

Replication Sample

In a prior unpublished study, the association between P50 suppression deficits and clinical symptoms was examined in a non-overlapping sample of patients with schizophrenia. Participants included 44 outpatients (12 female, 32 male; age: $M = 24.14$ years, $SD = 5.12$) who were assessed using the *Structured Clinical Interview for DSM-IV* (SCID; 1) and met criteria for schizophrenia. All patients were clinically stable and receiving risperidone. Although data acquisition, processing, and scoring procedures were similar to those used in the present study, they were not identical and are described in Yee et al. (2). Patients' symptoms were assessed using the Scale for the Assessment of Negative Symptoms (SANS; 3) and the Scale for the Assessment of Positive Symptoms (SAPS; 4).

P50 ratio scores ($M = 0.63$, $SD = 0.48$), S1 amplitudes ($M = 3.18 \mu\text{V}$, $SD = 1.94$), and S2 amplitudes ($M = 1.63 \mu\text{V}$, $SD = 1.10$) were similar to those observed in the present study (P50 ratio: $M = 0.60$, $SD = 0.41$; S1 amplitude: $M = 2.88 \mu\text{V}$, $SD = 1.65$; S2 amplitude: $M = 1.56 \mu\text{V}$, $SD = 1.11$). This sample also demonstrated a statistically significant association between P50 ratio scores and the SANS inattention subscale ($r = 0.380$, $p = 0.011$).

References

1. First MB, Spitzer RL, Gibbon M, Williams JBW: *Structured Clinical Interview for DSM-IV Axis I Disorders-Patient Edition (SCID-I/P)*. New York, New York State Psychiatric Institute, Biometrics Research, 2001.
2. Yee CM, Williams TJ, White PM, Nuechterlein KH, Ames D, Subotnik KL: Attentional modulation of the P50 suppression deficit in recent-onset and chronic schizophrenia. *J Abnorm Psychol.* 2010; 119:31-39.
3. Andreasen NC: *Scale for the Assessment of Negative Symptoms (SANS)*. Iowa City, University of Iowa, 1984.
4. Andreasen NC: *Scale for the Assessment of Positive Symptoms (SAPS)*. Iowa City, University of Iowa, 1984.