## Human Biomarkers of Rapid Antidepressant Effects

## Supplemental Information

| Biomarker tools used to study MDD  | Recent reviews discussing approach and findings   |  |
|--|---|--|
| Positron emission tomography (PET)   | Mayberg et al. 2003; Takano et al. 2010 (1, 2)  |  |
| Single photon emission computerized tomography (SPECT)                                     | Huang et al. 2010; Rigucci et al. 2010 (3, 4)   |  |
| Functional magnetic resonance imaging (fMRI)   | Delvecchio et al. 2012 (5)  |  |
| Brain proton magnetic resonance spectroscopy (1H-MRS)                                      | Caverzasi <i>et al.</i> 2012 (6)  |  |
| Neurophysiological measures<br>(e.g. sleep EEG, MEG, LDAEP)                                | Pillai <i>et al.</i> 2011; Leiser <i>et al.</i> 2011; Williams <i>et al.</i> 2010; Hegerl & Juckel 2000; Hegerl <i>et al.</i> 2001 (7-11) |  |
| Peripheral blood, plasma, and urine markers (e.g. cortisol, BDNF, VEGF)                    | Schmidt et al. 2011; Tadic et al. 2011 (12, 13)   |  |
| Cerebrospinal fluid (CSF)  | Ditzen et al. 2012; Raedler & Wiedemann 2006 (14, 15)   |  |
| Saccadic eye movements<br>(marker of serotonergic subtype 5-HT2A activity<br>in brainstem) | Flechtner <i>et al.</i> 1997 (16)   |  |
| Genetics   | Weizman <i>et al.</i> 2012 (17)   |  |
| Proteomics   | Kobeissy et al. 2008; Filiou et al. 2011 (18, 19)   |  |
| Metabolomics   | Quinones & Kaddurah-Daouk 2009 (20)   |  |

BDNF, brain-derived neurotrophic factor; EEG, electroencephalogram; LDAEP, loudness dependence auditory evoked potentials; MEG, magnetoencephalography; VEGF, vascular endothelial growth factor.

| Factors                                       | Conventional antidepressants<br>(i.e., lag of onset of antidepressant<br>action)  | Rapid acting interventions   |
|---|---|--|
| Sample size/Recruitment                       | Larger number of subjects needed  | Fewer number of subjects needed  |
| Overall attrition                             | Higher given length of trials   | Lower  |
| Cost  | Significantly higher given clinical costs   | Lower  |
| Adherence to protocol                         | More difficult to monitor; more<br>susceptible to influence of alcohol<br>or illicit drug use                                 | Much improved; compliance<br>ensured with use of intravenous<br>study drugs  |
| Speed of developing<br>biomarkers of response | Prolonged time in developing<br>biomarkers of response, because<br>trials are usually lengthy 8-12<br>weeks (for acute phase) | Much more rapid; could rapidly lead<br>to testing of many compounds<br>within a relatively short period of<br>time |
| Personalizing treatment                       | Would apply to personalizing<br>treatment with current<br>antidepressants   | May not apply to personalizing<br>treatment, especially to current<br>antidepressants                              |

 Table S2. Limitations of developing biomarkers with conventional antidepressant treatments

## **Supplemental References**

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