

TABLE S1. Hazard Ratios for Time to Recurrence of a Mood Event Stratified According to Lithium or Divalproex and Rapid-Cycling Disease Course (Intent-to-Treat Population)^a

Parameter	Any Mood Event
Lithium	
Quetiapine (N=131)	35
Placebo (N=134)	70
Hazard ratio (95% CI)	0.40 (0.27–0.61)
Divalproex	
Quetiapine (N=179)	28
Placebo (N=179)	93
Hazard ratio (95% CI)	0.25 (0.16–0.38)
Rapid-cycling disease course	
Quetiapine (N=153)	26
Placebo (N=165)	80
Hazard ratio (95% CI)	0.30 (0.19–0.46)
No rapid-cycling disease course	
Quetiapine (N=156)	37
Placebo (N=147)	83
Hazard ratio (95% CI)	0.32 (0.22–0.48)

^a Recurrence was defined as initiation of an antipsychotic, antidepressant, mood-stabilizing agent other than lithium or divalproex, anxiolytic other than lorazepam, or any other medication to treat a manic, depressed, or mixed event; hospitalization for a manic, depressed, or mixed event; total score ≥ 20 on the Young Mania Rating Scale or Montgomery-Åsberg Depression Rating Scale at two consecutive assessments or at the final assessment if the patient discontinues; or discontinuation from the study by the patient if, according to the investigator, the discontinuation was due to a mood event (manic, depressed, or mixed).

TABLE S2: Summary of Secondary Efficacy Variables as Measured Prior to a Mood Event (ITT Population)

Outcome Measure	Quetiapine + Lithium or Divalproex (N=310) Versus Placebo + Lithium or Divalproex (N=313)		
	Estimated Difference	SE	p
Young Mania Rating Scale	-0.78	0.185	<0.0001
Montgomery-Åsberg Depression Rating Scale	-0.86	0.254	0.0008
Clinical Global Impression– Bipolar scale, severity of illness subscale	-0.14	0.039	0.0003
Clinical Global Impression– Bipolar scale, global improvement subscale	-0.05	0.094	0.5650
Positive and Negative Syndrome Scale, positive subscale	-0.18	0.093	0.0521
Sheehan Disability Scale ^a (observed case data)	-0.50	0.482	0.3017
Psychological General Well-Being Scale	1.12	1.004	0.2664

^a The mean change in score from randomization up to but excluding the first assessment was analyzed using analysis of covariance. All other secondary efficacy outcomes were analyzed using repeated-measures mixed models.