

Supplementary Material

Suicide attempts before antidepressant discontinuation were defined as inpatient or outpatient contact of suicide attempts identified from the Danish Psychiatric Central Research Register and the Danish National Patient Register. Individuals were considered to have made a suicide attempt if they fulfilled one of the following criteria:²³

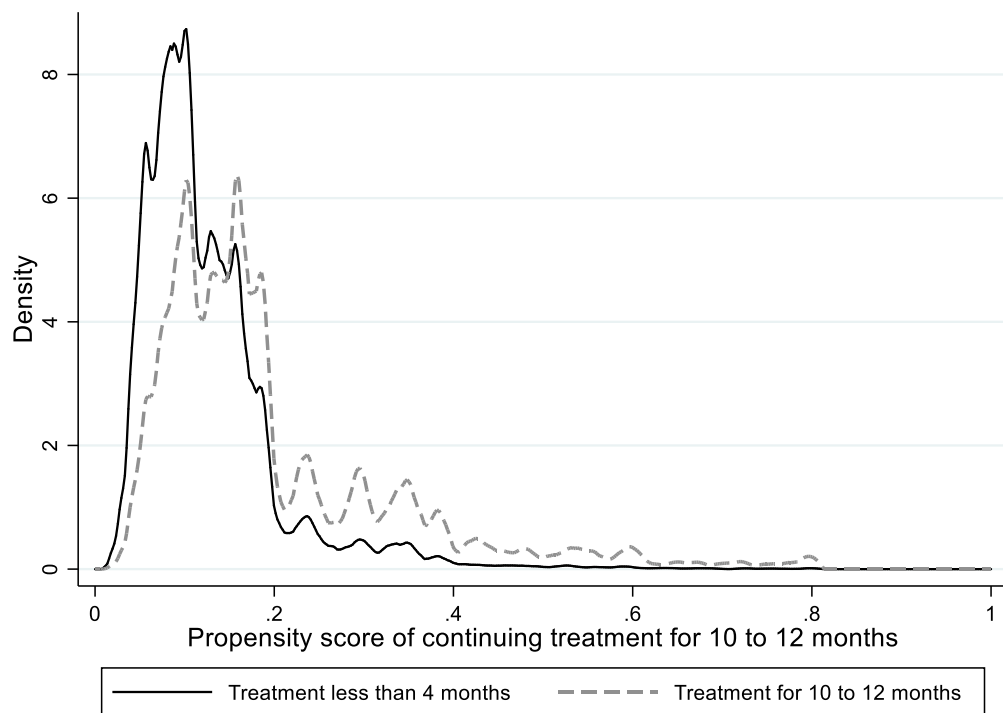
- (1) The main diagnosis of suicide attempt or deliberate self-harm (ICD-8 code: E950–E959; ICD-10: X60–84)
- (2) The main diagnosis of poisoning with weak analgesics, epileptic drugs, or carbon monoxide (ICD-10: T39, T42, T43, and T58)
- (3) Hospital contacts where the primary diagnosis is a psychiatric disorder (any from the ICD-10 F chapter and 290–315 in ICD-8) and the secondary diagnosis is intoxication (ICD-10: T36–T50 and T52–T60) or lesions at the forearm, wrist, or hand (ICD-10: S51, S55, S59, S61, S65, and S69)

STable 1. The hazard ratio of restarting antidepressants comparing those who discontinued antidepressants <10 months after initiation, compared with individuals who discontinued antidepressants after 10–12 months, redefining antidepressant discontinuation using the 45-day grace period

Timing at antidepressant discontinuation	Cases/N	Person-years	Crude HR (95% CI)	Adjusted HR (95% CI) †
< 4 months	11,068/35,786	27,755.7	1.04 (0.99–1.09)	1.05 (1.00–1.10)
4–6 months	8,126/26,096	20,047.6	1.05 (1.01–1.11)	1.07 (1.02–1.12)
7–9 months	4,639/15,175	11,640.0	1.03 (0.98–1.09)	1.04 (0.99–1.09)
10–12 months	2,083/7,061	5,407.1	1 (ref)	1 (ref)

† Models for adjusted HRs include age at the first antidepressant prescription, sex, highest education, cohabitation status, physical comorbidity, antidepressants prescribed for the treatment of anxiety disorders, insomnia or other indications, a concomitant of the benzodiazepine or other psychotropic medication, psychiatric hospital contact, substance abuse disorders and psychiatric diagnosis from antidepressant initiation to discontinuation, and calendar year at antidepressant initiation.

Figure 1. The distribution of propensity score of continuing antidepressants for 10 to 12 months among individuals who were on treatment <4 months and for 10–12 months



SFigure 2. The distribution of propensity score of continuing antidepressants for 10 to 12 months among individuals who were on treatment 4–6 months and for 10–12 months

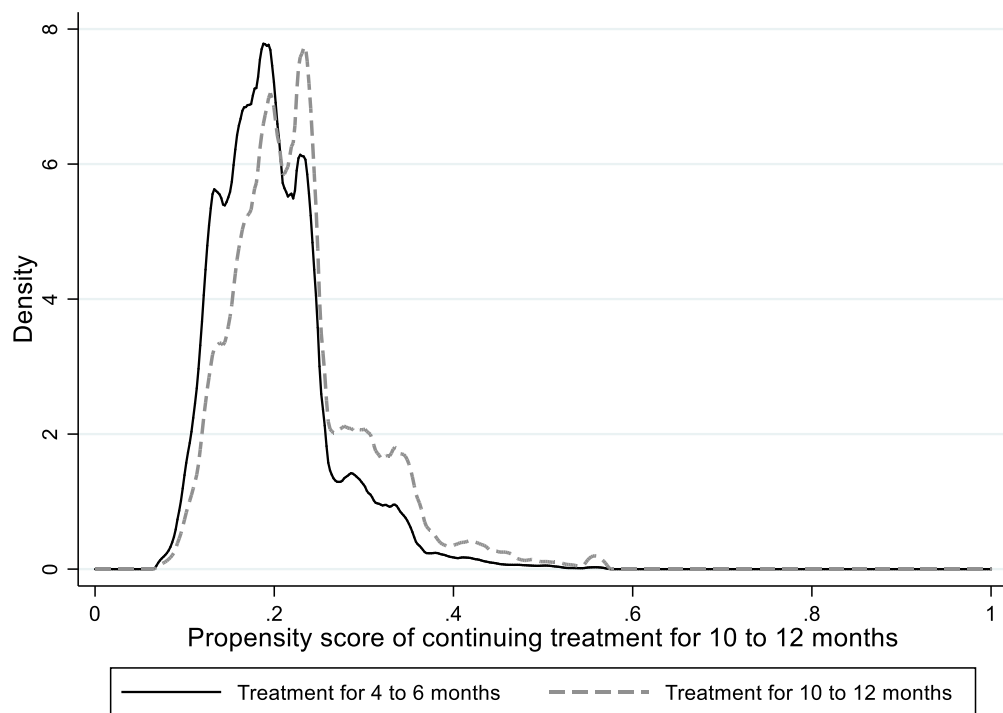
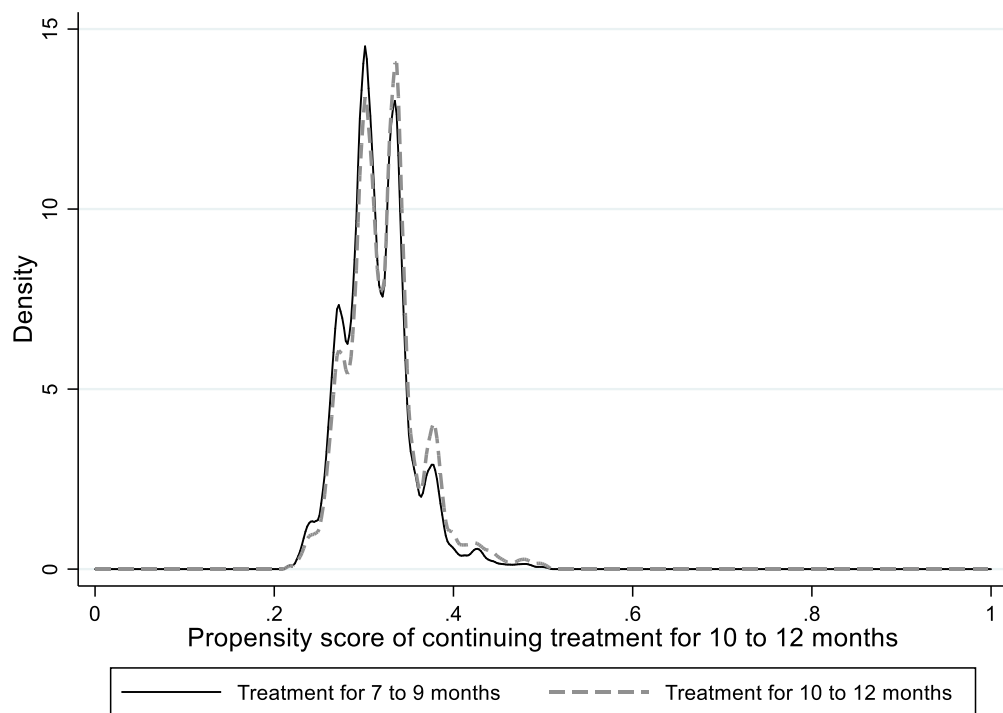


Figure 3. The distribution of propensity score of continuing antidepressants for 10 to 12 months among individuals who were on treatment 7–9 months and for 10–12 months



STable 2. Adjusted hazard ratios of restarting antidepressants among those who discontinued antidepressants before 10 months of use, compared with individuals who discontinued antidepressants after 10–12 months using 1:2 propensity score matching

<u>Timing at antidepressant discontinuation</u>	<u>Number of individuals before matching</u>		<u>Number of individuals after matching</u>		<u>Adjusted HR (95% CI)</u>
	<u>N</u>	<u>Cases</u>	<u>N</u>	<u>Cases</u>	
<u>< 4 months versus 10–12 months</u>					
<u><4 months</u>	<u>42,576</u>	<u>15,863</u>	<u>12,580</u>	<u>4,779</u>	<u>1.20 (1.14–1.27)</u>
<u>10–12 months</u>	<u>6,660</u>	<u>2,151</u>	<u>6,561</u>	<u>2,128</u>	<u>1 (ref)</u>
<u>4–6 months versus 10–12 months</u>					
<u>4–6 months</u>	<u>25,842</u>	<u>9,032</u>	<u>13,136</u>	<u>4,623</u>	<u>1.10 (1.04–1.16)</u>
<u>10–12 months</u>	<u>6,660</u>	<u>2,151</u>	<u>6,660</u>	<u>2,151</u>	<u>1 (ref)</u>
<u>7–9 months versus 10–12 months</u>					
<u>7–9 months</u>	<u>14,364</u>	<u>4,987</u>	<u>12,918</u>	<u>4,485</u>	<u>1.07 (1.01–1.13)</u>
<u>10–12 months</u>	<u>6,660</u>	<u>2,151</u>	<u>6,660</u>	<u>2,151</u>	<u>1 (ref)</u>