

FIGURE S1. Recruitment, Treatment, and Study Assessments

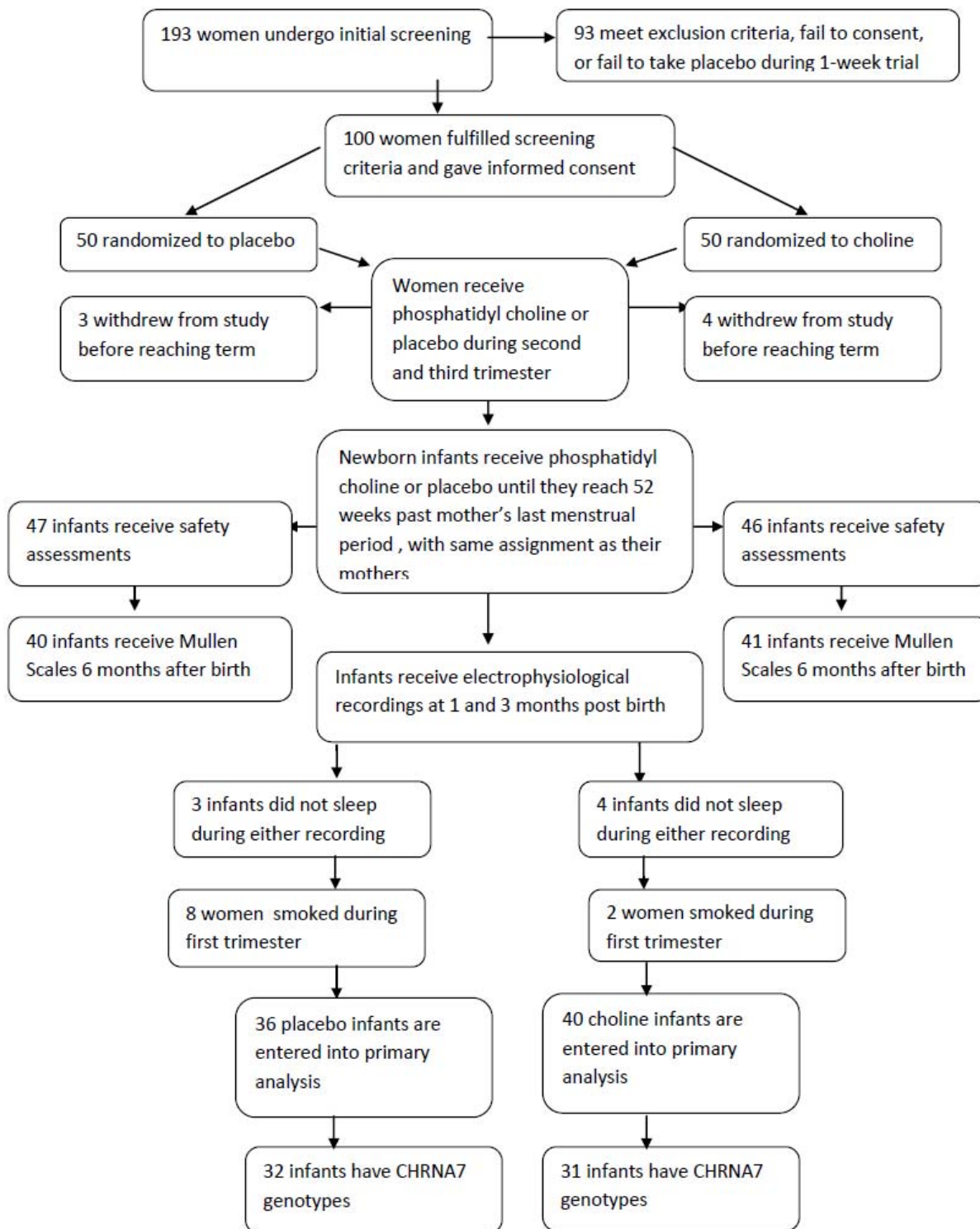


FIGURE S2. Regression of P50 ratio on infant *CHRNA7* genotype. The placebo-treated infants showed a significant correlation of P50 ratio with rs3087454 ($r_s = 0.38$, $df = 30$, $p = 0.032$, dashed line). There was no significant correlation for the choline-treated infants (solid line).

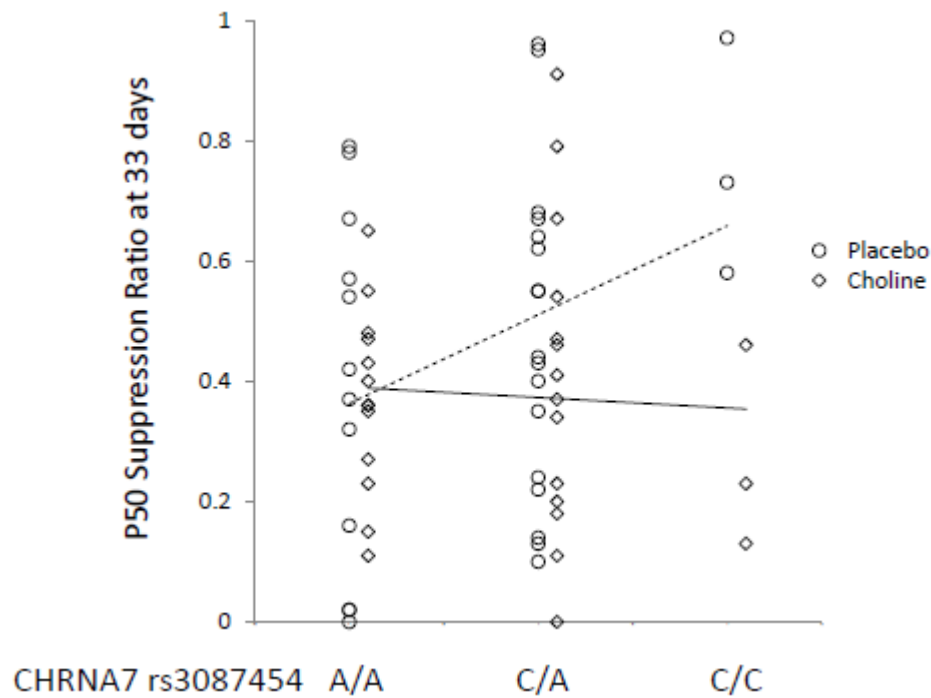


TABLE S1. Parental demographic information for infants recorded electrophysiologically

	Placebo (N = 36)		Choline (N = 40)	
	Number or Mean	Standard deviation	Number or Mean	Standard deviation
Maternal Information				
Mother's age	27.9	5.0	28.5	5.6
Mother's Race/ethnicity				
Caucasian Non-Hispanic	18		18	
Caucasian Hispanic	13		16	
Mixed or other	5		6	
Mother's Socio-economic Index	53.5	23.2	42.9	21.5
Full to partial breast feeding	29		33	
Prenatal DSM-IV diagnoses				
Mood	2		1	
Anxiety	4		5	
Psychosis	1		0	
Prenatal Antidepressants	3		3	
Paternal Information				
Father's age	29.6	5.8	28.9	6.1
Father's Socio-economic Index	43.4	20.2	47.3	18.3
Current DSMIV diagnoses				
Mood	2		0	
Anxiety	2		1	
Psychosis	1		1	

No values are significantly different between placebo and choline treated groups.

The Socio-economic Index (SEI) is based on The Socioeconomic Index of Occupations. 503 occupations are included and are scored in a potential range of 0-100. Managerial, professional, technical, and sales occupations generally have scores above 40; administrative support, service, agricultural, and labor occupations generally have scores below 40. Scores are based on the highest occupation value achieved across an individual's life. A single individual who has never been employed was assigned an SEI score of 0

Nakao K, Treas J. The 1989 socioeconomic index of occupations: construction from the 1989 occupational prestige scores. General Social Survey Methodological Report No. 74. 1992. Chicago, University of Chicago, National Research Center.

TABLE S2. Electrophysiological outcomes

	Placebo		Choline	
	Mean or number	Standard deviation	Mean	Standard deviation
Day 1				
Number recorded	30		33	
Adjusted age (days)	34.4	8.5	31.6	4.4
First response:				
P50 latency (ms)	72.8	19.9	72.5	20.8
P50 amplitude (μ V)	2.24	1.11	2.14	1.22
Second response:				
P50 latency (ms)	75.1	16.3	71.1	20.0
P50 amplitude (μ V)	1.14	0.88	0.90	0.68
Ratio of amplitudes	0.50	0.27	0.41	0.20
	Number	%	Number	%
Ratios < 0.5 (%) ¹	13	43%	25	76%
Day 2				
Number recorded	32		33	
Adjusted age (days)	89.8	7.2	87.6	6.4
First response:				
P50 latency (ms)	75.2	18.1	71.2	15.7
P50 amplitude (μ V)	3.40	1.57	2.66	1.55
Second response:				
P50 latency (ms)	75.1	17.7	71.7	15.8
P50 amplitude (μ V)	1.25	0.81	1.06	0.84
Ratio of amplitudes	0.39	0.24	0.39	0.25
	Number	%	Number	%
Ratios < 0.5 (%)	23	72%	25	76%

¹ $\chi^2 = 6.90$, df 1, $P = 0.009$. No other comparisons showed significant differences.

TABLE S3. Exploratory subgroup analyses of infant P50 ratio

Day 1	Placebo			Choline			Fisher p
	<0.5	≥0.5	% <0.5	<0.5	≥0.5	% <.05	
Number of infants by P50 ratio:							
Primary outcome (excludes smokers)	13	17	43	25	8	76	0.011
Smokers included	18	18	50	25	8	76	0.046
P50 recordings on both days	11	15	42	17	8	68	0.093
Maternal SEI > 40	9	8	53	13	1	93	0.021
Maternal SEI < 40	4	8	33	10	7	59	0.26
No parental diagnosis of mental disorder	4	6	40	11	3	79	0.092
No maternal antidepressants	10	16	38	20	7	74	0.013
Day 2	Placebo			Choline			
Number of infants by P50 ratio:	<.5	>=.5	% <.5	<.5	>=.5	% <.5	Fisher p
Primary outcome (excludes smokers)	23	9	72	25	8	76	0.78
Smokers included	23	14	62	25	9	74	0.32
P50 recordings on both days	17	9	65	19	6	76	0.054
Maternal SEI > 40	10	7	59	10	1	91	0.099
Maternal SEI < 40	11	2	85	14	7	67	0.43
No parental diagnosis of mental disorder	7	5	58	15	1	94	0.057
No maternal antidepressants	20	9	69	22	7	24	0.77

Correlation with CHRNA7 rs3087454 (day 1)	Mother's SEI	Maternal antenatal antide- pressant	Maternal smoking in 1st trimester	Maternal antenatal mood or anxiety disorder	Parental lifetime mental disorder	Infant recorded at both times	Rank correla- tion with genotype
All genotyped infants							
Placebo n = 33							
Number or mean	52	3	5	4	22	25	0.38
% or S.D.	22	9	16	12	69	76	
Choline n = 29							
Number or mean	46	4	0	4	16	25	-0.05
% or S.D.	22	14	0	14	55	86	
No antenatal exposure to smoking and antidepressants							
Placebo n = 24							
Number or mean	52	--	--	4	15	22	0.29
% or S.D.	23	--	--	17	62	92	
Choline n = 24							
Number or mean	46	--	--	3	12	22	0.09
% or S.D.	21	--	--	12	50	92	
CHRNA7 rs3087454 C/C homozygotes, individual values							
Placebo n = 3							
	43	0	0	1	1	1	P50 ratio 53
	53	0	0	0	0	0	73
	73	0	0	0	1	1	97
Choline n = 3							
	36	0	0	0	1	1	13
	30	0	0	0	1	1	23
	38	0	0	0	0	1	46

Supplementary Methods

Electrophysiological recording

Newborns are uncooperative during waking and therefore the recordings are performed during active sleep, the infant analogue of Rapid Eye Movement (REM) sleep. This unconscious hypotonic state makes highly reproducible recordings possible. Although adult electrophysiological recordings are generally performed during waking, the differences between normals and patients with schizophrenia also occur during REM sleep (1). Vertex electroencephalogram, electrooculogram, submental electromyogram, and respiration were recorded continuously while infants slept. Pairs of auditory clicks with 85 dB sound pressure level and 0.5 sec intrapair interval were delivered every 10 sec. Sleep state was identified offline, and average waveforms were computed from the first 15 minutes of active sleep (2). P50 has 70 ms latency in newborns. The amplitude of the largest positivity between 50 and 100 ms following each click and preceded by a negative trough was determined by an investigator blinded to infant identity and treatment. Sensory gating was measured as the P50 suppression ratio, the average amplitude of P50 evoked by the second click divided by the average amplitude of the response to the first click (Figure 1A). Correlation of this measure in infants over 1 week is $r = 0.86$ (3).

CHRNA7 genotypes

DNA samples amplified from cheek swabs from 62 infants were genotyped at a single nucleotide polymorphism rs3087454 A/C in the *CHRNA7* promoter, 1831 base pairs 5' of Exon 1, which has been informative in schizophrenia (4). For Caucasians, the minor C allele ($f = 0.36$)

is associated with schizophrenia, and for African-Americans, the A allele is associated. One African American was genotyped in the present sample; the infant's genotype was excluded from further analysis because of the racial difference in association of this genotype with schizophrenia. The genotype effect was assessed by a Spearman's rho correlation (r_s) of P50 ratio to the three possible genotypes for each treatment group.

References

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2. Anders T, Emde R, Parmelee A. A manual of standardized terminology, techniques and criteria for scoring of states of sleep and wakefulness in newborn infants. Los Angeles, UCLA Brain Information Service, NINDS Neurological Information Network, 1971
3. Hunter SK, Corral N, Ponicsan H, Ross RG: Reliability of P50 auditory sensory gating measures in infants during active sleep. *Neuroreport* 2008; 19:79–82
4. Stephens SH, Logel J, Barton A, Franks A, Schultz J, Short M, Dickenson JB, Fingerlin TE, Wagner B, Hodgkinson C, Graw S, Ross RG, Freedman R, Leonard S. Association of the 5'-upstream regulatory region of the $\alpha 7$ nicotinic acetylcholine receptor subunit gene (CHRNA7) with schizophrenia. *Schizophr Res.* 2009;109:102–112