**Supplemental Table 3. Overview about antipsychotic (AP) medication of participants in the reviewed studies. Participants for which treatment was unknown are included in calculations as not treated with APs. If an equal proportion of participants was treated with typical and atypical APs, predominant type of AP is denoted as equal.**

|  |  |  |  |
| --- | --- | --- | --- |
| Reference | Proportion treated with APs | Predominant type of AP | Comment |
|  |  |  |  |
| *Positive and negative symptoms* |  |  |  |
| Arndt et al. (1995)7 | 100% | ? (probably typical) | - |
| Harvey et al. (1996)16 | ? | ? (probably typical) | 97% were receiving psychotropic medication |
| McGurk et al. (2000)17 | ? | ? (probably typical) | - |
| Möller et al. (2010)13 | 100% | Typical | - |
| Rosen et al. (2011)14 | 65% | ?  | Numbers refer to the 20-year follow-up |
| Gohari et al. (2012)15 | 64% | ? (probably typical) | Numbers refer to the 2-year follow-up |
|  |  |  |  |
| *Cognition* |  |  |  |
| Rund et al. (1989)22  | 71% | ? (probably typical) | - |
| Friedman et al. (2001)23  | ? | ? | - |
| Heaton et al. (2001)24 | 71% | Typical | - |
| Albus et al. (2002)25  | 100% | Typial | - |
| Brodaty et al. (2003)26 | ? | ? | No difference in antipsychotic use between patients with and without dementia |
| Burdick et al. (2006)27  | ? | ? | Medication status the same at the two measuring points |
| Bonner-Jackson et al. (2010)28  | 55% | ? | Numbers refer to the 20-year follow-up |
|  |  |  |  |
| *Neuroimaging (structural)* |  |  |  |
| Degreef et al. (1991)29  | ? | ? | - |
| Davis et al. (1998)30  | ? | ?, (probably typical) | - |
| Gur et al. (1998)8  | 50% | Typical | At follow-up, 100% of patients were treated. In FE patients, higher dose was associated with greater reduction in frontal and temporal volume. |
| Mathalon et al. (2001)31 | 100% | ? | - |
| Puri et al. (2001)32  | 88% | Typical | Medication dose and length of treatment unrelated to ventricular volume |
| Ho et al. (2003)33  | 52% | Atypical | Numbers refer to interscan interval, no relationship of dose with volume change |
| Kasai et al. (2003)34 | 85% | Typical | No relationship of dependent variables and medication |
| Whitworth et al. (2005)35 | ? | ? | - |
| Price et al. (2006)36  | 100% | Atypical | - |
| Whitford et al. (2006)37  | ? | Atypical | - |
| Nakamura et al. (2007)38  | 71% | Atypical | Antipsychotics protected against neocortical gray matter loss |
| Brans et al. (2008)39  | 91% | Atypical | Numbers refer to the interscan interval |
| Rais et al. (2008)40 | 96% | Atypical | - |
| Wang et al. (2008)10  | 88% | Atypical | Numbers refer to the interscan interval; thalamic changes between patients treated with typical vs atypical APs |
| Sun et al. (2009)41  | 88% | Equal | Numbers refer to the interscan interval |
| Yoshida et al. (2009)42  | 100% | Atypical | - |
| Koo et al. (2008)43 | 94% | Atypical | No influence of medication dose on cingulate cortex volume |
| Cobia et al. (2012)12  | ? | Atypical | Numbers refer to the interscan interval, no correlation of dose and cortical thickness |
| Trzesniak et al. (2012)44  | ? | ? | - |
|  |  |  |  |
| *Neuroimaging (functional)* |  |  |  |
| Reske et al. (2007)9  | 100% | Equal | - |
| Théberge et al. (2007)45 | 0% | - | At the 2nd and 3rd follow-up, 88% and 81% were treated with APs, respectively |
| Maïza et al. (2011)11  | 100% | Atypical | - |