

Supplemental Table 1: Psychotropic Medication Use Over First Year Post-TBI

Medication Category	Brand (Generic) Medication Name
Anti-psychotics	Risperdal (risperidone)
	Seroquel (quetiapine)
	Zyprexa (olanzapine)
Mood Stabilizers	Depakene (valproic acid)
	Depakote (divalproex sodium)
	Neurontin (Gabapentin)
Anti-depressants	Celexa (citalopram)
	Cymbalta (duloxetine)
	Desyrel (trazadone)
	Effexor (venlafaxine)
	Elavil (amitriptyline)
	Lexapro (escitalopram)
	Prozac (fluoxetine)
	Remeron (mirtazapine)
	Wellbutrin (bupropion)
Zoloft (sertraline)	
Anti-panic, Anti-obsessive, and Anti-Anxiety Agents	Ativan (lorazepam)
	Klonopin (clonazepam)
	Librium (chlordiazepoxide)
	Valium (diazepam)
Stimulants	Xanax (alprazolam)
	Adderall (amphetamine)
	Ritalin (methylphenidate)
Opioid Analgesics	Strattera (atomoxetine)
	MS Contin (Morphine)
	Percocet (Oxycodone)
	Ultram (Tramadol)
	Vicodin (Hydrocodone)

The percentage of individuals that were both high in APA and AHA IgM TRAJ groups, and vice versa, is unclear. A table indicating this would be helpful.

RESPONSE: The suggested table has been added to the main report 'Autoantibody group-based trajectory analysis' (refer to new **Table 5, lines 519-521**). This table reports concordance between AHA and APA IgM TRAJ groups among n=124 individuals for which TRAJ group were formulated. Below is a summary of the relationships between TRAJ groups which are significantly associated ($X^2=4.3780$, $p=0.0364$). Those with lower levels of APA IgM also tended to express lower AHA IgM levels and vice versa, although concordance was not perfect.

Table 5: Auto-antibody Group-Based Trajectory Analysis Concordance Frequencies

	Low AHA IgM TRAJ	High AHA IgM TRAJ
Low APA IgM TRAJ	33 (26.61%)	19 (15.32%)
	63.46%#	36.54%#
	50.77%*	32.20%*
High APA IgM TRAJ	32 (25.81%)	40 (32.26%)
	44.44%#	55.56%#
	49.23%*	67.80%*

#Indicates Row Percentages (APA TRAJ%)

*Indicates Column Percentages (AHA TRAJ%)

() Parentheses indicate group percentages. (overall cohort)

Figures 5 and 6 could be combined in a single figure. Main group effects can be described in text.

RESPONSE: See new **Figure 6** which consolidates previously named **Figures 5 and 6**. As suggested main group effects have been described in results section 'APA and AHA relationships to TBI and PHH' (**lines 488-499**).