**Supplemental file 3**

**Non-rapid eye movement sleep and wake neurophysiology in schizophrenia**

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***Supplementary file 3: Significance of group differences between SCZ and CTR adjusted for medication***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EEG metric** | **Antipsychotic medication** | | | | | | **Adjunctive medication** | | |
| **Amisulpride**  **(n=22)** | **Aripiprazole**  **(n=12)** | **Olanzapine**  **(n=26)** | **Clozapine**  **(n=12)** | **Quetiapine Fumarate**  **(n=6)** | **Risperidone**  **(n=14)** | **Sedatives and tranquilizers**  **(n=13)** | **Emotion stabilizers and antiepileptics**  **(n=17)** | **Anticholinergics**  **(n=10)** |
| SS Density, 20 channel(s) |  |  |  |  |  |  |  |  |  |
| FS Density, 53 channel(s) |  |  |  |  |  |  |  |  |  |
| SS Amplitude, 49 channel(s) |  |  |  |  |  |  |  |  |  |
| FS Amplitude, 22 channel(s) |  |  |  |  |  |  |  |  |  |
| SS ISA, 34 channel(s) |  |  |  |  |  |  |  |  |  |
| **FS ISA, 1 channel(s)** | n.s. |  | n.s. |  |  |  |  | n.s. |  |
| FS Duration, 35 channel(s) |  |  |  |  |  |  |  |  |  |
| FS Chirp, 20 channel(s) |  |  |  |  |  |  |  |  |  |
| SO Density, 30 channel(s) |  |  |  |  |  |  |  |  |  |
| SO Duration, 36 channel(s) |  |  |  |  |  |  |  |  |  |
| SO Slope, 44 channel(s) |  |  |  |  |  |  |  |  |  |
| SS overlap with SO, 13 channel(s) |  |  |  |  |  |  |  |  |  |
| SO phase angle when SS occur, 2 channel(s) |  |  |  |  |  |  |  |  |  |
| **SO phase angle when FS occur, 2 channel(s)** |  |  | n.s. |  |  |  |  | n.s. |  |
| PSD PC #4 |  |  |  |  |  |  |  |  |  |
| PSI PC #1 |  |  |  |  |  |  |  |  |  |
| **MMN Amplitude, 1 channel(s)** |  |  | n.s. |  |  |  |  |  |  |
| P50 S2/S1 ratio, 10 channel(s) |  |  |  |  |  |  |  |  |  |
| ASSR Power, 15 channel(s) |  |  |  |  |  |  |  |  |  |
| ASSR Phase synchrony, 20 channel(s) |  |  |  |  |  |  |  |  |  |

*For each medication specified in the columns, SCZ patients taking that medication were excluded from the SCZ sample and group differences for each EEG metric at each channel were re-estimated.* ***n.s.*** *indicates that there were no channels with significant differences (unadjusted p<0.01) once subjects taking the corresponding medication were excluded.*