

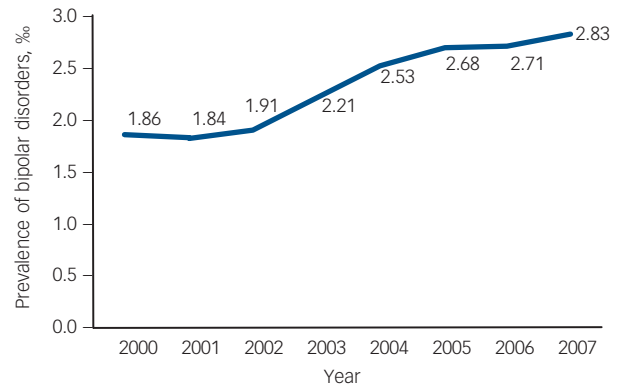
Data supplement

**Table DS1** Correlations between variables, showing that more antidepressant combinations and more psychiatric comorbidities were positively correlated with higher levels of difficult-to-treat major depressive disorder<sup>a</sup>

	Gender	P	Levels of difficulty to treat (ETT-1, ETT-2, ITT, DTT)	P	Antidepressant combinations	P	Psychiatric comorbidity	P
Gender	-		3.104	0.376	1.677	0.195	0.171	0.679
Levels of difficulty to treat (ETT-1, ETT-2, ITT, DTT)	3.102	0.376	-		<b>141.729</b>	<b>&lt;0.0001**</b>	<b>16.396</b>	<b>0.0009**</b>
Antidepressant combinations	1.677	0.195	<b>141.729</b>	<b>&lt;0.0001**</b>	-		0.979	0.323
Psychiatric comorbidity	0.171	0.679	<b>16.396</b>	<b>0.0009**</b>	0.979	0.323	-	

ETT-1, easy-to-treat group 1 (no antidepressant use); ETT-2, easy-to-treat group 2 (no antidepressant change); ITT, intermediate level of difficulty to treat (change after an adequate antidepressant trial once); DTT, difficult-to-treat group (change after an adequate antidepressant trial two or more times).

a. Results in bold are significant.  
\*\*P < 0.001, chi-squared tests.



**Fig. DS1** The prevalence of bipolar disorder in Taiwan 2000 to 2007.

This reflects clinicians' increasing awareness of bipolar disorder over time.