TABLE S1: Number of citations by each database and trial register searched

Database	Number of citations		
PubMed	1,247		
Cochrane (trials)	346		
Web of Science	625		
Embase	784		
Total	3,002		

Note: Explicit search strategy: (adolescent* OR children OR pediatric OR youth) AND (anxiety OR social phobia OR social anxiety disorder OR SAD OR generalized anxiety disorder OR GAD OR separation anxiety disorder) AND (selective serotonin reuptake inhibitor OR SSRI OR selective serotonin norepinephrine reuptake inhibitor OR SNRI OR selective serotonin norepinephrine reuptake inhibitor OR fluoxetine OR fluoxetine OR fluoxamine OR citalopram OR escitalopram OR fluoxetine OR paroxetine OR venlafaxine OR desvenlafaxine OR duloxetine OR vortioxetine OR vilazodone)

TABLE S2: Bias assessment in individual studies included in the meta-analysis.

Study	Sequence generation	Allocation concealment	Blinding participant	Blinding assessor	Selective reporting bias	Attrition bias
Rynn et al, 2001^1	Unclear risk of bias	Unclear risk of bias	Low risk of bias	Unclear risk of bias	Low risk of bias	Low risk of bias
RUPP ²	Low risk of bias	Low risk of bias	Low risk of bias	Unclear risk of bias	Low risk of bias	Low risk of bias
Birmaher et al, 2003^3	Unclear risk of bias	Low risk of bias	Low risk of bias	Unclear risk of bias	Unclear risk of bias	Low risk of bias
Wagner et al, 2004 ⁴	Low risk of bias	Low risk of bias	Low risk of bias	Unclear risk of bias	Low risk of bias	Low risk of bias
Geller et al, 2007 ⁵	Unclear risk of bias	Low risk of bias	Low risk of bias	Unclear risk of bias	Unclear risk of bias	Low risk of bias
March et al, 2007^6	Unclear risk of bias	Unclear risk of bias	Low risk of bias	Unclear risk of bias	Low risk of bias	Low risk of bias
Rynn et al, 2007^7	Unclear risk of bias	Low risk of bias	Low risk of bias	Unclear risk of bias	Unclear risk of bias	Low risk of bias
Walkup et al, 2008 ⁸	Low risk of bias	Low risk of bias*	Low risk of bias*	Low risk of bias	Low risk of bias	Low risk of bias
Strawn et al, 2015 ⁹	Low risk of bias	Low risk of bias	Low risk of bias	Unclear risk of bias	Low risk of bias	Low risk of bias

Note: Green represents low risk of bias, yellow represents unclear risk of bias, and red represents a high risk of bias.

*Per the article, "given the greater number of study visits (and hence more reporting opportunities) and the unblinded administration of sertraline in the combination-therapy group, the test of the adverse-event profile of sertraline focused on statistical comparisons between sertraline and placebo and sertraline and cognitive behavioral therapy." Additionally, "Subjects in the sertraline and placebo groups did not know whether they were receiving active therapy, nor did their clinicians. However, subjects who received combination therapy knew they were receiving active sertraline." For this analysis, only the SSRI and placebo conditions were compared and therefore the study was classified as "low risk of bias."

SUPPLEMENTAL FIGURE LEGENDS

FIGURE S1: Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) Flow Diagram.

FIGURE S2: Response trajectory in Selective Serotonin Norepinephrine Reuptake Inhibitor (SSNRI)-treated youth with generalized, separation and social anxiety disorders. Note: Standardized medication-placebo difference ("Change") in patients treated with SSNRIs (blue line) did not differ when the atomoxetine study was removed (red line). Green lines represent the 95% credible interval for the model.

FIGURE S3: Density of Difference in Placebo Response between Industry- and Federally-Funded Studies. Note: Differences in placebo response between industry- and Federally-funded studies did not significantly differ at baseline (0, 95% CI: -0.122 to 0.122), week 4 (-0.047, 95% CI: -0.226 to 0.131) and week 8 (-0.129, 95% CI: -0.276 to 0.238).

FIGURE S4: Density of Difference in Placebo Response in Selective Serotonin Reuptake Inhibitor (SSRI) and Selective Serotonin Norepinephrine Reuptake Inhibitor (SSNRI) Studies. Note: Differences in placebo response between SSRI and SSNRI studies did not significantly differ at baseline (0, 95%CI: -0.119 to 0.119), week 4 (-0.071, 95%CI: -0.255 to 0.111) and week 8 (-0.068, 95% CI: -0.33584 to 0.199826).

Supplemental References

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- 4. Wagner KD, Berard R, Stein MB, et al. A multicenter, randomized, double-blind, placebo-controlled trial of paroxetine in children and adolescents with social anxiety disorder. *Arch Gen Psychiatry*. 2004;61(11):1153-1162.
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- 8. Walkup JT, Albano AM, Piacentini J, et al. Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *N Engl J Med*. 2008;359:2753-2766.
- 9. Strawn JR, Prakash A, Zhang Q, et al. A randomized, placebo-controlled study of duloxetine for the treatment of children and adolescents with generalized anxiety disorder. *J Am Acad Child Adolesc Psychiatry*. 2015;54(4):283-293.

FIGURE S1:

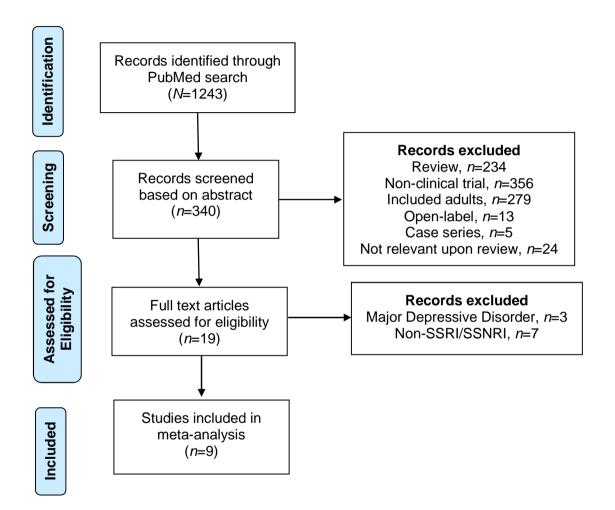


FIGURE S2:

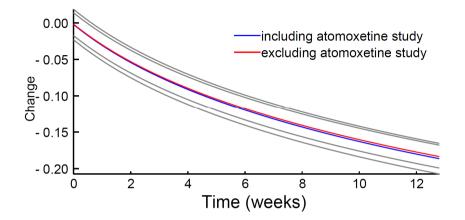


FIGURE S3:

