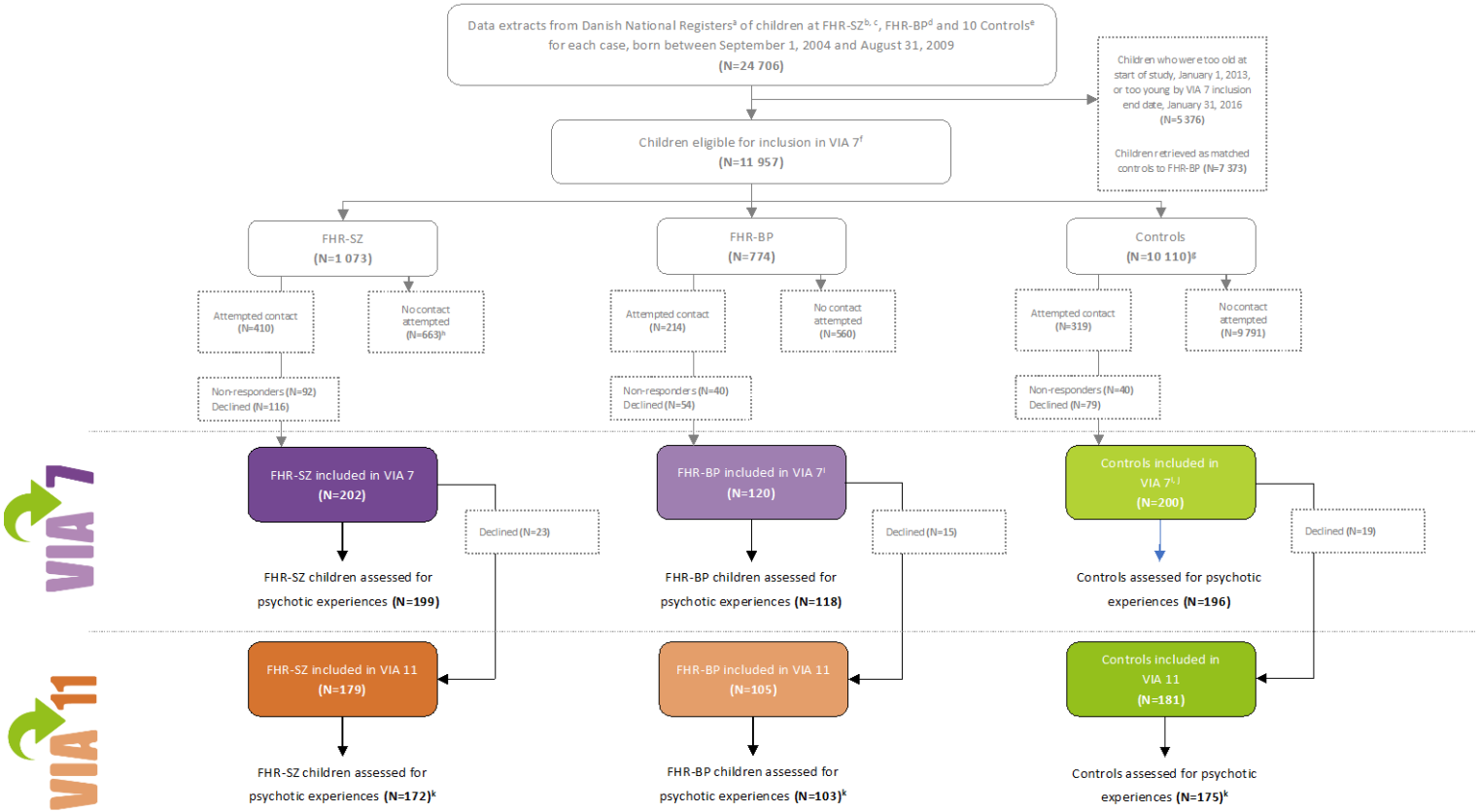
Data Supplement for Gregersen et al., Developmental Pathways and Clinical Outcomes of Early Childhood Psychotic Experiences in Preadolescent Children at Familial High Risk of Schizophrenia or Bipolar Disorder, Am J Psychiatry (doi: 10.1176/appi.ajp.21101076)

Online supplement

eReferences

Section S1. Data extraction and recruitment procedure of the VIA 7 and VIA 11 cohort

Figure S1. Data extraction and recruitment procedure of the VIA 7 and VIA 11 cohort



Footnotes:

[a] Danish National Registers: Danish Civil Registration System and Danish Psychiatric Central Research Register.
[b] FHR-SZ: Children at familial high risk of schizophrenia spectrum disorders.
[c] Double diagnosed parents: Parents with diagnoses of schizophrenia and bipolar disorder were assigned to the schizophrenia high risk group as per the ICD-10 hierarchy.
[d] FHR-BP: Children at familial high risk of bipolar disorder.
[e] Controls: Population-based control children of parents with no diagnoses of schizophrenia spectrum disorders or bipolar disorder.
[f] Research protection: As of May 2011, legislation was enacted to protect individuals´ phone numbers from being called for participation in scientific research. Therefore, there were eligible children who were not contacted and enrolled in VIA 7.
[g] Controls selection: Up to 10 controls were retrieved for each child in the FHR-SZ group and the FHR-BP group. Controls were matched to cases on sex, municipality, and exact age. The original intent was to only select control cases that were matched to children at FHR-SZ. However, there are 38 FHR-BP controls among the 200 total controls.
[h] Definition of contact: First through letters sent to the child´s address. If the family did not respond, contact by telephone was attempted (calls and text messages), if a phone number could be found.
[i] Re-assigned control parent: One control parent was found to have a diagnosis of bipolar disorder made by a private doctor, therefore the diagnosis was not present/visible in the National Register extract, as private doctors do not report to the National Register. This family/parent was therefore reassigned to the FHR-BP group. Therefore the n = 201 for controls is now n = 200.
[j] Control children not in the extract: Two younger siblings were included in VIA 7 by request of the parents. They were not in the original extract.
[k] Data on psychotic experiences were provided for 447 children at both assessments (FHR-SZ n = 171, FHR-BP n = 103, Controls n = 174).

Section S2. Supplementary information for Children's Global Assessment Scale, Tanner Stages, and IQ

Children's Global Assessment Scale

The Children's Global Assessment Scale (CGAS) (1) is an interviewer based rating scale ranging from 1-100 used to assess global functioning taking into account all aspects of daily functioning, including the severity of symptoms. Higher scores indicate better functioning. In the current study CGAS scores were ascertained by the interviewer during the Kiddie Schedule for Affective Disorders and Schizophrenia – Present and Lifetime Version interview (2). All CGAS scores were subsequently confirmed in consensus meetings with a child and adolescent psychiatrist (the last author).

Tanner Stages

Tanner Stages is a commonly used and reliable indicator of pubertal development (3). In the current study, pubertal stage was assessed by the child pointing out which depictions of physical development from no sign of puberty onset to full puberty onset best corresponded with the child's physical development. In the current study scores were dichotomized into any sign of puberty onset or no sign of puberty onset based on whether the child had indicated any sign of puberty onset for either of the two depictions. For boys and girls respectively depictions were adapted from the original images as shown in the references by Marshall and Tanner (4, 5).

IQ

IQ was measured with Reynolds Intellectual Screening Test (RIST) which is an abbreviated version of Reynolds Intellectual Assessment Scales (6, 7). RIST consists of a verbal and a nonverbal scale combined into an overall, age adjusted RIST index score, which is an IQ estimate. RIST is used for individuals aged 3 to 94 years. In the current study tests were scored by trained psychology students blinded to the children's familial risk under supervision of a specialist in clinical child psychology (the second last author). Intraclass correlations were excellent (> 0.90) (8).

Section S3. Relation between sex, psychotic experiences, and mental disorders

Table S1. Frequencies and chi-square tests of the relation between sex and middle childhood psychotic experiences and mental disorders in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11

	Boys		Girls		Pearson's Chi-Square
	N	%	N	%	p-value
Four-year prevalence, any psychotic experiences	55	23.2	52	24.8	.70
Six-month prevalence, any psychotic experiences	37	15.6	42	20.0	.23
Any middle childhood axis I disorder	96	40.5	62	31.0	**.04**
Any middle childhood externalizing disorder	39	16.5	22	10.5	.07
Any middle childhood internalizing disorder	29	12.2	32	15.2	.36
Any other middle childhood disorder	55	23.2	32	15.2	**.03**

Significant *P* values (<.05) in bold.
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

Section S4. Hallucinations and delusions in middle childhood

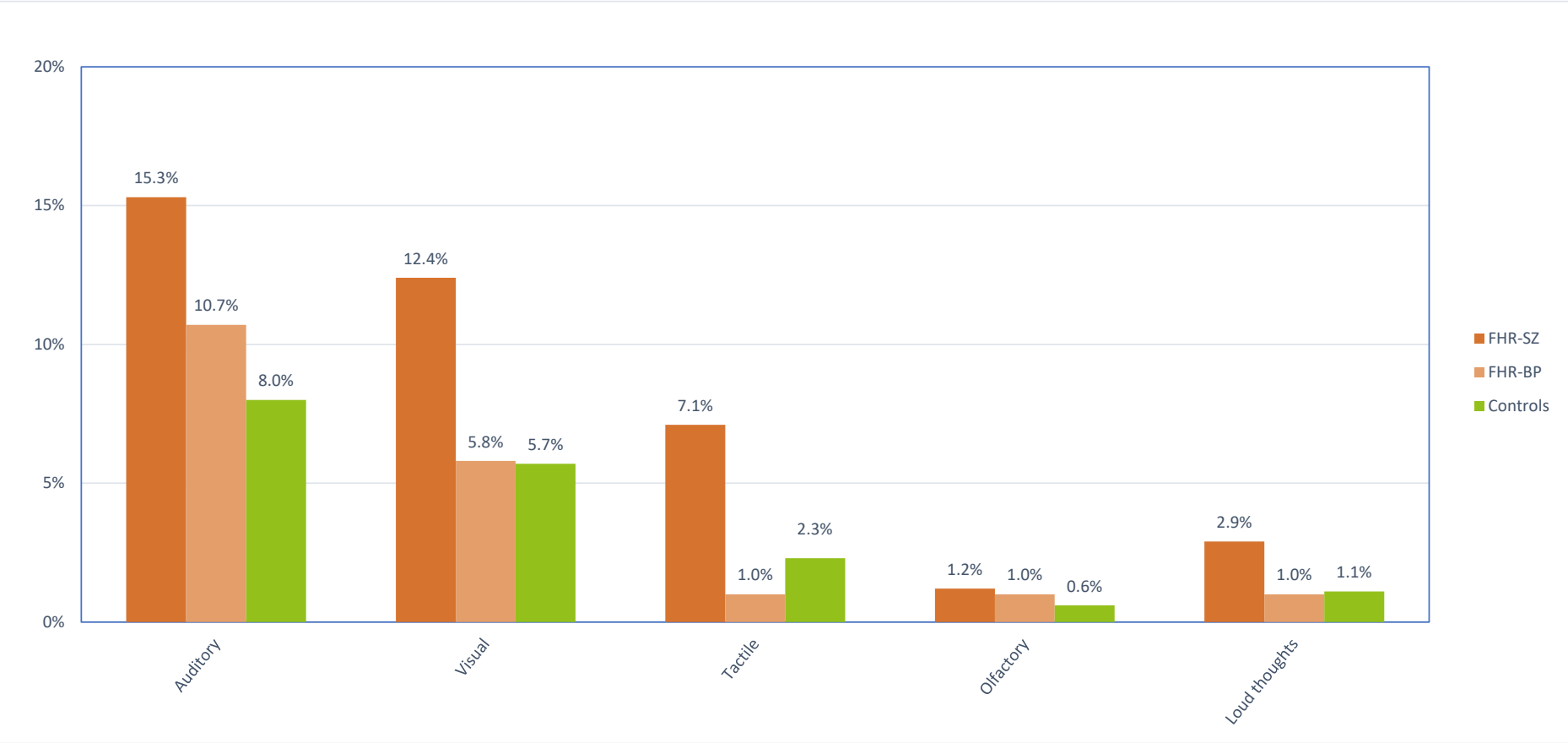
Table S2. Hallucinations and delusions in middle childhood (age 11 years) in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11

	N, %						Between-group comparisons								
	FHR-SZ (n = 170)		FHR-BP (n = 103)		Control group (n = 174)		FHR-SZ vs. control group			FHR-BP vs. control group			FHR-SZ vs. FHR-BP		
	N	%	N	%	N	%	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p
Four-year prevalence, hallucinations															
Unadjusted	42	24.7	14	13.6	23	13.2	2.2	1.2-3.8	**.007**	1.0	0.5-2.1	.93	2.1	1.1-4.0	**.03**
Adjusted for sex							2.2	1.2-3.8	**.007**	1.0	0.5-2.1	.92	2.1	1.1-4.0	**.03**
Four-year prevalence, delusions															
Unadjusted	33	19.4	14	13.6	17	9.8	2.2	1.2-4.2	**.01**	1.5	0.7-3.1	.33	1.5	0.8-3.0	.22
Adjusted for sex							2.2	1.2-4.2	**.01**	1.5	0.7-3.1	.32	1.5	0.8-3.0	.23
Six-month prevalence, hallucinations															
Unadjusted	33	19.4	10	9.7	15	8.6	2.6	1.3-4.9	**.005**	1.1	0.5-2.6	.76	2.2	1.1-4.8	**.04**
Adjusted for sex							2.6	1.3-4.9	**.005**	1.1	0.5-2.7	.75	2.2	1.0-4.7	**.04**
Six-month prevalence, delusions															
Unadjusted	25	14.7	9	8.7	12	6.9	2.3	1.1-4.8	**.02**	1.3	0.5-3.2	.58	1.8	0.8-4.0	.15
Adjusted for sex							2.3	1.1-4.8	**.02**	1.3	0.5-3.2	.55	1.8	0.8-4.0	.17

Significant *P* values (<.05) in bold
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

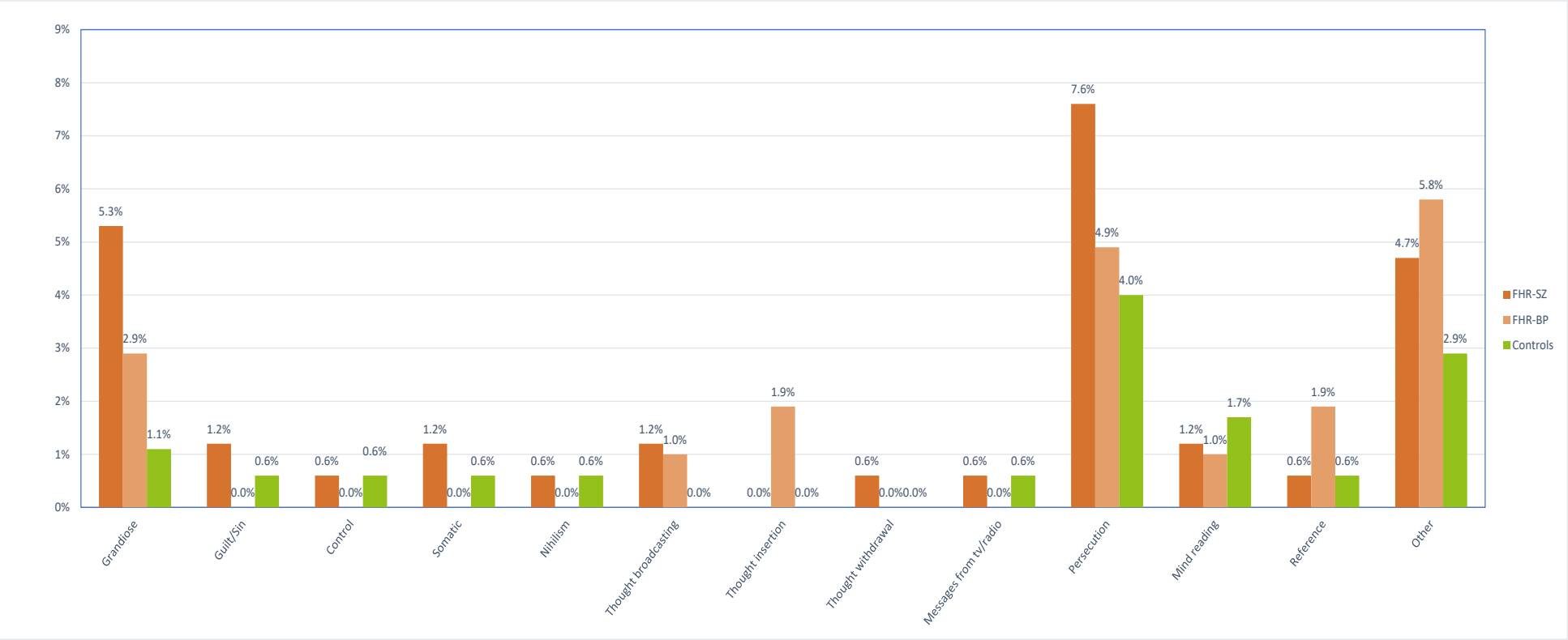
Figure S2a-b. Prevalence of different types of psychotic experiences in middle childhood in 447 children at FHR-SZ, FHR-BP, and control group in the Danish High Risk and Resilience Study, VIA 11

Figure S2a. Prevalence of different types of hallucinations in middle childhood (age 11 years) in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11



FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders (n = 170); FHR-BP, Children at familial high risk of bipolar disorder (n = 103); Controls, Children of parents with no diagnoses of schizophrenia spectrum disorders or bipolar disorder (n = 174).

Figure S2b. Prevalence of different types of delusions in middle childhood (age 11 years) in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11



FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders (n = 170); FHR-BP, Children at familial high risk of bipolar disorder (n = 103); Controls, Children of parents with no diagnoses of schizophrenia spectrum disorders or bipolar disorder (n = 174).

Section S5. Supplementary analyses with internalizing, externalizing, and other mental disorders as outcome

Binary logistic regression analyses were conducted with middle childhood internalizing disorders (yes/no), externalizing disorders (yes/no), and other mental disorders (yes/no) as outcomes in separate models to ascertain whether psychotic experiences predicted specific disorder categories. This statistical approach is similar to that used with other categories in Rimvall et al. 2020 (9).

Analyses were conducted in the same way as the main analyses, i.e. first using any early childhood psychotic experiences as predictor, then number of early childhood psychotic experiences, then developmental pathways of psychotic experiences in separate models. Similar analyses were carried out for cross-sectional associations between middle childhood psychotic experiences and concurrent internalizing, externalizing, and other mental disorders. Analyses were adjusted for sex, then for any early childhood axis I disorder (due to the possibility of both homotypic and heterotypic continuity (10, 11)), and lastly familial high risk group.

Mental disorders were categorized as follows.

Internalizing disorders: Affective disorders and anxiety disorders

Externalizing disorders: ADHD and disruptive behavior disorders

Other disorders: Autism spectrum disorders, PTSD, stress and adjustment disorders, tic disorders, and psychotic disorders

Table S3. Associations between early childhood psychotic experiences (age 7 years) and middle childhood (age 11 years) internalizing, externalizing, and other mental disorders in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11

	Early childhood psychotic experiences											
	Any psychotic experiences (n = 189)			One type of psychotic experiences (n = 104)			Two types of psychotic experiences (n = 48)			Three or more types of psychotic experiences (n = 37)		
	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p
Any middle childhood internalizing disorder												
Unadjusted	2.4	1.4-4.1	**.002**	1.4	0.7-2.9	.37	3.6	1.7-7.8	**.001**	4.1	1.8-9.4	**.001**
Adjusted for sex	2.3	1.3-4.1	**.003**	1.4	0.7-2.8	.41	3.6	1.7-7.8	**.001**	4.1	1.8-9.4	**.001**
Adjusted for sex and any early childhood axis I disorder	2.1	1.2-3.4	**.01**	1.3	0.6-2.7	.47	3.1	1.4-6.8	**.005**	3.2	1.4-7.5	**.007**
Adjusted for sex, any early childhood axis I disorder, and familial risk	2.0	1.1-3.5	**.02**	1.3	0.6-2.8	.43	2.8	1.3-6.1	**.01**	3.0	1.2-7.1	**.02**
Any middle childhood externalizing disorder												
Unadjusted	2.0	1.2-3.5	**.01**	2.1	1.1-4.0	**.02**	1.3	0.5-3.3	.62	2.9	1.2-6.7	**.02**
Adjusted for sex	2.1	1.2-3.7	**.008**	2.3	1.2-4.3	**.01**	1.3	0.5-3.3	.60	2.9	1.2-7.0	**.01**
Adjusted for sex and any early childhood axis I disorder	1.7	0.9-3.0	.09	2.4	1.2-4.8	**.02**	0.8	0.3-2.1	.62	1.6	0.6-4.2	.31
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.6	0.9-3.0	.12	2.5	1.2-5.1	**.01**	0.7	0.2-2.0	.50	1.3	0.5-3.6	.55
Any other middle childhood disorder												
Unadjusted	1.4	0.9-2.3	.13	1.0	0.6-1.9	.95	2.2	1.1-4.4	**.02**	1.8	0.8-4.0	.15
Adjusted for sex	1.5	0.9-2.4	.10	1.1	0.6-2.0	.81	2.3	1.1-4.5	**.02**	1.8	0.8-4.1	.14
Adjusted for sex and any early childhood axis I disorder	1.2	0.7-2.0	.42	1.0	0.5-1.9	.96	1.7	0.8-3.7	.14	1.2	0.5-2.8	.70
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.2	0.7-2.0	.52	1.0	0.5-1.9	.94	1.6	0.8-3.4	.20	1.1	0.4-2.5	.88

Note: Children with no early childhood psychotic experiences (n = 258) were used as reference.
Significant *P* values (<.05) in bold
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

Table S4. Associations between developmental pathways of psychotic experiences from early to middle childhood and middle childhood internalizing, externalizing, and other mental disorders in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11

	Developmental pathways of psychotic experiences								
	Remittent psychotic experiences (n = 131)			Incident psychotic experiences (n = 49)			Persistent psychotic experiences (n = 58)		
	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p
Any middle childhood internalizing disorder									
Unadjusted	2.0	1.0-4.1	**.05**	2.4	1.0-5.9	.07	5.4	2.6-11.5	**<.001**
Adjusted for sex	2.0	1.0-4.1	.05	2.3	1.0-5.8	.07	5.4	2.5-11.4	**<.001**
Adjusted for sex and any early childhood axis I disorder	1.8	0.9-3.7	.11	2.1	0.8-5.3	.12	4.5	2.1-9.7	**<.001**
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.7	0.8-3.6	.14	2.1	0.8-5.4	.12	4.4	2.0-9.8	**<.001**
Any middle childhood externalizing disorder									
Unadjusted	1.9	1.0-3.8	.07	2.5	1.1-6.1	**.04**	4.3	2.0-9.2	**<.001**
Adjusted for sex	2.0	1.0-4.1	.05	2.6	1.1-6.3	**.03**	4.5	2.1-9.8	**<.001**
Adjusted for sex and any early childhood axis I disorder	1.5	0.7-3.2	.27	2.1	0.8-5.4	.12	3.3	1.5-7.7	**.004**
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.5	0.7-3.2	.30	1.9	0.7-5.0	.18	3.0	1.3-7.1	**.01**
Any other middle childhood disorder									
Unadjusted	1.4	0.8-2.5	.25	2.4	1.2-5.0	**.02**	2.7	1.4-5.3	**.004**
Adjusted for sex	1.5	0.8-2.7	.20	2.5	1.2-5.1	**.02**	2.8	1.4-5.6	**.003**
Adjusted for sex and any early childhood axis I disorder	1.2	0.7-2.2	.55	2.1	1.0-4.6	.05	2.2	1.1-4.5	**.04**
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.2	0.6-2.2	.63	2.1	1.0-4.5	.07	2.1	1.0-4.3	.05

Note: Chidren in the never psychotic experiences group (n = 209) were used as reference
Significant *P* values (<.05) in bold
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

Table S5. Cross-sectional associations between psychotic experiences and internalizing, externalizing, and other mental disorders in middle childhood (age 11) in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11

	Middle childhood psychotic experiences											
	Any psychotic experiences (n = 107)			One type of psychotic experiences (n = 56)			Two types of psychotic experiences (n = 25)			Three or more types of psychotic experiences (n = 26)		
	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p
Any middle childhood internalizing disorder												
Unadjusted	2.8	1.6-4.9	**<.001**	2.1	1.0-4.5	**.05**	2.2	0.8-6.2	.14	5.4	2.3-12.9	**<.001**
Adjusted for sex	2.8	1.6-4.9	**<.001**	2.1	1.0-4.5	**.05**	2.2	0.8-6.2	.14	5.3	2.2-12.6	**.001**
Adjusted for sex and any early childhood axis I disorder	2.5	1.4-4.4	**.002**	2.1	1.0-4.5	.06	1.7	0.6-5.0	.32	4.5	1.8-10.9	**.001**
Adjusted for sex, any early childhood axis I disorder, and familial risk	2.5	1.4-4.6	**.002**	2.2	1.0-4.7	.05	1.7	0.6-5.0	.35	4.6	1.8-11.5	**.001**
Any middle childhood externalizing disorder												
Unadjusted	2.6	1.5-4.5	**.001**	1.2	0.5-2.9	.67	5.6	2.4-13.5	**<.001**	3.8	1.5-9.2	**.004**
Adjusted for sex	2.6	1.5-4.6	**.001**	1.2	0.5-2.8	.69	5.7	2.4-13.7	**<.001**	4.2	1.7-10.5	**.002**
Adjusted for sex and any early childhood axis I disorder	2.3	1.2-4.2	**.01**	1.2	0.5-2.9	.75	4.5	1.7-12.1	**.003**	3.1	1.1-8.5	**.03**
Adjusted for sex, any early childhood axis I disorder, and familial risk	2.1	1.1-3.9	**.03**	1.1	0.4-2.8	.86	4.2	1.5-11.5	**.006**	2.7	1.0-7.7	.05
Any other middle childhood disorder												
Unadjusted	2.2	1.3-3.7	**.002**	1.4	0.7-2.8	.33	1.3	0.5-3.6	.62	7.1	3.1-16.2	**<.001**
Adjusted for sex	2.3	1.4-3.8	**.002**	1.4	0.7-2.8	.35	1.3	0.5-3.6	.64	8.2	3.5-19.1	**<.001**
Adjusted for sex and any early childhood axis I disorder	2.0	1.2-3.4	**.01**	1.4	0.7-2.9	.38	0.9	0.3-2.6	.84	7.3	2.9-18.2	**<.001**
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.9	1.1-3.3	**.02**	1.4	0.7-2.9	.41	0.9	0.3-2.5	.78	7.1	2.8-17.7	**<.001**

Note: Children with no middle childhood psychotic experiences (n = 340) were used as reference.
Significant *P* values (<.05) in bold.
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

Section S6. Cross-sectional analyses

Table S6. Cross-sectional associations between psychotic experiences and mental disorders in middle childhood (age 11 years) in 447 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11

	Middle childhood psychotic experiences											
	Any psychotic experiences (n = 107)			One type of psychotic experiences (n = 56)			Two types of psychotic experiences (n = 25)			Three or more types of psychotic experiences (n = 26)		
	Odds ratio	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**
Any middle childhood axis I disorder												
Unadjusted	2.6	1.7-4.0	**<.001**	1.6	0.9-2.8	.12	3.4	1.5-7.8	**.004**	6.2	2.5-15.1	**<.001**
Adjusted for sex	2.6	1.7-4.1	**<.001**	1.6	0.9-2.8	.12	3.4	1.5-8.0	**.004**	6.8	2.8-16.9	**<.001**
Adjusted for sex and any early childhood axis I disorder	2.5	1.5-4.1	**<.001**	1.6	0.8-3.1	.15	2.7	1.0-6.9	**.04**	6.7	2.4-18.2	**<.001**
Adjusted for sex, any early childhood axis I disorder, and familial risk	2.3	1.4-3.8	**.002**	1.5	0.8-2.9	.22	2.5	0.9-6.6	.07	5.8	2.1-16.0	**.001**

Note: Children with no middle childhood psychotic experiences (n = 340) were used as reference.
Significant *P* values (<.05) in bold.
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

Section S7. Sensitivity analyses excluding 6 children with lifetime psychotic disorders

Analyses of the prevalence of any psychotic experiences in middle childhood and analyses with psychotic experiences as predictor and any axis I disorder as outcome were repeated excluding 6 children (all at FHR-SZ) who had met criteria for a psychotic disorder at some point during their lives, i.e. with lifetime psychotic disorders. P values which changed from significant (< .05) to non-significant are described in the footnotes of each table. All interaction analyses remained non-significant (data not shown).

Table S7. Psychotic experiences in middle childhood (age 11 years) in 441 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11. Excluding 6 children with lifetime psychotic disorders

	Between-group comparisons								
	FHR-SZ vs. control group			FHR-BP vs. control group			FHR-SZ vs. FHR-BP		
	Odds ratio	95% CI	p	Odds ratio	95% CI	p	Odds ratio	95% CI	p
Four-year prevalence, any psychotic experiences									
Unadjusted	1.8	1.1-3.1	**.02**	1.1	0.6-2.1	.68	1.6	0.9-2.9	.11[1]
Adjusted for sex	1.8	1.1-3.1	**.02**	1.1	0.6-2.1	.68	1.6	0.9-2.9	.11[2]
Six-month prevalence, any psychotic experiences									
Unadjusted	1.9	1.1-3.4	**.03**	1.0	0.5-2.0	.93	1.8	0.9-3.6	.07[3]
Adjusted for sex	1.9	1.1-3.4	**.03**	1.0	0.5-2.1	.91	1.8	0.9-3.6	.08[4]

Significant *P* values (<.05) in bold.
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.
[1] P value changed from .04 to .11 when removing 6 children with lifetime psychotic disorders
[2] P value changed from .04 to .11 when removing 6 children with lifetime psychotic disorders
[3] P value changed from .03 to .07 when removing 6 children with lifetime psychotic disorders
[4] P value changed from .03 to .08 when removing 6 children with lifetime psychotic disorders

Table S8. Associations between early childhood psychotic experiences (age 7 years) and middle childhood psychotic experiences and mental disorders (age 11 years) in 441 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11. Excluding 6 children with lifetime psychotic disorders

	Early childhood psychotic experiences											
	Any psychotic experiences (n = 184)			**One type of psychotic experiences** (n = 102)			**Two types of psychotic experiences** (n = 46)			**Three or more types of psychotic experiences** (n = 36)		
	Odds ratio	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**
Any middle childhood psychotic experiences												
Unadjusted	1.8	1.1-2.8	**.01**	1.5	0.9-2.6	.15	1.9	0.9-3.8	.07[1]	2.5	1.2-5.2	**.02**
Adjusted for sex	1.8	1.1-2.7	**.01**	1.5	0.9-2.5	.16	1.9	0.9-3.8	.07[2]	2.5	1.2-5.2	**.02**
Any middle childhood axis I disorder												
Unadjusted	2.1	1.4-3.1	**<.001**	1.5	0.9-2.5	.09	2.6	1.4-4.9	**.004**	4.0	2.0-8.3	**<.001**
Adjusted for sex	2.2	1.5-3.3	**<.001**	1.6	1.0-2.6	.06[3]	2.6	1.4-5.0	**.003**	4.2	2.0-8.6	**<.001**
Adjusted for sex and any early childhood axis I disorder	2.0	1.3-3.2	**.002**	1.7	1.0-2.9	.07[4]	2.2	1.0-4.6	**.03**	3.1	1.3-7.0	**.008**
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.9	1.2-3.0	**.005**	1.7	1.0-3.0	.05[5]	2.0	1.0-4.2	.07	2.5	1.1-5.8	**.03**

Note: Children with no early childhood psychotic experiences (n = 257) were used as reference.
Significant *P* values (<.05) in bold
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.
[1]P value changed from .03 to .07 when removing 6 children with lifetime psychotic disorders
[2]P value changed from .03 to .07 when removing 6 children with lifetime psychotic disorders
[3] P value changed from .04 to .06 when removing 6 children with lifetime psychotic disorders
[4] P value changed from .05 to .07 when removing 6 children with lifetime psychotic disorders
[5] P value changed from .04 to .05 (.053) when removing 6 children with lifetime psychotic disorders

Table S9. Associations between developmental pathways of psychotic experiences from early to middle childhood and middle childhood mental disorders in 441 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11. Excluding 6 children with lifetime psychotic disorders

	Developmental pathways of psychotic experiences								
	Remittent psychotic experiences (n = 131)			**Incident psychotic experiences** (n = 48)			**Persistent psychotic experiences** (n = 53)		
	Odds ratio	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**
Any middle childhood axis I disorder									
Unadjusted	2.0	1.2-3.2	**.004**	2.2	1.1-4.1	**.02**	4.3	2.3-8.0	**<.001**
Adjusted for sex	2.1	1.3-3.4	**.002**	2.2	1.2-4.3	**.02**	4.5	2.3-8.5	**<.001**
Adjusted for sex and any early childhood axis I disorder	1.8	1.1-3.1	**.03**	1.9	0.9-4.0	.09	4.1	2.0-8.2	**<.001**
Adjusted for sex, any early childhood axis I disorder, and familial risk	1.7	1.0-2.9	.05	1.7	0.8-3.7	.15	3.8	1.9-7.8	**<.001**

Note: Children in the never psychotic experiences group (n = 209) were used as reference.
Significant *P* values (<.05) in bold.
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

Table S10. Cross-sectional associations between psychotic experiences and mental disorders in middle childhood (age 11 years) in 441 children at FHR-SZ, FHR-BP, and control group in The Danish High Risk and Resilience Study, VIA 11. Excluding 6 children with lifetime psychotic disorders

	Middle childhood psychotic experiences											
	Any psychotic experiences (n = 101)			One type of psychotic experiences (n = 56)			Two types of psychotic experiences (n = 25)			Three or more types of psychotic experiences (n = 20)		
	Odds ratio	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**	**Odds ratio**	**95% CI**	**p**
Any middle childhood axis I disorder												
Unadjusted	2.3	1.5-3.6	**<.001**	1.6	0.9-2.8	.12	3.4	1.5-7.8	**.004**	4.2	1.6-10.9	**.003**
Adjusted for sex	2.4	1.5-3.7	**<.001**	1.6	0.9-2.8	.13	3.4	1.5-7.9	**.004**	4.8	1.8-12.6	**.001**
Adjusted for sex, any early childhood axis I disorder	2.2	1.3-3.8	**.002**	1.6	0.8-3.1	.15	2.7	1.0-6.9	**.04**	4.9	1.7-14.3	**.003**
Adjusted for sex, any early childhood axis I disorder, and familial risk	2.1	1.3-3.5	**.005**	1.5	0.8-2.9	.22	2.5	0.9-6.6	.07	4.5	1.6-13.2	**.005**

Note: Children with no middle childhood psychotic experiences (n = 340) were used as reference.
Significant *P* values (<.05) in bold.
FHR-SZ, Children at familial high risk of schizophrenia spectrum disorders; FHR-BP, Children at familial high risk of bipolar disorder.

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