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| Supplementary Table S1. Comparison of participants excluded and included in analysis of mood instability, on the basis of compliance with True Colours remote monitoring | | | |
| Total N=271 | | | |
|  | Excluded data (n=26) | Included data (n=245) | Test result\* |
| Mean age at assessment (SEM) | 40.2 (2.6) | 40.4 (0.9) | *t*(269)=-0.081, *p*=0.935 |
| Gender | 20 female (76.9%), 6 male | 165 female (67.3%), 80 male | χ2(1) = 0.995, *p*=0.319 |
| Diagnosis | 19 BD1 (73.1%), 7 BD2 | 145 BD1 (59.2%), 100 BD2 | χ2(1) = 0.914, *p*=0.339 |

\*t-test or chi-squared test, as appropriate

**Comparison of BDI and BDII groups: clinical and demographic variables**

Participants diagnosed with BDI (N=164) and BDII (N=107) were well matched for gender [χ2(1) = 0.273, *p* = 0.602], age [*t*(269) = 0.977, *p* = 0.329], ethnicity [χ2(1) = 0.343, *p* = 0.558], education level [χ2(4) = 2.701, *p* = 0.609], manic/hypomanic symptoms at the time of testing (as measured by the ASRM) [χ2(1) = 1.475, *p* = 0.224], depression impairment age [*t*(269) = 0.412, *p* = 0.680] and mania impairment age [*t*(264) = 0.386, *p* =0.700]. However, the groups did differ in depressive symptoms at time of testing (as measured with the QIDS) [*t*(195) = -3.334, *p* = .001] with BDII having a significantly higher level of residual depression. BDI and BDII groups did not differ by proportion that reported being hospitalized due to depression [χ2(1) = 2.084, *p* = 0.149]. A total of 109 of BDI participants reported a manic hospitalization; consistent with diagnostic criteria no participant with BDII had been hospitalized for mania. BDI participants were more likely than BDII to report at least one suicide attempt [χ2(1) = 6.89, *p* = 0.009].

**Effects of demographic variables on overall performance in the Emotional Categorisation and Memory Task**

A higher education level was associated with greater accuracy in the categorisation task [B=0.494(0.129), p<0.001], decreased reaction time (RT) in the categorisation task [B=-57.482(14.933), p<0.001], greater recall in the recall task [B=0.445(0.088), p<0.001], and greater sensitivity in the recognition task [B=0.016(0.004), p<0.001]. Increasing age was associated with increased RT in the categorisation task [B=5.785(1.276), p<0.001], and decreased accurate free-recall [B=-0.043(0.008), p<0.001], together with decreased sensitivity in the recognition task [B=-0.002(<0.0000), p<0.001]. Female participants were quicker in the categorisation task [B=-81.810(37.385), p=0.030], they accurately free-recalled more words [B=0.873(0.220), p<0.001], and were more sensitive in the recognition task [B=0.023(0.009), p=0.012].

**Effects of demographic variables on emotional processing as measured in the Emotional Categorisation and Memory Task**

Age was significantly related to greater reaction times for negative words compared to positive words in the recognition task [B=-4.297(1.448), p=0.003]. Females, compared to males, were more accurate at categorising negative words relative to positive words [B=-1.952(0.463), p<0.001]. Males, as compared with females, were also slower at categorising negative words compared to positive words [B=54.874(18.960), p=0.004].

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| Supplementary Table S2. Mean reaction times (standard error of the mean in brackets) for accurate categorization of positive and negative words for those bipolar disorder participants who are drug free compared to those on medication. | | |
| Total N=271 | | |
|  | **Positive words** | **Negative words** |
| On medication | 1167.19 (20.38) | 1229.28 (20.50) |
| Drug free | 1156.07 (49.89) | 1175.01 (52.30) |