Table SI2

Data contributions and Characteristics of the German Research Network of Mental Disorders

Consortium, coordination[a]	Partici-pants	Main aim	Inclusion criteria	Exclusion criteria
PROTECT-AD, H.-U. Wittchen, TU Dresden	*N*=600; data used: *N*=600	Optimized extinction: intensified cognitive-behavioral therapy of AD with and without comorbidity	- 15-70 years; ♂, ♀ - current primary AD (DSM-V) - severity at baseline HAM-A>18 and CGI>3 - able to attend on his/her own or accompanied by significant other - language competence	- general medical contraindications - acute suicidality - any DSM-IV/V psychotic/primary mood disorders (BD I, recurrent or chronic MDD) - mono-symptomatic specific phobia - current substance use dependence - concomitant psychological/psychiatric treatment
ESCALIFE, ESCAlate, T. Banaschewski, Central Institute of Mental Health (CIMH) Mannheim	*N*=25; data used: *N*=25	Evidence-based, gradual care of ADHD over the life span	- 16-45years; ♂, ♀ - ADHD diagnosis (DSM-V)	- severe heart disease - epilepsy - IQ<80 - psychiatric disorders - medication (psychotropic or ADHD): need of a 4-week wash-out period before participation in the study - insufficient language skills - current alcohol or drug dependence - pregnancy or breast feeding - common comorbidities (e.g., conduct disorder, PD (except ASPD); AD or mild to moderate MDD and SUD in remission did not lead to exclusion
ASD-NET, I. Kamp-Becker, Philipps University Marburg	*N*=23; data used: *N*=23	ASD over the life span: more effective care through valid diagnoses and a better understanding of etiology	- 19-40 years; ♂ - infantile autism - Asperger's syndrome - atypical autism (ICD-10) - native language german	- BMI≤18 or ≥30 - IQ<70 - investigational product contraindication (e.g., cardiac arrhythmia) - screening results: HR>120 bpm, SBP>180 mmHg, DPD>100 mmHg - medication intake affecting the central nervous system (e.g., opiate, psychotropic drugs) - past neurological and endocrinological diseases - acute suicidality

				- psychiatric disorders - psychotherapeutic treatment - first or second degree relative with ASD - MRI-contraindications - regular consumption of drugs, alcohol, nicotine - AQ-Interview ≥ 32 points

BipoLife,
M. Bauer,
University Hospital
Dresden
	N=99;
	data
	used:
	N=99
		Improving the
		detection and
		treatment of BD
			Dresden:
			 - 15-35 years; ♂, ♀
			Risk group I:
			 - consultation of an early recognition center
			 - presence of at least one risk factors for BD:
			   family history, affective symptomatology/
			   depressive syndrome, hypomanic/ mood swings,
			   disturbances of circadian rhythm/sleep, other
			   clinical hints
			Risk group II:
			 - in- or outpatients with a depressive syndrome (in
			   the context of MDD, dysthymic disorder,
			   cyclothymic disorder, minor depressive disorder,
			   recurrent brief depressive disorder, adjustment
			   disorder with depressed mood, depressive
			   disorder not otherwise specified)
			
			Tübingen:
			 - 18-55 years; ♂, ♀
			 - current primary BD-I or BD-II (DSM-V)
			 - current on psychiatric treatment with adequate
			   medication
			 - at least 4 weeks of remission
			 - mood disorder (QIDS-C≤10, YMRS≤12)
				Dresden:
				 – primary diagnosis: BD, SZ, SZA, AD, OCD or SUD
				 - limited ability to comprehend the study
				 - implied expressed negative declaration of intent to
				   participate in the study by a minor
				 - acute suicidality
				
				Tübingen:
				 - IQ<85
				 - schizophrenic or other psychotic disorder (eg., ASPD,
				   SZ, SZA or any psychotic disorder); psychotic features
				   within an affective episode are not an exclusion
				   criteria
				 - acute suicidality
				 - substance abuse

Munich[b]:

Project A2:
- 18-55 years; ♂, ♀
- current BD-I or BD-II (DSM-V)
- current on psychiatric treatment
- appropriate medication according S3-guideline
- stable remission (at least 4 weeks)
- regarding to the affective episode: clinically relevant limits of external (clinician) rating: (QIDS-C≤10, YMRS≤12)
- at least one affective episode in the last 2 years

Project B3:
- ≥18 years; ♂, ♀
- previous or current lithium treatment for a period > 1 year
- overall > 4 episodes

Munich[b]:

- acute suicidality
- schizophrenic or other psychotic disorder (DSM-V); Project A2: psychotic characteristics during affective episodes are no criterion for exclusion
- IQ <85

Project A2:
- lack of willingness of prescribed medication intake (normally long-term medication)
- receiving current or previous (< 6 months) ambulant standard psychotherapy
- SZA, ASPD, or BPD (DSM-V)
- SUD (DSM-V, except nicotine) during the last 6 months (earlier SUD and actual stable remissions for over 6 months are allowed)
- SUD (DSM-V) endangering study participation

Project B3:
- clear organic or substance induced cause of the psychiatric disorder

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OptiMD, R. Rupprecht, University of Regensburg

N=360; data used: *N*=171

New strategies for the optimized treatment of depression

- ≥18 years; ♂, ♀

Regensburg, Munich, Heidelberg:
- inpatients with depressive syndrome (HAM-D-21 ≥ 14): first depressive episode, recurrent MDD, BD (current depressive episode), SZA, mixed AD and MDD
- caucasian origin

Berlin:
- current primary MDD (ICD-10) during hospital stay

Regensburg, Munich, Heidelberg:
- severe neurological or internal accompanying illness (e.g., dementia, morbus cushing)
- depressive episode secondary to a somatic/neurological disease or substance abuse/dependence
- pregnancy or breast-feeding

Berlin:
- control group: current ICD-10 psychiatric disorder

| GCBS, F. Padberg, University of Munich | N=115; data used: N=40 | Brain stimulation for mental disorders | **Munich**:
- 18-65 years; ♂, ♀
- MDD (DSM-V), current depressive episode of less than 5 years duration
- HAM-D-21≥15 at screening visit
- medications: patient did not respond to at least one antidepressant treatment in the current episode; patient is taking a SSRI of adequate dose and ≥ 4 weeks in the current episode | **Munich**:
- any relevant instable medical condition
- high degree of therapy resistance: >4 sufficient treatment attempts in the current episode
- any other relevant psychiatric axis-I- and/or axis-II-disorder
- electroconvulsive therapy treatment in the present episode
- history of clinical transcranial direct current stimulation treatment (except single experimental sessions)
- treatment with deep brain stimulation or vagus nerve stimulation and/or any other intracranial implants
- acute suicidality
- investigators, site personnel directly affiliated with this study, and their immediate families
- pregnancy |
| | | | **Berlin**:
- 20-65 years; ♂, ♀
- MDD (DSM-V), current depressive episode less than 5 years duration
- medications: no psychotropic medication (≥4 weeks) or current stable medication (≥ 4 weeks) with SSRIs | **Berlin**:
- medication: more than four failed attempts in current episode; other psychotropic medications
- outpatient treatment (behavioral therapy) for the current episode
- electroconvulsive therapy for the current episode
- MRI-contraindications
- stroke (past 2 years), epileptic seizure or diagnosed epilepsy, dementia, Parkinson's disease, Huntington's chorea, multiple sclerosis, any other neurological disease, which leads to intracranial pressure, brain lesions or higher risk for epileptic seizures
- psychotic tendencies in lifetime
- BD, AD, PTSD, ED, PD
- Substance abuse or dependence in the past 6 months (except nicotine, caffeine) |

APIC, F. Schneider, RWTH Aachen, Jülich Aachen Research Alliance (JARA-BRAIN)	N=295; data used: N=89	Antipsychotic-induced structural and functional brain changes	- 18-65 years; ♂, ♀ - SZ (DSM-V) - legally competent and capable of taking part in the study	- severe physical diseases (e.g., epilepsy, cancer) - missing or incomplete medication history - MRI-contraindications - pregnancy or breast-feeding - persons placed in an institution on the orders of public authorities or courts - dependency or employment relationship with the sponsor or investigator - simultaneous participation in another clinical trial
ESPRIT, A. Meyer-Lindenberg, Central Institute of Mental Health (CIMH) Mannheim	N=395; data used: N=384	Improving prevention and recovery in schizophrenia through innovative therapies	- 18-65 years; ♂, ♀ - patients: SZ, MDD, BD-I, ASD - control group: no personal or family history of psychiatric disorders	- chronic physical disease - MRI-contraindications - patients: BD-II, SUD, PD - patients with comorbidities were not excluded, if comorbidities 1) evolved as a consequence of, or 2) were markedly less pronounced as the primary disorder

Note. Characteristics of eight consortia of the German Research Network of Mental Disorders. *N* = 1,912 (entry data) and 1,431 (after data preparation, used in analyses). **Consortia**: AERIAL = Early Recognition and Intervention Across the Lifespan; APIC = Antipsychotic induced brain changes; ASD-NET = Autism spectrum disorder - net; ESCAlife = Evidence-based, stepped care of ADHD along the life-span; ESPRIT = Enhancing schizophrenia prevention and recovery through innovative treatments; GCBS = German center for brain stimulation; OptiMD = Optimized treatment of major depression; PROTECT-AD = Providing tools for effective care and treatment of anxiety disorders. **Disorders**: AD = Anxiety disorder; ADHD = Attention deficit hyperactivity disorder; ASD = Autism spectrum disorder; ASPD = Antisocial personality disorder, BD = Bipolar disorder; BPD = Borderline personality disorder; ED = Eating disorder; MDD = Major depression disorder; OCD = Obsessive-compulsive disorder; PD = Personality disorder; PTSD = Posttraumatic stress disorder; SUD = Substance use disorder; SZ = Schizophrenia; SZA = Schizoaffective disorder. **Other**: AQ = Autism-Spectrum Quotient; DPD = Diastolic blood pressure; DSM-V/DSM-IV= Diagnostic and Statistical Manual of Mental Disorders, Fourth/Fifth Edition; CGI = Clinical Global Impression Scale; HAM-A = Hamilton Anxiety Rating Scale; HAM-D-21 = Hamilton Depression Rating Scale, Version 21; HR = Heart rate; ICD-10 = International Classification of Diseases, 10th Revision; MRI = Magnet Resonance Imaging; QIDS-C = Quick Inventory of Depression Symptomatology - Clinician rating; SBP = Systolic blood pressure; SSRI = Selective Serotonin Reuptake Inhibitor; YMRS = Young Mania Rating Scale.
[a] Coordination center for each consortium (for details of all consortia members, see Bauer et al. (20))
[b] Location provided data of two subprojects: Bipolife A2 and Bipolife B3

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