

Table DS1 CATIE – metabolic adverse effects (Lieberman *et al*, 2005)

	Participants with >7% weight gain, %	Weight change, lb/month of treatment	Glucose, ¹ mg/dl	Glycosol Hb, ¹ %	Cholesterol, ¹ mg/dl	Triglycerides, ¹ mg/dl
Olanzapine	30	2.0 (0.3)	13.7 (2.5)	0.4 (0.07)	9.4 (2.4)	40.5 (8.9)
Quetiapine	16	0.5 (0.2)	7.5 (2.5)	0.04 (0.08)	6.6 (2.4)	21.2 (9.2)
Risperidone	14	0.4 (0.3)	6.6 (2.5)	0.07 (0.08)	-1.3 (2.4)	-2.4 (9.1)
Ziprasidone	7	-0.3 (0.3)	5.4 (2.8)	0.11 (0.09)	-8.2 (3.2)	-16.5 (12.2)
Perphenazine	12	-0.2 (0.2)	2.9 (3.4)	0.09 (0.09)	1.5 (2.7)	9.2 (10.1)
	<i>P</i> <0.001	<i>P</i> <0.001	N.S.	<i>P</i> =0.01	<i>P</i> <0.001	<i>P</i> <0.001

CATIE, Clinical Antipsychotic Trials of Intervention Effectiveness.

1. Exposure adjusted mean change from baseline.

Table DS2 CATIE – extrapyramidal adverse effects (EPS) (Lieberman *et al*, 2005)

	Discontinuation because of EPS, %	Incidence of EPS, %		
		Parkinsonism (Simpson–Angus means)	Akathisia (Barnes ≥3)	Tardive dyskinesia (AIMS global ≥2)
Olanzapine	2	8	5	14
Quetiapine	3	4	5	13
Risperidone	3	8	7	16
Ziprasidone	4	4	9	14
Perphenazine	8*	6	7	17

CATIE, Clinical Antipsychotic Trials of Intervention Effectiveness; Simpson–Angus, Simpson–Angus Extrapyramidal Symptoms Rating Scale Barnes, Barnes Akathisia Scale; AIMS, Abnormal Involuntary Movement Scale.

**P*<0.002; remaining correlations not significant.

Reference

Lieberman, J. A., Stroup, T. S., McEvoy, J. P., *et al* (2005) Effectiveness of antipsychotic drugs in patients with chronic schizophrenia. *New England Journal of Medicine*, **353**, 1209–1223.