurologic comorbidity, decreased QLESQ social relationship score and increased impairment on the WSAS total and on the WSAS private activities item were associated with a greater likelihood of emergence of suicidal ideation in patients without suicidal ideation at baseline. Having received a higher educational degree was associated with a lower likelihood of emergent suicidal ideation. In backward stepwise survival analysis, the best-fitting model, which explained only 1.7% of the variance in outcome, contained being widowed, highest educational degree received, WSAS impairment in private activities and musculoskeletal comorbidities.

  The Supplementary Figure depicts hierarchical prognostic subgroups for emergence of suicidal ideation in participants who did not report suicidal ideation at baseline. Baseline clinical characteristics were able to identify subgroups with a likelihood of emergence of suicidal ideation as low as 12.2% (no cardiac comorbidity, WSAS Impairment in Private Activities < 7 and WSAS Impairment in Close Relationships<6) to as high as 35.3% (WSAS Impairment in Private Activities≥7 and no psychomotor retardation on HAM-D). WSAS Impairment in Private Activities was the most discriminative predictor of emergence of suicidal ideation.

Supplementary Table: Predictors of Emergence of Suicidal Ideation with Citalopram Treatment

Emergence of Suicidal Ideation				
Predictor	HR	95% CI		p
widowed	1.90	1.18	3.07	0.01
Highest Degree Received	0.92	0.85	0.99	0.03
WSAS-Impairment in Private Activities	1.06	1.01	1.12	0.03
WSAS Total Score	1.02	1.00	1.03	0.03
QLES - Social Relationships	0.87	0.76	0.98	0.02
Cardiac Comorbidity	1.26	1.05	1.50	0.01
Musculosketal Comorbidity	1.19	1.05	1.35	0.01
Neurologic Comorbidity	1.23	1.04	1.44	0.01
Multiple Regression				
widowed	1.83	1.12	3.01	0.02
Highest Degree Received	0.92	0.85	0.99	0.03
QLES - Social Relationships	0.87	0.77	0.99	0.03
Musculosketal Comorbidity	1.23	1.08	1.40	0.002
R^2=	0.017			

Supplementary Figure: Empirically-Derived Prognostic Subgroups for Emergence of Suicidal Ideation

C) No SI at Baseline (increased by 1)

**All Subjects with Suicide Ideation
at Baseline (N=1474)**
18.18% had worsening of suicide ideation

**WSAS Private Activities
Impaired: < 7**
N=1118
**Emergence:
16.1% (n=180)**

**WSAS Private Activities
Impaired: ≥ 7**
N=356
**Emergence:
24.7% (n=88)**

**WSAS Close Relation-
ships Impaired: < 6**
(N=785)
**Emergence:
13.8% (n=108)**

**WSAS Close Relation-
ships Impaired: ≥ 6**
(N=333)
**Emergence:
21.6% (n=72)**

**HAMD Psychomotor
Retardation**
(N=266)
**Emergence:
21.4% (n=57)**

**No HAMD Psychomotor
Retardation**
(N=90)
**Emergence:
34.4% (n=31)**

**No Medical
Comorbidity: Heart**
(N=681)
**Emergence:
12.2% (n=83)**

**Medical
Comorbidity: Heart**
(N=104)
**Emergence:
24.0% (n=25)**

**Length of
Depression:
≥ 2.4 years**
(N=257)
**Emergence:
18.3% (n=47)**

**Length of
Depression:
< 2.4 years**
(N=76)
**Emergence:
32.9% (n=25)**