Electronic supplementary material

Study	Design		f participants ession at base		Age (years) at baseline			Length of	Criteria for depression	Assessment of T2DM	Cases of incident	Outcome unadjusted	Outcome adjusted	Methodological issues
		Baseline	Follow- up I	Follow- up II	Mean (SD)	Range	% Male	follow- up (years)			depression			
USA: Palinkas et al. [21]	Prospective population study	<i>N</i> =971 DM: 116 (11.9%)	N=971 16.1% had T2DM	n/a	66.2 (8.7)	50–89	43	8	BDI≥11	OGTT, medication for diabetes, advised by physician, or $FPG \ge 7.0$ mmol/l	118 (12%)	$\chi^2 = 0.01,$ p = NS	OR = 0.73 (95% CI = 0.41-1.30) ^a	3 of the 21 BDI items excluded at baseline Predominantly female
NL: Bisschop et al. [22]	Prospective population study	N=2,277 DM: n=121 (5.3%)	N=2,205 DM: n=165	N=1,839 DM: n=176 (9.6%)	68.8 (8.5)	55–85	46.7	3, 6	CES-D≥16	Self-report	n/a	n/a	OR = 0.97 (95% CI = 0.714- 1.306) ^b OR = 0.73 (95% CI = 0.53-0.998) ^c	Participants with depression at baseline controlled for statistically
USA: Polsky et al. [23]	Prospective cohort study	N=8,387 DM: n=571	n/a	n/a	55.8 (3.2) DM: 56.1 (3.2)	51–61	48.2 DM: 57.0	2, 4, 6, 8	8 items of the CES-D with cut-off score of 5	Self-report	No DM: 5.7% DM: 5.5%	>0-2 years HR=1.03 (0.70-1.52), p=0.87 >2-4 years HR=1.02 (0.62-1.69), p=0.93 >4-8 years HR =0.90 (0.51-1.58), p=0.71	HR = 1.17 (0.98–1.41), $p=0.09^{d}$	Depressive symptoms assessed 0– 2 years after diagnosis of DM Only used 8 items of CES-D Participants born between 1931 and 1941
CDN: Brown et al. [24]	Retrospective population- cohort study	N=99,677 DM: n=31,635 Case matched	<i>N</i> =99,677 DM: <i>n</i> =31,635 Case matched	n/a	52 non- depressed DM 61.5 depressed	20–95 20–95	n/a 55.7	Average follow-up time was 4.5 years (SD=2.9)	Composite definition: Prescription for antidepressant medication and 3 ICD-9 codes for depressive	Physician service claims for diabetes (ICD-9 code 250) within 2-year	DM: 919/31,635 (2.9%). Without DM: 1,615/57,141 (2.8%)	HR=1.10 (95% CI = 1.01–1.19)	HR=1.04 (0.94–1.15) ^e	Blacks and Hispanics over- sampled Some population groups excluded Depression diagnosis made by healthcare professionals

ESM Table 2 Selected characteristics of studies examining the incidence of depression in type 2 diabetes mellitus

Study	Design		f participants ssion at base		Age (years) at baselii	ne	Length of	Criteria for depression	Assessment of T2DM	Cases of incident	Outcome unadjusted	Outcome adjusted	Methodological issues
		Baseline	Follow- up I	Follow- up II	Mean (SD)	Range	% Male	follow- up (years)			depression			
		controls: n=57,141	controls: <i>n</i> =57,141		DM 58.3 non- depressed controls	21–91 20–94	47.2%		disorder (296, 309, 311) within 6-month period from physician notes	period, ≥ 1 hospitalisatio n with diabetes code as primary,	Unadjusted incident rate of depression in the diabetes			DM were incident cases Those on insulin excluded
					46.9 depressed controls 44.5	20–93	36.7		Depressive episodes up to 3 years before study index date were excluded	secondary or tertiary diagnosis	cohort was 6.5 per 1,000 person- years and 6.6 for the non- diabetes cohort			
K: Kim et al. [25]	Prospective cohort study	<i>N</i> =521 (7 used antidepress ant medication. Exclusion did not alter the results DM: <i>n</i> =47	N=521 DM: n=47		n/a	≥65	n/a	2.4 (0.3)	Community version of the Geriatric Mental State diagnostic schedule. Stage one confidence level of 3 or above in the Automated geriatric Examination for Computer Assisted Taxonomy algorithm	Self-report	DM: 47	OR = 1.0 (95% CI = 0.4–2.5)		No details regarding diabetes. Small <i>N</i>
SP: De Jonge et al. [26]	Prospective cohort study	N=4,757 DM: n=597 46 people were doubtful cases and deleted from analysis	N=3,237	N=2,403	73.5 (9.9) DM: 73.4 (9.0)	≥55	42.5 DM: 40.7	2,5	Mini-Mental State Examination; interview based on Geriatric Mental State	Self-report	DM: 98/597 (16.5%) ^f Without DM: 520/4,160 (12.4%)	OR unadjusted = 1.4 (95% CI = 1.03–1.9)	OR adjusted = $1.42 (95\%)$ CI = $1.04-1.93$) ^g When no other chronic somatic disease OR 1.26 (95%) CI $0.90-1.77$), NS ^h	Used diagnosis of depression Predominantly female

Study	Design		f participant ession at base		Age (years) at baseline			Length of	Criteria for depression	Assessment of T2DM	Cases of incident	Outcome unadjusted	Outcome adjusted	Methodological issues
		Baseline	Follow- up I	Follow- up II	Mean (SD)	Range	% Male	follow- up (years)			depression			
N: Engum [27]	Propspective population- based study ⁱ	N=37,291 DM: n=337	n/a		Non- depressed 55.2 (14.0) depressed 57.5 (13.4)	30–89	49 40.9	10	T1: compound index of four items relating to nervousness, calmness, mood, and vitality T2: HADS-D (≥8) and compound index	T1: Self- report T2: self- report and non-fasting glucose, HbA _{1c} GAD, C- peptide test and insulin treatment	8.4% of all participants without depression/an xiety symptoms at T1 had HADS-D ≥ 8 at T2	OR = 1.82 (95% CI = 1.14–2.89), <i>p</i> =0.011	OR = 1.24 (95% CI = $0.78-1.98$) $p=0.368^{f}$	Small <i>N</i> Assessment of depression different at T1 and T2
USA: Maraldi et al. [28]	Secondary analysis of prospective population study ⁱ	<i>N</i> =2,522 DM=597	N=1,925 DM: n=597	-	73.7 (2.9) DM: 73.7 (2.9)	70–79	48.4 DM: 56.6	6	Prevalent depression: self-report or use of antidepressant Incident depression: current use of antidepressant at clinic visits and no prior use of antidepressants Depressed symptoms at baseline, and follow-up years	Prevalent DM: self- report or hypoglycaem ic medication use Uncontrolled DM: FPG ≥ 7 mmol/1 or after 75 g OGTT	Depressed mood: DM 145/597 (24.3%) Without DM 372/1,925 (19.3%)	n/a	$OR=1.31 (95\% CI = 1.07-1.61)^{k} OR=1.27 (95\% CI = 1.03-1.57)^{l} OR=1.19 (95\% CI = 0.96-1.47)^{m}$	Age group 70–79 years May include T1DM

Study	Design		Number of participants without depression at baseline			s) at baselin	ne	Length of	Criteria for depression	Assessment of T2DM	Cases of incident	Outcome unadjusted	Outcome adjusted	Methodological issues
		Baseline	Follow- up I	Follow- up II	Mean (SD)	Range	% Male	follow- up (years)			depression			
USA: Golden et	Prospective cohort study	N=6,814	n/a	n/a	n/a	n/a	n/a	3.1	CES-D≥16, self-reported	Fasting BG \geq 7 mmol/l or	Treated DM N=60/417	n/a	Base model	Distinguished between treated
al. [29]		Treated DM: <i>n</i> =417			Treated DM 64.9 (9.40)		Treated DM 54.5%	1	use of antidepressants or both	use of oral s hypoglycaem ic medication, insulin or both	(14.4%) or 969 person- years); incidence rate		Treated DM OR=1.54 $(95\% \text{ CI} = 1.13-2.09)^{n}$	and untreated DM Incident
		Untreated DM: <i>n</i> =203			Untreated		Untreate				61.9/1,000 person-years		Untreated	depression symptoms
		Normal			DM 63.7 (9.5)		d DM 61.6%				Untreated DM 15/203		DM OR=0.75 (95% CI =	assessed at 1 follow-up visit
		fasting: n=2,868			Normal fasting 60.7		Normal fasting				(7.4%) or 481 person-years); incidence rate		$(95\% \text{ CI} = 0.44 - 1.27)^{n}$ Treated DM	No control for marital status
					(10.1)		45.3%				31.2/1,000 person-years		OR=1.52 (95% CI = 1.09-2.12)°	
											Normal fasting		Untreated	
											336/2,868 (11.7%) or 9139 person-		DM OR=0.73 (95% CI =	
											years); incidence rate 36.8/1,000		0.41–1.30)°	
NL: Luijendijk	Prospective cohort study	N=2,931	N=2,931	-	71.0 (6.3)	61–95	42	Mean = 5	5 CES-D≥16 followed by	Fasting	person-years Overall sample:	n/a	Incident depressive	Used diagnosis of depression
et al. [30]	conone study	DM: <i>n</i> =391						diagnostic interview (Schedules for	plasma glucose ≥ 7.0 mmol/l or or non-fasting	303 had CES- D≥16	symp Beta:	symptoms Beta=0.76 (95% CI =	Study of cardiovascular	
									Clinical Assessment in Neuro-	or OGTT ≥ 11.1 mmol/l or treatment	94 met DSM- IV criteria for depressive		0.02–1.50), <i>p</i> =0.043 ^g	risk factors and incident depression.
									psychiatry, SCAN)	with hypoglycaem ic medication	disorder (MDD $n=46$, MinDD $n=41$,		Beta=0.73 (95% CI = -0.10, 1.57),	Diabetes was one risk factor.
											dysthymia <i>n</i> =7)		$p=0.085^{\rm p}$	Diabetes sample may include T1DM
													depressive disorder: OR=1.31	

Study	Design		of participant ession at base		Age (years) at baseline			Length of	Criteria for depression	Assessment of T2DM	Cases of incident	Outcome unadjusted	Outcome adjusted	Methodological issues
		Baseline	Follow- up I	Follow- up II	Mean (SD)	Range	% Male	follow- up (years)			depression			
								~ / /					(95% CI = 0.75 - 2.29), $p=0.34^{g}$	
													OR=2.07 (95% CI = $1.11-3.85$), $p=0.022^{p}$	
USA: O'Connor et al. [31]	Retrospective population cohort study	Prevalent DM: n=2,932 Case- matched controls: n=14,144	n/a	n/a	DM: 61.0 (0.12) Controls 61.0 (0.12)	≥40	DM: 51.9 Controls : 51.9	2	Presence of 1 or more inpatient or 2 or more outpatient ICD- 9 codes for depression, or 1 or more outpatient ICD- 9 codes for depression in addition to a filled prescription for therapeutic dose of an antidepressant medication	1 or more inpatient, or 2 or more outpatient visits for diabetes (ICD-9) codes for diabetes or patient filled a prescription for a diabetes- specific drug other than metformin	DM: 1,117 (7.9%) Controls: 778 (5.5%)	χ ² =24.85, <i>p</i> < 0.001	Prevalent diabetes OR=1.48 (95% CI = $1.35-1.63)^g$	Sample may include T1DM

^aOR adjusted for age, sex, BMI and exercise but not for marital status ^bOR adjusted for age, sex, education level, and living with a partner ^cOR adjusted for age, sex, education level, living with a partner and physical limitations

^dOR adjusted for baseline socioeconomic, demographic, and health variables

^eOR adjusted for age, sex, physician visits, and pre-selected co-morbidities (arthritis, cancer, vascular disease, insulin use)

^fOR adjusted for age, sex, educational level, and marital status

^gOR adjusted for age and sex

^hOR adjusted for age, sex, marital status, education, hypertension, smoking, statin use, cognitive functioning, Katz index, IADL, and presence of chronic somatic disease

ⁱData from two large health studies in Norway, HUNT-1 and HUNT-2 (Nord-Trøndelag Health Studies). All inhabitants of Nord-Trøndelag County aged 20 years and above received invitations to participate in the first and second health studies. Of the total population in the county, 74,997 individuals attended HUNT-1 in 1984–1986 (88.1%) and 65,648 individuals attended HUNT-2 in 1995–1997 (71.3%)

^jFrom a random sample of 3,075 white and all-black Medicare-eligible adults, with oversampling of black participants to provide enough statistical power in each race. Eligibility criteria included no difficulty walking 1/4 of a mile, climbing 10 steps, or performing basic activities of daily living; no life-threatening illness; and no plans to leave the area for 3 years

^kOR adjusted for age, sex, race, study site, and baseline CES-D score

¹OR adjusted for age, sex, race, study site, baseline CES-D score, education level, smoking habits, alcohol intake, and physical activity level

^mBoth ORs adjusted for age, sex, race, study site, baseline CES-D score, education level, smoking habits, alcohol intake, physical activity level, and DM related co-

morbidities (hypertension, cerebrovascular disease, ankle-brachial index, obesity, cystatin-C levels, IL-6 levels, 6 m walking speed, and cognitive impairment)

ⁿOR adjusted for age, sex, race/ethnicity, examination site

^oOR adjusted for BMI, SES, lifestyle, diabetes severity

^pAdjusted for age, sex, education, income, disability, cognitive function, BMI, all other CVRFs and medication

BDI, Beck Depression Inventory; CDN, Canada; CES-D, Center for Epidemiologic Studies Depression Scale ; CVRF, cerebrovascular risk factors; DM, diabetes mellitus; FPG, fasting plasma glucose; GAD, glutamic acid decarboxylase; HADS-S, Hospital Anxiety and Depression Scale –Short version; IADL, instrumental activities of daily living; n/a, not available; NL, the Netherlands; N, Norway; SES, socioeconomic status; SK, South Korea; SP, Spain; T1DM, type 1 diabetes mellitus; T2DM= type 2 diabetes mellitus