Supplemental Digital Content 2: POST HOC SENSITIVITY ANALYSES

*Psychotherapy*

1. To determine whether racial and ethnic group differences in receipt of a minimal trial of individual psychotherapy and ratings of psychotherapy providers were due to differences in the timing of the individual psychotherapy treatment episode, we examined the time from the PTSD diagnostic appointment to the time of the first psychotherapy appointment. There were no differences across racial or ethnic groups on the onset of the individual psychotherapy treatment episode (F=0.81, df=2, p>0.4).

*Pharmacotherapy*

To better interpret our findings regarding the interaction of medication side-effect management with patient race/ethnicity, we conducted three post hoc sensitivity analyses. In our first two analyses, we sought to determine whether the opportunity to manage patients’ medication side-effects in pharmacotherapy clinic appointments contributed to the association of the race/ethnicity by provider side-effect management interaction with receipt of a minimal trial of treatment. In the third analysis, we examined the impact of controlling for the number of appointments on the association of the Veteran race/ethnicity and provider management of medication side-effects interaction with treatment persistence.

2. In this analysis, we examined whether the timing of pharmacotherapy appointments differed across racial and ethnic groups within the different types of clinics in which they were seen (primary care vs. mental health vs. PTSD specialty clinics). If the time between the initial antidepressant prescription and the first medication management follow up appointment was longer for African American Veterans, this might account for the greater drop-out rate we observed previously, as well as the large association between perceptions of provider help with side-effects and treatment retention. This analysis was stratified by clinic type because mental health providers have greater availability to see patients for follow-up visits. Time to first pharmacotherapy follow-up appointment was analyzed using a Cox proportional hazards model with type of clinic (PTSD specialty, general mental health, primary care), race/ethnicity, and an interaction between clinic type and race/ethnicity evaluated within VA facilities. African American Veterans who were on medications tended to have follow-up appointments that were sooner than did White Veterans in both PTSD specialty clinics (HR=1.83, 95% CI=1.17, 2.86) and in primary care clinics (HR=1.41, 95% CI=1.03, 1.92).

3. If African American Veterans had *fewer* follow-up medication management appointments then this might account for part of the race by provider side-effect interaction impact on treatment retention if there were differences in the opportunity for medication adjustments. To evaluate this possibility, we examined the number of follow-up pharmacotherapy appointments for the period between the initial prescription and the end of the sampling period (6 months post-diagnosis) accounting for type of clinic using a Poisson regression model. Latino Veterans had 12% more appointments than Whites (95% CI= 1%-21%) and African American Veterans had 24% more appointments (95% CI=12%-37%), suggesting that number of appointments was not contributory to the association between side-effect management provider rating and treatment discontinuation.

4. In the final analysis, we restricted the sample to those patients who initiated pharmacotherapy in a mental health clinic, and considered only appointments by mental health prescribers in those clinics associated with CPT codes commonly used for medication management. This was done to ensure that appointments reflected opportunities for patient-provider discussions about medications prescribed for PTSD by mental health specialists.

We then re-ran the unadjusted pharmacotherapy logistic regression model in Table 4 on the restricted sample. To control for opportunity to discuss medication side-effects, we added an additional predictor of the total number medication management appointments. We found that the total number of medication management visits was associated with the odds of pharmacotherapy persistence (OR=1.26, CI=1.16, 1.36) for all Veterans; however, the estimated odds for the interaction of African American race/ethnicity and provider management of medication side effects was not appreciably changed (Table 4 model OR=2.54 vs. Table 4 model + number of med management appointments OR=2.56). This suggests that the quality of patient-provider communication regarding side-effect management may differ depending on Veteran race/ethnicity.