**eTable 3: Numbers needed to treat to prevent suicide deaths.a**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | n | Risk (95% CI) |  | Absolute risk reduction (95% CI) | Numbers needed to treat  (95% CI)c |
| **Treatment with** | |  |  |  |  |  |
|  | Lithium | 73 | 0.007 (0.004-0.010) |  | -0.009 (-0.011 - -0.007) | 106 (93 to 141) |
|  | Valproate | 25 | 0.007 (0.002-0.018) |  | -0.009 (-0.012 - 0.000) | 114 (81 to ∞ to -3480) |
|  | Other mood stabilisers | 73 | 0.018 (0.008-0.034) |  | 0.002 (-0.007 - 0.017) | -524 (152 to ∞ to -59) |
|  | Antipsychotics | 118 | 0.011 (0.008-0.018) |  | -0.005 (-0.007 - 0.000) | 206 (145 to ∞ to -3048) |
|  | No treatmentb | 4083 | 0.016 (0.015-0.017) |  |  |  |
|  |  |  |  |  |  |  |

a Based on the full follow-up, one suicide death would be prevented for every 93 individuals with bipolar disorders who were treated with lithium when compared to individuals not in treatment. In the time to event analyses, we studied individual treatment courses. A treatment started on the date when a first prescription of a mood stabiliser was redeemed and ended on the date when it was estimated that all pills were consumed and no new prescription had been redeemed. If participants were following two treatment courses at the same time, then they contributed with at-risk time to both types of mood stabilisers. Each individual in a treatment course was matched with two individuals who were not in treatment on the date of the start of the treatment course. The matching was conducted with respect to sex and year of birth (5 year intervals). For the outcome of suicide, there were 15 treatment courses, which could not be matched to comparisons.

b Individuals with bipolar disorders who were not in treatment with mood stabilisers were used as comparison group.

c Annotation according to Altman, 1998 (DOI: 10.1136/bmj.317.7168.1309).