Supplementary Online Content

Golub JS, Brewster KK, Brickman AM, et al. Association of audiometric age-related hearing loss with depressive symptoms among Hispanic individuals. *JAMA Otolaryngol Head Neck Surg.* Published online December 6, 2018. doi:10.1001/jamaoto.2018.3270

eTable 1. Logistic Regression Models for Antidepressant Use Based on Hearing Loss. Hispanic Community Health Study (HCHS), age ≥ 50 years, n = 5,328

eTable 2. Logistic Regression Models for Clinically Significant Depressive Symptoms (CESD-10 Score \geq 16) Based on Hearing Loss. Hispanic Community Health Study (HCHS), age \geq 50 years, n = 5,328.

eTable 3. Log-Linear Regression Models for Clinically Significant Depressive Symptoms (CESD-10 Score \geq 10) Based on Hearing Loss. Hispanic Community Health Study (HCHS), age \geq 50 years, n = 5,328.

This supplementary material has been provided by the authors to give readers additional information about their work.

eTable 1. Logistic Regression Models for Antidepressant Use Based on Hearing Loss. Hispanic Community Health Study (HCHS), age ≥ 50 years, n=5,328.

Model (Predictors)	Odds Ratio per 20 dB of Hearing Loss (95% CI) ^e
1. Hearing loss ^a	1.25 (1.06-1.45)
2. Above + hearing aid ^b	1.21 (1.03-1.42)
3. Above + demographics ^c	1.23 (1.03-1.46)
4. Above + cardiovascular risk factors ^d	1.21 (1.01-1.44)

^aHearing loss, based on magnitude of pure tone average in better hearing ear

^bHearing aid is yes/no (used in past year)

[°]Demographics include age, gender, education, study site, geographic background

^dCardiovascular risk factors include coronary artery disease (test-defined), hypertension (measured), stroke/transient ischemic attack (self-reported), diabetes (lab-defined)

^eA 20 dB increase in hearing loss is approximately equivalent to a 1-category worsening (categories are: normal, mild, moderate, moderately-severe, severe, profound)

eTable 2. Logistic Regression Models for Clinically Significant Depressive Symptoms (CESD-10 Score ≥ 16) Based on Hearing Loss. Hispanic Community Health Study (HCHS), age ≥ 50 years, n=5,328.

Model (Predictors)	Prevalence Ratio per 20 dB of Hearing Loss (95% CI) ^e
1. Hearing loss ^a	1.20 (1.04-1.38)
2. Above + hearing aidb	1.24 (1.07-1.43)
3. Above +	1.52 (1.29-1.78)
demographics ^c	
4. Above +	1.52 (1.29-1.78)
cardiovascular risk	
factorsd	
5. Above +	1.49 (1.27-1.75)
antidepressant use	·
(fully adjusted model)	

^aHearing loss, based on magnitude of pure tone average in better hearing ear

^bHearing aid is yes/no (used in past year)

^cDemographics include age, gender, education, study site, geographic background

^dCardiovascular risk factors include coronary artery disease (test-defined), hypertension (measured), stroke/transient ischemic attack (self-reported), diabetes (lab-defined)

^eA 20 dB increase in hearing loss is approximately equivalent to a 1-category worsening (categories are: normal, mild, moderate, moderately-severe, severe, profound)

eTable 3. Log-Linear Regression Models for Clinically Significant Depressive Symptoms (CESD-10 Score \geq 10) Based on Hearing Loss. Hispanic Community Health Study (HCHS), age \geq 50 years, n=5,328.

Model (Predictors)	Prevalence Ratio per 20 dB of Hearing Loss (95% CI) ^e
1. Hearing loss ^a	1.17 (1.07-1.26)
2. Above + hearing aidb	1.18 (1.08-1.28)
3. Above +	1.25 (1.14-1.36)
demographics ^c	
4. Above +	1.24 (1.14-1.36)
cardiovascular risk	
factorsd	
5. Above +	1.23 (1.12-1.34)
antidepressant use	
(fully adjusted model)	

^aHearing loss, based on magnitude of pure tone average in better hearing ear

^bHearing aid is yes/no (used in past year)

^cDemographics include age, gender, education, study site, geographic background

^dCardiovascular risk factors include coronary artery disease (test-defined), hypertension (measured), stroke/transient ischemic attack (self-reported), diabetes (lab-defined)

^eA 20 dB increase in hearing loss is approximately equivalent to a 1-category worsening (categories are: normal, mild, moderate, moderately-severe, severe, profound)