

**Online appendices**

Penttilä *et al* Duration of untreated psychosis as predictor of long-term outcome in schizophrenia. *Br J Psychiatry* 2014; **205**: 88–94.

**Appendix DS1** An example of complete search strategy, performed in Scopus.

1. ALL("duration of untreated psychosis")
2. ALL("delay in treatment")
3. ALL("treatment delay")
4. ALL("initiation of treatment")
5. ALL("duration of untreated illness")
6. #1 OR #2 OR #3 OR #4 OR #5
7. ALL(psychosis)
8. ALL("psychotic disorders")
9. ALL(schizophrenia)
10. ALL(schizoaffective)
11. ALL(schizophreniform)
12. #7 OR #8 OR #9 OR #10 OR #11
13. #6 AND #12
14. #13 AND LIMIT-TO(DOCTYPE, "ar")
15. #13 AND LIMIT-TO(DOCTYPE, "re")
16. #14 OR #15

**Appendix DS2** Quality assessment scale.

Items	Quality score
<b>Case Ascertainment (only one and highest score possible)</b>	
Hospital inpatient AND outpatients	2
Hospital inpatient OR outpatients	1
Unspecified	0
<b>Diagnosis (only one and highest score possible)</b>	
Any diagnostic system reported	2
Unspecified	0
<b>Method of diagnostic assignment (only one and highest score possible)</b>	
Face to face interview	2
Clinical diagnosis (recorded in hospital notes or registries)	1
Unspecified	0
<b>Method of outcomes assignment (only one and highest score possible)</b>	
Outcome assessment in follow-up includes face to face interview	4
Patient and other sources, no interview	3
questionnaire from/for patient	2
Registers (national, not e.g. certain hospital) OR information from third person (family members, treating personnel etc.) OR letter or case note review	1
Unspecified	0
<b>How the duration of untreated psychosis is defined? (only one score possible)</b>	
Face to face interview, standardized	4
Face to face interview, unspecified	3
Case note review	2
Unspecified (the onset or/and end of DUP undefined)	0
<b>Other (select from zero to seven)</b>	
Number of total sample unambiguously described	1
Dropout rate of schizophrenic psychoses described and rate at most 30%	1
Sample and methods clearly described (country, follow-up period, age of the sample, diagnostics)	1
Results clearly presented	1
Diagnosis confirmed at follow-up (interview)	1
Results for reliability reported for outcomes assessments	1
Results for reliability reported for DUP	1

Range = 0-21 Modified from the quality reporting scale of: McGrath J, Saha S, Welham J, El Saadi O, MacCauley C, Chant D. A systematic review of the incidence of schizophrenia: the distribution of rates and the influence of sex, urbanicity, migrant status and methodology. BMC Med 2004;2:13

**Appendix DS3** Examples of studies excluded from this meta-analysis and the main reason for their exclusion.

<b>Authors</b>	<b>Reason for exclusion</b>
Achte 1967	The DUP not clearly defined and no standardized diagnostic criteria were used.
Alvarez-Jimenez et al. 2011	Outcome. Did not study outcome in schizophrenia.
Alvarez-Jimenez et al. 2012	Diagnostics. Diagnostic details of the sample not available.
Bertelsen et al. 2008	Trial. Randomized controlled trial like other OPUS-studies.
Bromet et al. 2005	Review article.
Chang et al. 2011b	Diagnostics. Less than 75% of the subjects diagnosed with schizophrenia spectrum disorder.
Compton et al. 2011	Follow-up of outcome less than 2 years.
de Haan et al. 2000	Diagnostics. Did not use standardized diagnostic criteria for definition of schizophrenia.
Flyckt et al. 2006.	Diagnostics. Majority of subjects were not diagnosed with schizophrenia.
Kurihara et al. 2002	Did not present results of DUP and outcome.
Lappin et al. 2006	Biological outcome. Studied DUP only with brain morphology.
Lawoyin et al. 2007	Cognitive outcome. Outcome was measured only as cognition.
Loebel et al. 1992	Clinical Trial.
Parellada et al. 2011	Did not study DUP and outcome, only the association between DUP and insight studied.
Robinson et al. 2004	Studied duration of psychotic symptoms before study entry allowing medication before the onset of study.
Scully et al. 1997	The definition of DUP not comparable with other studies.
Sim et al. 2006	Compared length of DUP to subjects with or without psychiatric comorbidity and studied association between, DUP and outcome in subjects with comorbidity. Results were not comparable for this reason.

**Appendix DS4** References

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