

Supplement 2

Patients were euthyroid and without diabetes or other known metabolic disturbances. To begin with, CSF NPY has been reported to be no different in obese and normal subjects (1, 2). Secondly, our data show a significant *positive* correlation between CSF NPY and BMI within the normal control group and a statistical tendency for a positive correlation between BMI and CSF NPY within the PTSD group. Therefore, on the basis of the positive CSF NPY-BMI relationship, one might have expected the PTSD group, which has a higher average BMI, to have had *higher* CSF NPY concentrations. (The preservation of a linear positive correlation between CSF NPY and BMI in the PTSD group, despite lower NPY levels and higher BMI, is in itself intriguing and will be of interest to pursue in future studies). Finally, and importantly, when we adjusted the group means for differences in BMI (as well as age), the control group still had significantly higher CSF NPY than the PTSD group - by over 44% (the least squares means for the two groups were 376 and 212, respectively).

- 1 Nam S-Y, Kratzsch J, Kim K W, Kim K-R, Lim S-K, Marcus C (2001): Cerebrospinal fluid and plasma concentrations of Leptin, NPY, and alpha-MSH in obese women and their relationship to negative energy balance. *Journal of Endocrinology and Metabolism* 86: 4849-4853.
2. Brunani A, Invitti C, Dubini A, Piccoletti R, Maroni P, Pezzoli G, et al. (1995): Cerebrospinal fluid and plasma concentrations of SRIH, beta-endorphin, CRH, NPY and GHRH in obese and normal weight subjects. *Int J Obes Relat Metab Disord.* 19: 17-21.