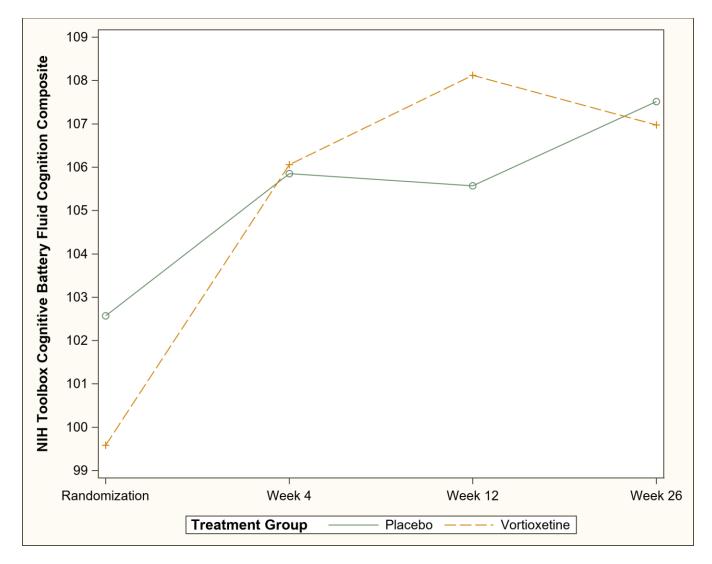
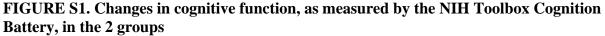
Data supplement for Lenze et al., Augmenting Computerized Cognitive Training with Vortioxetine for Age-related Cognitive Decline: a randomized controlled trial. Am J Psychiatry (doi: 10.1176/appi.ajp.2019.19050561)





Change from baseline	Estimate	SE	t	р
Dimensional Change Card Sort				
to Week 4	2.04	2.06	0.99	0.32
to Week 12	4.40	2.10	2.09	0.037
to Week 26	2.84	2.17	1.31	0.19
Flanker Inhibitory Control and Attention				
to Week 4	0.89	1.36	0.66	0.51
to Week 12	-0.60	1.39	-0.43	0.67
to Week 26	-0.55	1.43	-0.39	0.70
List Sorting Working Memory				
to Week 4	1.28	2.52	0.51	0.61
to Week 12	3.64	2.56	1.42	0.16
to Week 26	-0.38	2.64	-0.14	0.89
Picture Sequence Memory				
to Week 4	2.17	2.89	0.75	0.45
to Week 12	4.29	2.95	1.46	0.15
to Week 26	-0.77	3.04	-0.25	0.80
Pattern Comparison Processing Speed				
to Week 4	2.26	2.46	0.92	0.36
to Week 12	2.86	2.51	1.14	0.25
to Week 26	4.16	2.58	1.61	0.11

TABLE S1. Components of NIH Toolbox Fluid Cognition Composite. The table shows the difference in the mean change from baseline between vortioxetine and placebo groups. A positive estimate: greater increase in vortioxetine compared to placebo group.

FIGURE S2. Adherence to the cognitive training per week in the 26 randomized study, by group (vortioxetine vs. placebo). The figure displays the distribution of participants with high adherence (green bar; $\geq 100\%$ goal in terms of minutes cognitive training/week), medium adherence (red bar; 80-100%), and low adherence (blue bar; <80%). Adherence remained high in both groups over the 26 weeks.

