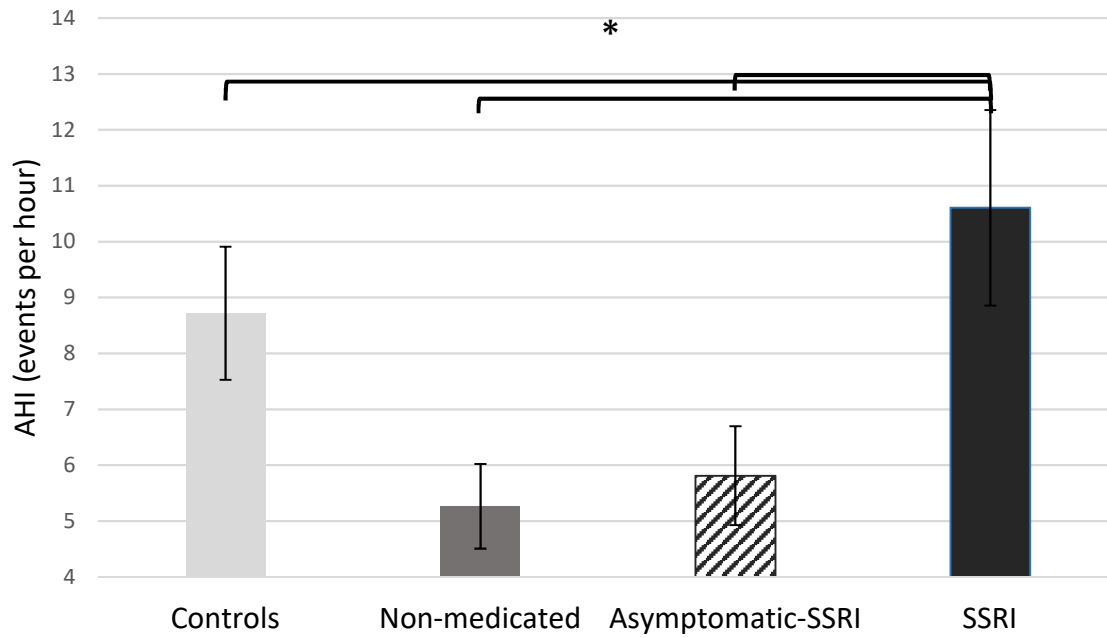


Influence of depressive states

All individuals who had a history of a unipolar depressive syndrome and were taking SSRI, but were asymptomatic on the BDI (score <14) were included in the SSRI-asymptomatic group (n = 74). As per the exclusion criteria for the other depression groups, all individuals in the SSRI-asymptomatic group had no co-morbid bipolar disorder, psychotic disorder, post-traumatic stress disorder, or neurocognitive disorder. None of them were taking any other type of psychotropic medication except SSRIs. Mixed ANCOVAs were used to compare all-night AHI between subgroups based on depressive states and SSRI use: Control, Non-medicated, SSRI, and Asymptomatic-SSRI. These ANCOVAs included age, sex, and BMI as covariates.

A significant group effects ($F(3, 411)=3.6, p=.013$; Figure S1) showed that the SSRI group had significantly higher AHI than all other groups (all $p<.033$). The Asymptomatic-SSRI group did not differ significantly from the control group ($p=.225$) or from the Non-medicated group ($p=.597$).

Figure S1. All night AHI in subgroups based on depressive states and SSRI use



AHI = apnea-hypopnea index (events per hour). * $p < .050$. Analyses were adjusted for age, sex and BMI.