Figure S1. Means and standard errors on the parent-reported Swann, Nolan, and Pelham, Fourth Edition (SNAP-IV) attention-deficit/hyperactivity disorder (ADHD) scale for participants who received both atomoxetine (ATX) and parent training (PT) and for participants who received ATX alone at every time point from study entry (week 0) to the end of the open-label trial (week 10 to week 20). Note: Week 10 = actual week 10 data or data from last visit during study 1.

Figure S2. Means and standard errors on the Home Situations Questionnaire (HSQ) for participants who received both atomoxetine (ATX) and parent training (PT) and for participants who received ATX alone at every time point from study entry (week 0) to the end of the open-label trial (week 10 to week 20). Note: Week 10 = actual week 10 data or data from last visit during study.

SUPPLEMENT 1

Acute Trial Responders at Week 34: Change on Primary Outcome Measures

Of the 43 responders at the end of the acute trial (week 10), 26 (60%) continued to meet responder criteria at the end of the double-blind extension (week 34). Table S1 summarizes change from baseline (week 0) to endpoint (week 34) on the primary outcome measures for attention-deficit/hyperactivity disorder (ADHD) (Swanson, Nolan, and Pelham [SNAP-IV]) and noncompliance (Home Situations Questionnaire [HSQ]) for all 43 responders in each of the four originally assigned groups. Across groups and measures, the mean improvement in scores ranged from 52% to 74%.

Open-Label ATX for Placebo Nonresponders: Visual Display of Outcomes on Primary Outcome Measures

Forty-one placebo nonresponders at the end of the acute trial (week 10) entered the 10-week open-label trial. Figures S1 and S2 display open-trial results for these participants on the primary ADHD and noncompliance outcome measures (SNAP ADHD and HSQ, respectively). From week-10 baseline of open-label to the end of open-label (week 20), SNAP ADHD scores decreased 20% in open-label ATX+PT and 15% in open-label ATX-only. HSQ scores decreased 33% in open-label ATX+PT and 17% in open-label ATX. All of these decreases were statistically significant. Table 4 in the main article summarizes the numeric findings at entry into the study (week 0), open-label baseline (week 10), and open-label endpoint (week 20).

Outcomes of ATX Nonresponders in the Extension

One subgroup in the 24-week extension was composed of ATX nonresponders (n = 29, 14 in ATX-only and 15 in ATX+PT). Participants in this subgroup were treated with different medications by study clinicians during the extension. Characteristics of these participants are

presented in Table S2 and are consistent with the characteristics of participants discussed in the main article, averaging about 8 years old at entry into the study, with a mean IQ of approximately 80, predominately male and Caucasion. To assess whether ATX nonresponders become responders when treated clinically, descriptive statistics were calculated for types of medications and proportion of participants who met criteria for classification as a responder.

For the 29 ATX nonresponders at the end of the acute trial who were treated clinically throughout the 24-week extension, medications included stimulants (n=13, 45%), ATX (n=14, 48%), alpha2 agonists (n=5, 17%), atypical antipsychotics (n=4, 14%), selective serotonin reuptake inhibitors (n=2, 7%), and melatonin (n=1, 3%). The total exceeds 100% because some participants received more than one medication. Nine of the 29 ATX nonresponders (31%) achieved favorable ADHD outcomes, and 11 (44%) achieved favorable noncompliance outcomes at extension endpoint (34 weeks).

Table S1. *Means and Standard Deviations for Primary Variables at Baseline (Week 0) and Endpoint (Week 34) for Week 10 Responders*

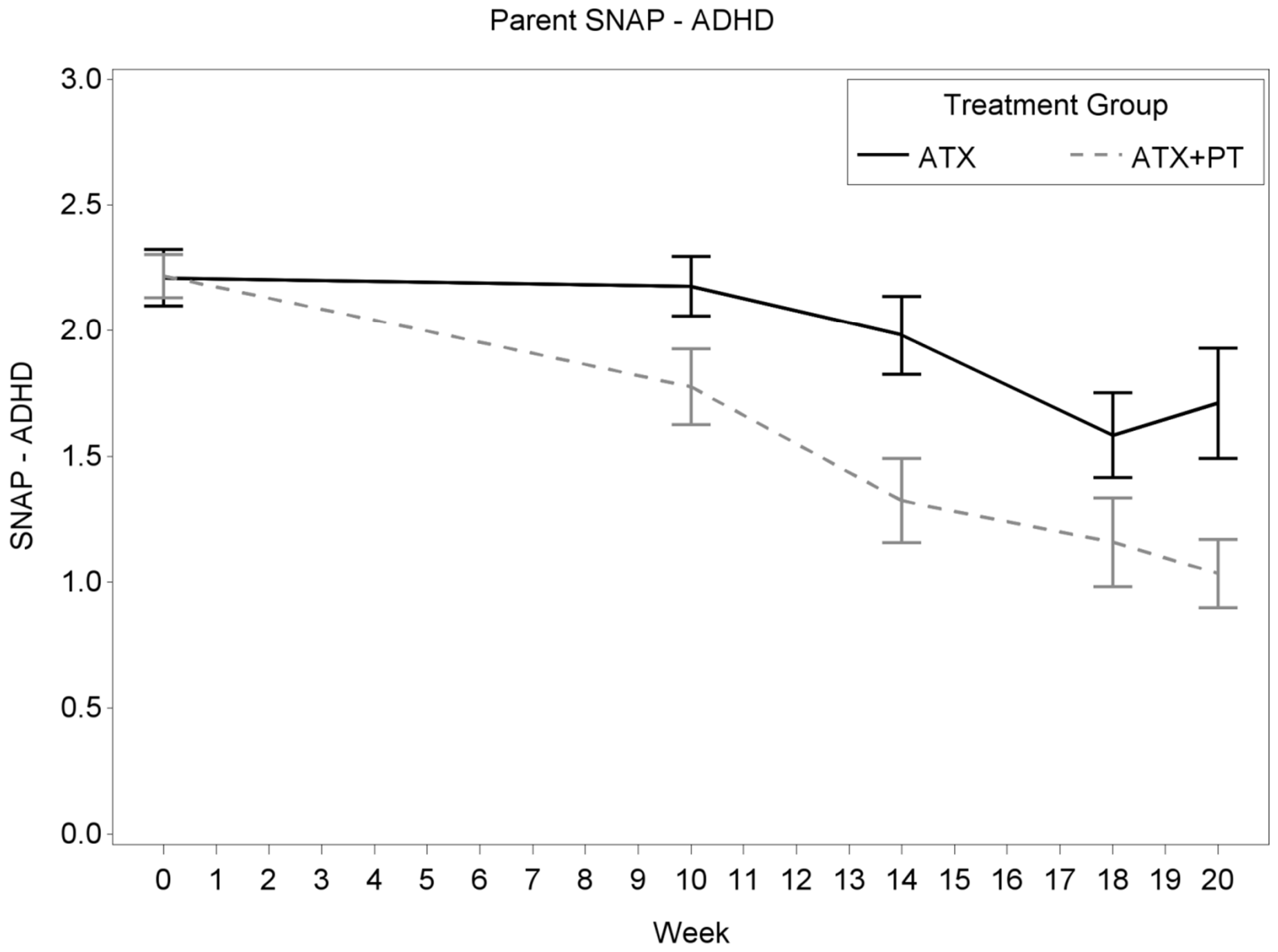
Treatment Group	SNAP		HSQ	
	Baseline (Week 0)	Endpoint (Week (34)	Baseline (Week 0)	Endpoint (Week (34)
ATX+PT (n=12)	2.01 (0.34)	0.80 (0.49)	3.17 (1.77)	0.86 (1.05)
ATX (n=16)	2.24 (0.35)	0.89 (0.44)	3.75 (1.34)	1.24 (1.08)
PT+PBO (n=9)	2.31 (0.08)	1.04 (0.54)	4.08 (1.51)	1.07 (0.49)
PBO (n=6)	1.69 (0.21)	0.81 (0.14)	2.31 (1.71)	1.07 (0.44)

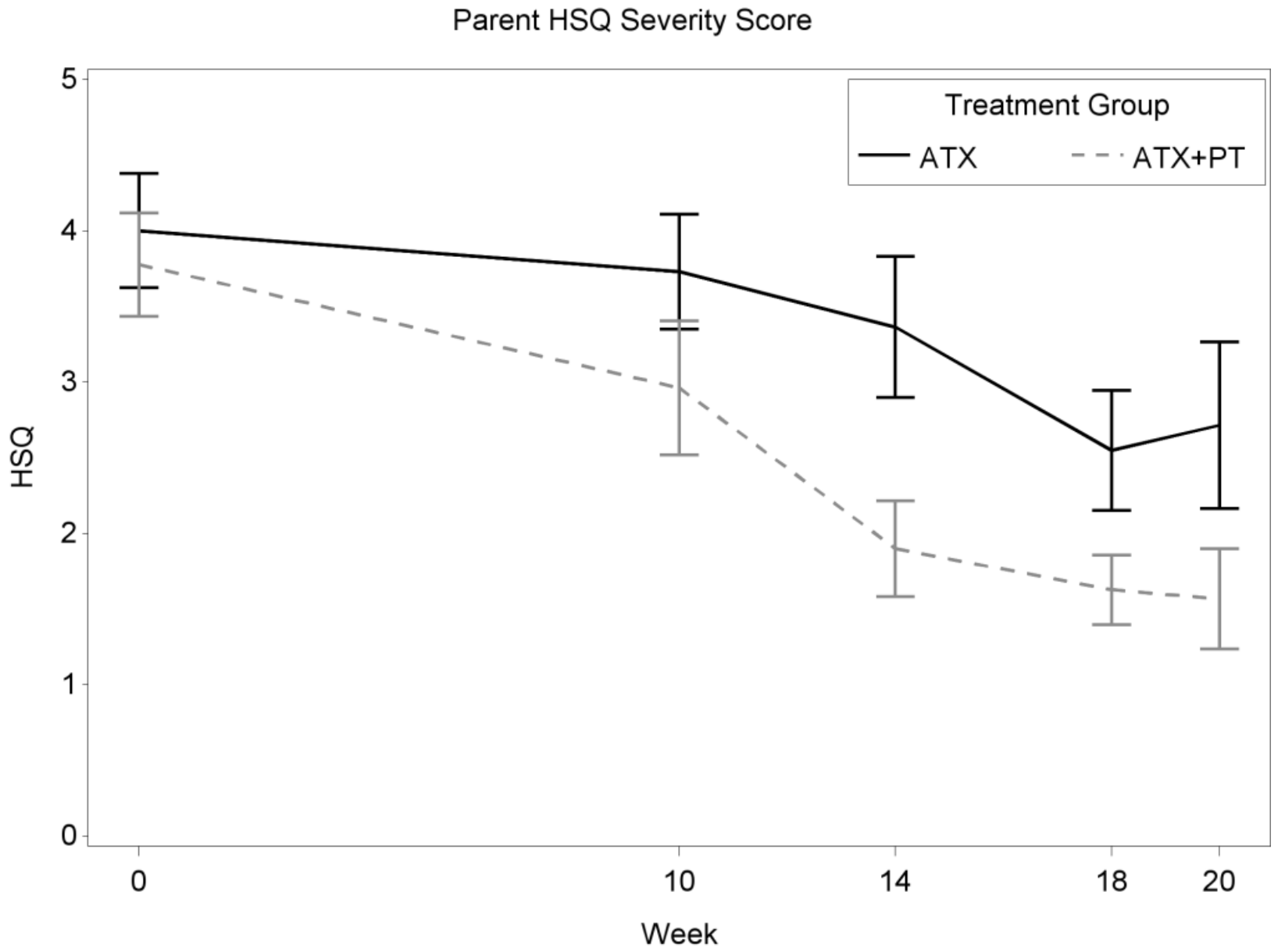
Note. ATX = atomoxetine; HSQ = Home Situations Questionnaire – Pervasive Developmental Disorder; PBO = placebo; PT = parent training; SNAP-IV = Swann, Nolan, and Pelham, Fourth Edition.

Table S2. *Participant and Family Demographics for Atomoxetine (ATX) Nonresponders Who Were Treated Clinically With Different Medications During the Extension*

	ATX Non-responders	
Variable	PT n=14	No PT n=15
Age(years) mean±SD	8.1 ± 2.2	9.0 ± 2.7
IQ, mean ± SD	90.5 ± 20.9	73.2 ± 20.8
Diagnosis		
Autistic disorder	5 (35.7%)	8 (53.3%)
Asperger's	3 (21.4%)	2 (13.3%)
PDD-NOS	6 (42.9%)	5 (33.3%)
Male	13 (92.9%)	14 (93.3%)
Race		
Caucasian	13 (92.9%)	12 (80.0%)
African American	0 (0%)	2 (13.3%)
Other	1 (7.1%)	0 (0%)
Multiracial	0 (0%)	1 (6.7%)
Income		
<$60,000	4 (28.6%)	7 (46.7%)
≥$60,000	10 (71.4%)	8 (53.3%)
School Placement		
Regular ed	5 (35.7%)	4 (26.7%)
Special ed	9 (64.3%)	11 (73.3%)
ADHD CGI-S		
Moderate	2 (14.3%)	4 (26.7%)
Marked	10 (71.4%)	6 (40.0%)
Severe/extreme	2 (14.3%)	5 (33.3%)
Noncompliance CGI-S		
Mild	0 (0%)	1 (6.7%)
Moderate	8(57.1%)	8(53.3%)
Marked/severe	6(42.9%)	6(40.0%)

Note. ADHD = attention-deficit/hyperactivity disorder; CGI-S = Clinical Global Impressions – Severity; PDD-NOS = pervasive developmental disorder not otherwise specified; PT = parent training.


Parent SNAP - ADHD
Treatment Group
ATX
ATX+PT
SNAP - ADHD
3.0
2.5
2.0
1.5
1.0
0.5
0.0
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20
Week


Parent HSQ Severity Score
Treatment Group
ATX
ATX+PT
HSQ
5
4
3
2
1
0
0
10
14
18
20
Week