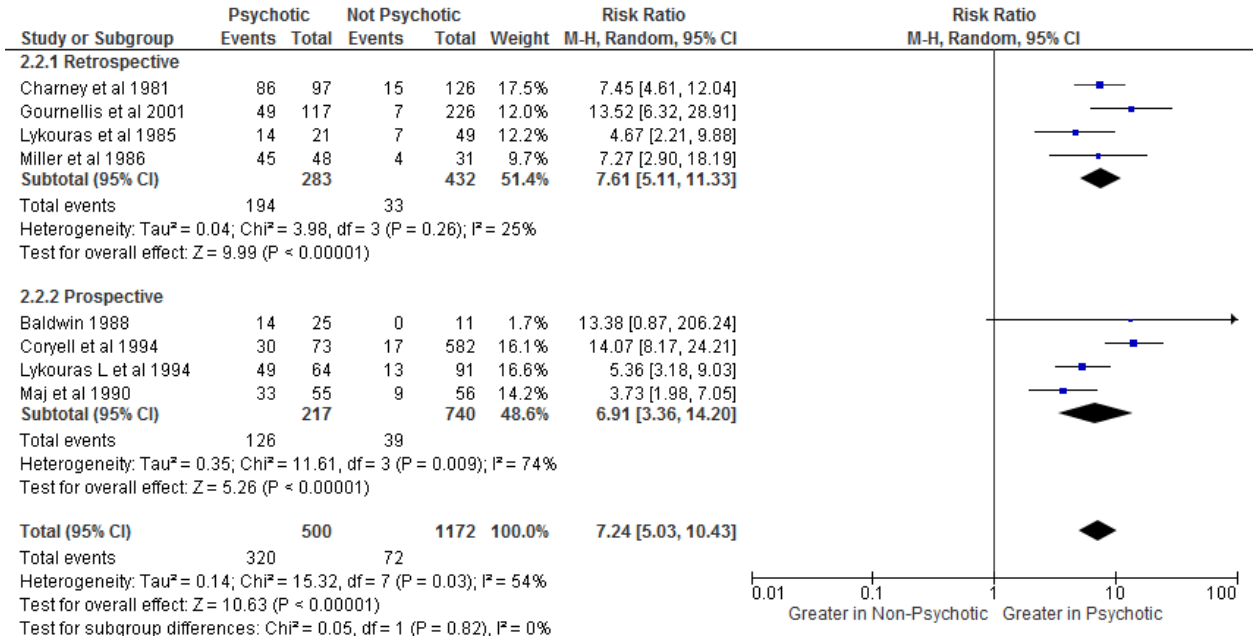
Data Supplement for Nelson et al., Risk of Psychosis in Recurrent Episodes of Psychotic and Nonpsychotic Major Depressive Disorder: A Systematic Review and Meta-Analysis. Am J Psychiatry (doi: 10.1176/appi.ajp.2018.17101138)

TABLE S1. Studies of the course of psychotic depression that were excluded

Study	Reason for exclusion
Helms PM and Smith RE. 1983[17]	No non-psychotic comparison group
Aronson TA, et al. 1988[18]	No non-psychotic comparison group
Frangos E, et al. 1983[19]	No non-psychotic comparison group
Goldberg JF, and Harrow M 2004[20]	Concordance data reported but actual numbers not available
Kettering RL et al. 1987 [21]	Not new episodes
Kessing LV. 2008[22]	Tracked group data, not course within subjects
Thakur M, et al. 1999[23]	Included bipolar patients
Leyton M et al. 1995[24]	Diagnosed patients as psychotic if any episode was psychotic
Parker G, et al. 1991[25]	Diagnosis from an informal interview

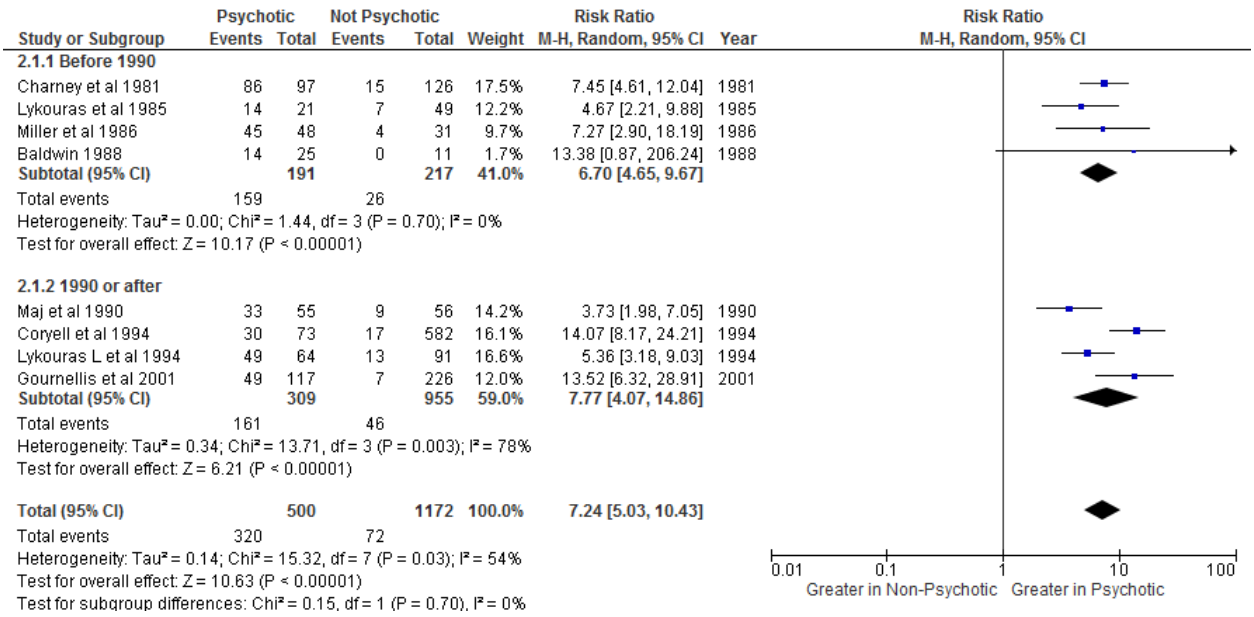
FIGURE S1. Meta-Analysis of Risk of Psychosis in All Episodes in Index Psychotic and Non-Psychotic Subjects; Nested by Retrospective and Prospective Studies



The risk ratios are not significantly different in the two groups, 7.61 vs 6.91, $X^2 = 0.05$, p = 0.82.
The actual pooled risk of psychosis in all episodes as follows:

	Index Diagnosis	
	Psychotic Depression	Non-Psychotic Depression
Retrospective studies	68.6%	7.6%
Prospective studies	58.1%	5.3%

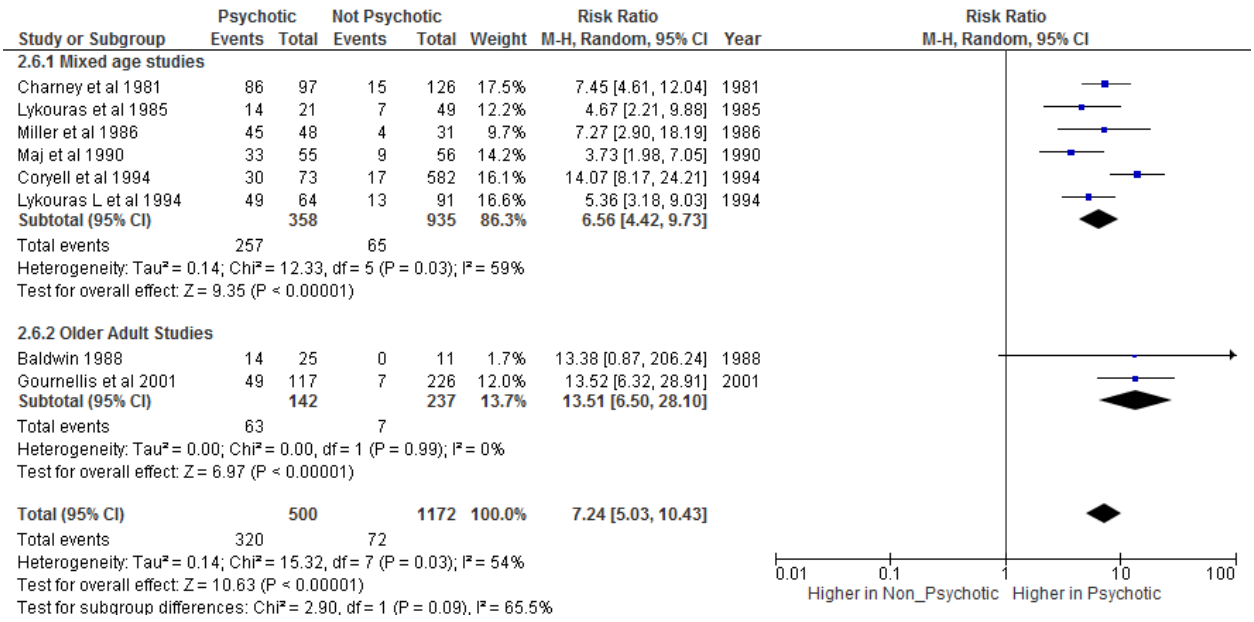
FIGURE S2. Meta-Analysis of Risk of Psychosis in All Episodes in Index Psychotic and Non-Psychotic Subjects; nested by date of publication, before 1990 and 1990 or later



Risk Ratios of 6.70 and 7.77 are not significantly different.
Heterogeneity is low in the early studies, $I^2 = 0$.
The actual pooled risk of psychosis in all episodes as follows:

	Index Diagnosis	
	Psychotic Depression	Non-Psychotic Depression
Early studies < 1990	83.2%	12.0%
Later studies ≥ 1990	52.1%	4.8%

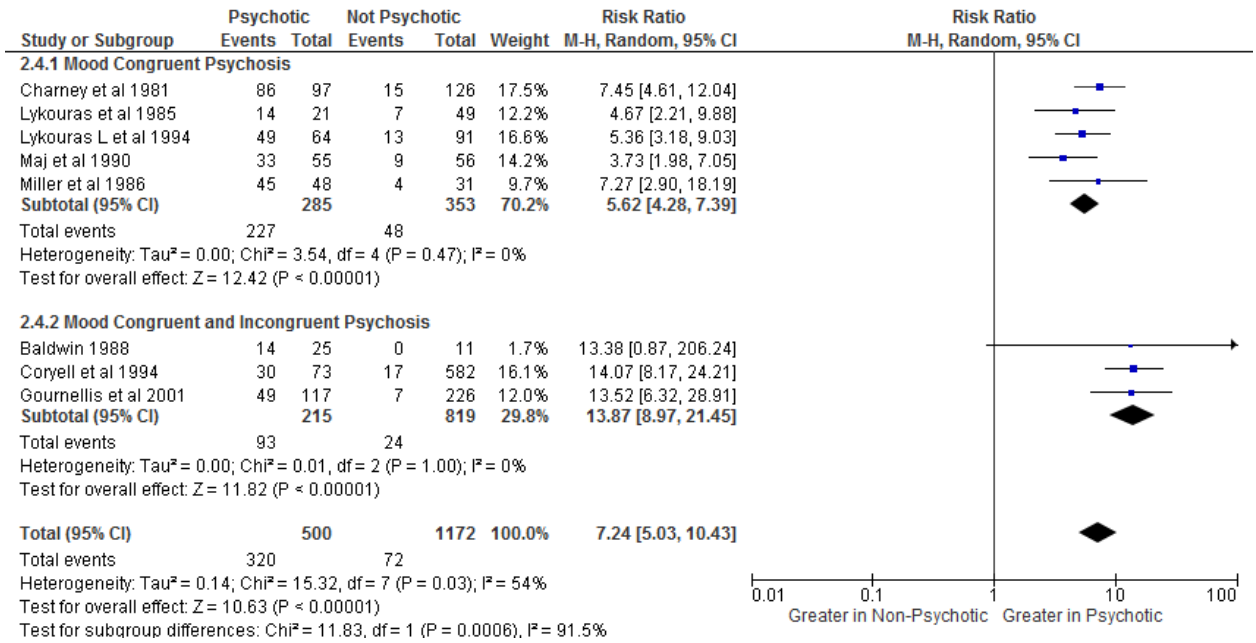
FIGURE S3. Meta-Analysis of Risk of Psychosis in All Episodes in Index Psychotic and Non-Psychotic Subjects; nested by studies limited to patients over 60 vs. mixed aged studies



Although the risk ratios for the two subgroups were not significantly different, there was a trend for higher RRs in the older samples. RR = 13.51 vs. 6.56, p=.09.
Heterogeneity is low in the older patient studies, $I^2 = 0$.
The higher risk ratio appears related to low rates of psychosis in the non-PD older patients.
The actual pooled risk of psychosis in all episodes as follows:

	Index Diagnosis	
	Psychotic Depression	Non-Psychotic Depression
Mixed age studies	71.8%	7.0%
Over 60 studies	44.4%	3.0%

FIGURE S4. Meta-Analysis of Risk of Psychosis in All Episodes in Index Psychotic and Non-Psychotic Subjects; nested by studies limited to mood congruent (MC) PD subjects vs studies including mood congruent and mood incongruent (MI) PD subjects



Risk Ratios of 5.62 and 13.87, are significantly different, $X^2 = 11.83$, $p = 0.0006$.
Heterogeneity is not significant and $I^2 = 0\%$ in both the MC and MC+MI subgroups.
The actual pooled risk of psychosis in all episodes as follows:

	Index Diagnosis	
	Psychotic Depression	Non-Psychotic Depression
Mood congruent patients only	71.8%	7.0%
Mood congruent and incongruent patients	44.4%	3.0%