

CONTENTS

Appendix 1: Description of the Included Cohort Studies With Individual-Participant Data	3
FIGURE S1. Selection of studies for individual-participant pooled analysis of the association between systemic inflammation and individual symptoms of depression	6
TABLE S1. Method of exposure (C-reactive protein) and outcome (depressive symptoms) ascertainment	7
TABLE S2. Method of exposure ascertainment (interleukin-6)	8
TABLE S3. Study-specific measures of adverse childhood experiences (ACEs)	9
Appendix 2. Study Characteristics	10
TABLE S4. Study characteristics	10
TABLE S5. Study characteristics of individuals with high CRP and high levels of the identified symptoms versus other study members	12
TABLE S6. Study characteristics of individuals with high CRP and high levels of the identified symptoms versus other study members among people with overall elevated levels of depressive symptoms	13
Appendix 3. Study Specific Estimates for Random-Effect Meta-Analyses of C-Reactive Protein and Individual Depression	14
FIGURE S2a. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age & sex)	14
FIGURE S2b. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age, sex & education)	18
FIGURE S2c. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age, sex & chronic illness-related factors)	22
FIGURE S2d. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age, sex & behavioural factors)	26
FIGURE S3a. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex & individual baseline symptom)	30
FIGURE S3b. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex, individual baseline symptom & education)	33
FIGURE S3c. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex, individual baseline symptom & chronic illness-related factors)	36
FIGURE S3d. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex, individual baseline symptom & behavioural factors)	39

FIGURE S4a. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age & sex)	42
FIGURE S4b. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age, sex & education)	46
FIGURE S4c. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age, sex & chronic illness-related factors)	50
FIGURE S4d. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age, sex & behavioural factors)	54
FIGURE S5a. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age & sex)	58
FIGURE S5b. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age, sex & education)	60
FIGURE S5c. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age, sex & chronic illness-related factors)	62
FIGURE S5d. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age, sex & behavioural factors)	64
Appendix 4. Supplementary Analyses	66
FIGURE S6. Serially adjusted cross-sectional associations between CRP (low-grade) and 24 individual symptoms of depression (random-effects meta-analysis)	66
FIGURE S7. Serially adjusted cross-sectional associations between interleukin-6 and 21 individual symptoms of depression (random-effects meta-analysis)	67
FIGURE S8. Serially adjusted longitudinal associations between CRP and 21 individual symptoms of depression (random-effects meta-analysis)	68
FIGURE S9. Unadjusted and serially adjusted cross-sectional association between C-reactive protein (CRP) and, depression status, symptom domains, and 24 symptoms of depression (random-effects meta-analysis)	69
FIGURE S10. Association between C-reactive protein (CRP) and 4 depression symptoms in subgroups, after additional adjustments and longitudinally (random-effects meta-analysis)	70
TABLE S7. Random-effects meta-analysis of the cross-sectional associations between CRP and 6 individual symptoms of depression, stratified by time of exposure and outcome ascertainment	71
TABLE S8. Age- and sex-adjusted random-effects meta-analysis of the cross-sectional association between CRP and individual symptoms of depression in people with an overall elevated level of depressive symptoms	72
Appendix 5. Statistical Code	73
Statistical Code R: Random-effects analysis of the cross-sectional associations between C-reactive protein and individual symptoms of depression (RStudio)	73
Statistical Code STATA: Loop for multivariate logistic regression analyses (example)	74
REFERENCES	75

Appendix 1: Description of the Included Cohort Studies With Individual-Participant Data

Costa Rican Longevity and Healthy Aging Study (CRELES)(1)

The Costa Rican Longevity and Healthy Aging Study (CRELES) is a nationally representative, longitudinal survey which was established in 2005 to explore the health and lifecourse experiences of 2,827 Costa Rican adults aged ≥ 60 years. Baseline household interviews were conducted between 2004 and 2006, with two-year follow-up interviews in 2007 and 2009. CRELES has collected data on variety of biological, psychological, and sociological measures to assess the causes and consequences of health-related outcomes. Plasma C-reactive protein (CRP) was collected at baseline (2005) from fasting blood samples. Depressive symptoms were measured at baseline and two years later, using the Geriatric Depression Scale.(2) Written informed consent was obtained prior to the study. Ethical approval was granted by the Ethical Science Committee of the University of Costa Rica (<http://ccp.ucr.ac.cr/creles>).

English Longitudinal Study of Ageing (ELSA)(3)

The English Longitudinal Study of Ageing (ELSA) is an ongoing, nationally representative, longitudinal, population study of adults aged ≥ 50 years living in England. ELSA was established in 2002. Since then, participants have been followed up biannually. Thus far, there have been 9 waves of data collection in ELSA. For the present study, baseline levels of plasma CRP were measured at wave 6 (2012/13) from fasting blood samples. Depressive symptoms were ascertained at baseline and wave 8 (2016/17), using the 8-item version of the Centre for Epidemiological Studies Depression Scale.(4) Written informed consent was obtained at each data collection wave. Ethical approval was obtained from the London Multi-Centre Research Ethics Committee (<https://www.elsa-project.ac.uk>).

Midlife in the United States (MIDUS)(5)

The Midlife in the United States (MIDUS) study is a nationally representative, longitudinal survey of health and well-being of non-institutionalised, English-speaking adults aged 25 - 74 years in the United States. Participant selection was based on random digit dialling conducted between 1995 and 1996. The total original sample (n=7108) includes the main respondents (n=3487), their siblings (n=950), an oversample from five metropolitan areas in the United States (n=757), and a twin subsample (n=1914). The collection of psychosocial data was primarily based on telephone interviews and questionnaires distributed via email to study participants. A follow-up study of the cohort was conducted between 2004-2009 (MIDUS II), which included the *Biomarker Project*. Biological and neurological data of 1,255 respondents was collected from two distinct subsamples: the longitudinal survey sample of 1,054 participants, and the Milwaukee sample of 201 participants who participated in the baseline MIDUS Milwaukee study initiated in 2005. In the present multi-cohort study, we included individuals with complete data on two inflammatory markers (interleukin-6 [IL-6] or CRP), covariates, and depressive symptoms. Serum CRP and IL-6 measures were obtained from fasting blood samples. Depressive symptoms were assessed using the 20-item CES-D(4) questionnaire (<http://www.midus.wisc.edu>).

Whitehall II(6)

The Whitehall II study is a prospective cohort study comprising 10,308 men and woman aged 35 to 55 years, who were recruited from 20 London-based civil service departments in 1985. To date, there have been 11 phases of data collection. Since 1985, data has been collected every two to five years, using a wide range of self-report measures and clinical assessments to explore social, psychological, biological and behavioural factors determinants of health, illness, and social inequalities. In the present analyses, we used measures of fasting serum CRP and IL-6 at wave 7 (2002/04, baseline). Depressive symptoms were assessed at baseline and three years later (2007/2009) using the 20-item version of the CES-D.(4) Written informed consent from participants was obtained at each wave of data collection. Ethical approval has been granted by the University College London Medical School Committee on the Ethics of Human Research (<https://www.ucl.ac.uk/iehc/research/epidemiology-public-health/research>).

Understanding Society (UKHLS)(7)

Understanding Society, the UK Household Longitudinal Study (UKHLS), is a large-scale prospective cohort study that has followed people from over 40,000 households throughout the UK. It captures a representative sample of people of all age ages and ethnicities. UKHLS was launched in 2009, building on and including data from the British Household Panel Survey (BHPS). To date, there have been 8 waves of data collection. UKHLS has collected a variety of biopsychosocial measures, including information about participants' social and economic circumstances, psychological well-being, attitudes and beliefs, physical illness, and genetics. Psychosocial data and general health information were collected via annual face-to-face interviews and a self-completion online survey. Biomedical data

(e.g., weight, height, blood samples) were collected during the nurse health assessments. Serum levels of CRP were measured at wave 2 (2010-12, baseline) from non-fasting blood samples. Depressive symptoms were ascertained at wave 2 and 3 (2011-13), using the 12-item General Health Questionnaire (GHQ-12).(8) Written informed consent was obtained at each wave of data collection. UKHLS has been granted ethical approval by the University of Essex Ethics Committee; approval for the nurse health assessment was granted by the National Research Ethics Service approved the nurse health assessment (<https://www.understandingsociety.ac.uk>).

National Health and Nutrition Survey (NHANES) – 2005/06, 2007/08, 2009/10, 2015/16, and 2017/18(9)

The National Health and Nutrition Examination Survey (NHANES) is a series of studies designed to ascertain nationally representative information on health and the nutritional status of children and adults in the United States. NHANES was initially established by the National Centre for Health Statistics (NCHS) in the 1960s, and became continuous in 1999, collecting data from a nationally representative sample of approximately 5000 people each year. For the present analyses, we focused on 5 independent NHANES cohorts with complete data on CRP, covariates, and depressive symptoms from 2005/06, 2007/08, 2009/10, 2015/16, and 2017/18. In each cohort, measures on systemic inflammation were based on serum high-sensitivity CRP collected from participants' fasting blood samples. Depressive symptoms were measured using 9 items of the Patient Health Questionnaire (PHQ-9).(10) Written informed consent was provided prior to each study. Ethical approval was granted by the NCHS Research Ethics Review Board (ERB) (https://wwwn.cdc.gov/Nchs/Nhanes/2009-2010/CRP_F.htm).

Social Environment and Biomarkers of Aging Study (SEBAS)(11)

The Social Environment and Biomarkers of Ageing Study (SEBAS) is a nationally representative, longitudinal survey of both middle-aged and older adults living in Taiwan. The first wave of data collection was conducted in 2000 and participants were followed up in 2006. SEBAS provides a rich variety of social, environmental, psychological and biological data. Baseline measures of systemic inflammation included fasting serum samples of CRP and IL-6. Depressive symptoms were assessed at baseline and six years later, using a 10-item version of the CES-D.(4) SEBAS was approved by ethical committees in Taiwan, at Georgetown University, and at Princeton University. Written informed consent was obtained prior to the study. More information about the Social Environment and Biomarkers of Aging Study can be found at the Georgetown University Centre for Populations and Health website (<https://cph.georgetown.edu/research/taiwan/>).

Health and Retirement Study (HRS)(12)

The Health and Retirement Study (HRS) is a nationally representative, longitudinal, biannual, population-based cohort study of approximately 20,000 people aged ≥ 51 years in the United States. HRS was launched in 1992 by the University of Michigan and is funded by the National Institute on Aging. Since then, HRS has collected information about income, work, assets, pension plans, health insurance, disability, physical health and functioning, mental health, cognitive functioning, and health care expenditures (<https://hrs.isr.umich.edu/about>). CRP levels (dried blood spots) were collected after face-to-face interviews and subsequently analysed using an enzyme-linked immunosorbent assay. The 20-item version of the CES-D(4) to assess depressive symptoms. Participants provided written informed consent prior to the study, and ethical approval was granted by the University of Michigan Institutional Review Board.

The Irish Longitudinal Study of Ageing (TILDA)(13)

The Irish Longitudinal Study of Ageing (TILDA) is a prospective cohort study exploring the economic, social, age-, and health-related experiences of community-dwelling adults aged ≥ 50 years in the Republic of Ireland. The first wave of data collection was conducted between October 2009 and July 2011 in a representative sample of 8,175 adults. Sampling was based on a three-stage selection process using the Geodirectory (i.e., an extensive list of all addresses registered in Ireland) as a sampling frame. First, subdivisions of electoral districts stratified by socio-economic status, age, and geographical location were used as the primary sampling unit. Second, a random probability sample of 40 addresses was selected from within each cluster, resulting in an initial sample of 25,600 addresses. The third stage involved asking all adults aged ≥ 50 years of selected households to participate. Participants completed a computer assisted personal interview (CAPI) and a self-administered questionnaire and were then invited to attend one of two test centres for the collection of physical samples and bio-medical measures. High-sensitivity CRP was measured in non-fasting blood plasma using a third-generation particle enhanced immunoturbidimetric assay. Depressive symptoms were assessed using the 20-item version of the CES-D.(4) All participants provided written informed consent prior to the study. Ethical approval was granted by the Research Ethics Committee of Trinity College Dublin (<https://tilda.tcd.ie>).

The National Social Life, Health, and Aging Project (NSHAP)(14)

The National Social Life, Health, and Aging Project (NSHAP) is a nationally representative, longitudinal cohort study of community-dwelling older adults in the United States. NSHAP aims to examine the interactions among and relationships between physical health and illness, mental health, medication use, health behaviours, cognitive functioning, social relationships, and sexuality. Thus far, there have been three waves of data collection. The first wave of NSHAP was conducted between 2005 and 2006 by NORC and Principal Investigators at the University of Chicago, completing more than 3,000 interviews with a sample of adults born between 1920 and 1947 (aged 57 to 85 at the time of Wave 1 interview). Approximately 3,400 interviews were conducted for wave 1 with wave 2 respondents, wave 1 non-interviewed respondents, and their spouses or cohabiting romantic partners between 2010 and 2011. Wave 3 was conducted from September 2015 to November 2016, including 2,409 wave 2 respondents, and a refresher cohort consisting of adults born between 1948 and 1965 together with their spouses or romantic partners. A total 4,777 respondents were interviewed in Wave 3. Data on high-sensitivity CRP was derived from dried blood spots collected at participants' homes during the interview. Depressive symptoms were ascertained from the 11 items of the CES-D.(4) All participants gave their written informed consent prior to participation in the study. The study protocol was approved by NORC, the Institutional Review Boards of the University of Chicago, and the University of Arizona.

The Mexican Health and Aging Study (MHAS)(15)

The Mexican Health and Aging Study (MHAS) is a nationally representative, longitudinal cohort study of adults aged ≥ 50 years living in both urban and rural areas in Mexico. MHAS was designed to explore health and ageing-related biopsychosocial mechanisms and outcomes. To date, five waves of data collection have been conducted; a baseline wave of adults born in 1951 or earlier was conducted in 2001 with follow-up interviews held in 2003, 2012, 2015, and 2018. Data on biomarkers were collected from 2012 onwards, including serum levels of high-sensitivity CRP obtained from dried blood spots. Depressive symptoms were ascertained from 9-items of the CES-D.(4) All participants provided written informed consent prior to each wave of data collection. Ethical approval for MHAS study protocols and instruments were granted by the Institutional Review Board or Ethics Committee of the University of Texas Medical Branch, the Instituto Nacional de Estadística y Geografía (INEGI) in Mexico, and the Instituto Nacional de Salud Pública (INSP) in Mexico (<http://www.mhasweb.org>).

FIGURE S1. Selection of studies for individual-participant pooled analysis of the association between systemic inflammation and individual symptoms of depression

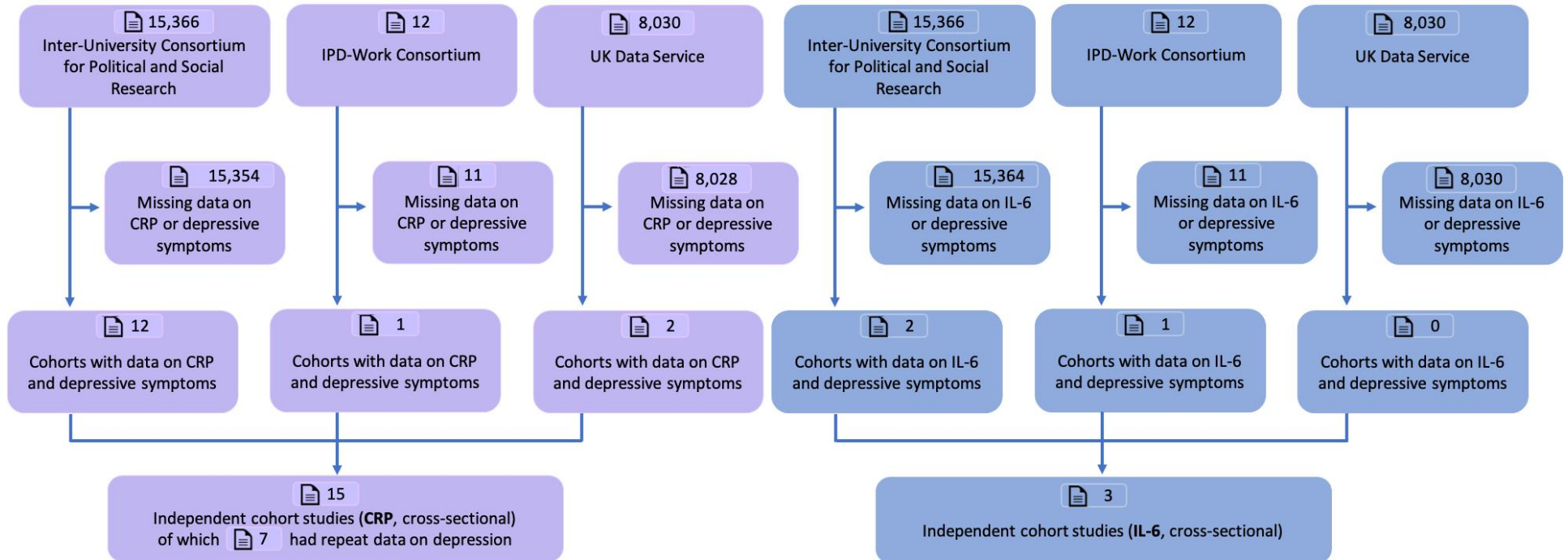


TABLE S1. Method of exposure (C-reactive protein) and outcome (depressive symptoms) ascertainment

Study	Method of CRP ascertainment	Time interval blood collection and measurement of depressive symptoms at baseline	Method of depression symptoms ascertainment	Cut-off depression measures	Prevalence
SEBAS	Serum (fasting)	24 days (mean lag)	Centre for Epidemiological Studies Depression Scale	≥ 10	17.61%
MHAS	Dried blood spot	Same day	Centre for Epidemiological Studies Depression Scale	≥ 4	36.65%
MIDUS	Serum (fasting)	1 day	Centre for Epidemiological Studies Depression Scale	≥ 16	13.17%
CRELES	Plasma (fasting)	Same day	Geriatric Depression Scale	≥ 10	9.95%
NSHAP	Dried blood spots	Same day	Centre for Epidemiological Studies Depression Scale	≥ 9	24.07%
NHANES 2005	Serum (fasting)	Same day	Depression Screener Questionnaire	≥ 10	6.10%
NHANES 2007	Serum (fasting)	Same day	Depression Screener Questionnaire	≥ 10	9.53%
NHANES 2009	Serum (fasting)	Same day	Depression Screener Questionnaire	≥ 10	9.42%
NHANES 2015	Serum (fasting)	Same day	Depression Screener Questionnaire	≥ 10	8.14%
NHANES 2017	Serum (fasting)	Same day	Depression Screener Questionnaire	≥ 10	8.65%
Whitehall II	Serum (fasting)	14 days (mean lag)	Centre for Epidemiological Studies Depression Scale (20-item version)	≥ 16	15.10%
TILDA	Plasma (non-fasting)	≥ 1 week	Centre for Epidemiological Studies Depression Scale	≥ 16	8.23%
ELSA	Plasma (fasting)	2 -6 weeks	Centre for Epidemiological Studies Depression Scale (8-item version)	≥ 4	11.31%
UKHLS	Serum (non-fasting)	5 months	General Health Questionnaire	≥ 4	16.90%
HRS	Dried blood spots	No date	Centre for Epidemiological Studies Depression Scale	≥ 4	14.56%
Total					13.96%

TABLE S2. Method of exposure ascertainment (interleukin-6)

Study	Method of IL-6 ascertainment	Time of blood collection	Fasting status	Analytical method
SEBAS	Serum	Morning	Fasting	High-sensitivity enzyme-linked immunosorbent assay (ELISA)
MIDUS	Serum	Morning	Fasting	High-sensitivity enzyme-linked immunosorbent assay (ELISA)
WHII	Serum	Morning	Fasting	High-sensitivity enzyme-linked immunosorbent assay (ELISA)

TABLE S3. Study-specific measures of adverse childhood experiences (ACEs)

Adverse childhood experiences	Cohorts	MHAS	ELSA	CRELES	WHII	HRS	NSHAP	MIDUS
	1	Serious health problems		Ever lived in children's home or with foster parents	Poverty	Hospitalization for four or more weeks	Physical abuse by a parent	Family life happy growing up
2	Lived with grandparents		Separation from mother for ≥6 months at age ≤16 years	Health Problems	Parental divorce	Parents' drinking/drug use caused problems	Family well off from age 6-16	Physical abuse
3	Had typhoid fever		Victim of serious physical attack/assault at age ≤16 years	Tuberculosis	Unintentional parental unemployment	Repeating a school year	Lived with both parents from age 6-16	Sexual abuse
4	Had blow to head		Victim of sexual assault at age ≤16 years	Rheumatic fever	Parental mental illness/problematic alcohol consumption		Health status from age 6-16	Emotional neglect
5	Had tuberculosis		Physically abusive parents at age <16 years	Poliomyelitis	Physical abuse by someone close		Experienced violent event from age 6-16	Physical neglect
6	Had rheumatic fever		Parents with substance abuse/mental health problems at age <16 years	Malaria	Exposure to frequent parental arguments or fights		Witnessed violent event from age 6-16	
7	Had polio		Parents argued or fought very often at age <16 years	Asthma	Orphanage/children's home			
8	Health compared to other children		Serious illness <16 years	No bathroom				
9	Had no toilet inside home		Loss of parent <16 years	No shoes				
10	Went hungry to bed		Foster care <16 years	No electricity				
11	No shoes							
12	Dropped out of school							
13	Family slept in same room where food prepared							
14	Family received financial assistance							

Appendix 2. Study Characteristics

TABLE S4. Study characteristics

Study	Baseline (year)	Country	Number of participants	Number (%) of women	Mean age at baseline (years)	Geometric mean CRP (mg/L) [mean (CI)]	Method of depression symptoms ascertainment	Number of symptoms by domain (physical/cognitive/emotional/self-perception/self-harm) **
CRP COHORTS								
SEBAS	2000	Taiwan	602	263 (43.7%)	65.9	0.74 (0.57 - 0.97)	Centre for Epidemiological Studies Depression Scale	4/1/1/0/0
MHAS *	2012	Mexico	865	527 (60.9%)	54.8	0.96 (0.90 - 1.03)	Centre for Epidemiological Studies Depression Scale	3/0/5/0/0
MIDUS	2004-2009	USA	949	509 (53.6%)	45.8	0.74 (0.67 - 0.80)	Centre for Epidemiological Studies Depression Scale	5/4/7/4/0
CRELES	2005	Costa Rica	1186	662 (55.8%)	71.9	1.27 (1.24 - 1.30)	Geriatric Depression Scale	1/1/2/0/0
NSHAP *	2005-2006	USA	1807	934 (51.7%)	69.3	0.82 (0.77 - 0.87)	Centre for Epidemiological Studies Depression Scale	4/1/5/1/0
NHANES 2005	2005-2006	USA	3933	2037 (51.8%)	47.9	1.10 (1.07 - 1.14)	Depression Screener Questionnaire	4/2/1/1/1
Whitehall II *	2002-2004	UK	4133	1123 (27.2%)	60.8	0.64 (0.62 - 0.67)	Centre for Epidemiological Studies Depression Scale	5/4/7/4/0
NHANES 2017	2017-2018	USA	4325	2206 (51.0%)	51.2	0.87 (0.84 - 0.90)	Depression Screener Questionnaire	4/2/1/1/1
NHANES 2015	2015-2016	USA	4497	2309 (51.4%)	49.7	1.03 (1.00 - 1.06)	Depression Screener Questionnaire	4/2/1/1/1
TILDA *	2009-2011	Ireland	4704	2590 (55.1%)	62.1	0.73 (0.70 - 0.76)	Centre for Epidemiological Studies Depression Scale	5/4/7/4/0
NHANES 2007	2007-2008	USA	4751	2404 (50.6%)	50.4	1.02 (1.00 - 1.05)	Depression Screener Questionnaire	4/2/1/1/1
NHANES 2009	2009-2010	USA	4914	2474 (50.4%)	49.3	1.00 (0.97 - 1.02)	Depression Screener Questionnaire	4/2/1/1/1
ELSA *	2012-2013	UK	5490	3027 (55.1%)	66.8	0.78 (0.76 - 0.80)	Centre for Epidemiological Studies Depression Scale	3/0/5/0/0
UKHLS *	2010-2012	UK	5615	3121 (55.6%)	53	0.81 (0.79 - 0.84)	General Health Questionnaire	1/1/3/0/0
HRS *	2006-2008	USA	8580	5040 (58.7%)	68.3	0.90 (0.88 - 0.92)	Centre for Epidemiological Studies Depression Scale	3/1/5/0/0
Total			56351	29226 (51.5%)	57.8 (12.0)	0.89 (0.85 - 0.94)		

Continues ...

Table S4 (continued)

Study	Baseline (year)	Country	Number of participants	Number (%) of women	Mean age at baseline (years)	Geometric mean CRP (pg/mL) [mean (CI)]	Method of depression symptoms ascertainment	Number of symptoms by domain (physical/cognitive/emotional/self-perception/self-harm) **
IL-6 COHORTS								
SEBAS	2000	Taiwan	600	261 (43.5%)	66	1.01 (0.96 - 1.06)	Centre for Epidemiological Studies Depression Scale	4/1/1/0/0
MIDUS	2004-2009	USA	953	511 (53.6%)	45.8	0.65 (0.61 - 0.70)	Centre for Epidemiological Studies Depression Scale	5/4/7/4/0
Whitehall II	2002-2004	UK	3820	1005 (26.3%)	60.6	0.55 (0.54 - 0.57)	Centre for Epidemiological Studies Depression Scale	5/4/7/4/0
Total			5373	1777 (41.1%)	57.5	0.74 (0.70 - 0.78)		

* Studies with repeated measures of depression symptoms

** Physical symptoms / Cognitive symptoms / Emotional symptoms / Symptoms of self-perception / Self-harm symptoms

TABLE S5. Study characteristics of individuals with high CRP and high levels of the identified symptoms versus other study members

	High CRP (≥ 3 mg/L) & high levels of identified symptoms (top tertile)	Others	p-value
	N = 3,587	N= 52,764	
Age	59.66 (15.3)	57.53 (16.1)	< 0.001
Sex			< 0.001
<i>Men</i>	33.65%	49.12%	
<i>Women</i>	66.35%	50.88%	
Education			< 0.001
<i>None/Elementary</i>	27.43%	20.56%	
<i>Secondary</i>	47.87%	43.53%	
<i>Tertiary</i>	24.70%	35.91%	
Smoking			< 0.001
<i>Yes</i>	32.14%	28.11%	
<i>No</i>	67.86%	71.89%	
Physically inactive			< 0.001
<i>Yes</i>	58.91%	34.54%	
<i>No</i>	41.09%	65.46%	
Alcohol			< 0.001
<i>None/low</i>	61.40%	39.26%	
<i>Moderate</i>	31.89%	48.92%	
<i>High</i>	6.71%	11.82%	
Body mass index	32.37 (7.8)	28.27 (5.8)	< 0.001
Systolic blood pressure	129.70 (20.23)	128.83 (19.3)	0.001
Diastolic blood pressure	75.24 (13.6)	74.48 (12.7)	< 0.001
Diabetes			< 0.001
<i>Yes</i>	24.78%	10.93%	
<i>No</i>	75.22%	89.07%	
Cancer			< 0.001
<i>Yes</i>	14.08%	9.46%	
<i>No</i>	85.92%	90.54%	
CHD			< 0.001
<i>Yes</i>	18.34%	7.63%	
<i>No</i>	81.66%	92.37%	
Stroke			< 0.001
<i>Yes</i>	7.75%	3.50%	
<i>No</i>	92.25%	96.50%	

Note: Number (percentage) and mean (standard deviation).

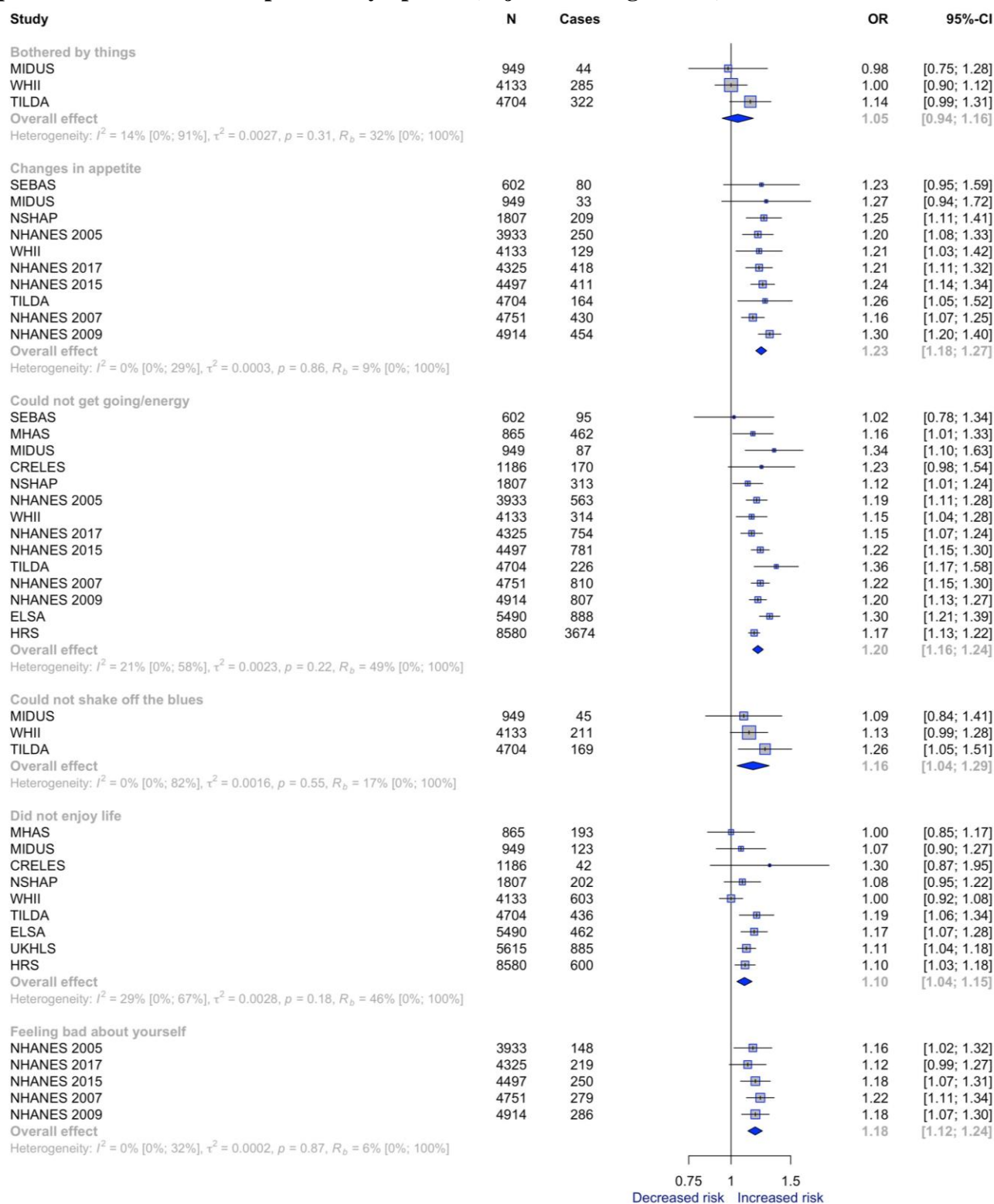
TABLE S6. Study characteristics of individuals with high CRP and high levels of the identified symptoms versus other study members among people with overall elevated levels of depressive symptoms

	High CRP (≥ 3 mg/L) & high levels of identified symptoms (top tertile)	Others	p-value
	N = 1,963	N= 4,851	
Age	58.26 (14.74)	57.70 (15.15)	0.162
Sex			< 0.001
<i>Men</i>	30.92%	39.72%	
<i>Women</i>	69.08%	60.28%	
Education			0.271
<i>None/Elementary</i>	31.89%	30.10%	
<i>Secondary</i>	44.22%	44.60%	
<i>Tertiary</i>	23.89%	25.30%	
Smoking			0.702
<i>Yes</i>	36.12%	36.61%	
<i>No</i>	63.88%	63.39%	
Physically inactive			< 0.001
<i>Yes</i>	61.49%	42.75%	
<i>No</i>	38.51%	57.25%	
Alcohol			< 0.001
<i>None/low</i>	62.21%	44.84%	
<i>Moderate</i>	30.21%	40.34%	
<i>High</i>	7.58%	14.82%	
Body mass index	32.58 (8.08)	28.14 (5.88)	< 0.001
Systolic blood pressure	129.16 (20.1)	128.11 (19.27)	0.043
Diastolic blood pressure	75.75 (13.25)	75.27 (12.31)	0.157
Diabetes			< 0.001
<i>Yes</i>	25.06%	13.75%	
<i>No</i>	74.94%	86.25%	
Cancer			< 0.001
<i>Yes</i>	12.53%	9.48%	
<i>No</i>	87.47%	90.52%	
CHD			< 0.001
<i>Yes</i>	16.96%	10.37%	
<i>No</i>	83.04%	89.63%	
Stroke			0.002
<i>Yes</i>	8.00%	5.92%	
<i>No</i>	92.00%	94.08%	

Note: Number (percentage) and mean (standard deviation).

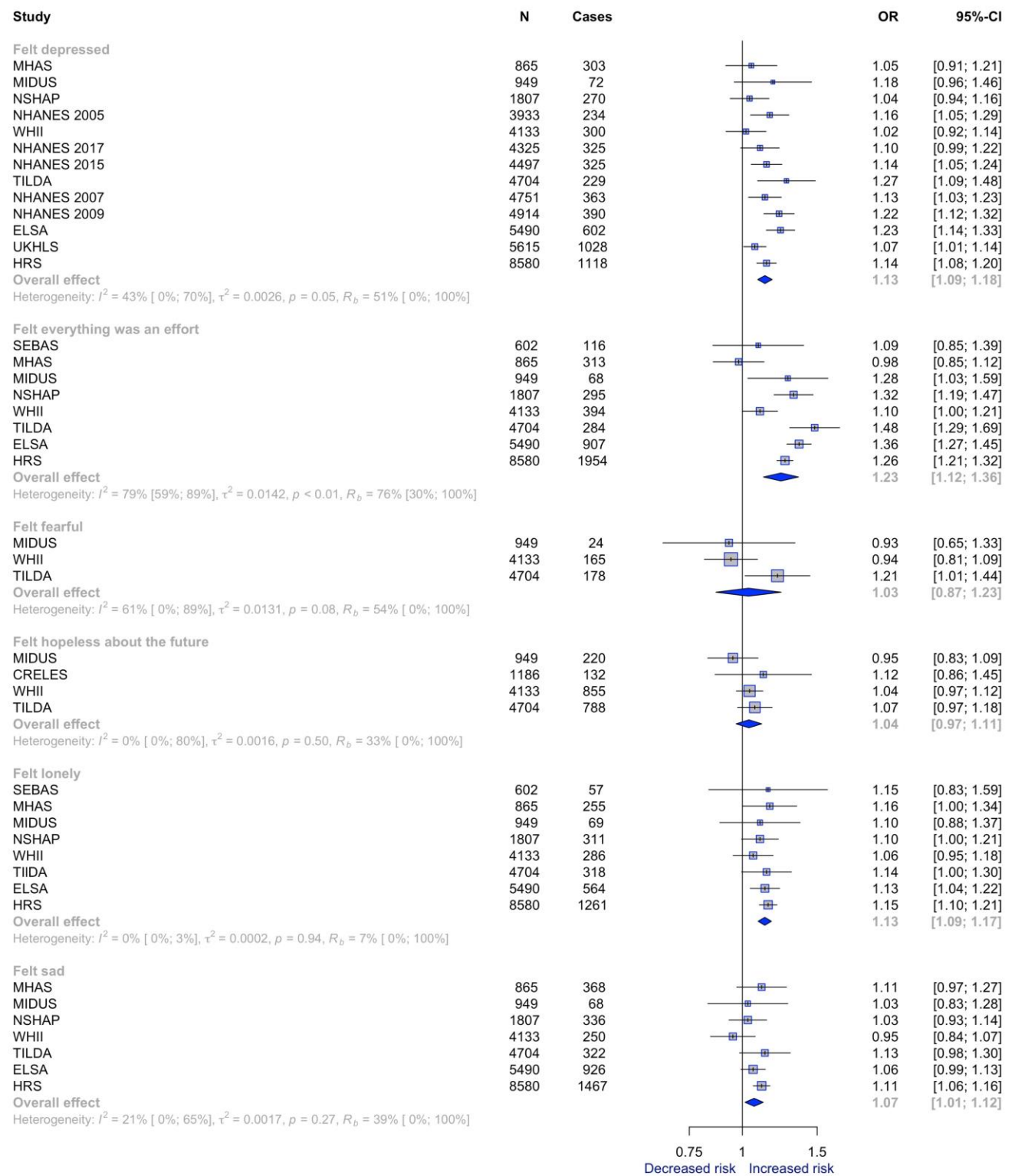
Appendix 3. Study Specific Estimates for Random-Effect Meta-Analyses of C-Reactive Protein and Individual Depression

FIGURE S2a. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age & sex)



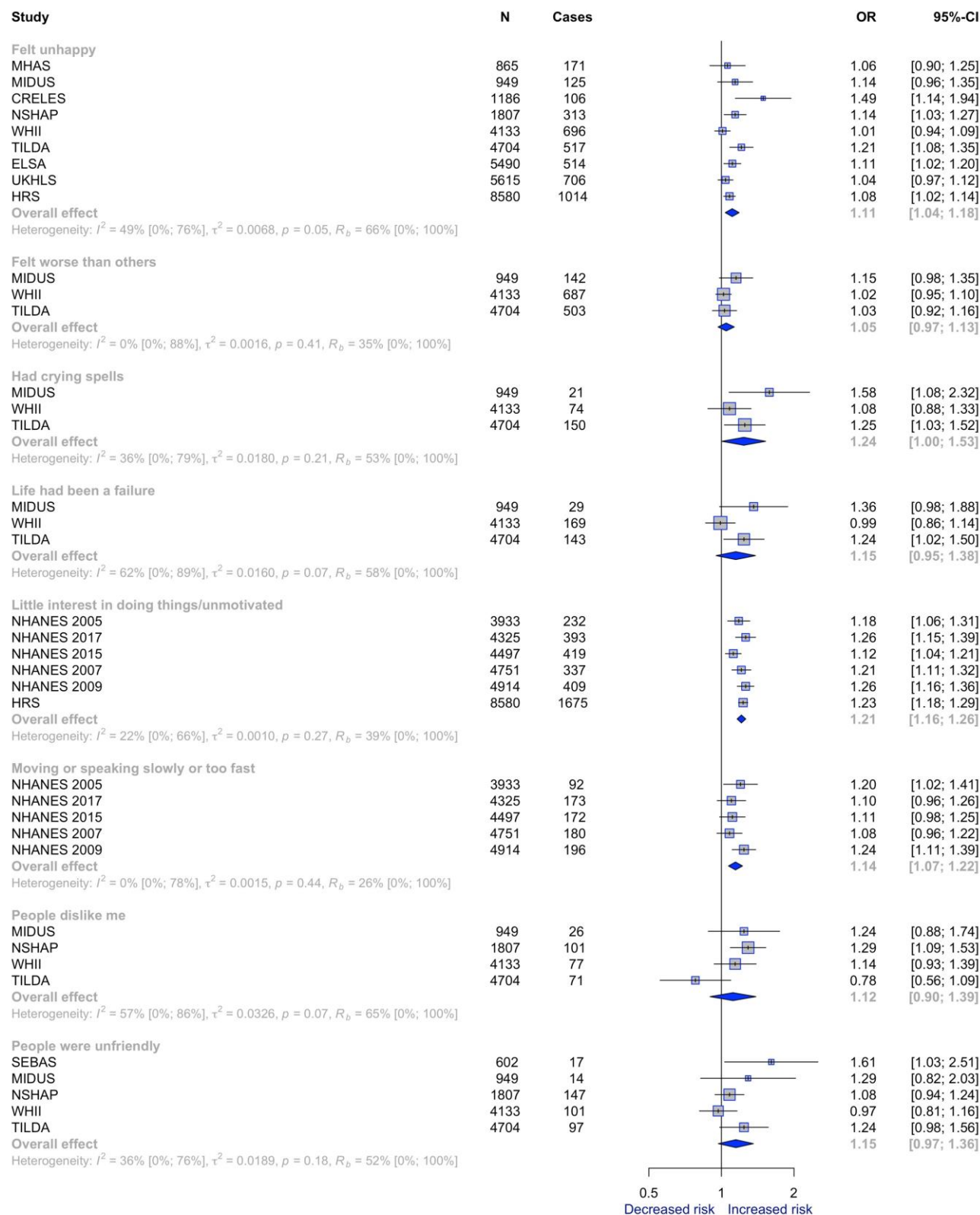
Continues...

Figure S2a (continued)



Continues...

Figure S2a (continued)



Continues...

Figure S2a (continued)

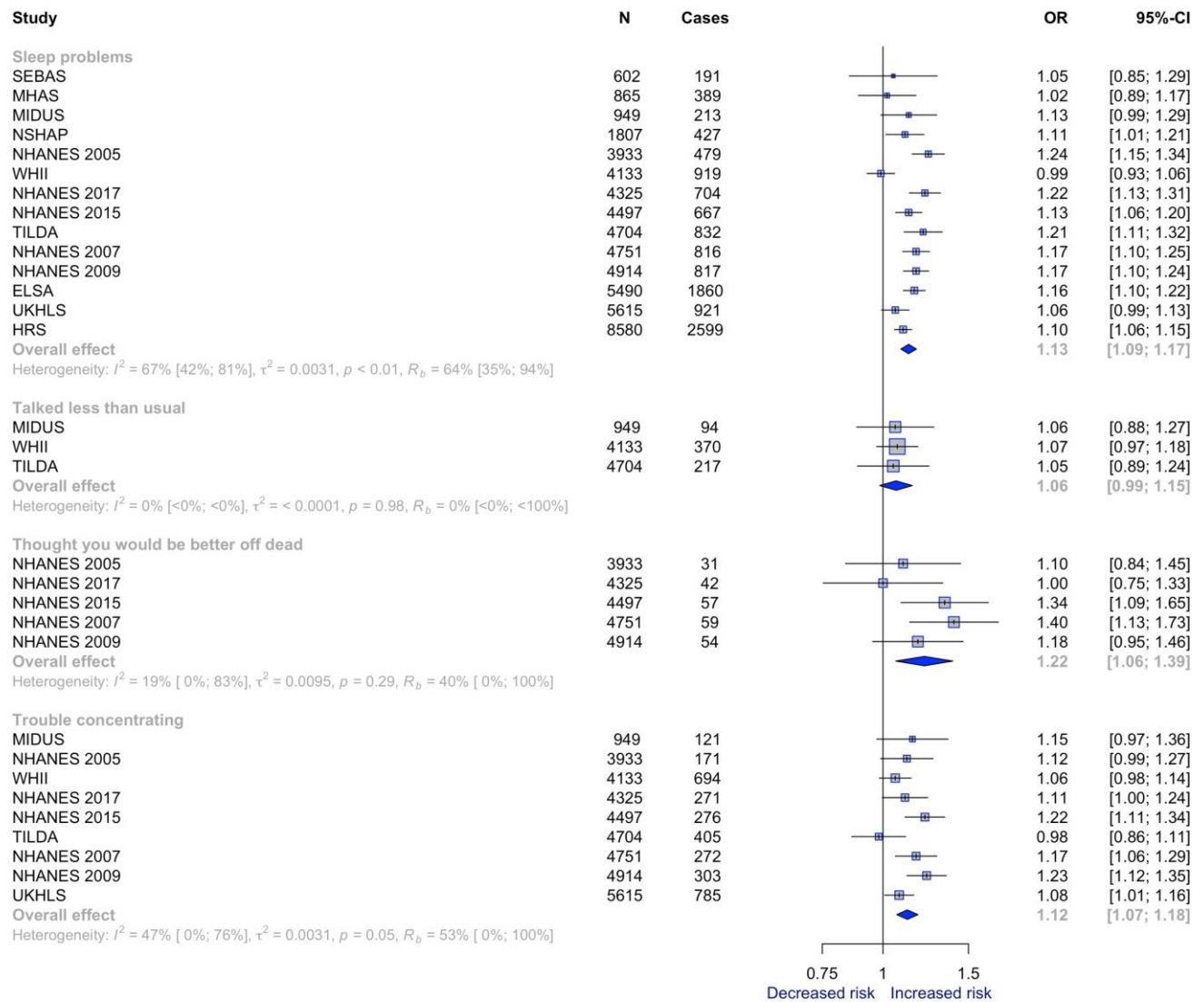
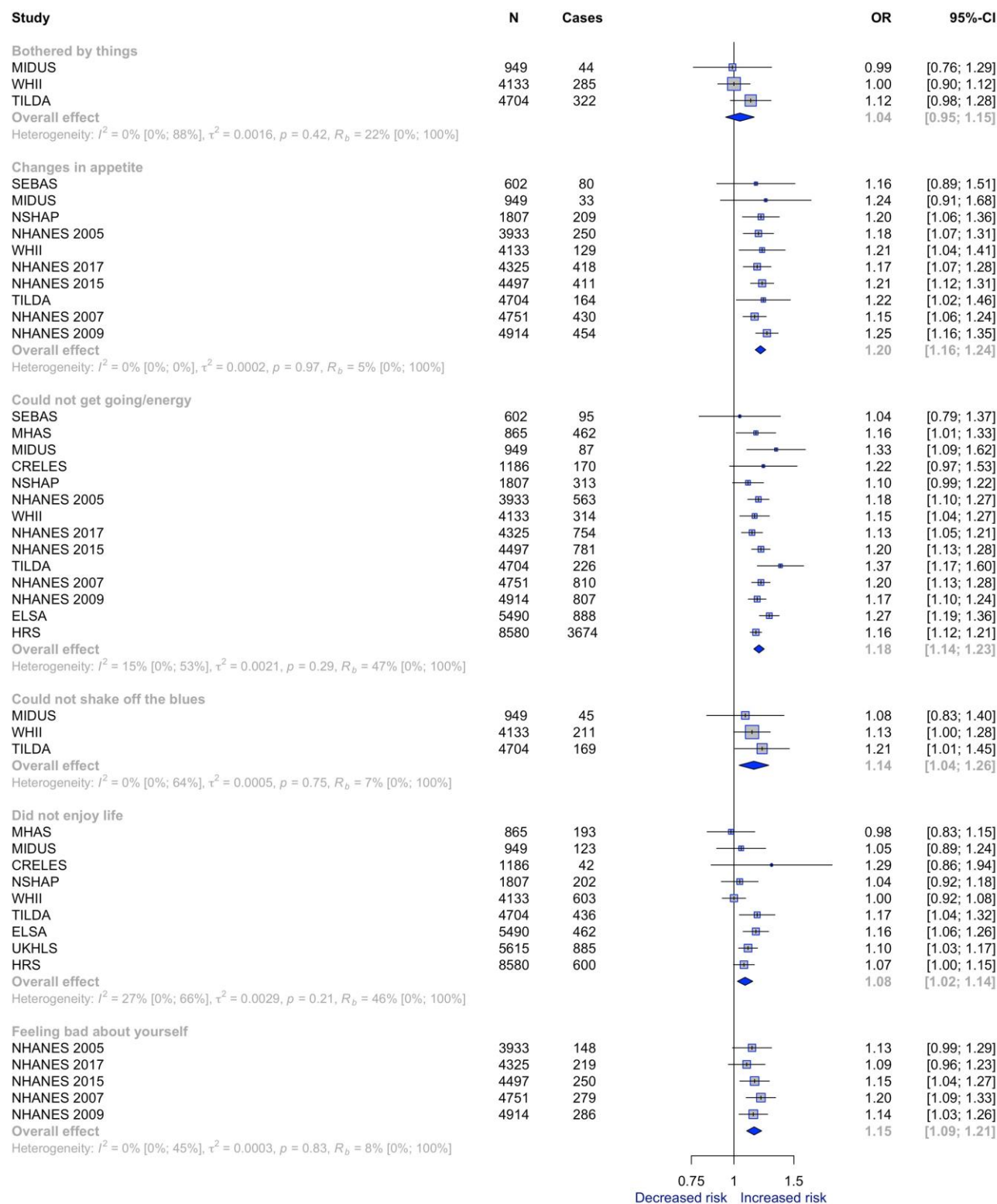
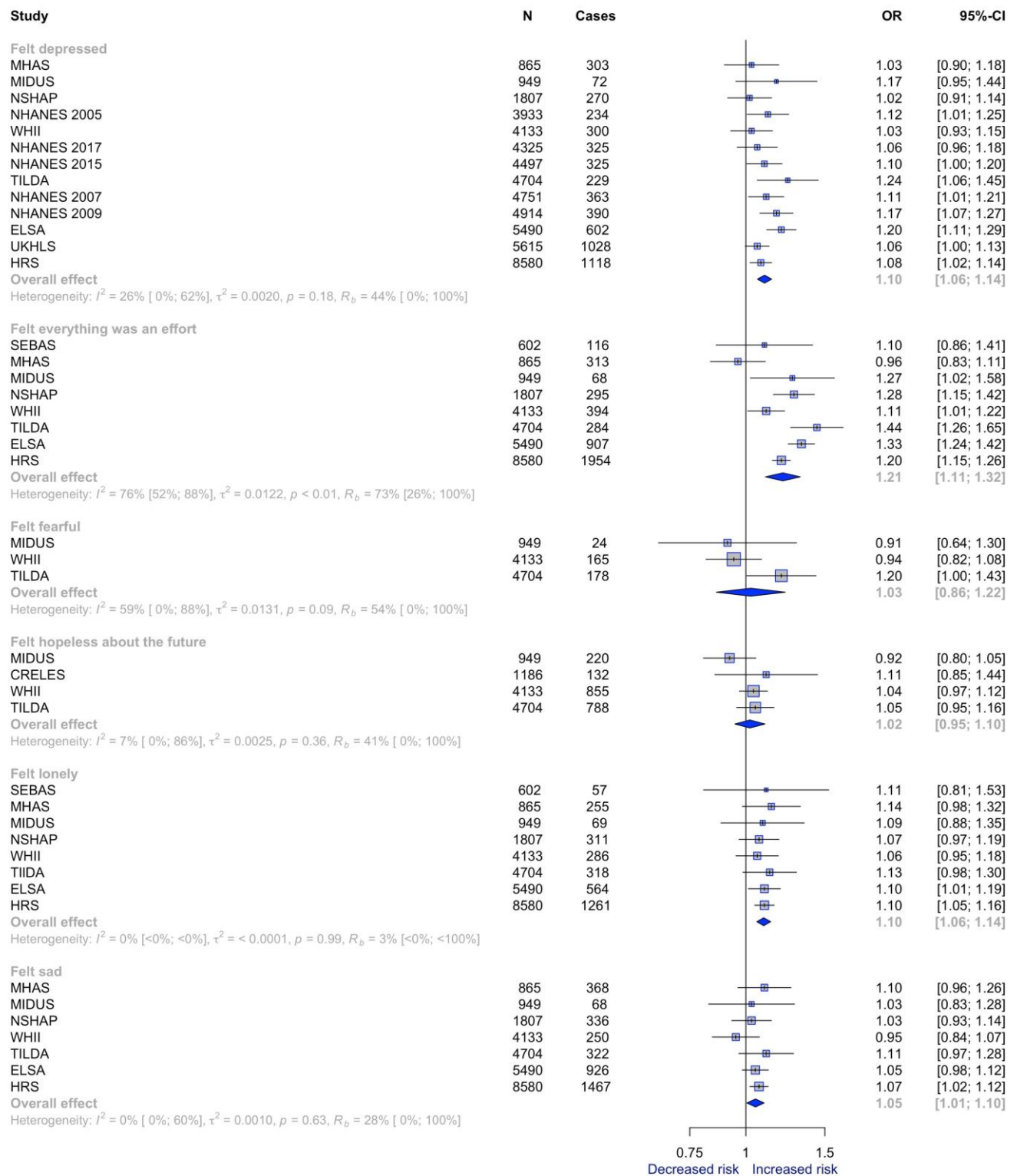


FIGURE S2b. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age, sex & education)



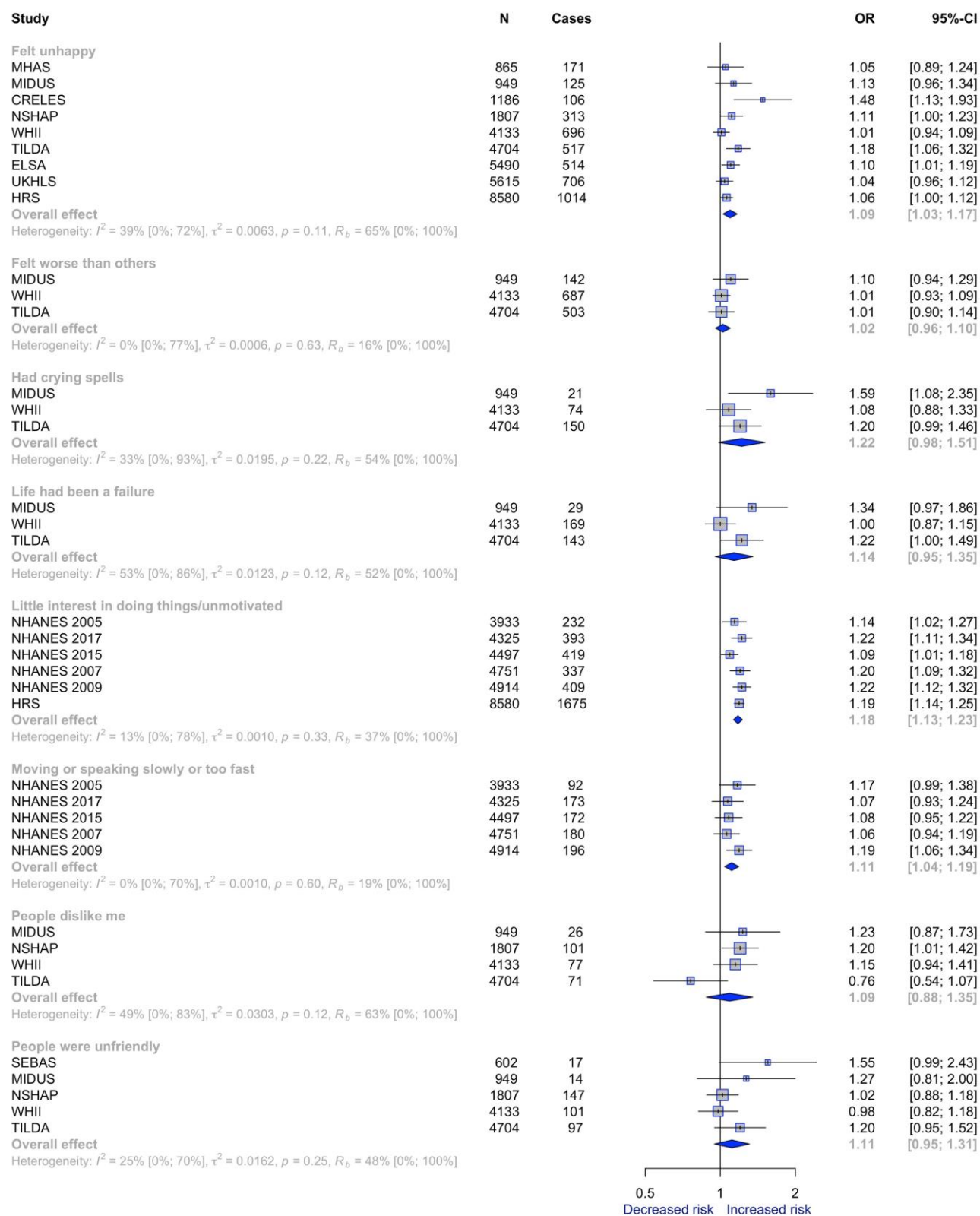
Continues...

Figure S2b (continued)



Continues...

Figure S2b (continued)



Continues...

Figure S2b (continued)

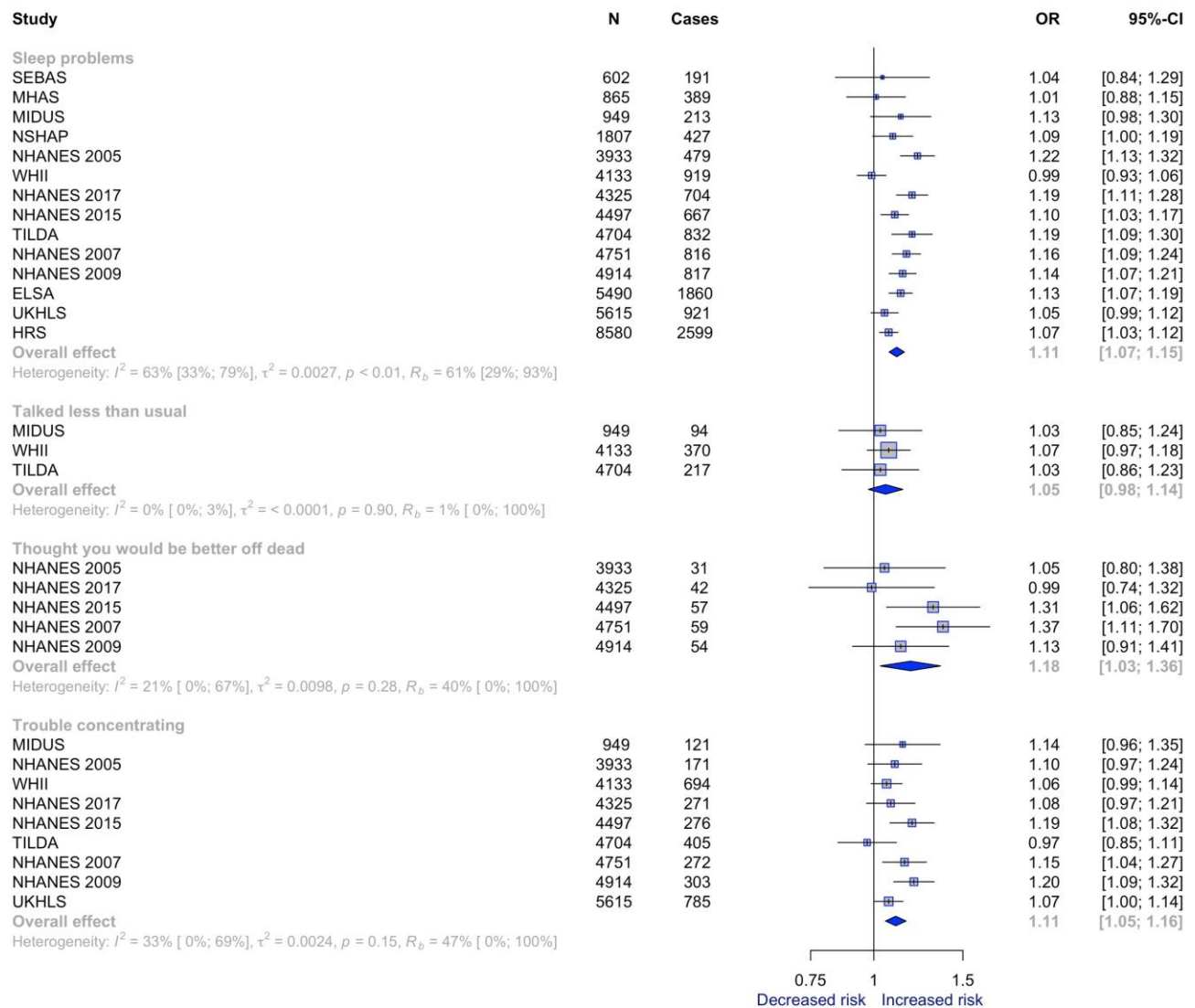
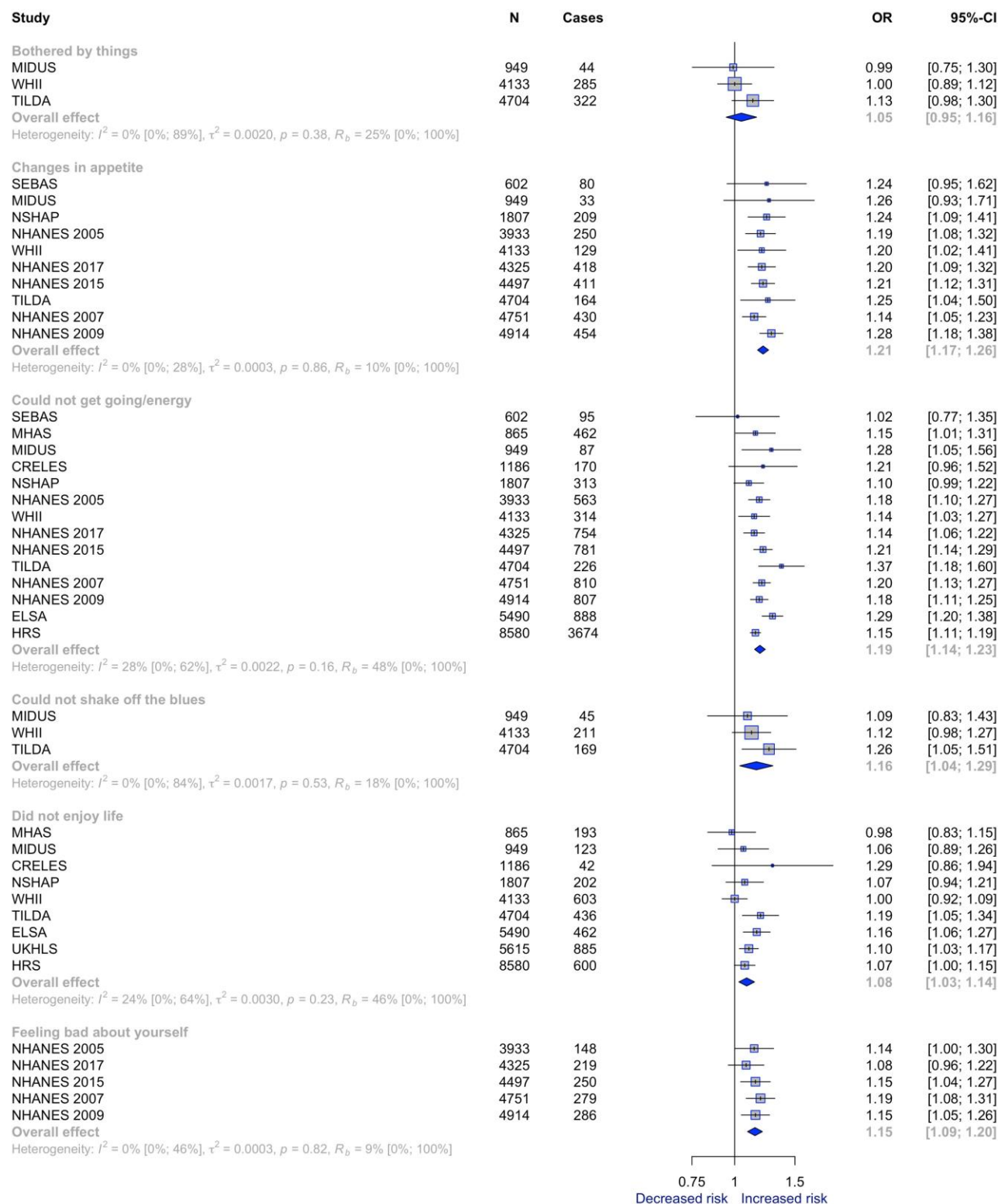
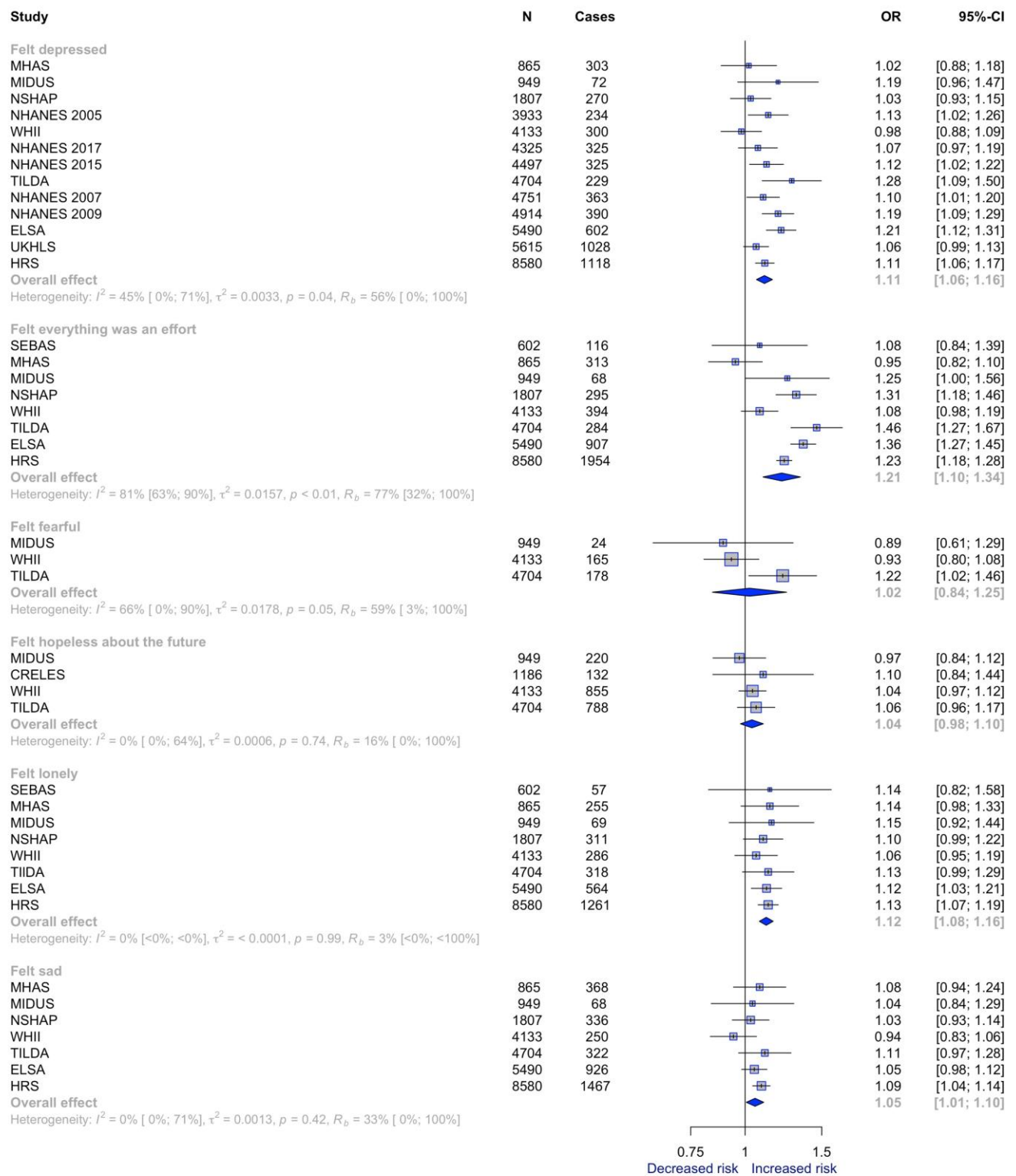


FIGURE S2c. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age, sex & chronic illness-related factors)



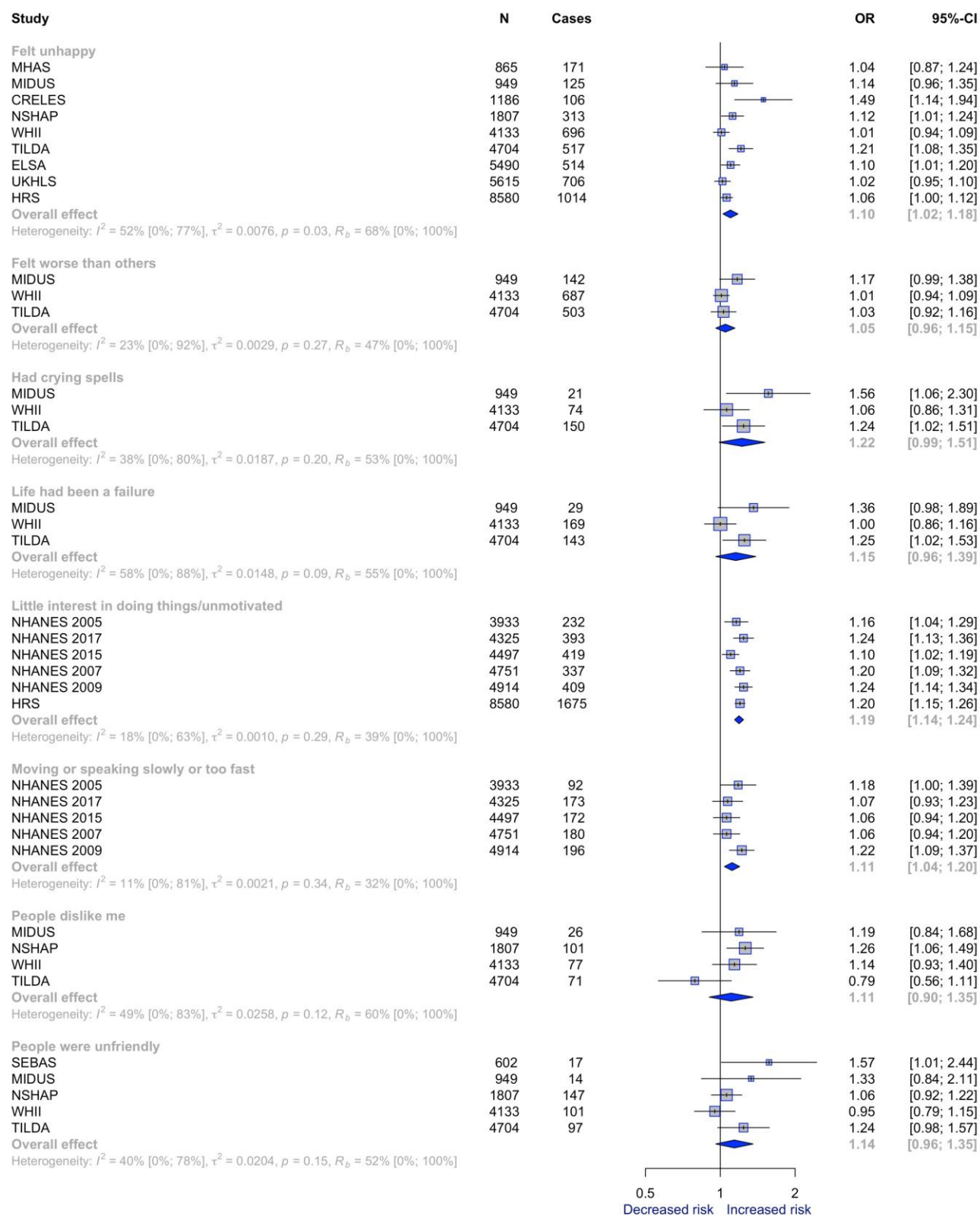
Continues...

Figure S2c (continued)



Continues...

Figure S2c (continued)



Continues...

Figure S2c (continued)

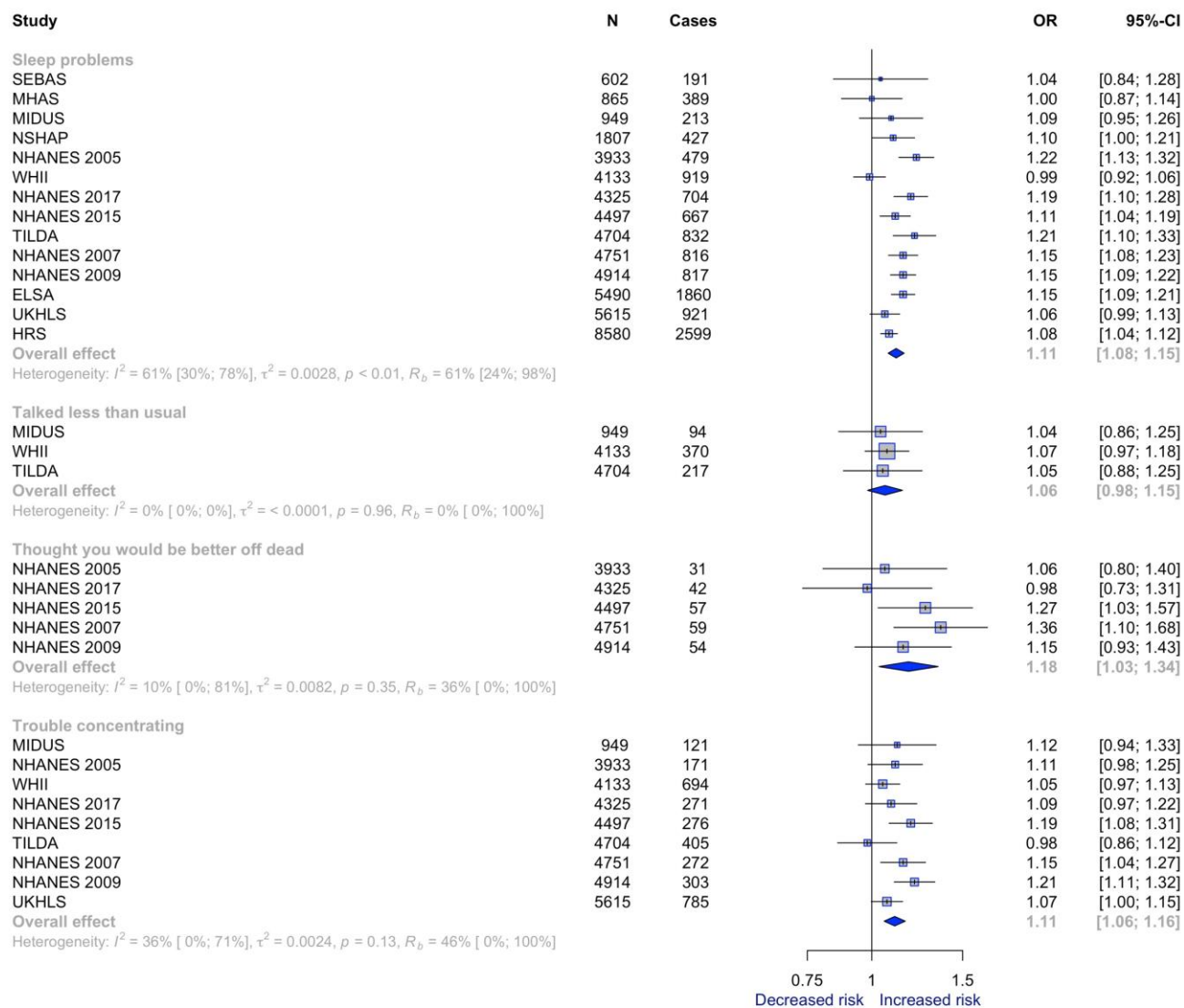
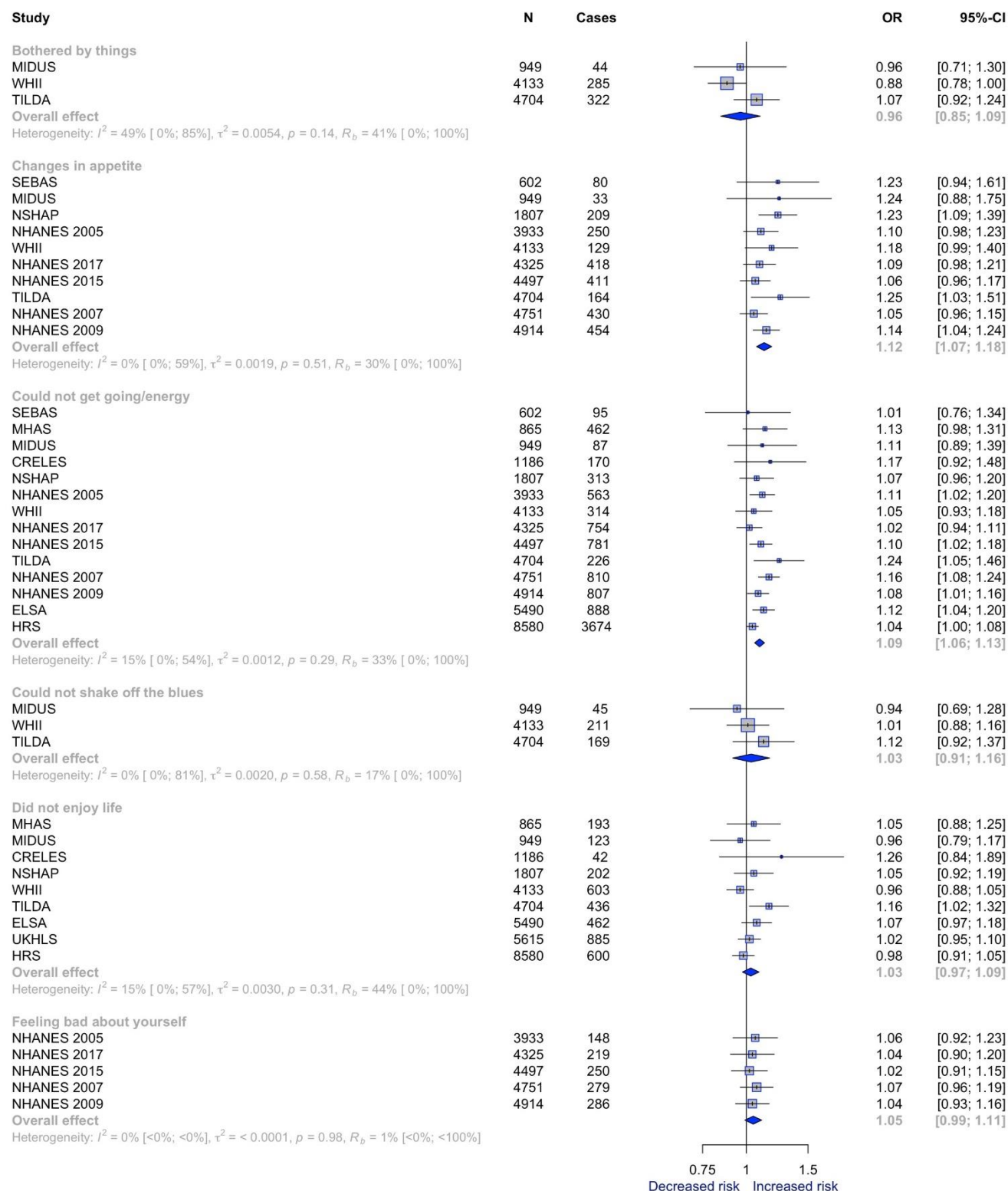
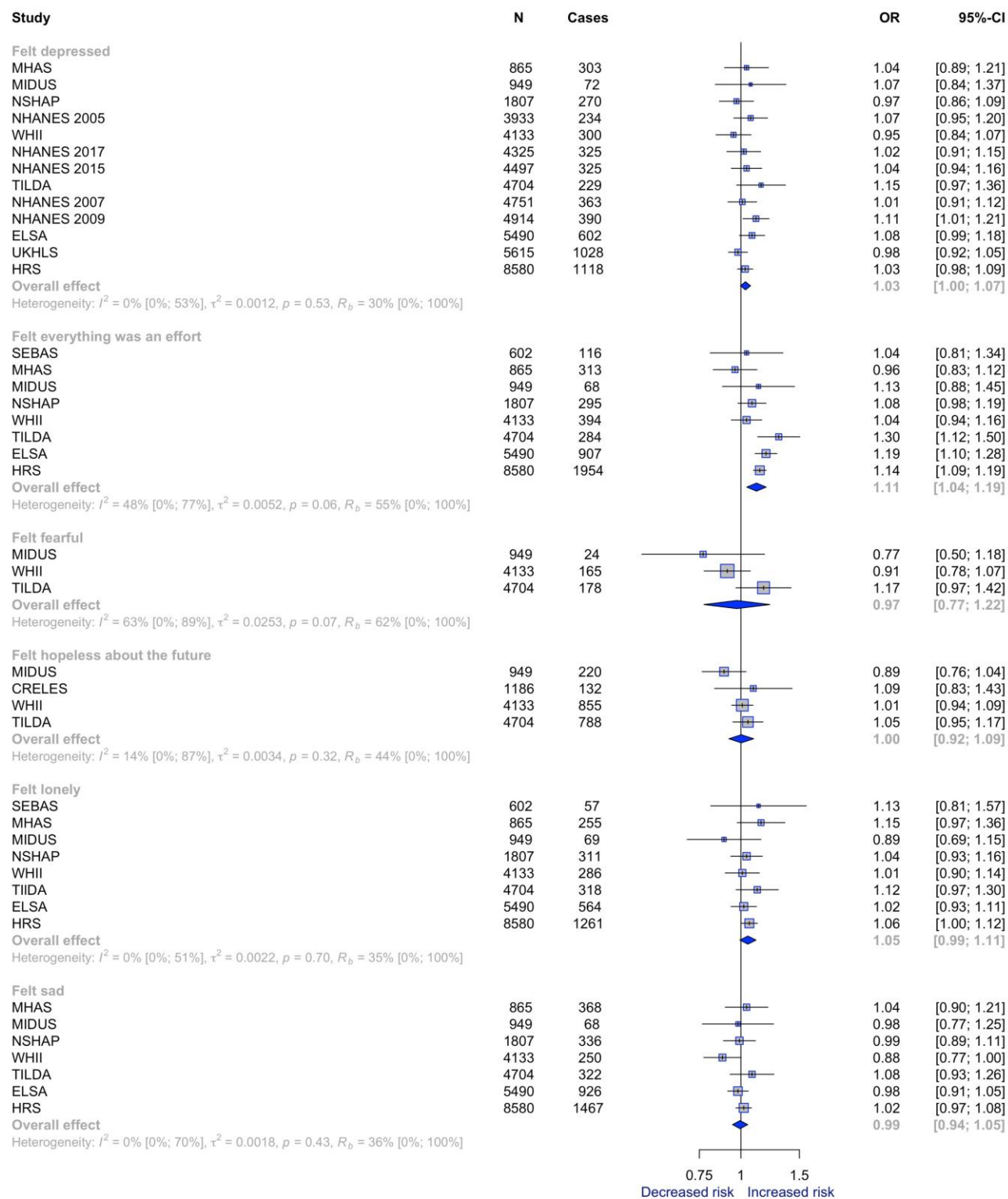


FIGURE S2d. Random-effects meta-analysis of the cross-sectional association between C-reactive protein and individual depression symptoms (adjusted for age, sex & behavioural factors)



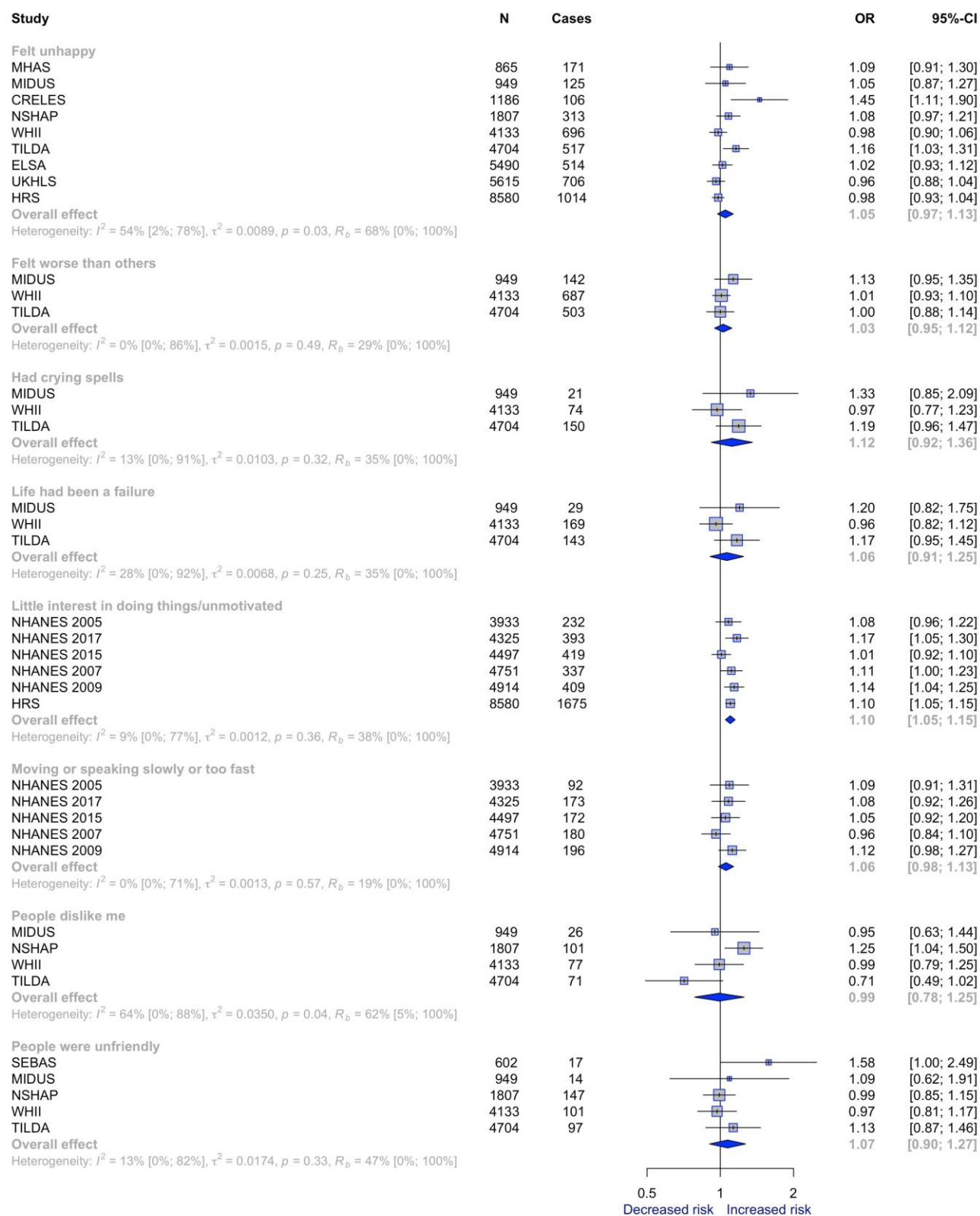
Continues...

Figure S2d (continued)



Continues...

Figure S2d (continued)



Continues...

Figure S2d (continued)

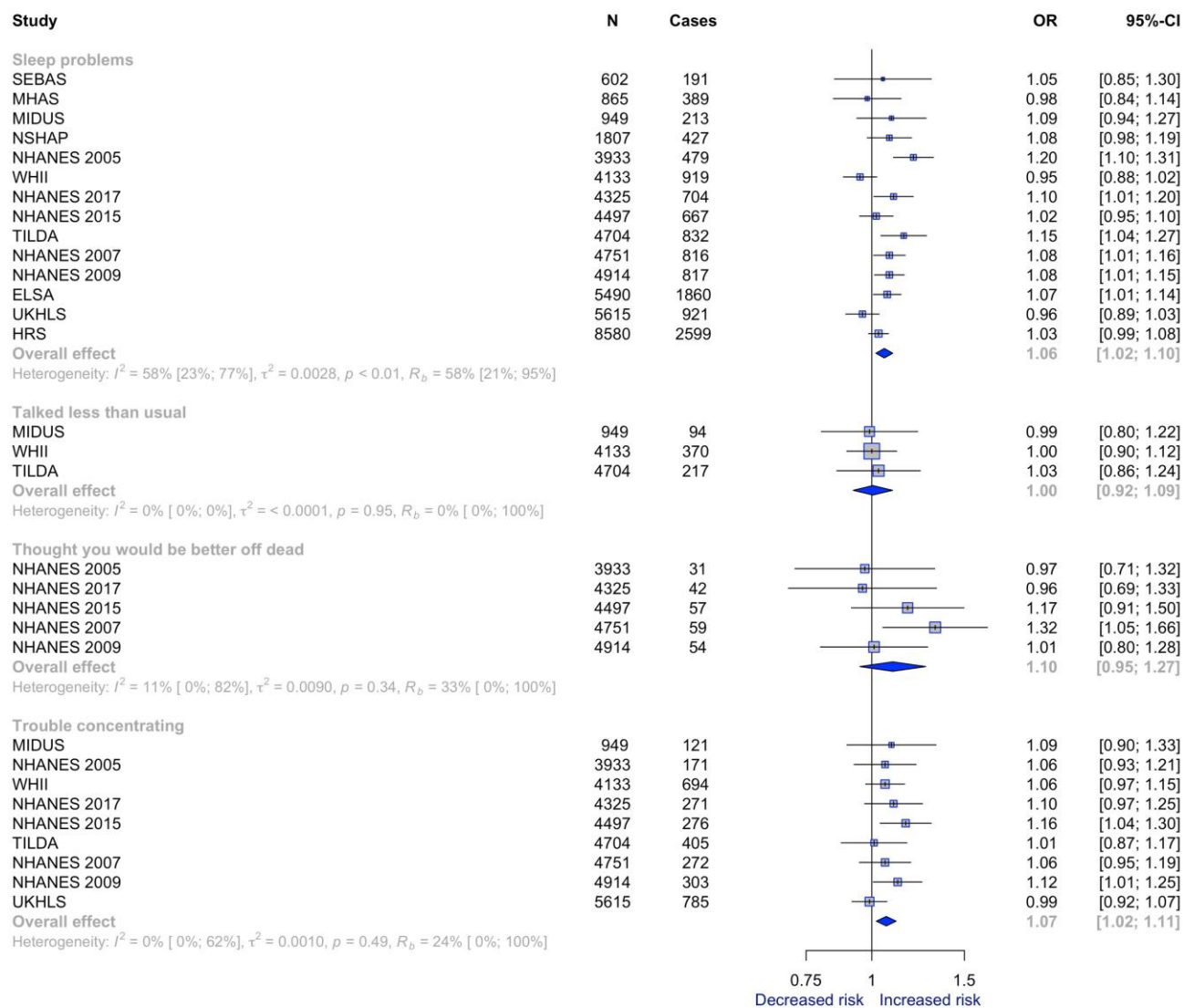
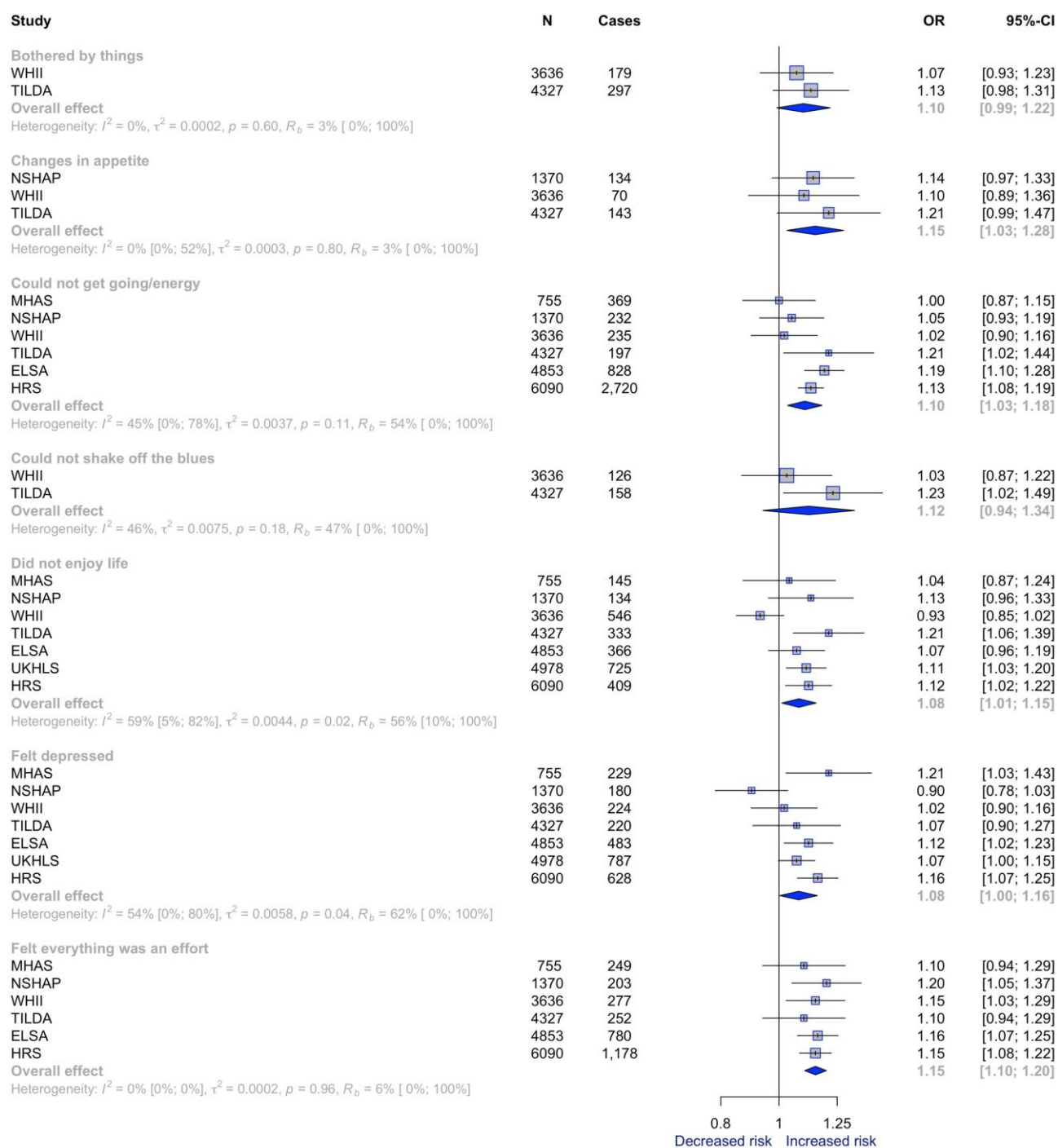
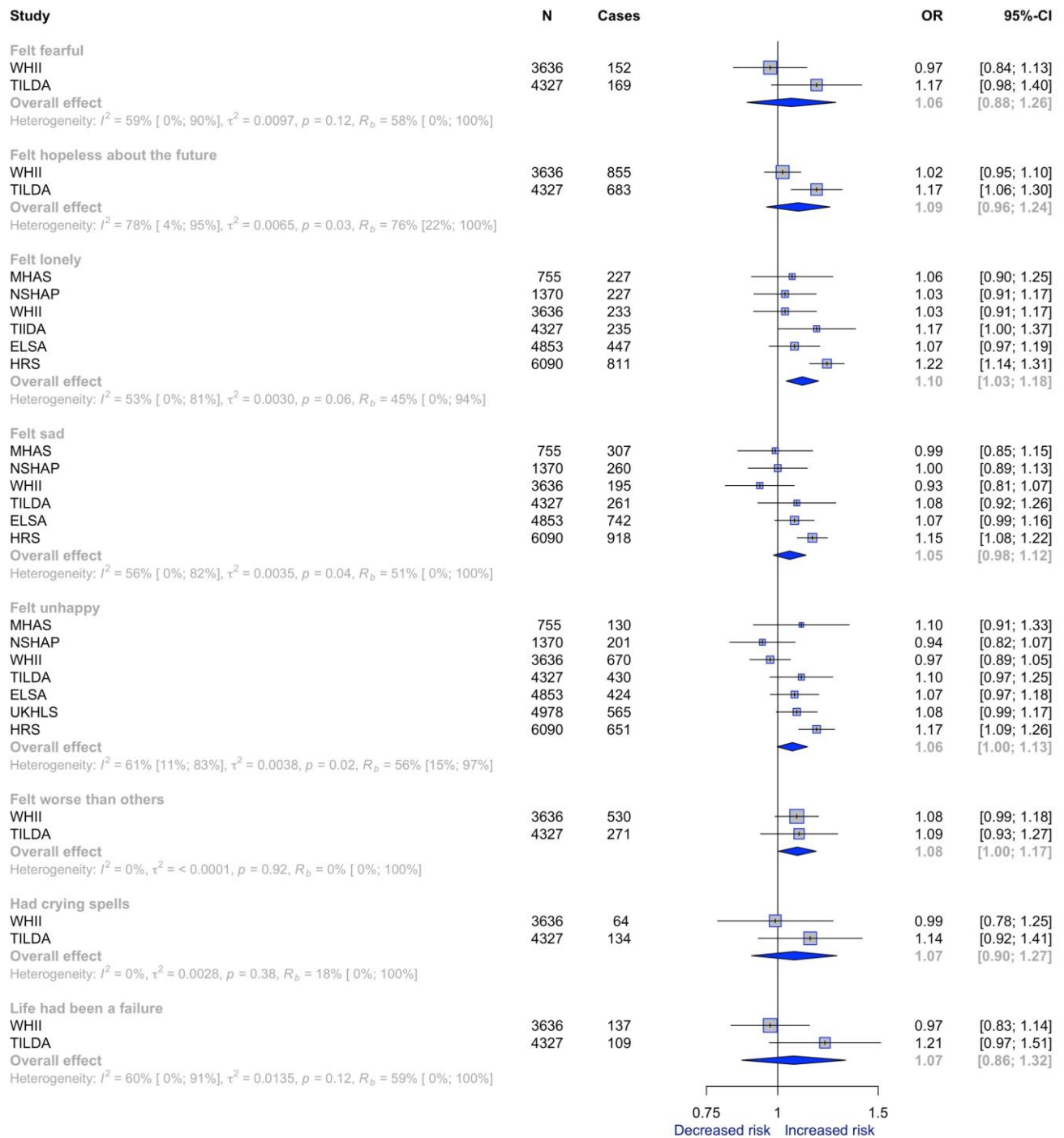


FIGURE S3a. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex & individual baseline symptom)



Continues...

Figure S3a (continued)



Continues...

Figure S3a (continued)

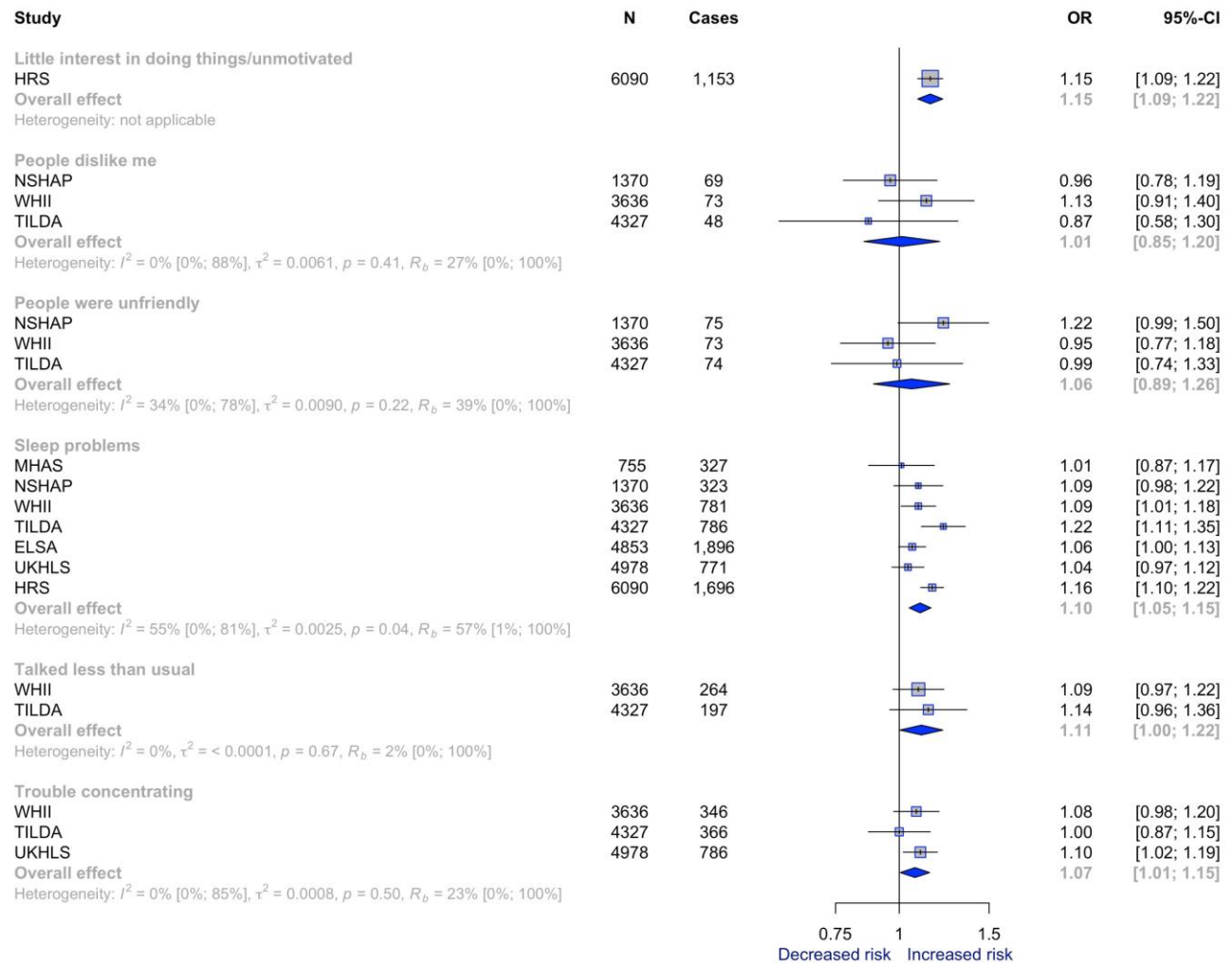
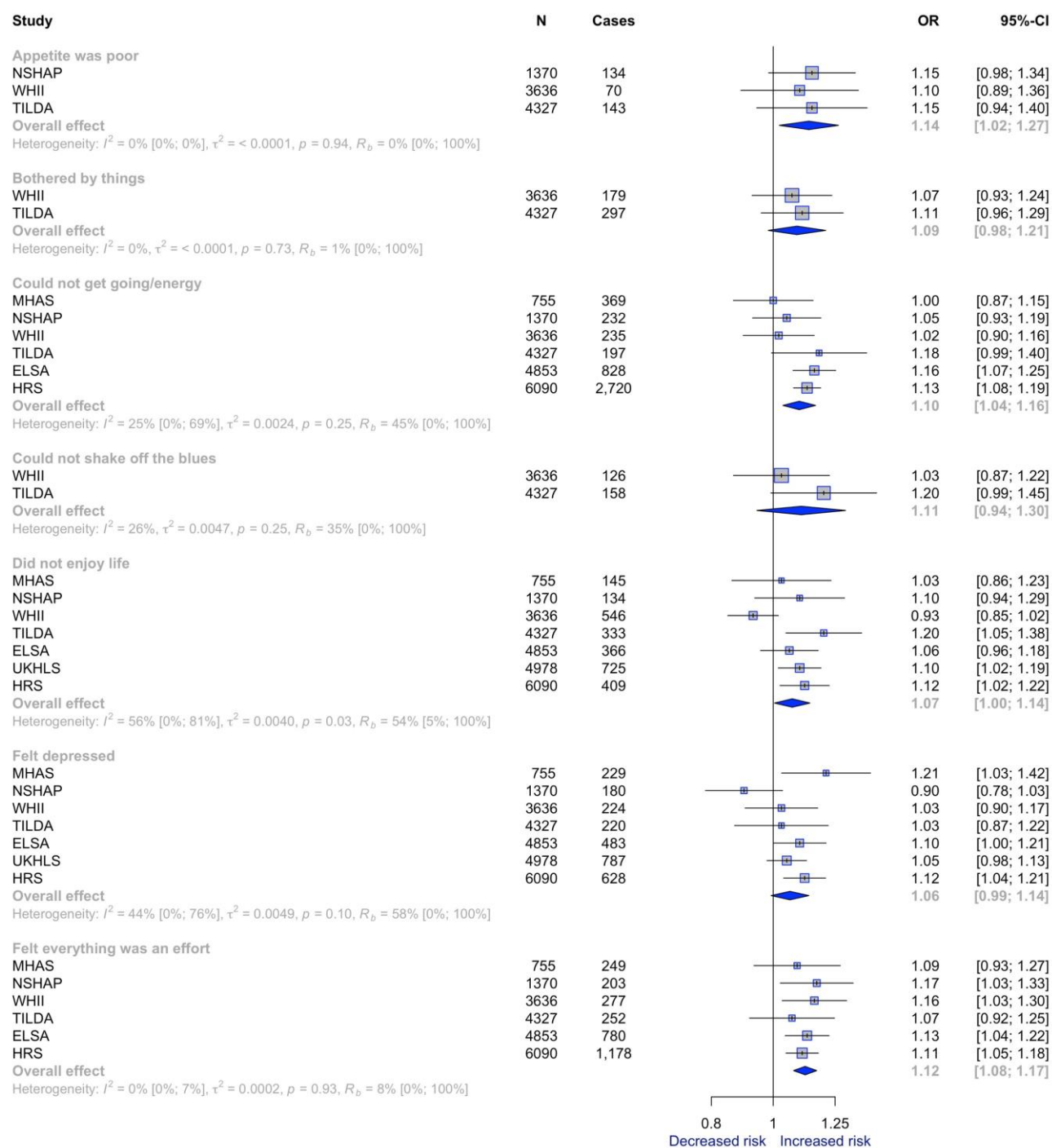
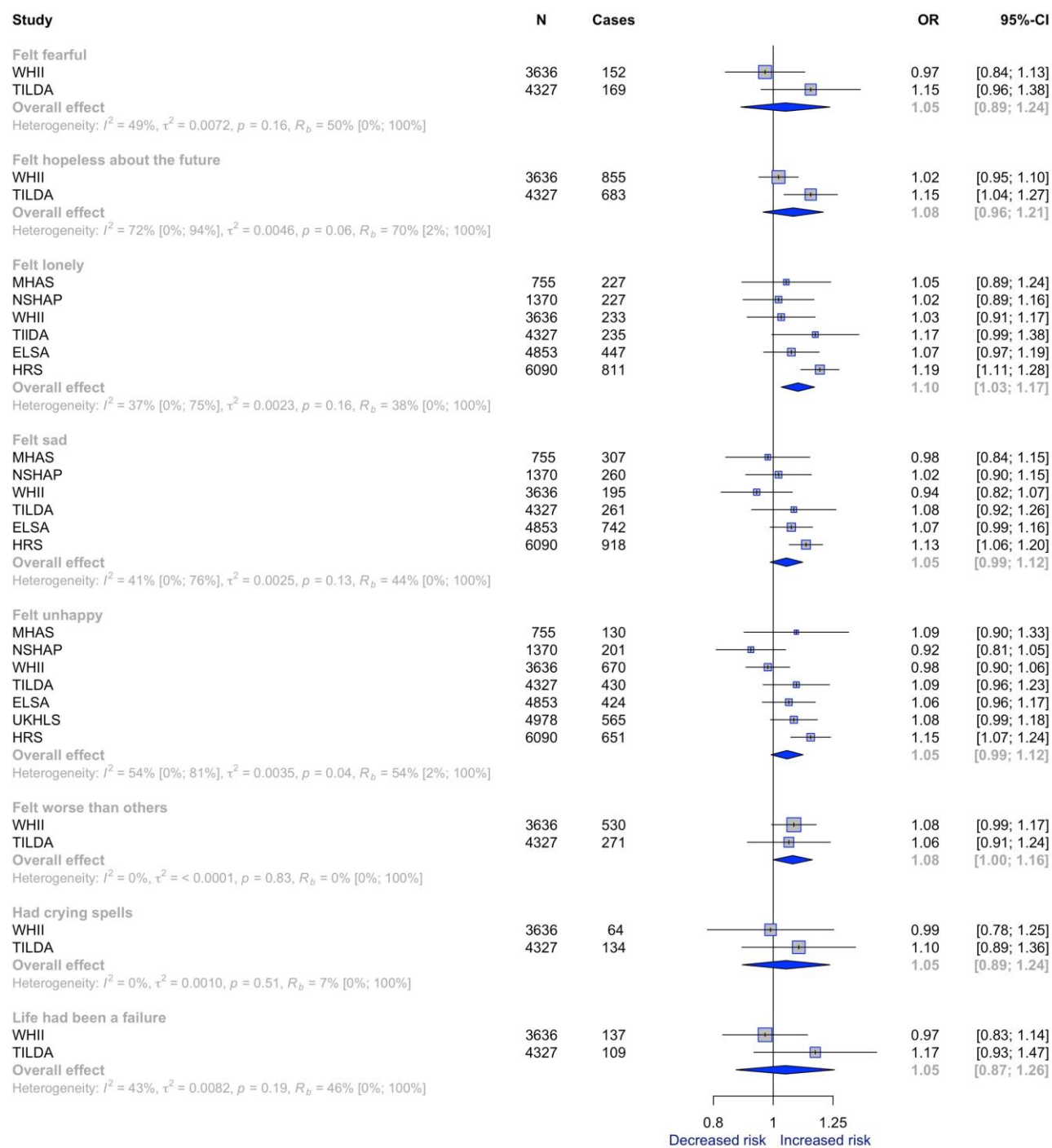


FIGURE S3b. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex, individual baseline symptom & education)



Continues...

Figure S3b (continued)



Continues...

Figure S3b (continued)

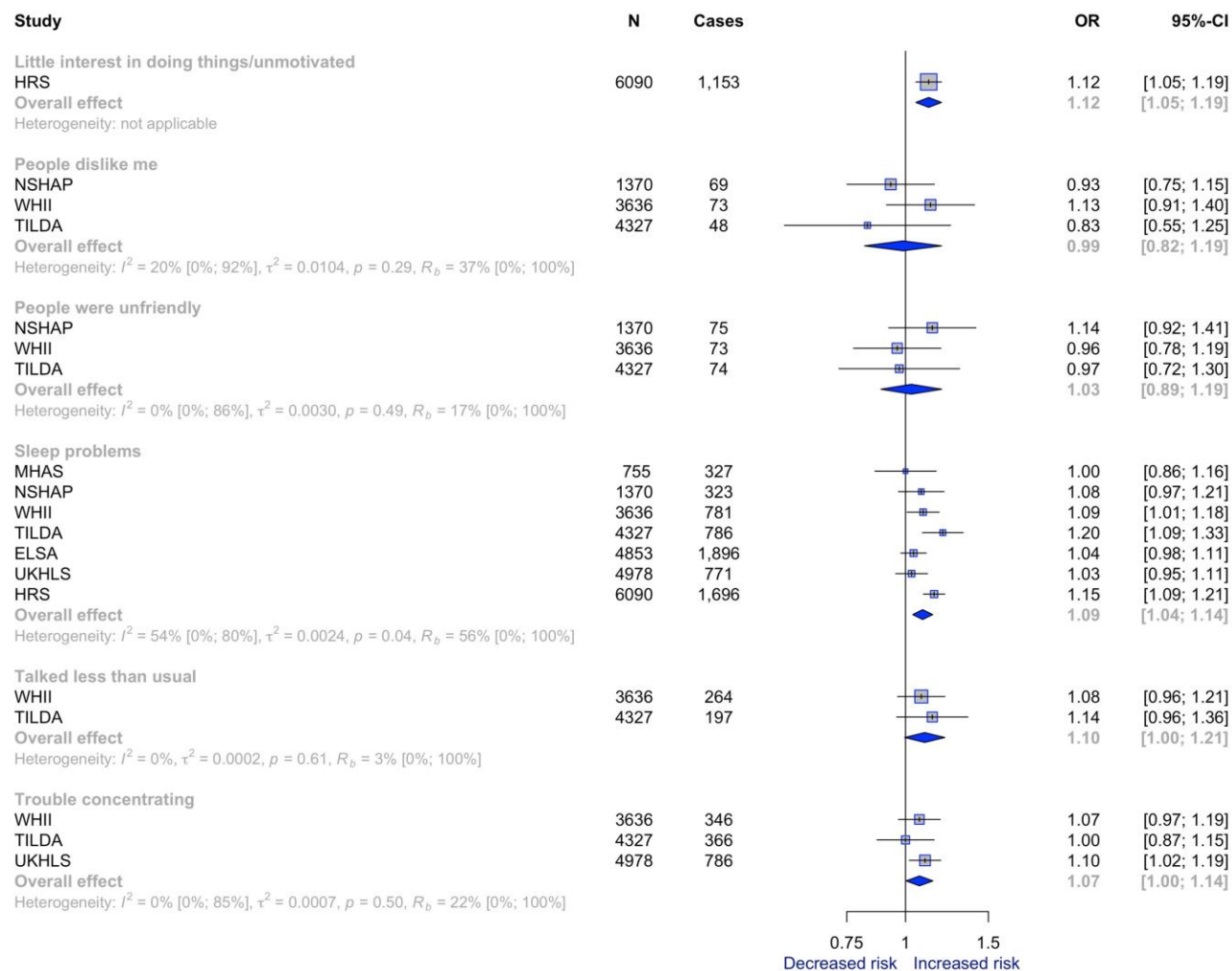
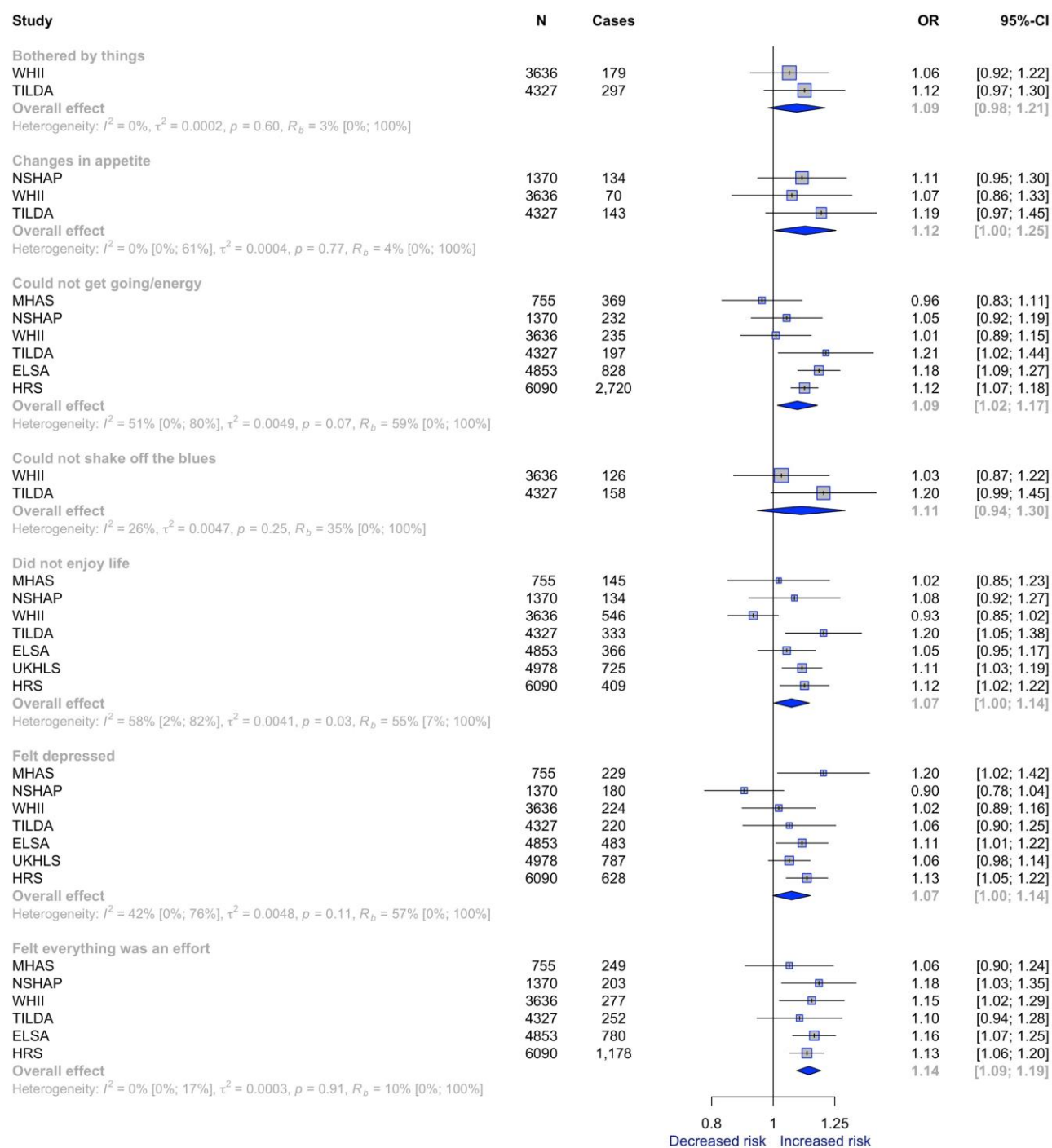
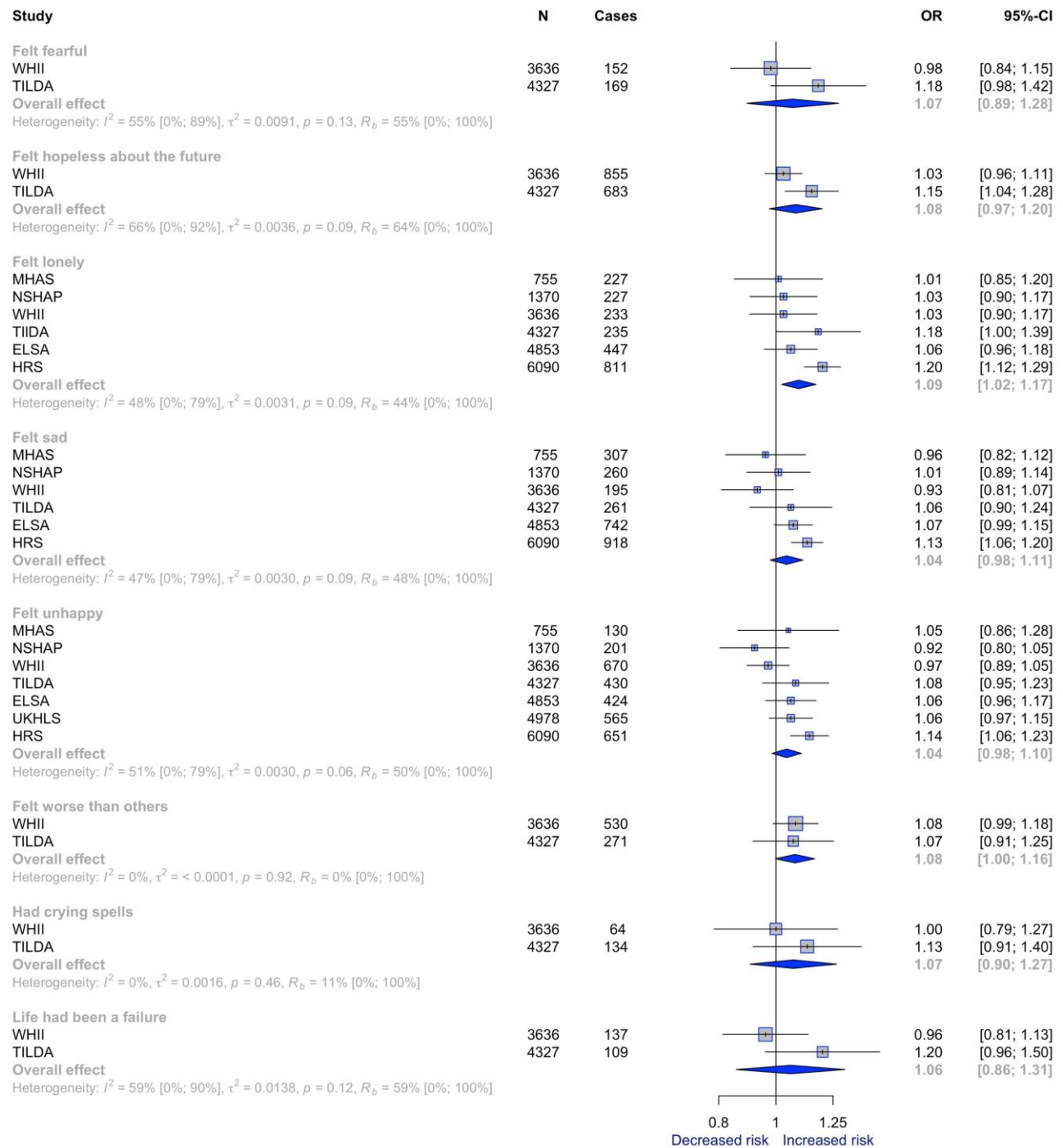


FIGURE S3c. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex, individual baseline symptom & chronic illness-related factors)



Continues...

Figure S3c (continued)



Continues...

Figure S3c (continued)

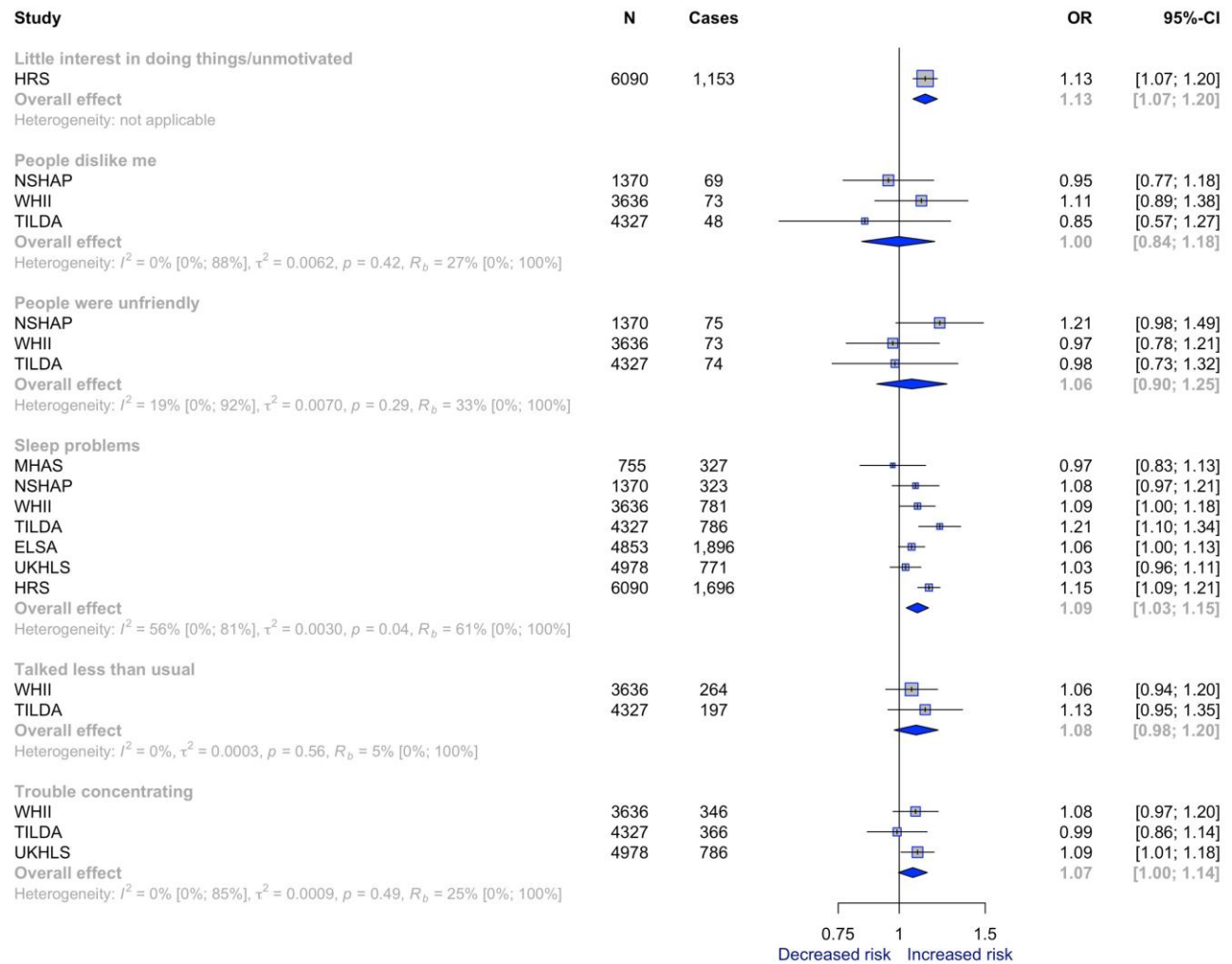
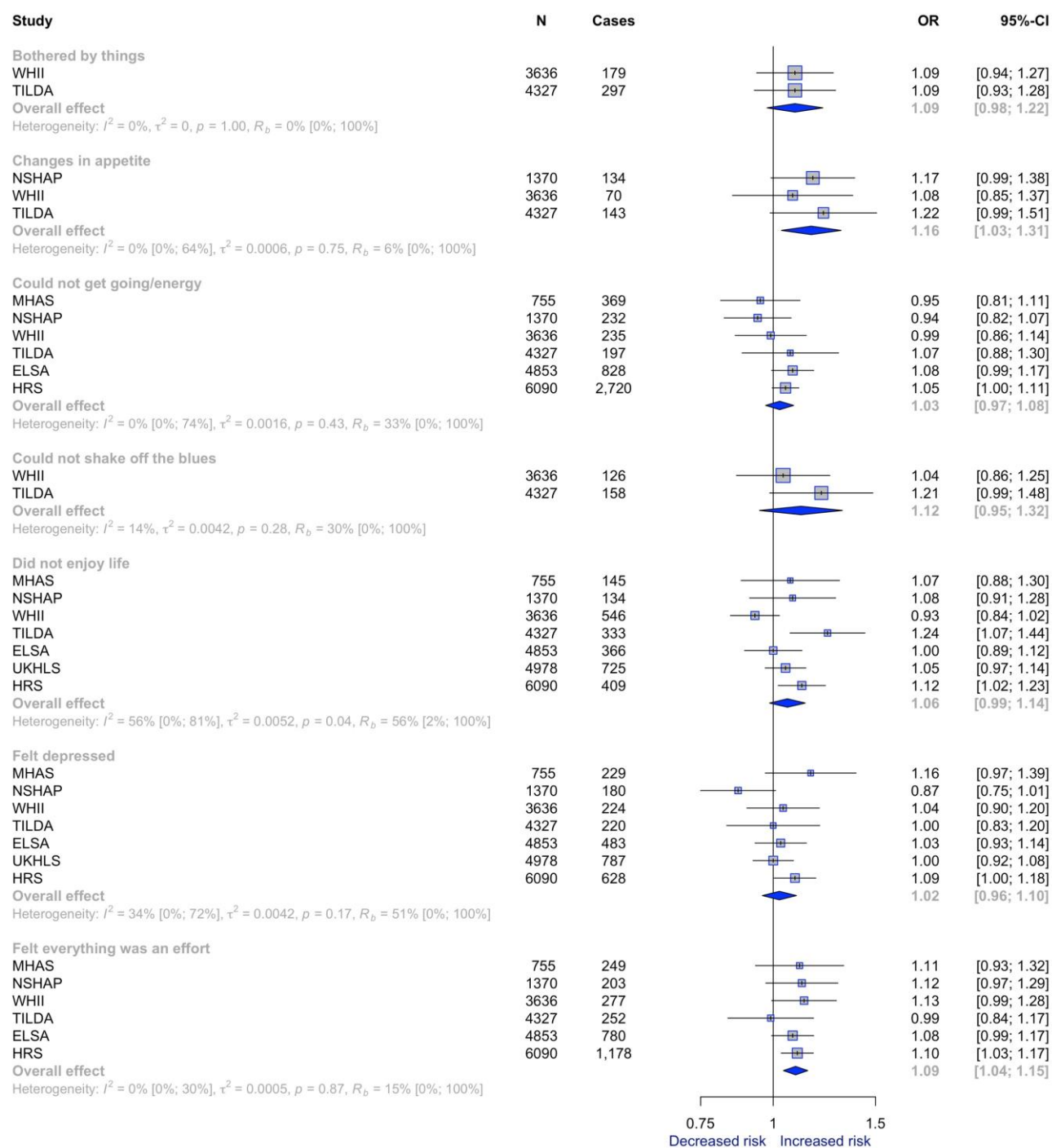
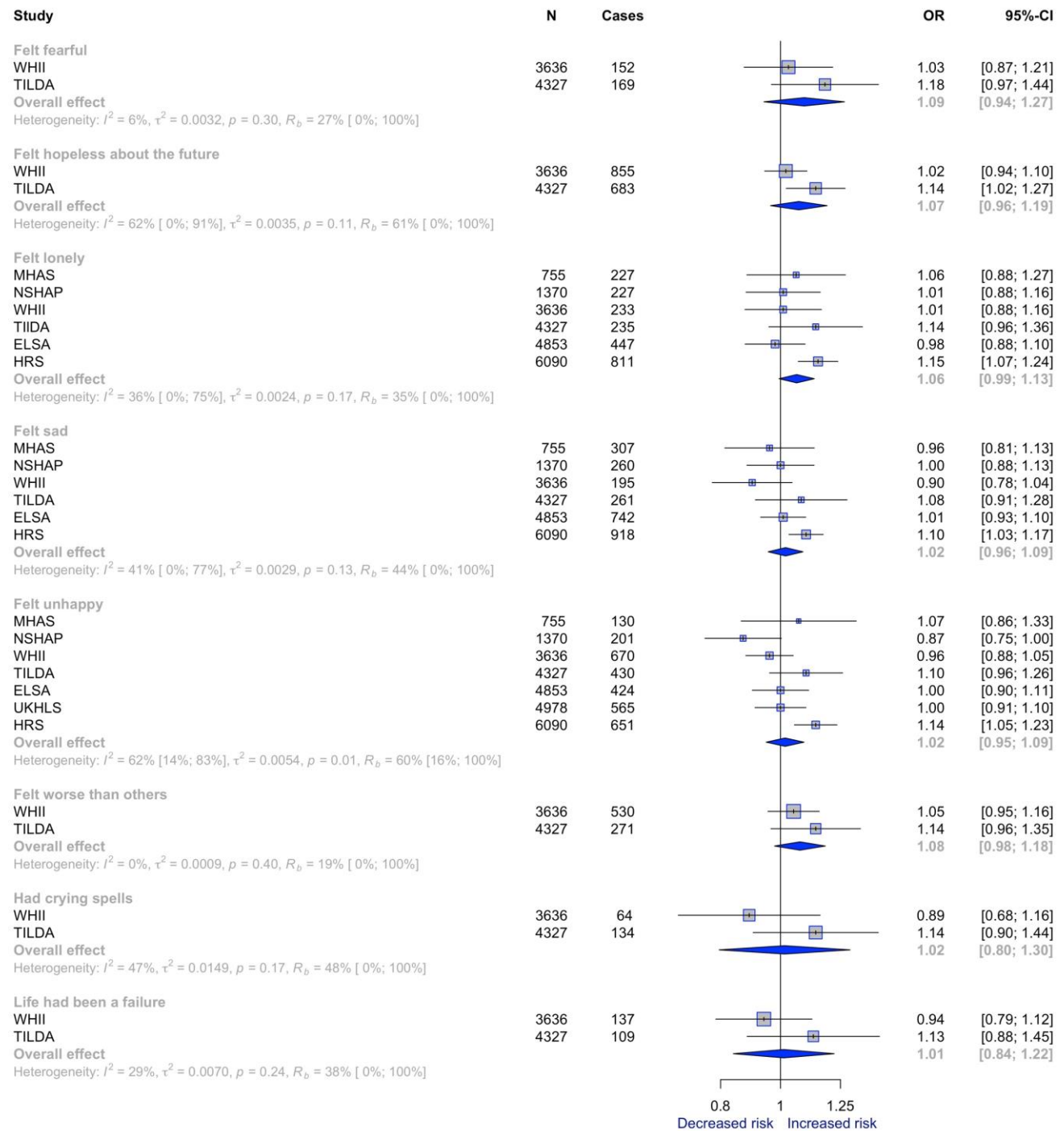


FIGURE S3d. Random-effects meta-analysis of the longitudinal association between C-reactive protein and individual depression symptoms (adjusted for age, sex, individual baseline symptom & behavioural factors)



Continues...

Figure S3d (continued)



Continues...

Figure S3d (continued)

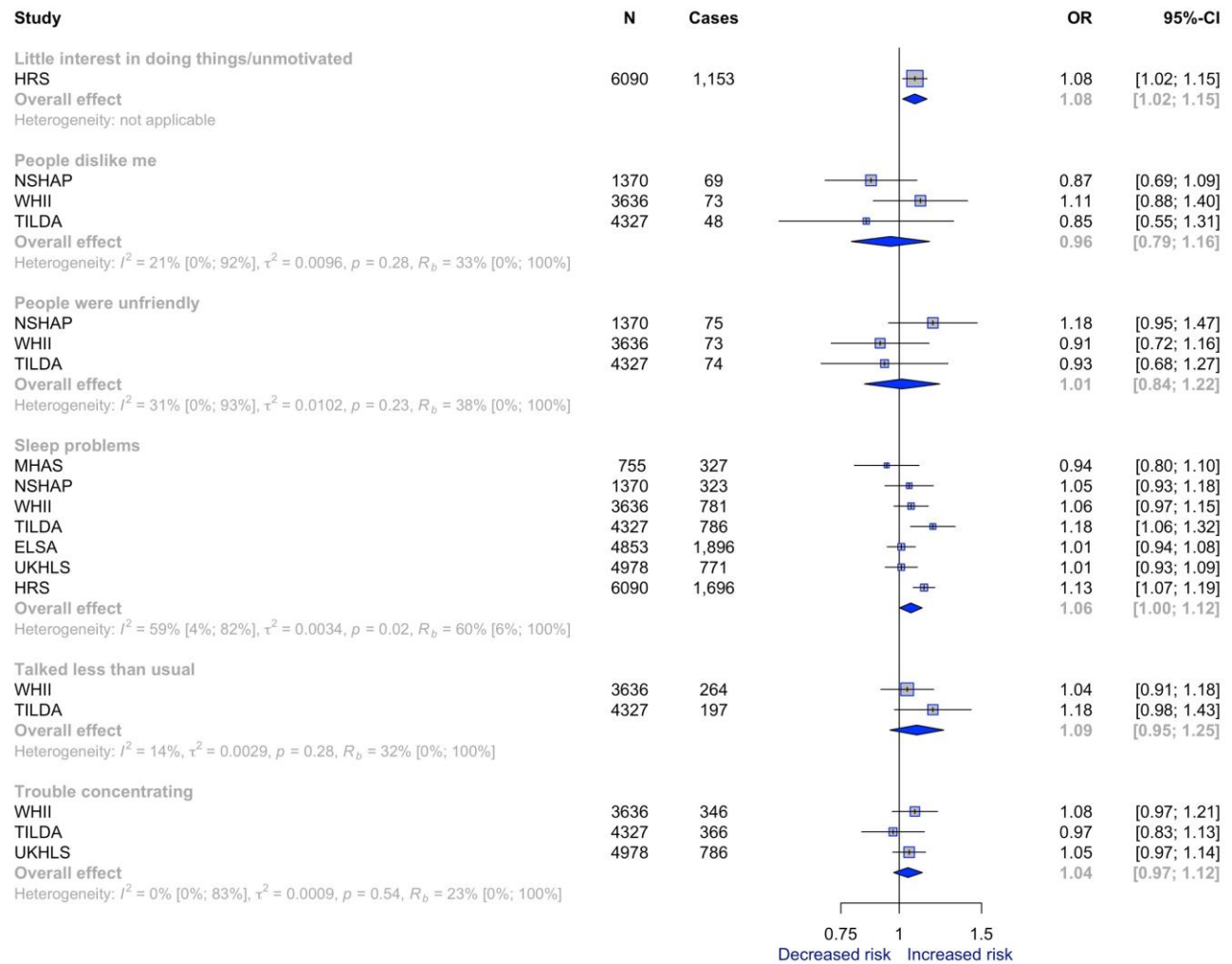
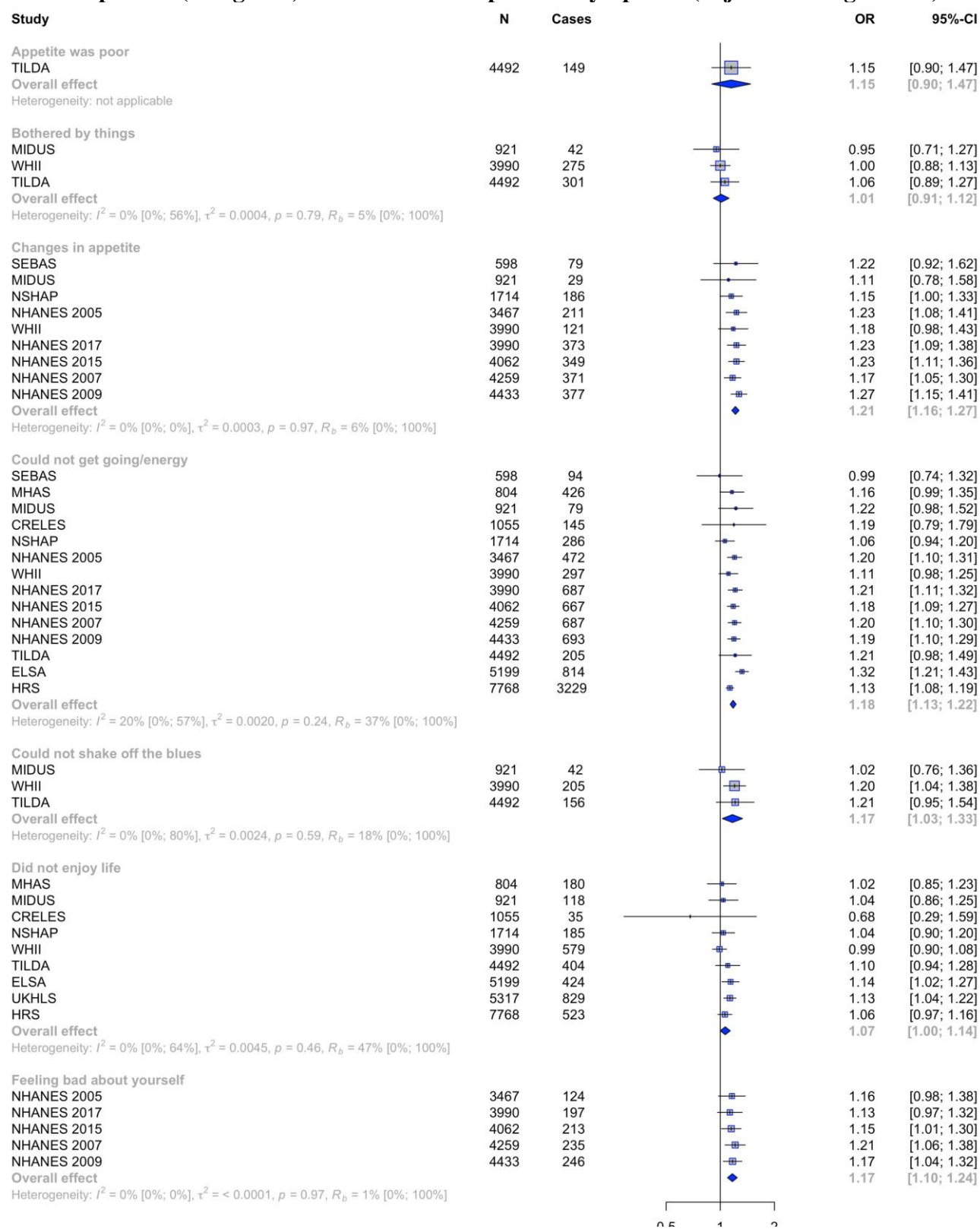
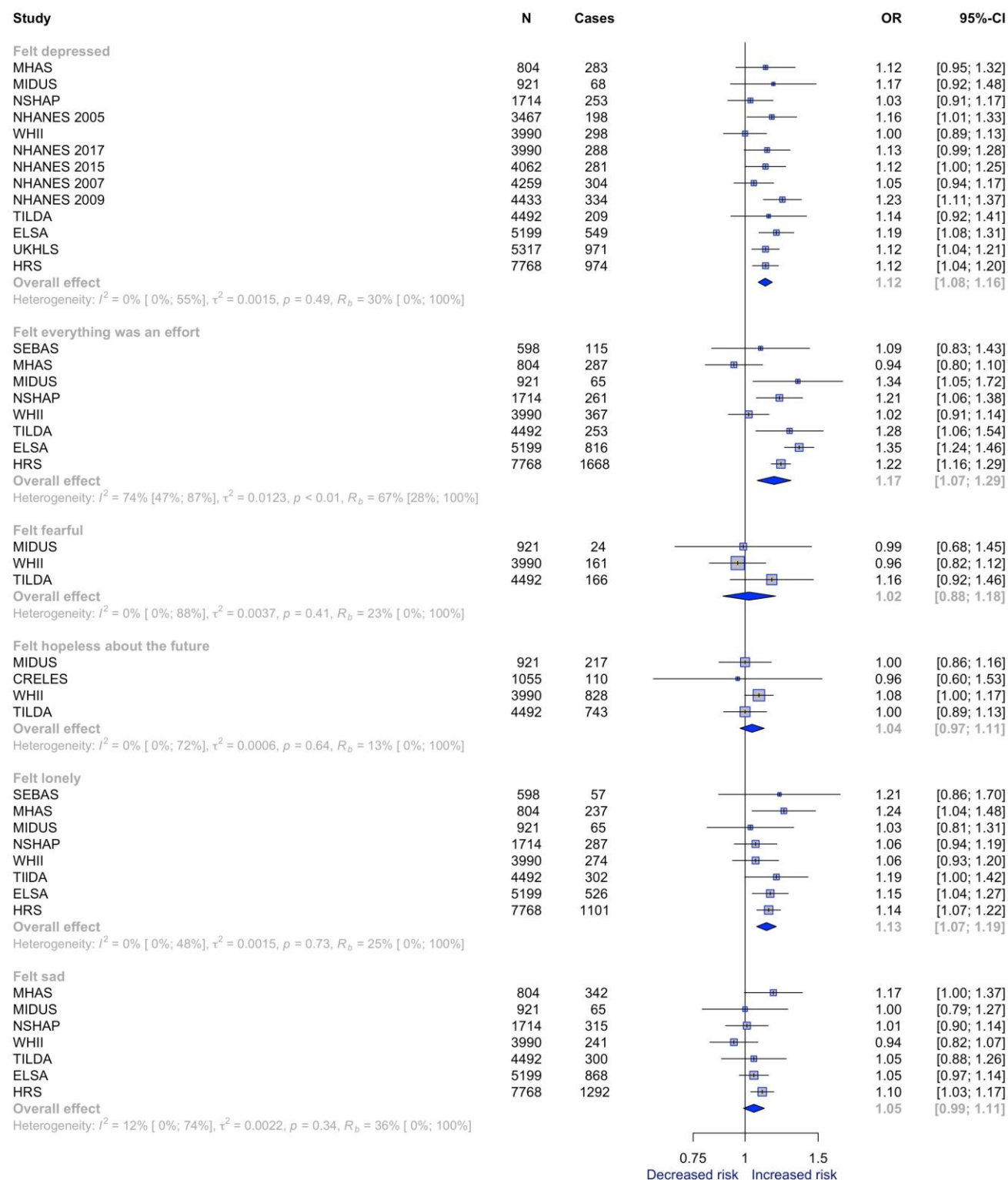


FIGURE S4a. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age & sex)



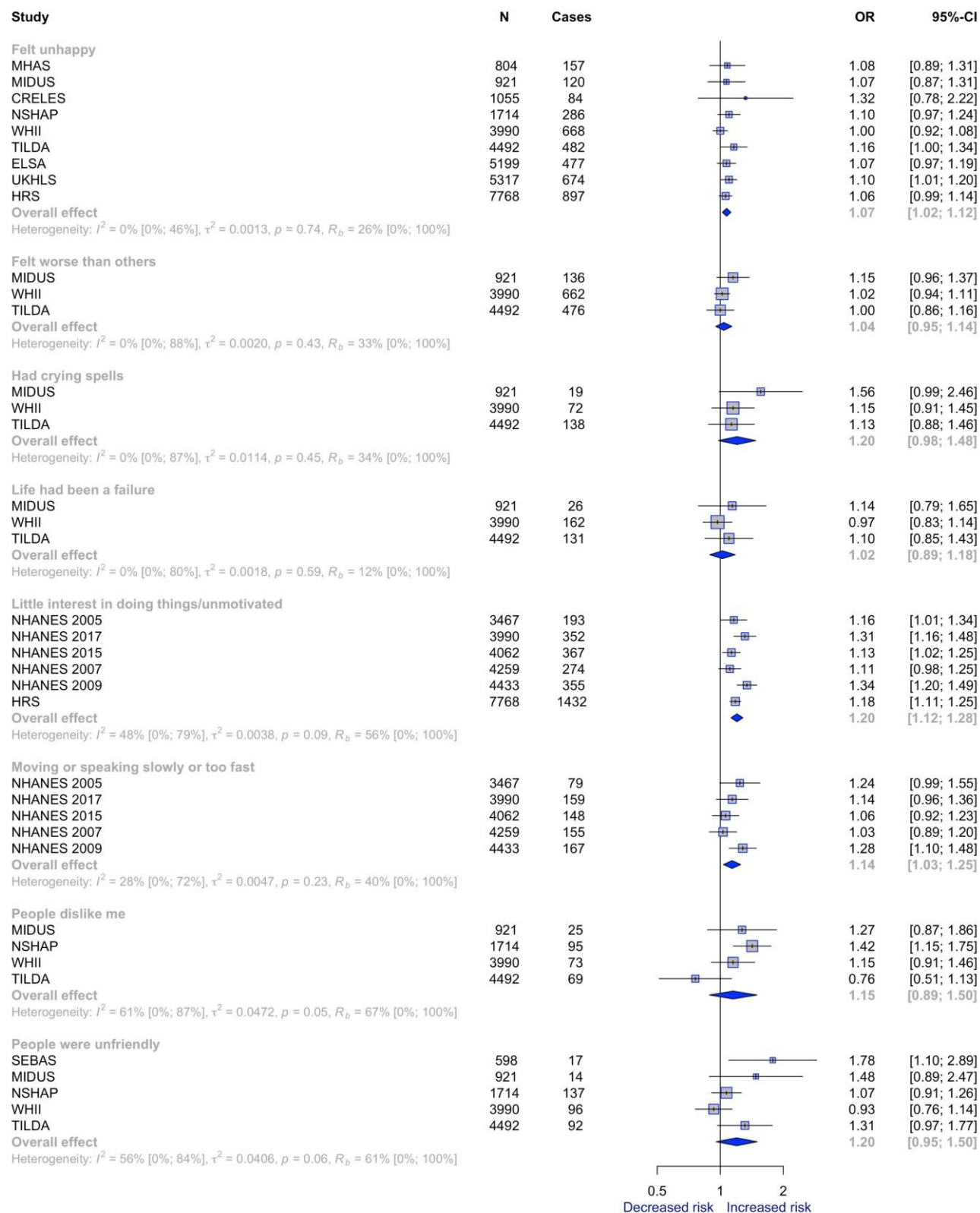
Continues...

Figure S4a (continued)



Continues...

Figure S4a (continued)



Continues...

Figure S4a (continued)

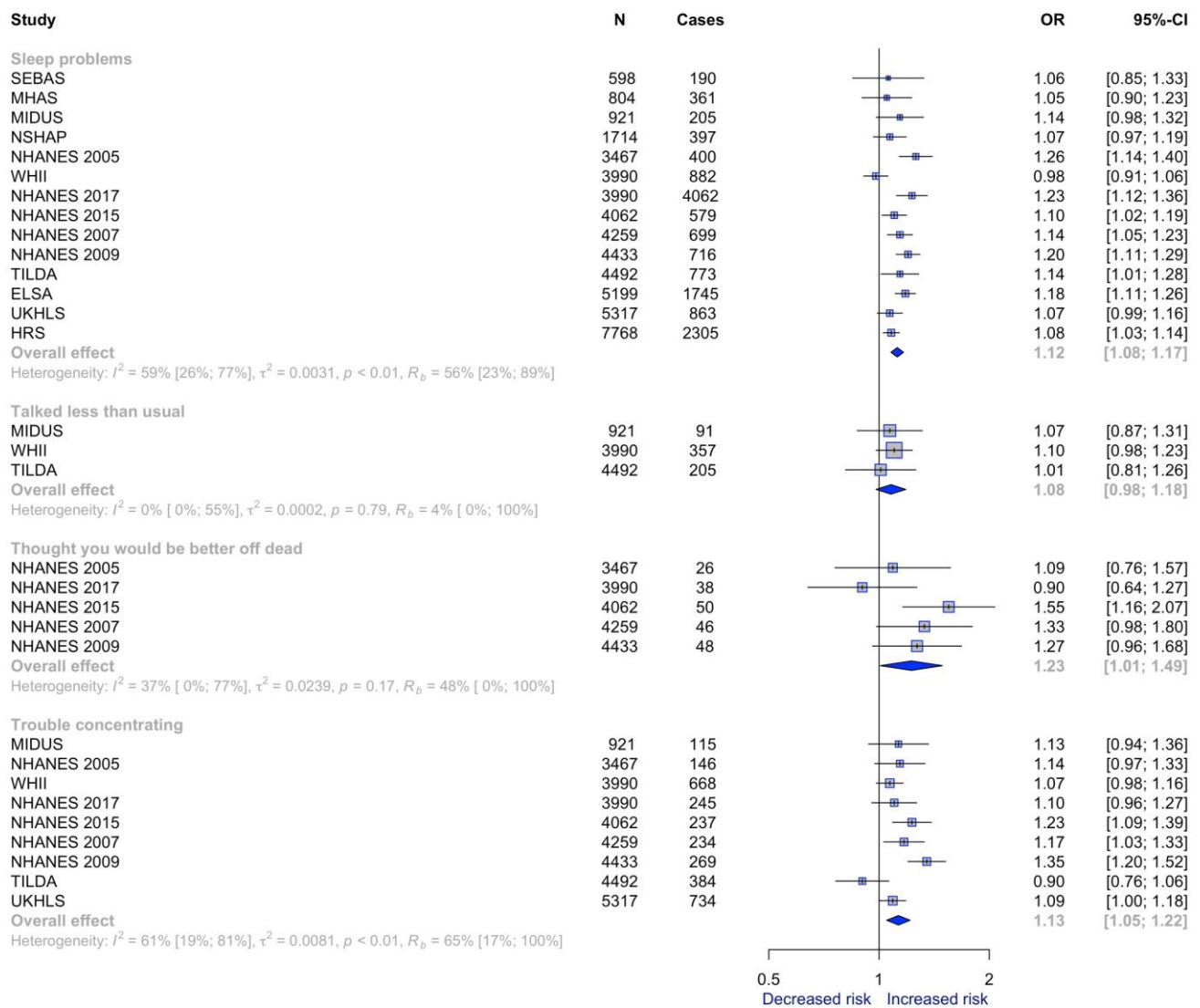
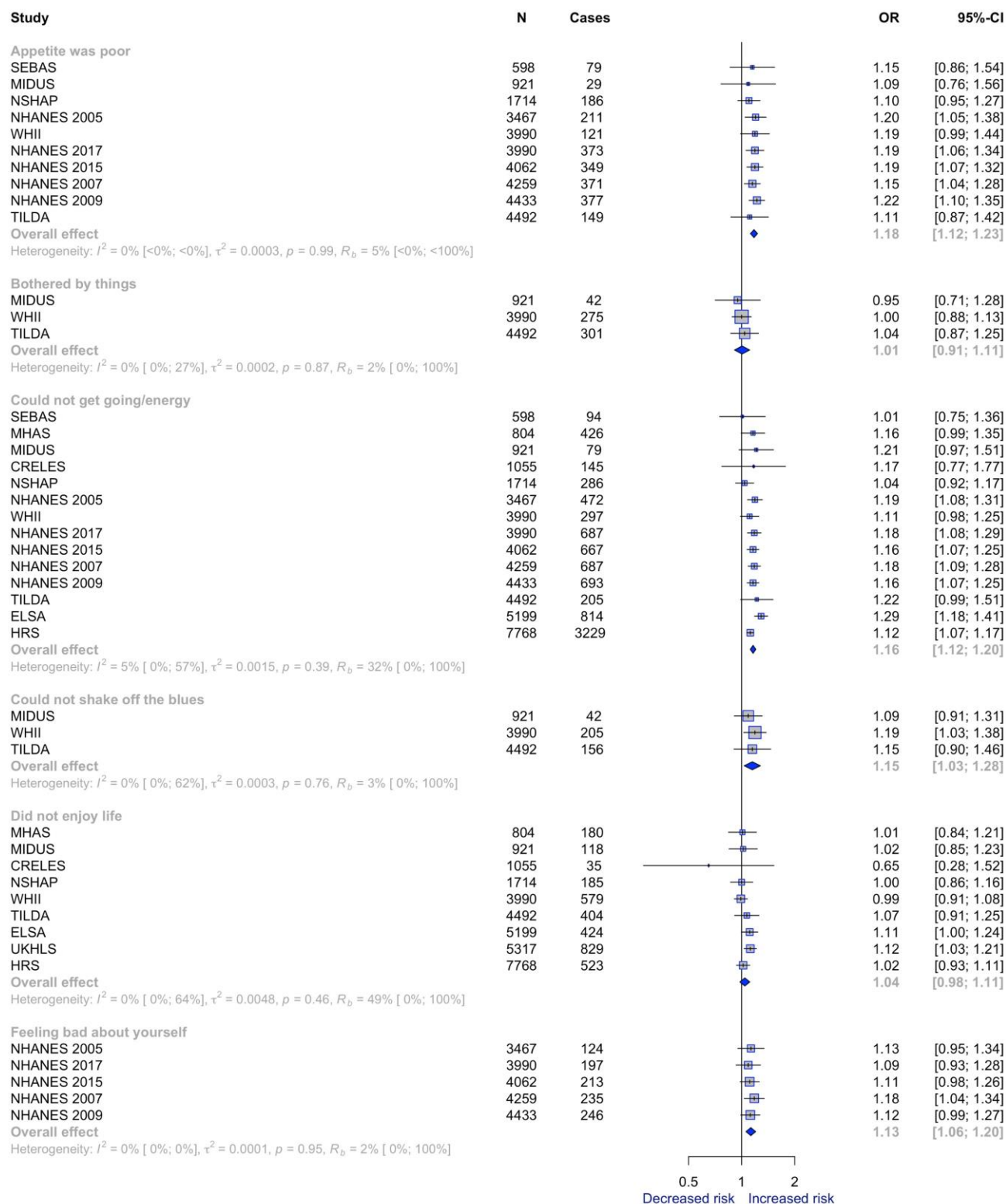
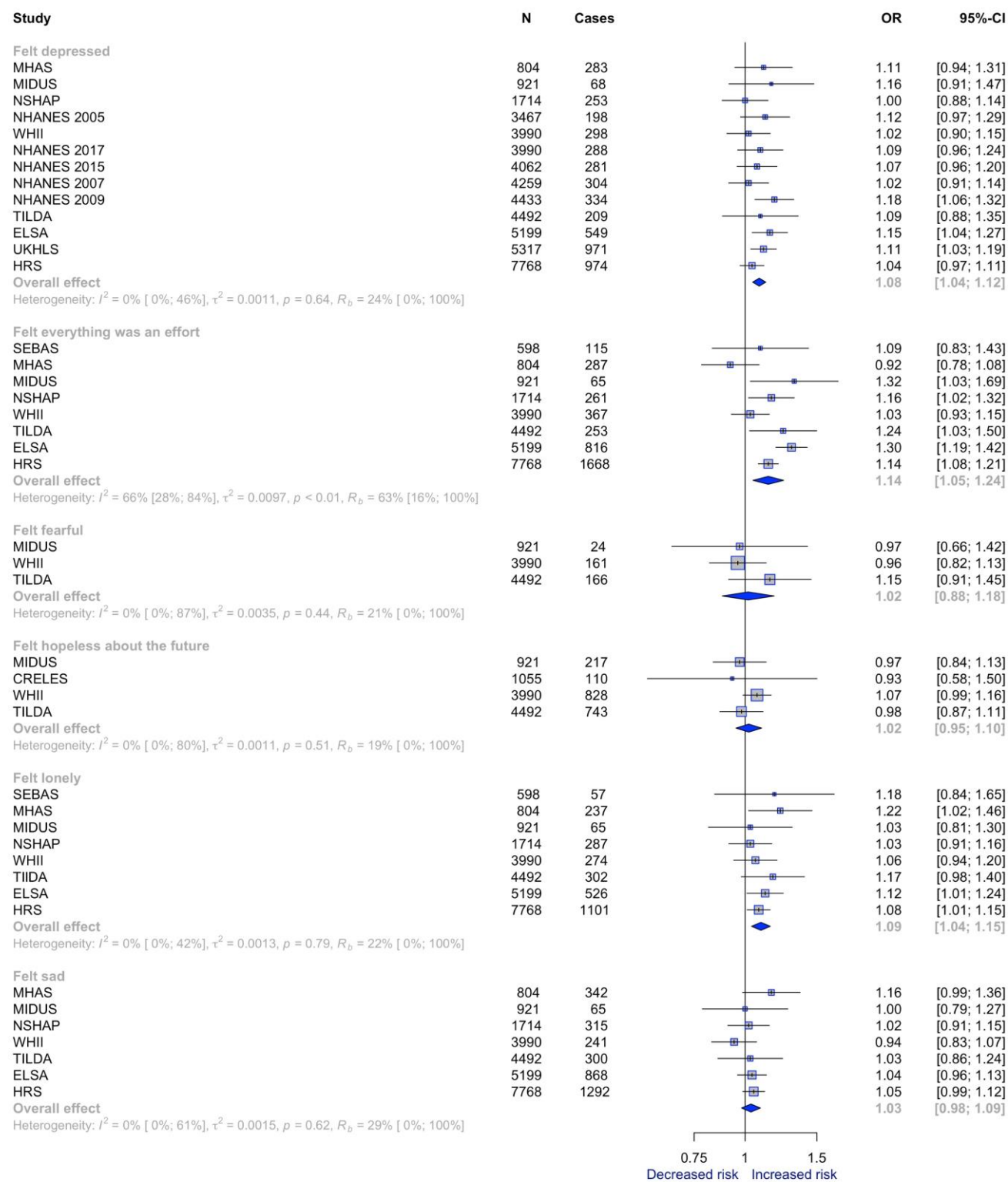


FIGURE S4b. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age, sex & education)



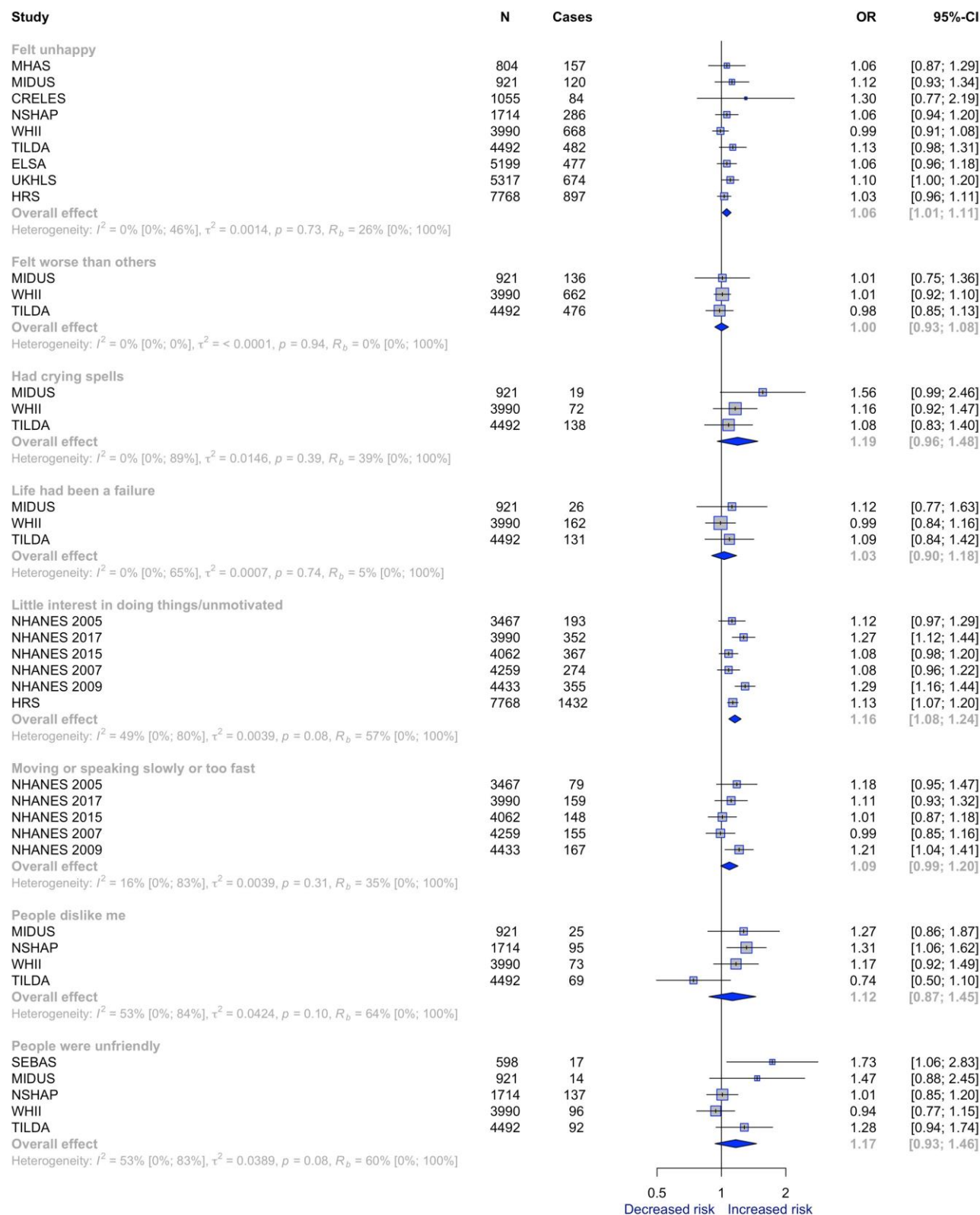
Continues...

Figure S4b (continued)



Continues...

Figure S4b (continued)



Continues...

Figure S4b (continued)

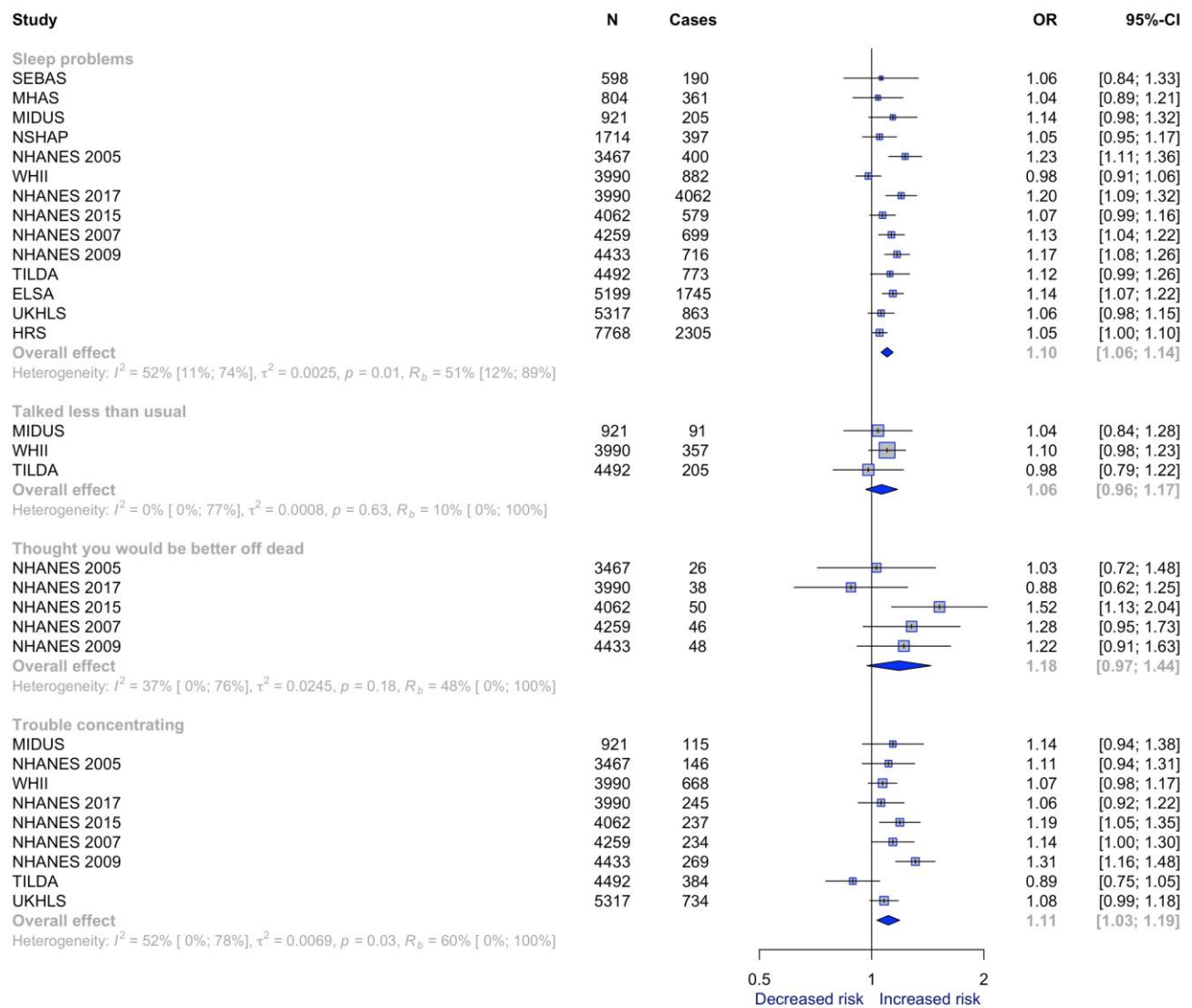
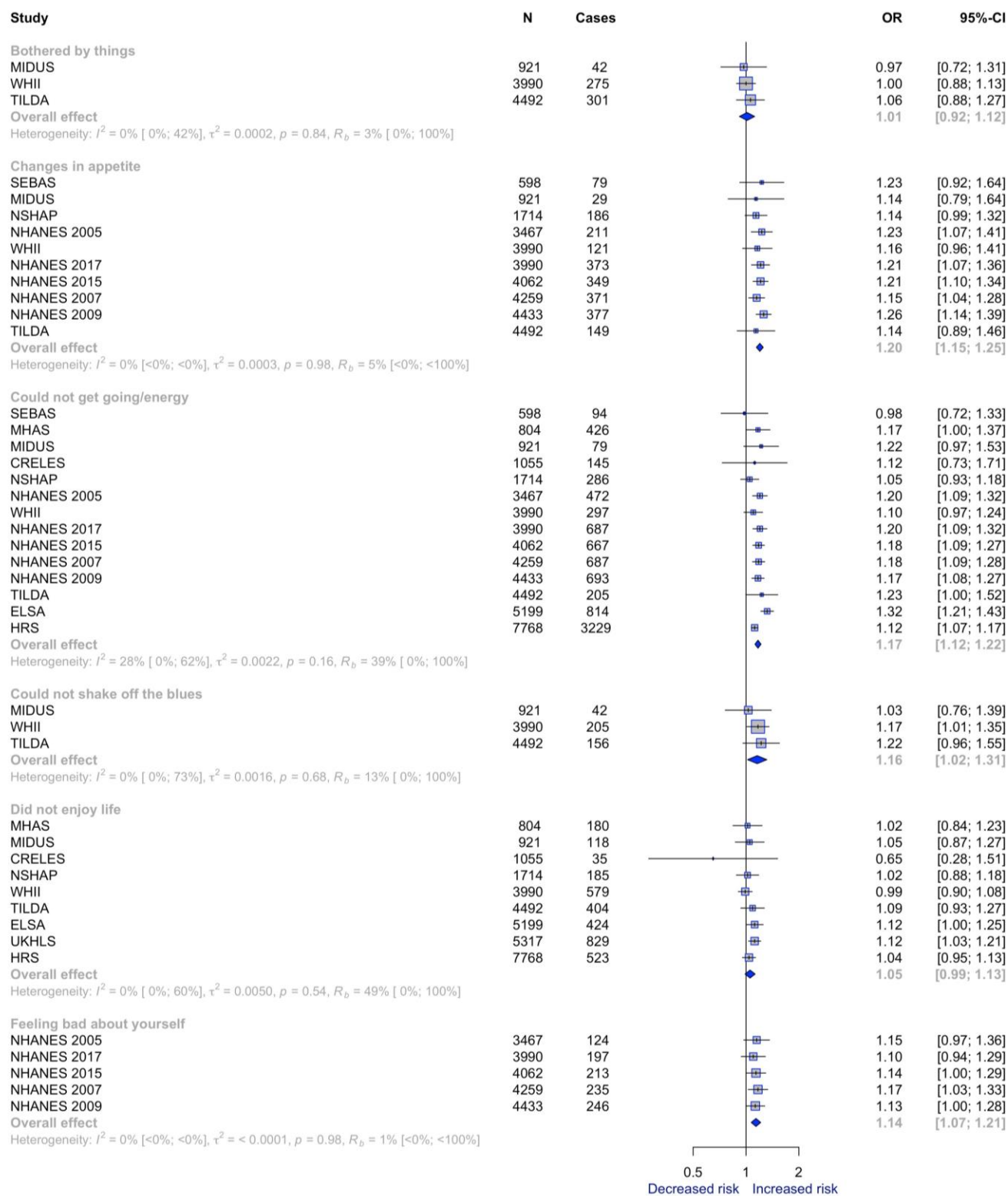
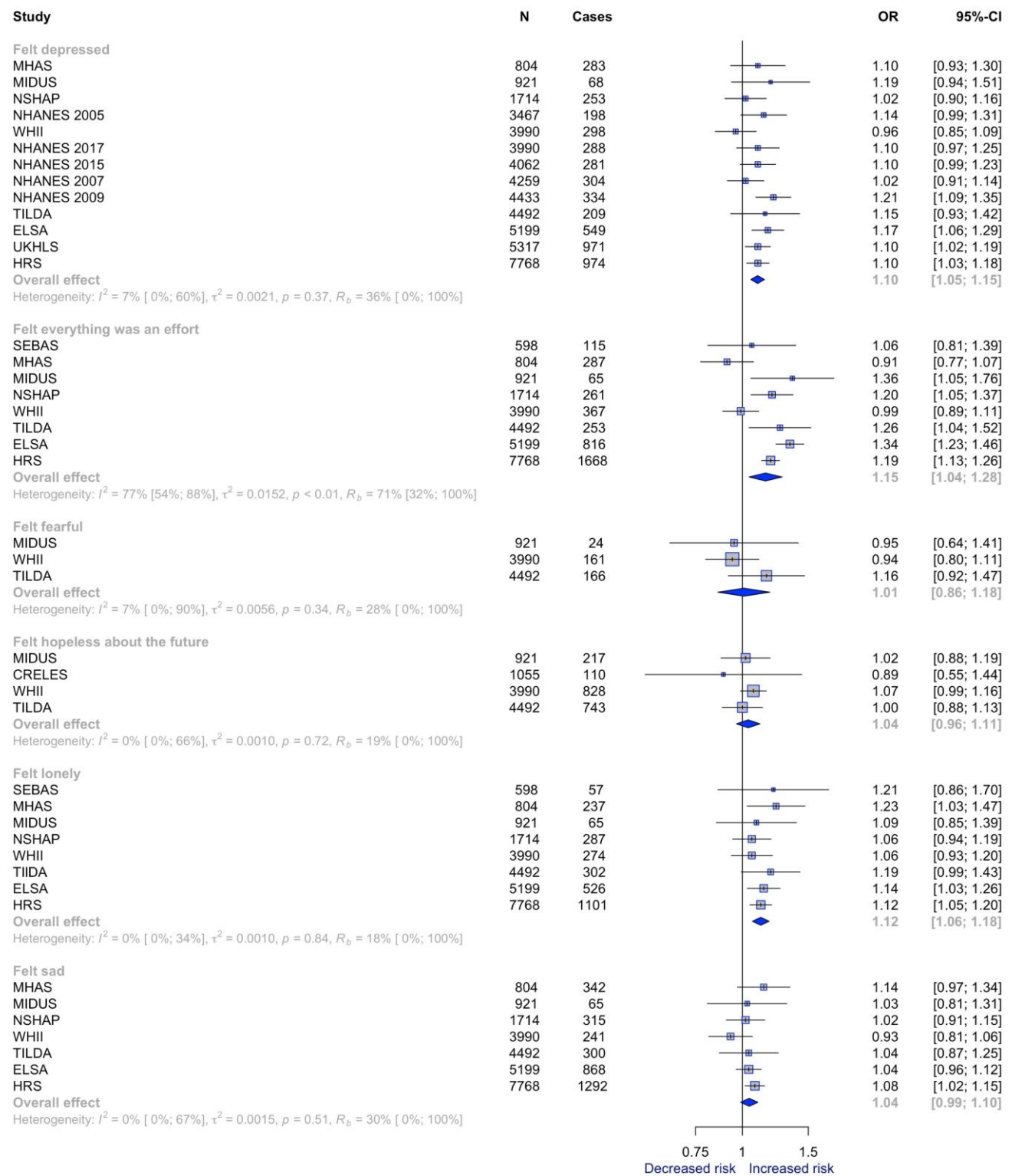


FIGURE S4c. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age, sex & chronic illness-related factors)



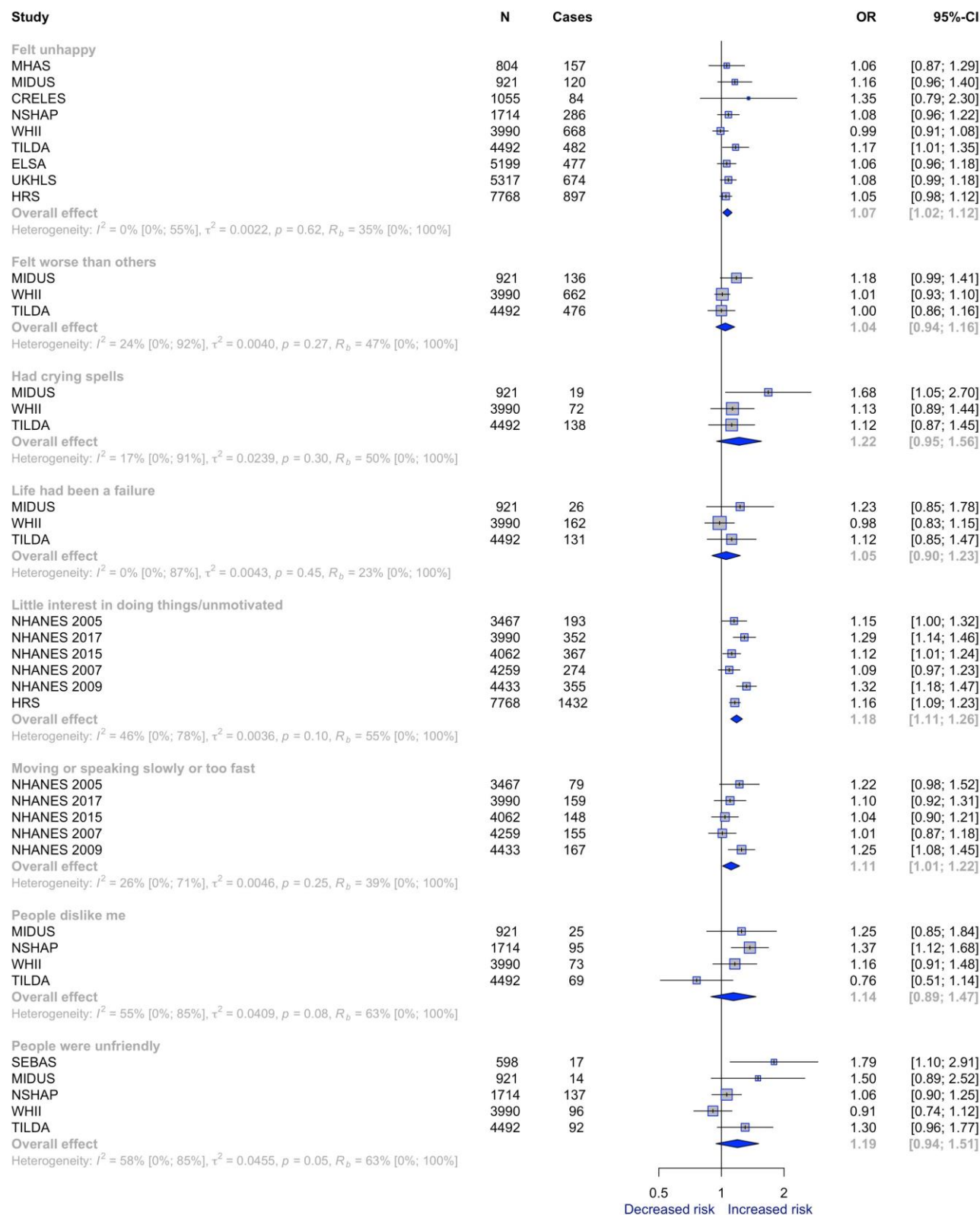
Continues...

Figure S4c (continued)



Continues...

Figure S4c (continued)



Continues...

Figure S4c (continued)

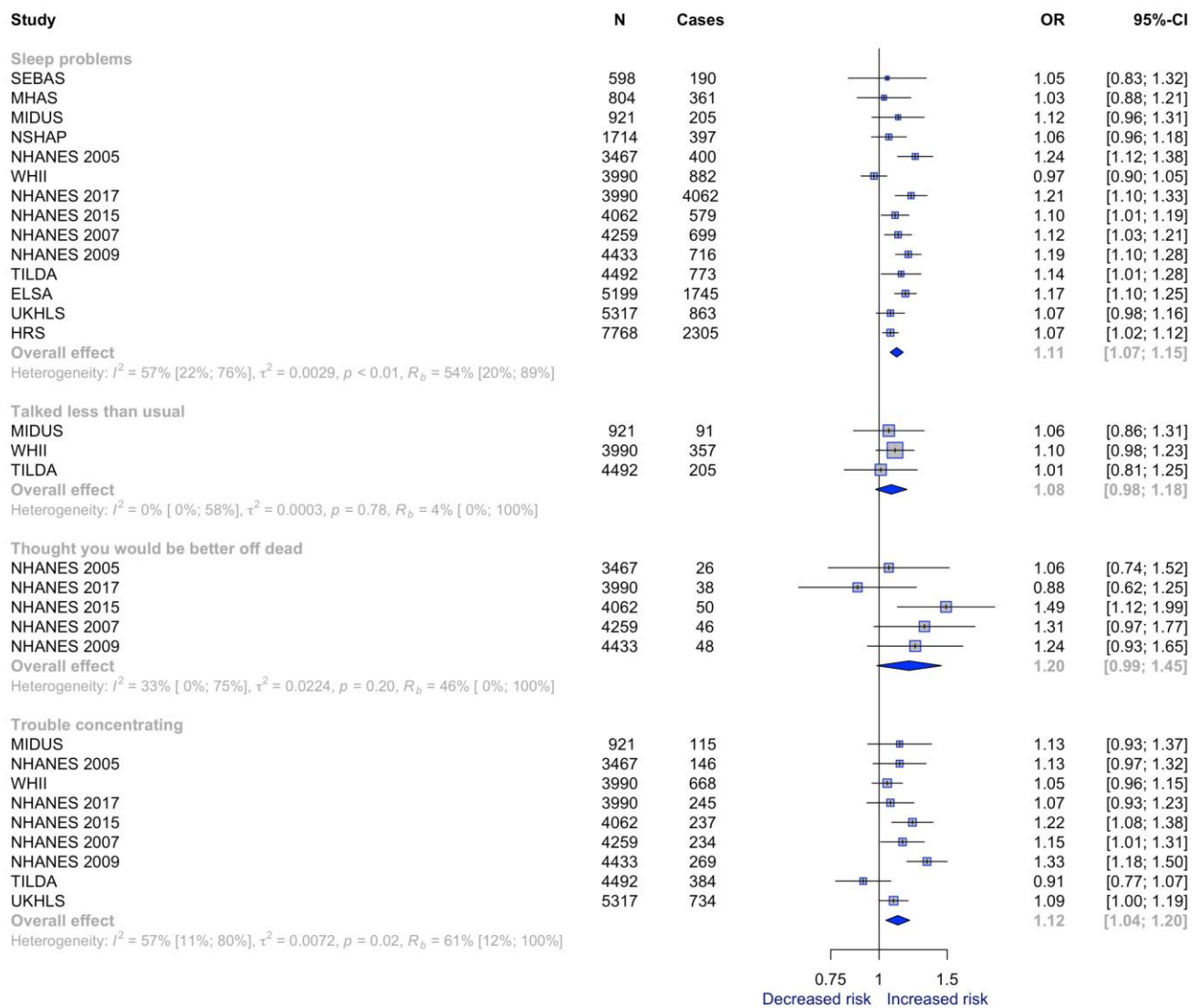
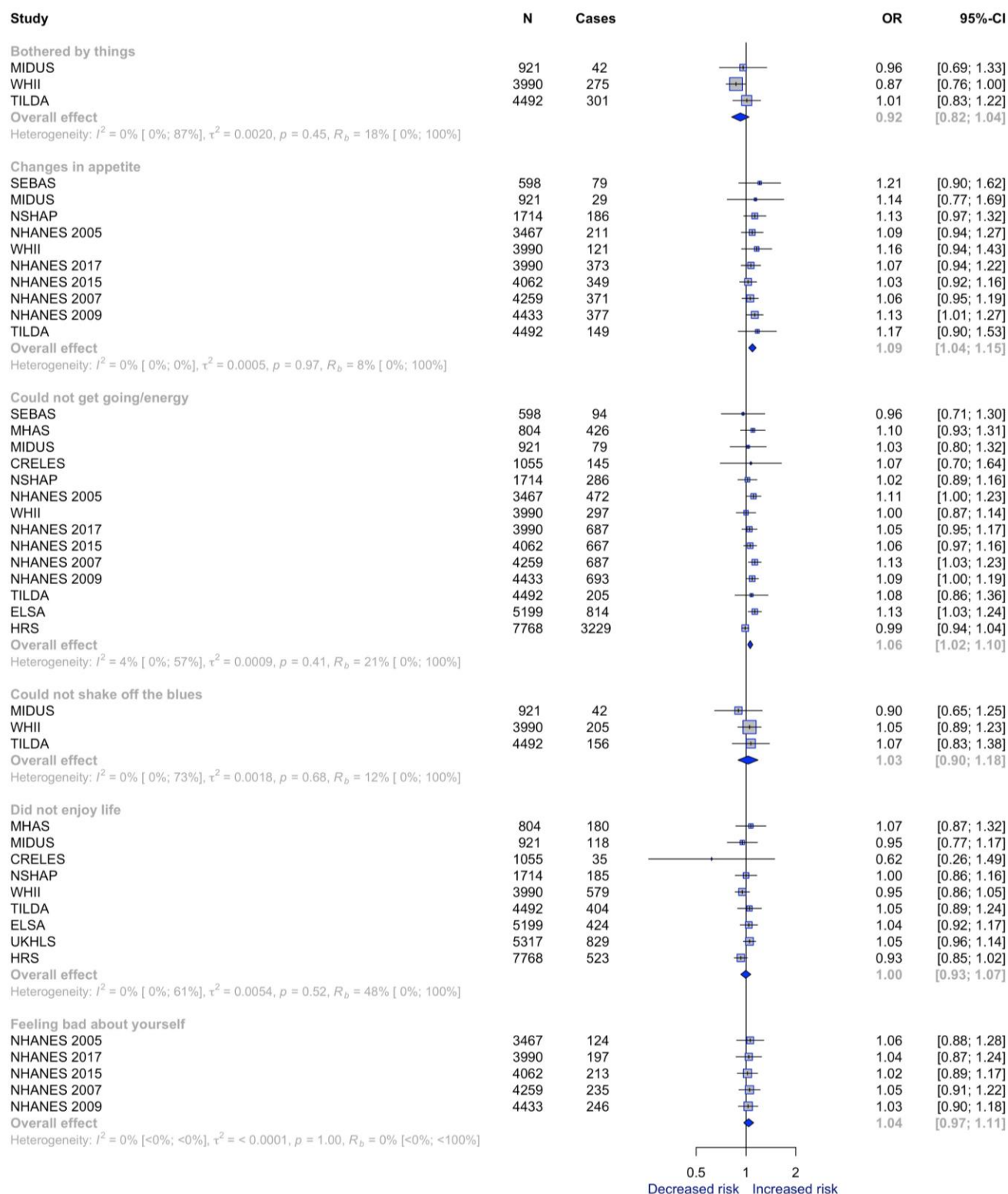
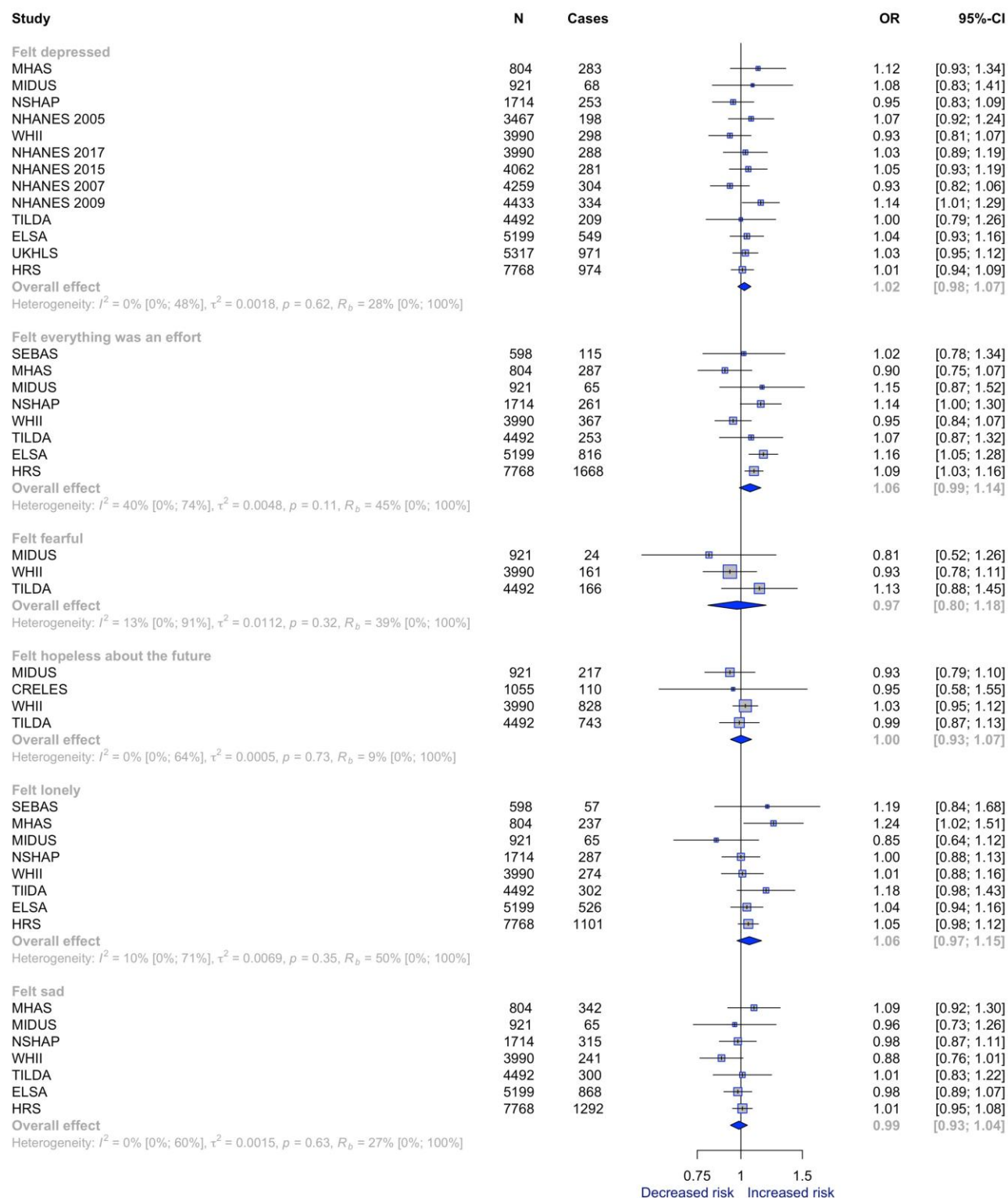


FIGURE S4d. Random-effects meta-analysis of the cross-sectional association between C-reactive protein (low-grade) and individual depression symptoms (adjusted for age, sex & behavioural factors)



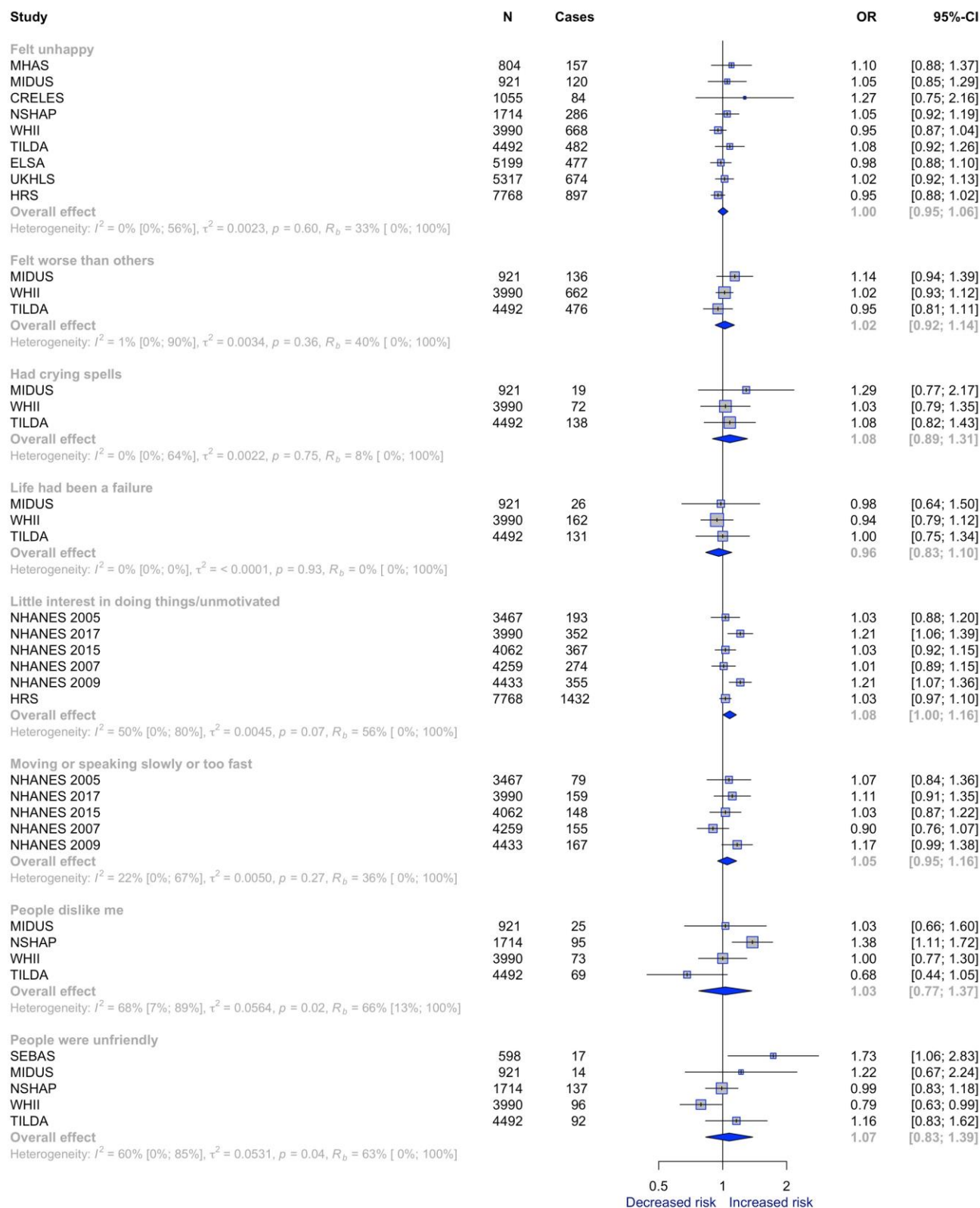
Continues...

Figure S4d (continued)



Continues...

Figure S4d (continued)



Continues...

Figure S4d (continued)

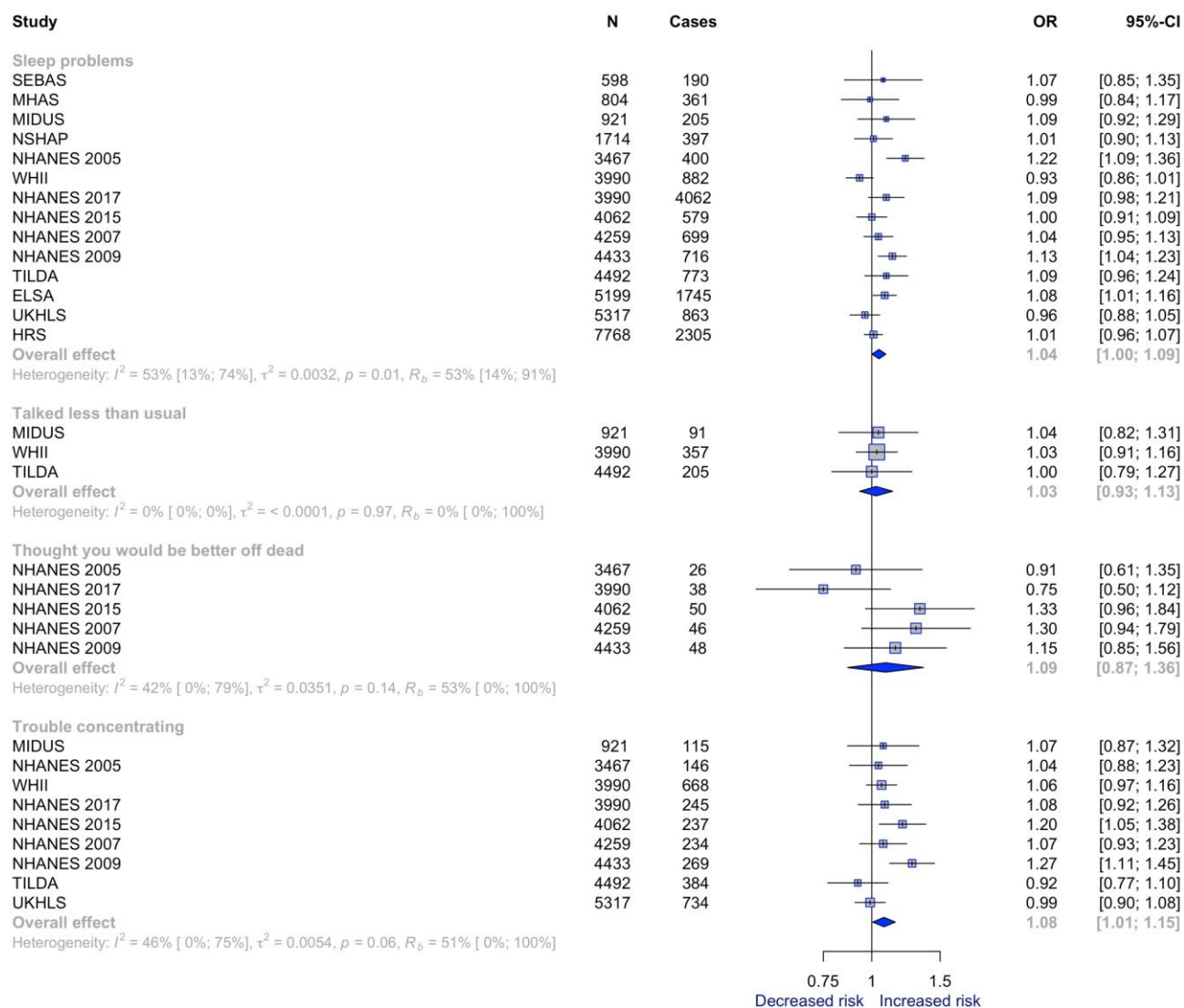
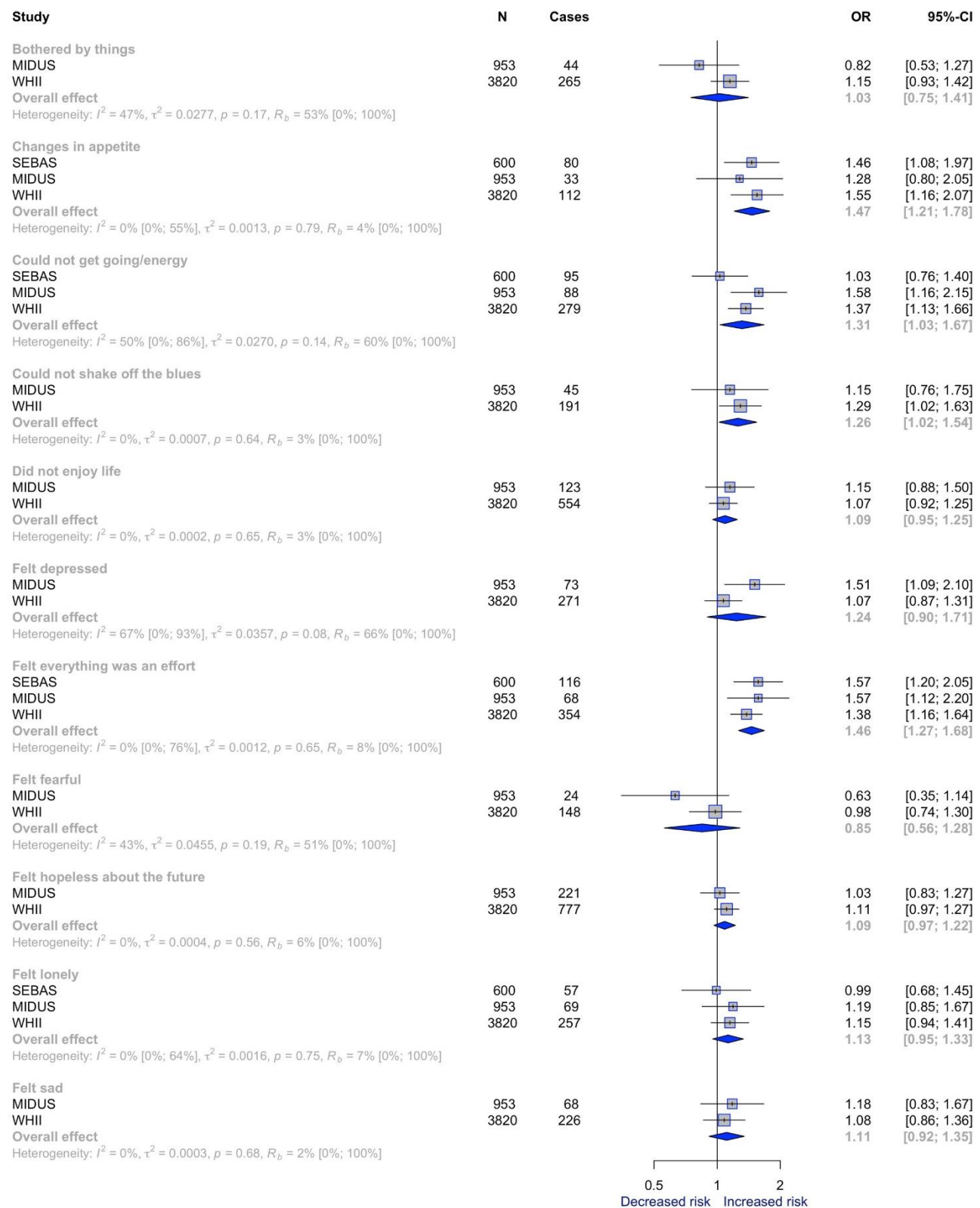


FIGURE S5a. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age & sex)



Continues...

Figure S5a (continued)

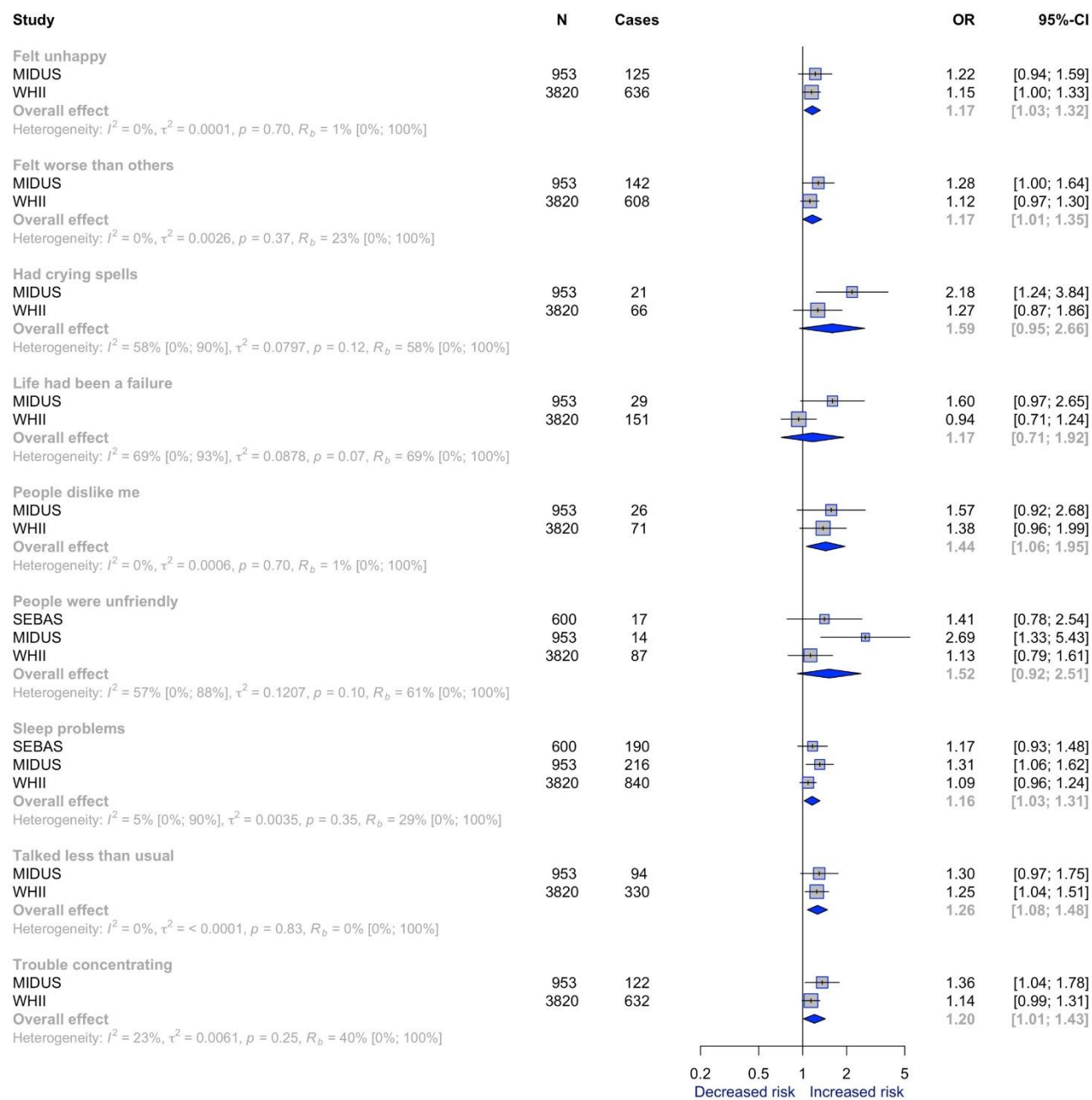
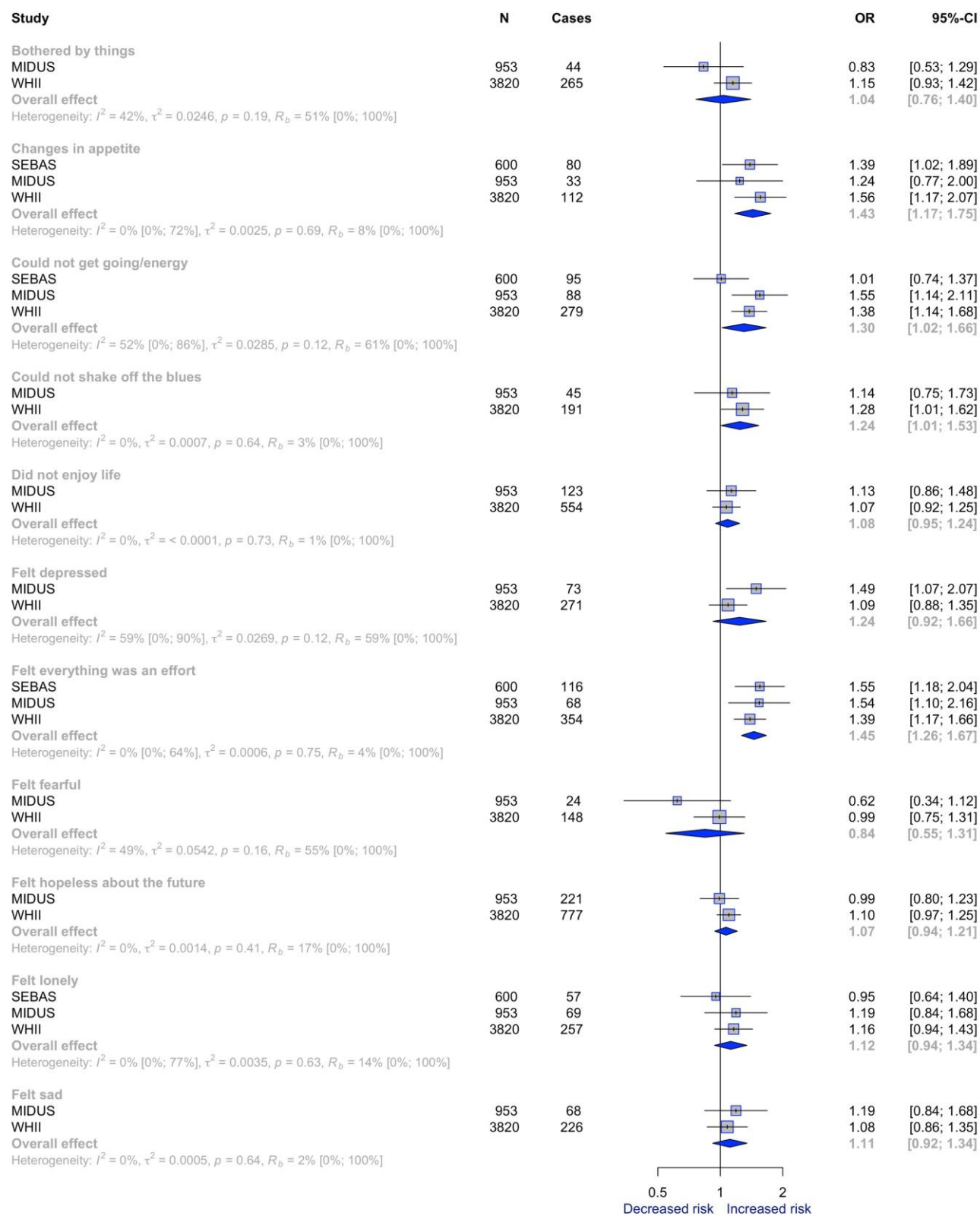


FIGURE S5b. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age, sex & education)



Continues...

Figure S5b (continued)

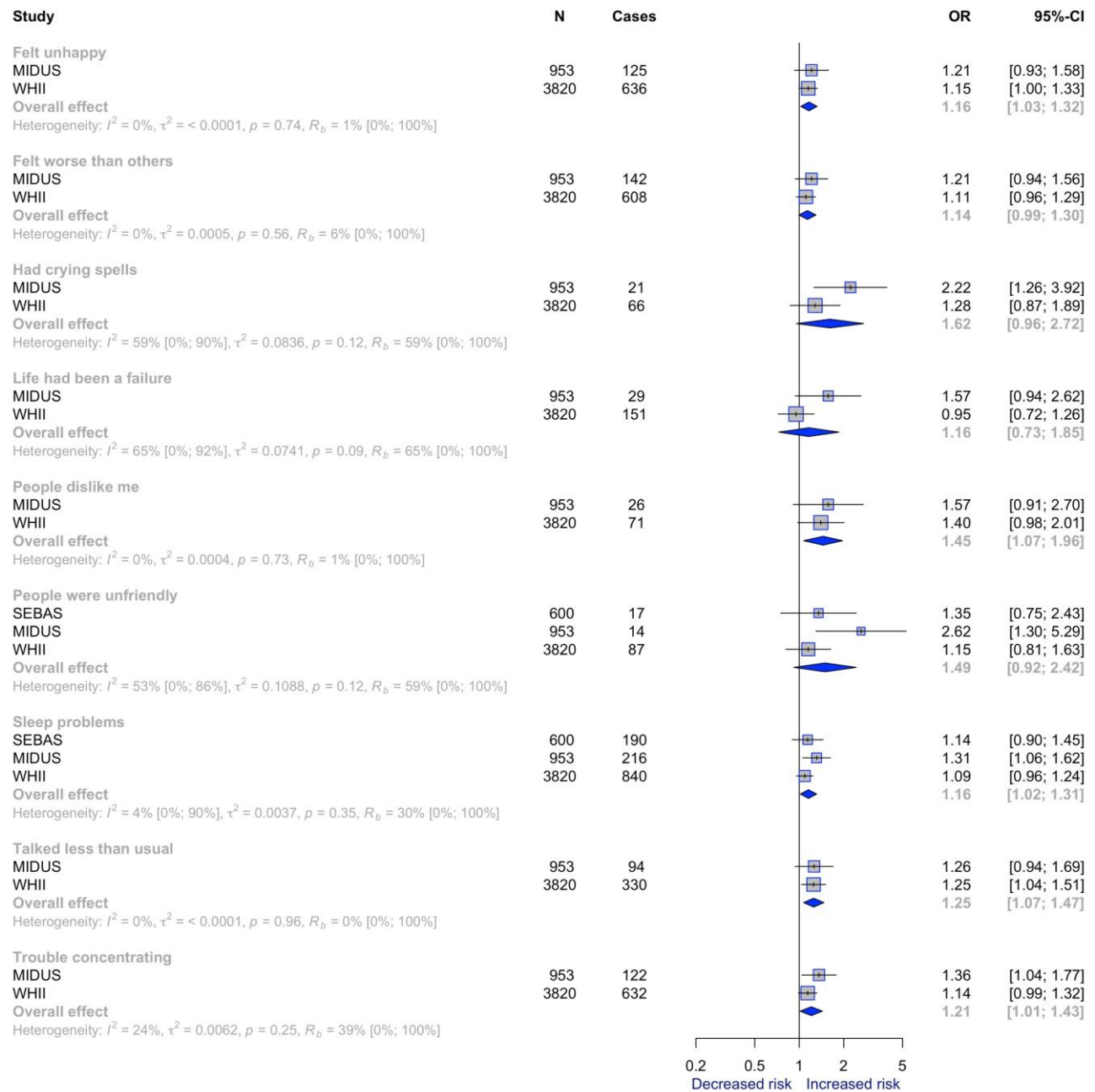
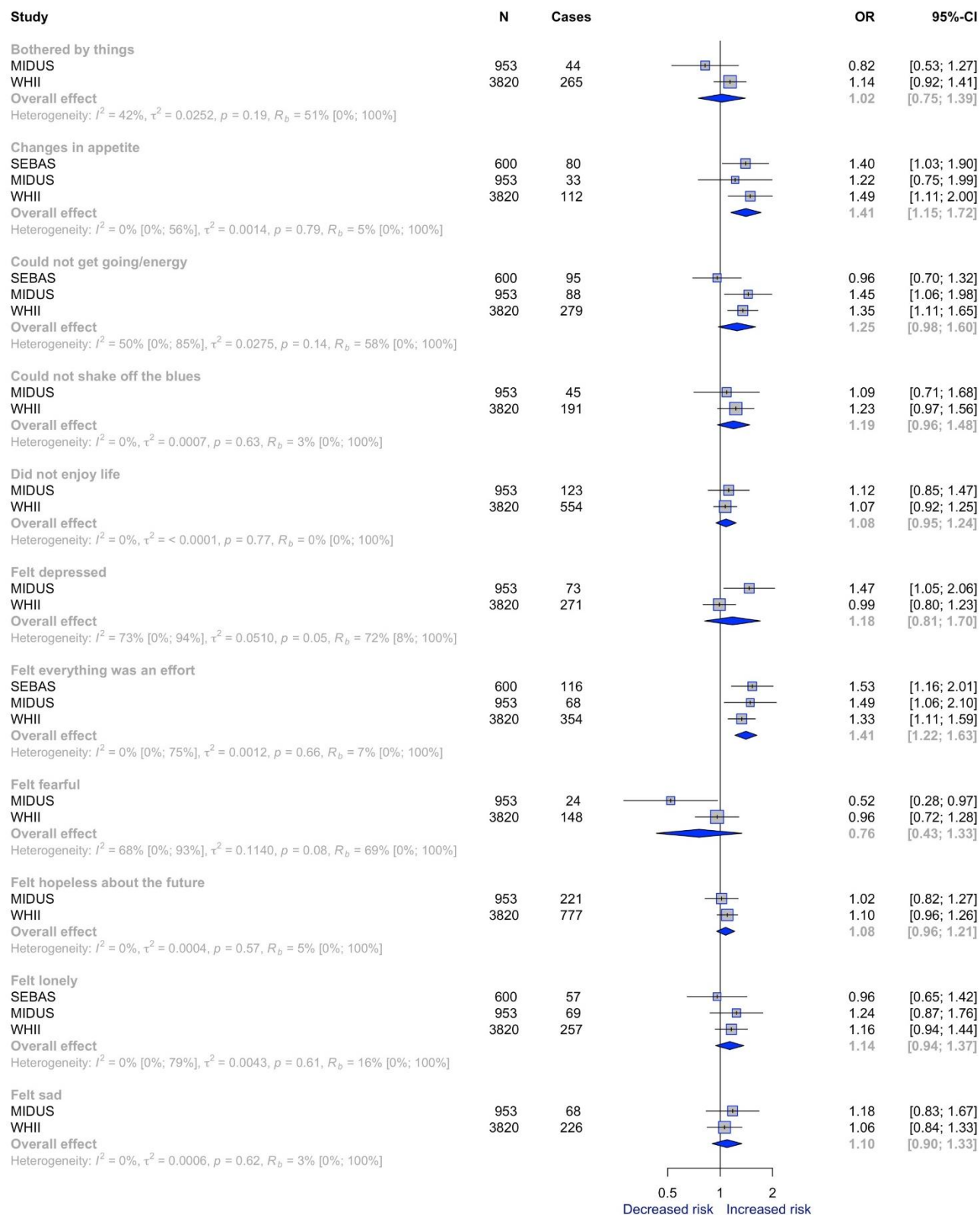


FIGURE S5c. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age, sex & chronic illness-related factors)



Continues...

Figure S5c (continued)

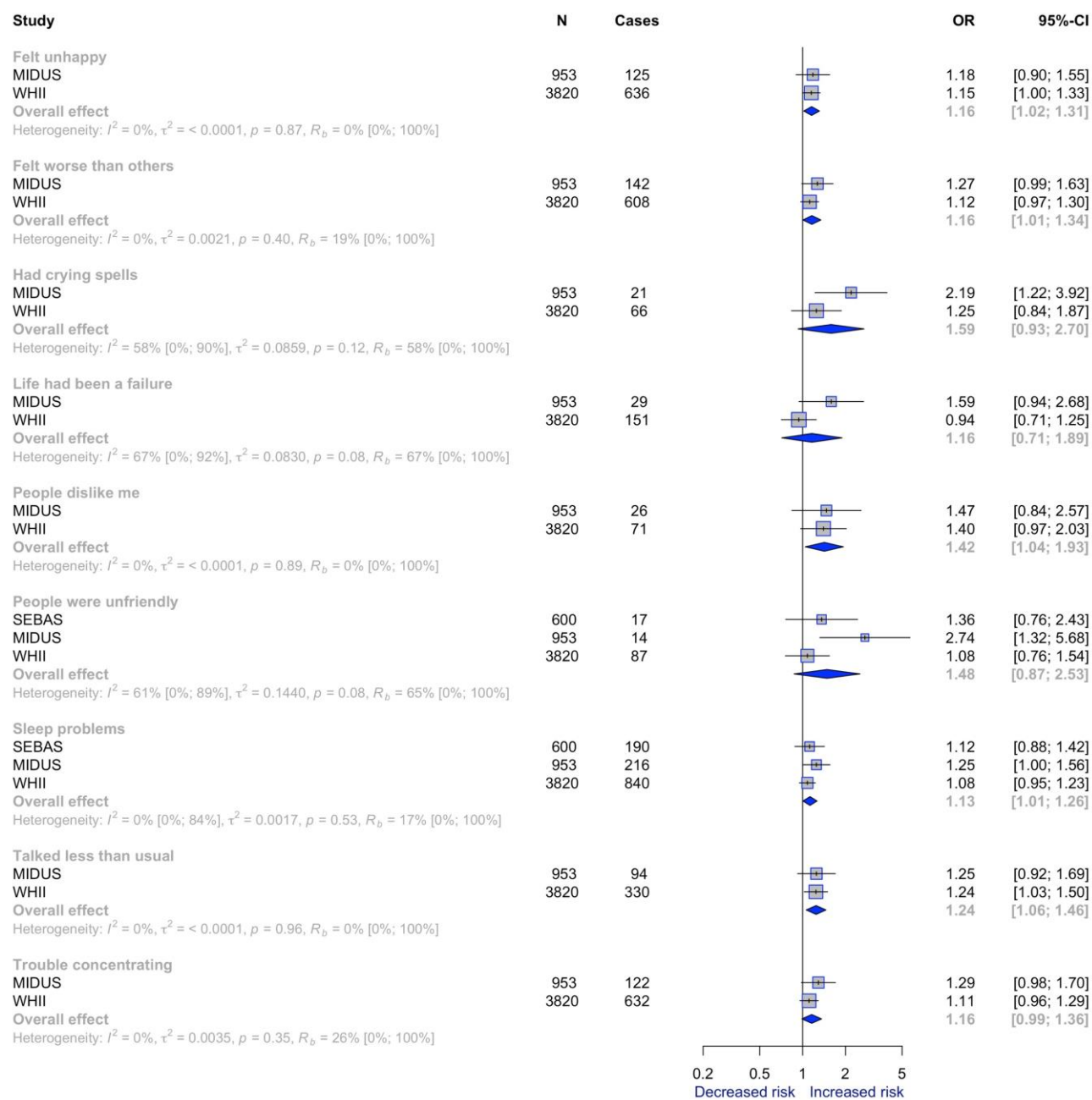
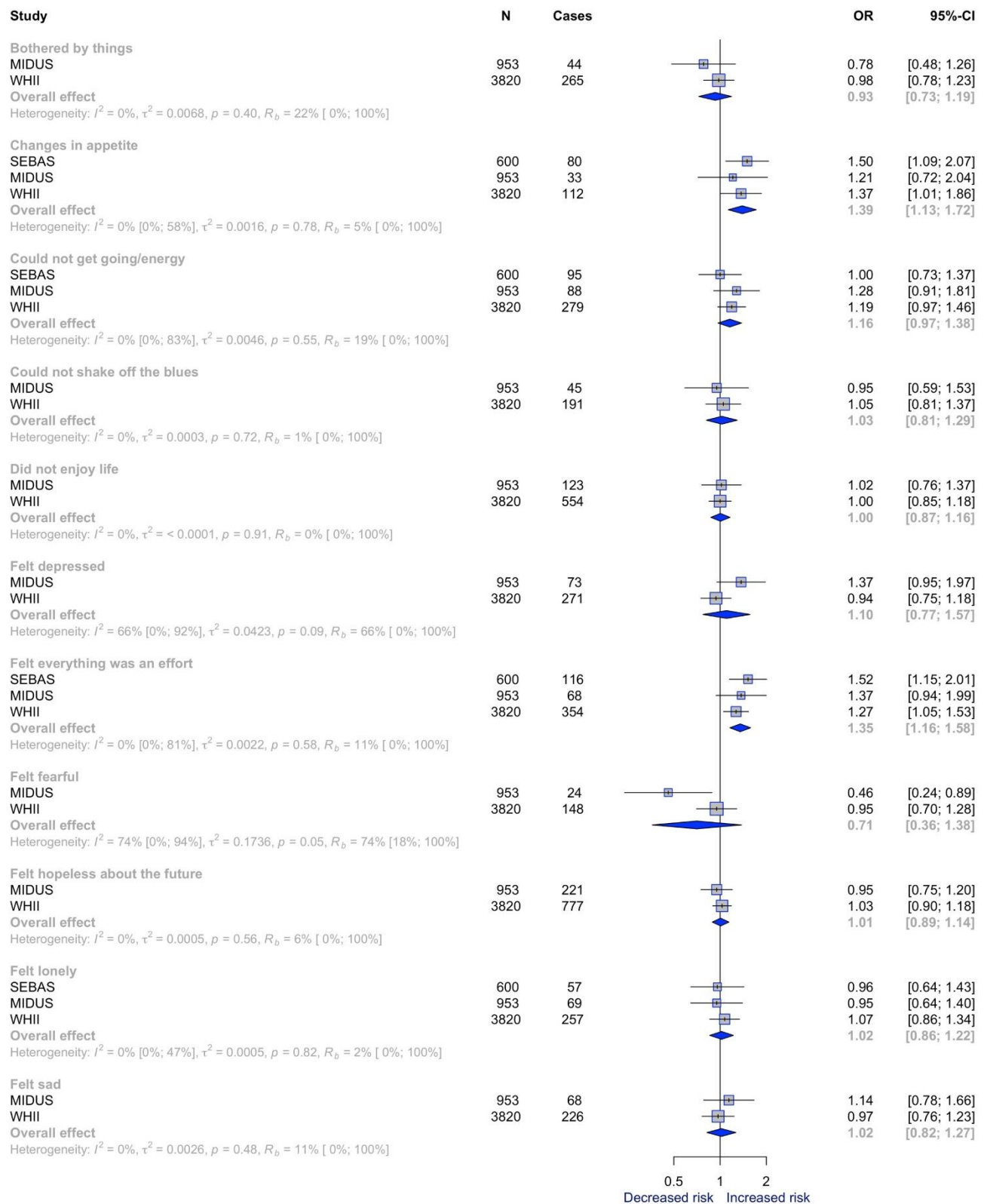
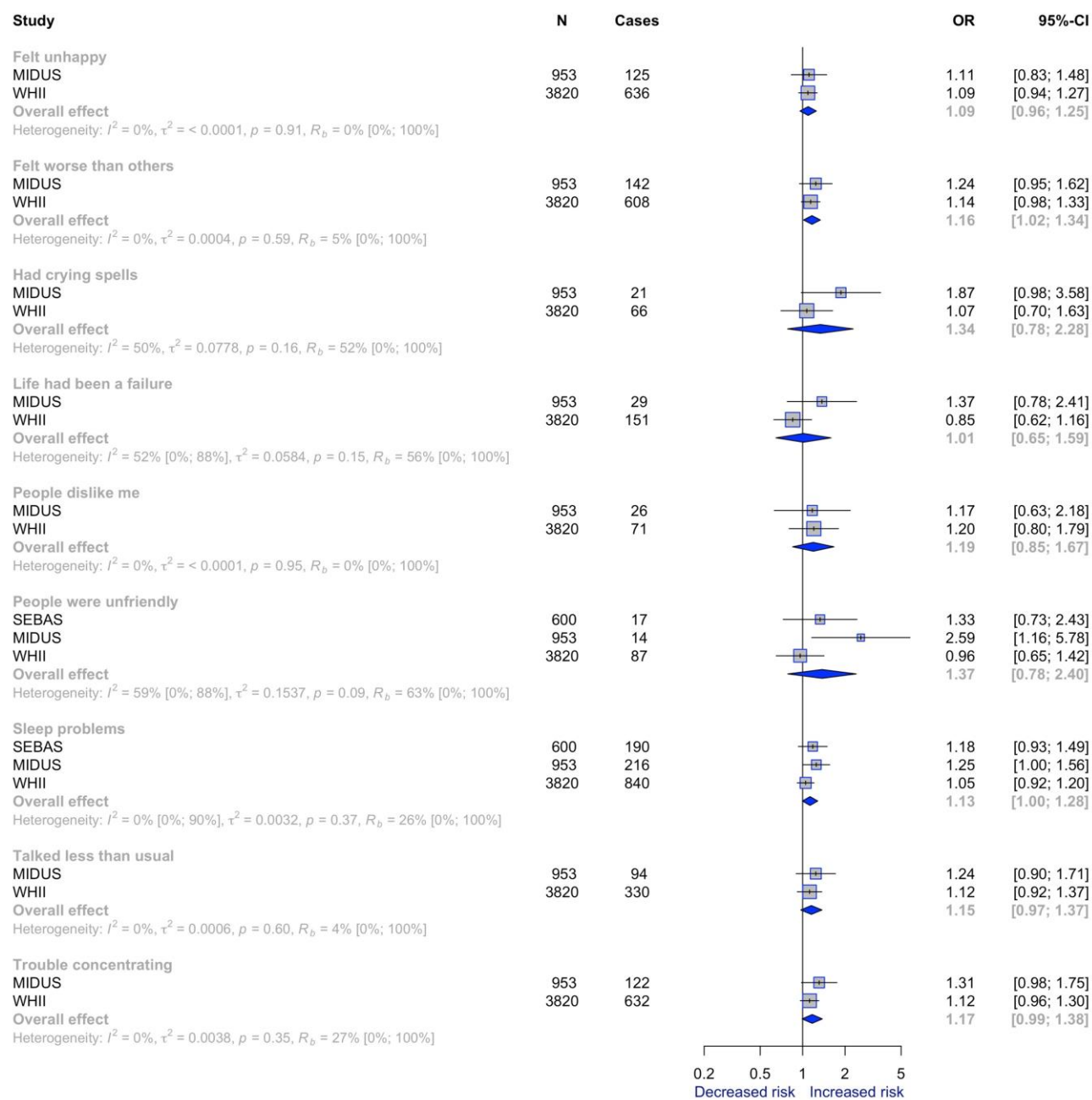


FIGURE S5d. Random-effects meta-analysis of the cross-sectional association between interleukin-6 and individual depression symptoms (adjusted for age, sex & behavioural factors)



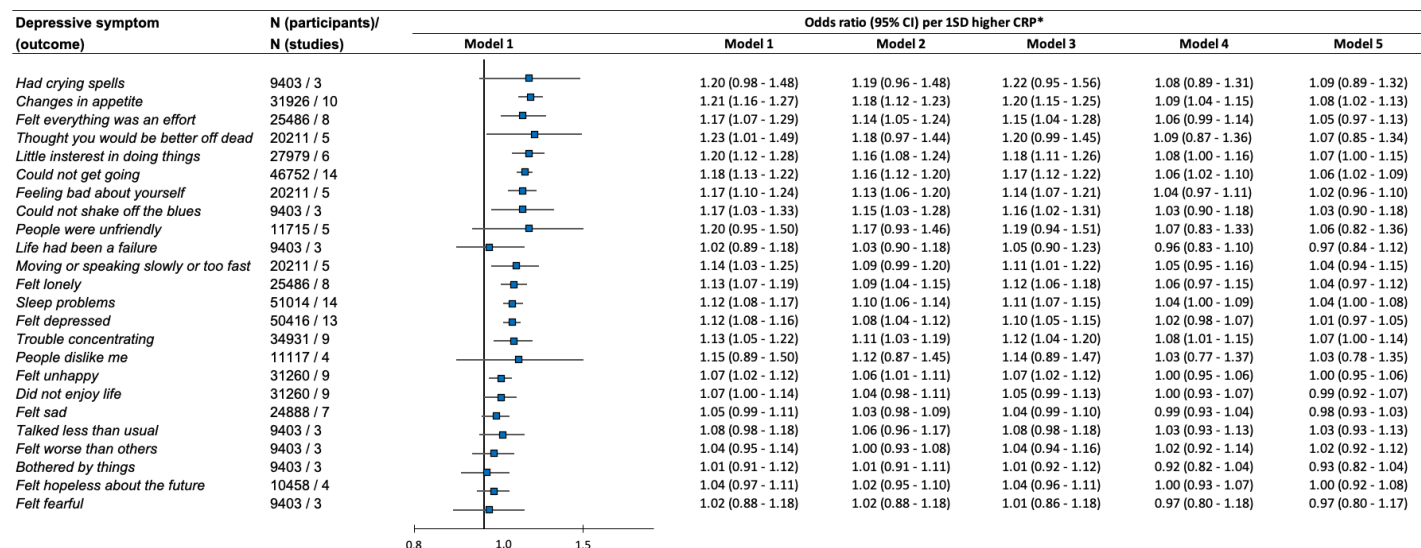
Continues...

Figure S5d (continued)



Appendix 4. Supplementary Analyses

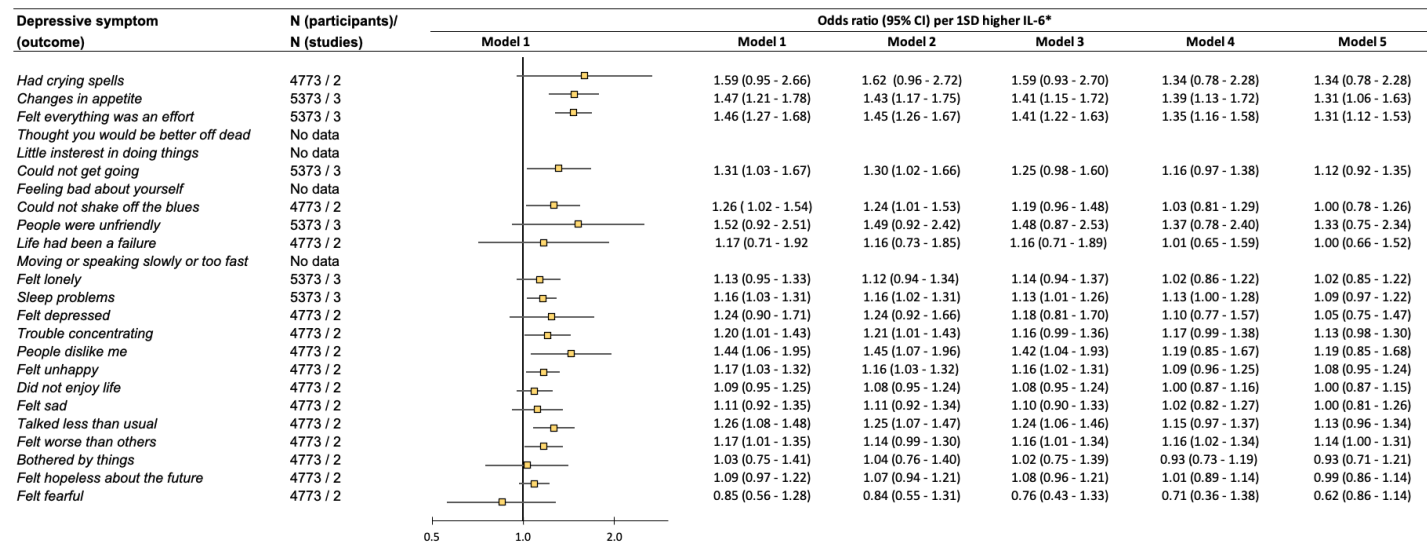
FIGURE S6. Serially adjusted cross-sectional associations between CRP (low-grade) and 24 individual symptoms of depression (random-effects meta-analysis)



*Model 1: Adjusted for age, sex and baseline depression symptom; Model 2: As Model 1 and additionally adjusted for education; Model 3: As Model 1 and additionally adjusted for chronic illness-related risk factors; Model 4: as Model 1 and additionally adjusted for behavioural risk factors; Model 5: adjusted for all of the above covariates.

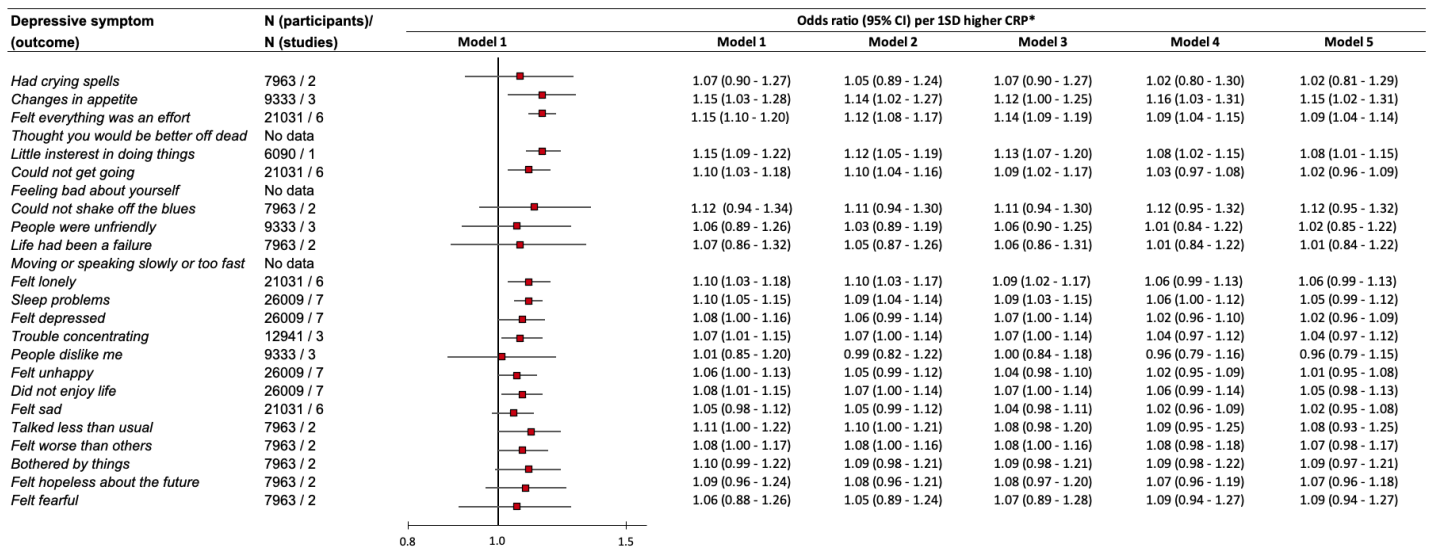
Note: These analyses excluded participants with CRP values ≥ 10 mg/L. (i.e., low-grade inflammation)

FIGURE S7. Serially adjusted cross-sectional associations between interleukin-6 and 21 individual symptoms of depression (random-effects meta-analysis)



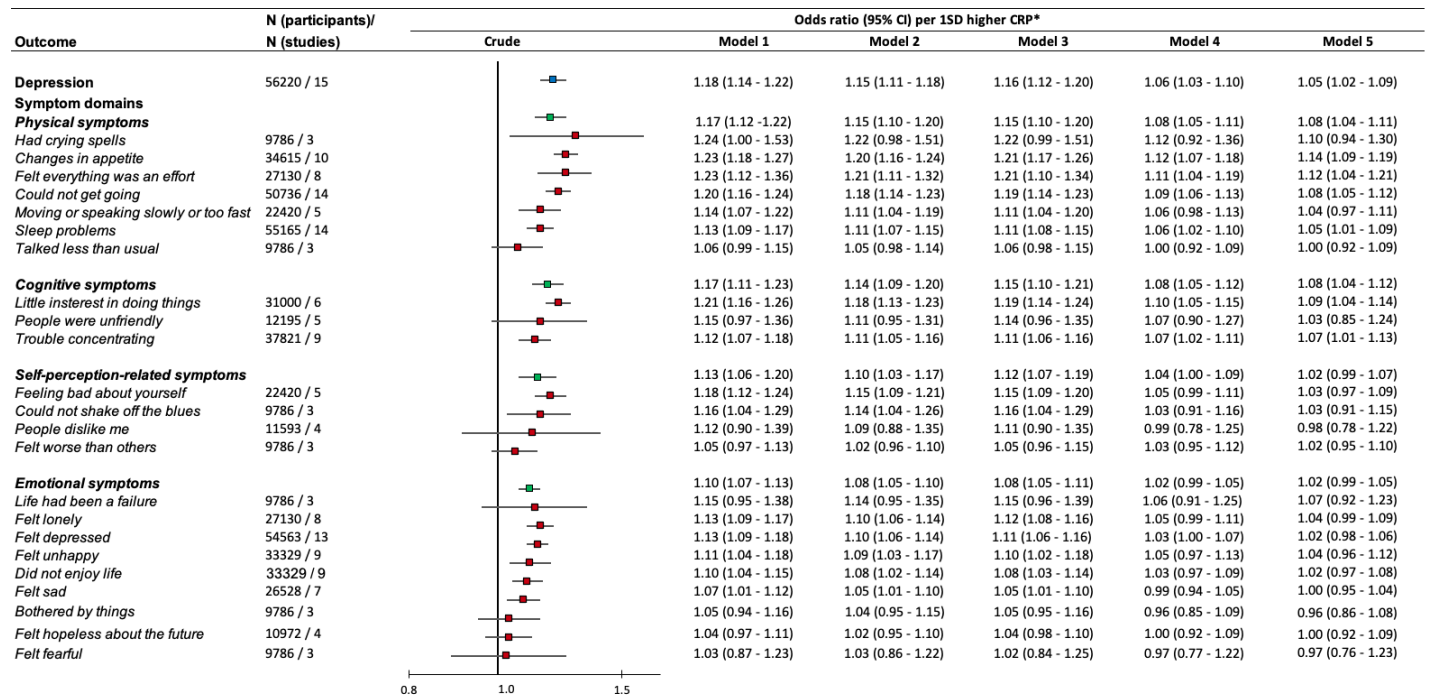
*Model 1: Adjusted for age, sex and baseline depression symptom; Model 2: As Model 1 and additionally adjusted for education; Model 3: As Model 1 and additionally adjusted for chronic illness-related risk factors; Model 4: as Model 1 and additionally adjusted for behavioural risk factors; Model 5: adjusted for all of the above covariates.

FIGURE S8. Serially adjusted longitudinal associations between CRP and 21 individual symptoms of depression (random-effects meta-analysis)



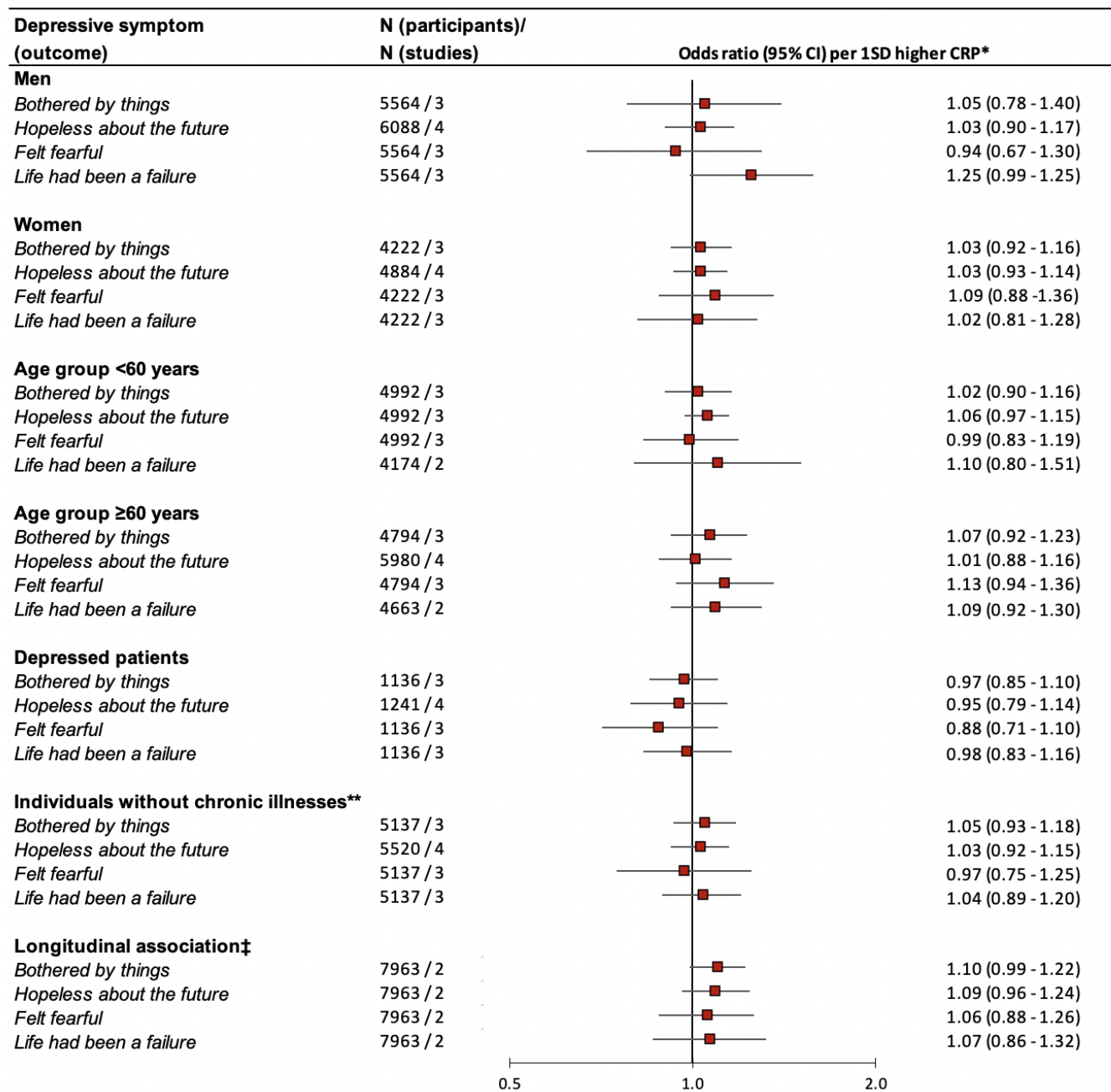
*Model 1: Adjusted for age, sex and baseline depression symptom; Model 2: As Model 1 and additionally adjusted for education; Model 3: As Model 1 and additionally adjusted for chronic illness-related risk factors; Model 4: as Model 1 and additionally adjusted for behavioural risk factors; Model 5: adjusted for all of the above covariates.

FIGURE S9. Unadjusted and serially adjusted cross-sectional association between C-reactive protein (CRP) and, depression status, symptom domains, and 24 symptoms of depression (random-effects meta-analysis)



*Model 1: adjusted for age and sex; Model 2: as Model 1 and additionally adjusted for education; Model 2: as Model 1 and additionally adjusted for health-related factors; Model 4: as Model 1 and additionally adjusted for behavioural factors; Model 5: adjusted for all of the above covariates.

FIGURE S10. Association between C-reactive protein (CRP) and 4 depression symptoms in subgroups, after additional adjustments and longitudinally (random-effects meta-analysis)



*Adjusted for age and sex as appropriate

† Adjusted for age, sex and adverse childhood experiences

‡ Adjusted for age, sex and depressive symptom at baseline

** Note: These analyses excluded individuals with a self-reported history of coronary heart disease, stroke, cancer, hypertension, and/or diabetes.

TABLE S7. Random-effects meta-analysis of the cross-sectional associations between CRP and 6 individual symptoms of depression, stratified by time of exposure and outcome ascertainment

Symptom	Studies with no time lag			Studies with time lag		
	OR	LCI	UCI	OR	LCI	UCI
Changes in appetite	1.23	1.18	1.28	1.23	1.1	1.37
Could not get going	1.19	1.14	1.23	1.21	1.11	1.33
Felt everything was an effort	1.18	0.98	1.42	1.26	1.13	1.41
Little interest in doing things	1.2	1.14	1.27	1.23	1.18	1.29
Sleep problems	1.16	1.11	1.21	1.1	1.03	1.16
Trouble concentrating	1.17	1.12	1.23	1.05	0.99	1.12

Effect estimates adjusted for age & sex

TABLE S8. Age- and sex-adjusted random-effects meta-analysis of the cross-sectional association between CRP and individual symptoms of depression in people with an overall elevated level of depressive symptoms

Symptom	Model 1			N (Sample /Studies)
	OR	LCI	UCI	
Had crying spells	1.13	0.93	1.37	1136 / 3
Changes in appetite	1.11	1.02	1.2	3573 / 10
Felt everything was an effort	1.15	0.99	1.34	3864 / 8
Thought you would be better off dead	1.07	0.93	1.21	1896 / 5
Little interest in doing things	1.11	1.04	1.19	3145 / 6
Could not get going	1.17	1.1	1.25	5864 / 14
Feeling bad about yourself	1.05	0.97	1.14	1896 / 5
Could not shake off the blues	1.03	0.89	1.19	1136 / 3
People were unfriendly	1.04	0.89	1.22	1677 / 5
Life had been a failure	0.98	0.83	1.16	1136 / 3
Moving or speaking slowly or too fast	0.97	0.87	1.08	1896 / 5
Felt lonely	1.05	0.96	1.14	3864 / 8
Sleep problems	1.08	1.02	1.14	6709 / 14
Felt depressed	1.02	0.96	1.08	6603 / 13
Trouble concentrating	1.03	0.95	1.13	3981 / 9
People dislike me	1.03	0.8	1.33	1571 / 4
Felt unhappy	0.99	0.91	1.07	4812 / 9
Did not enjoy life	0.99	0.89	1.09	4812 / 9
Felt sad	0.96	0.87	1.05	3758 / 7
Talked less than usual	0.87	0.7	1.08	1136 / 3
Felt worse than others	1.03	0.91	1.16	1136 / 3
Bothered by things	0.97	0.85	1.1	1136 / 3
Felt hopeless about the future	0.95	0.79	1.14	1241 / 4
Felt fearful	0.88	0.71	1.1	1136 / 3

Model 1: effect estimates adjusted for age and sex

Appendix 5. Statistical Code

Statistical Code R: Random-effects analysis of the cross-sectional associations between C-reactive protein and individual symptoms of depression (RStudio)

```
1
2 ### Preparation meta-analysis
3 library(meta)
4 library(metafor)
5 CRPmeta<- read.csv("Meta-analysis_CRP_DEP.csv") #read csv file with simple model results
6 # log_transform effect size data
7 CRPmeta$OR <- log(CRPmeta$OR)
8 CRPmeta$lower <- log(CRPmeta$lower)
9 CRPmeta$upper <- log(CRPmeta$upper)
10 # Calculate standard error seTE
11 CRPmeta$seTE <- (CRPmeta$upper - CRPmeta$lower)/3.92
12 # metagen function - to reconvert effect sizes to original scale
13 m <- metagen(OR,seTE, studlab = paste(Study), method.tau = "", sm = "OR", data = CRPmeta)
14 # Forest plot
15 forest(m,rightlabs = c("OR","95% CI","weight"),leftlabs = c("Symptoms"),layout = "JAMA",digits.sd = 2)
16 ## subgroups
17 forest.subgroup<-update.meta(m,byvar=Symptom,comb.random = TRUE,comb.fixed = FALSE)
18 forest.subgroup
19 forest(forest.subgroup, study.results = TRUE, bysort = FALSE,print.subgroup.labels = TRUE,
20       print.byvar = FALSE,print.Rb = TRUE,print.Rb.ci = TRUE,
21       leftcols = c("studlab", "N", "Cases"),
22       smlab = "CRP - crude model", pooled.totals = TRUE,comb.random = TRUE,
23       comb.fixed = FALSE, text.random = "Overall effect",print.tau2 = TRUE, col.square = "grey",
24       colgap = "10mm", col.square.lines = "blue",col.diamond = "blue",
25       col.diamond.lines = "black",col.inside = "black", col.predict = "green",
26       print.I2.ci = TRUE,overall = FALSE, hetstat = TRUE, overall.hetstat = FALSE,
27       calcwidth.hetstat = TRUE, label.right = "Increased risk", col.label.right = "darkblue",
28       label.left = "Decreased risk", col.label.left = "darkblue",
29       digits.sd = 4)
```

Statistical Code STATA: Loop for multivariate logistic regression analyses (example)

The following code is an example syntax (i.e., loop) used to calculate the odds ratios and accompanying 95% confidence intervals for the cross-sectional association between C-reactive protein and individual depression symptoms in Whitehall II.

*** Loop TILDA data cross-sectional ***

```
** Loop
capture program drop prog_getpred
program define prog_getpred
  args row outcome title

  matrix B=r(table)

  local b=round(B[1,1],.01)
  local lci=round(B[5,1],.01)
  local uci=round(B[6,1],.01)
  local string "`b' (`lci',`uci)'"

  putexcel A`row'="`outcome'"
  putexcel B`row'="`title'"
  putexcel C`row'="`string'"
  putexcel D`row'="`b'"
  putexcel E`row'="`lci'"
  putexcel F`row'="`uci'"
end

putexcel set "TILDA_data_CRP_cross_cov.xlsx", modify sheet("Sheet1", replace)

local options      , nolog or
local extras
local if           if codcrp==1
local outcomes    w1bothbi w1appbi w1bluesbi w1goodbi w1concbi ///
                  w1depbi w1effbi w1hpebi w1failbi w1fearbi ///
                  w1spebi w1hybi w1tlkbi w1lonebi w1unfrbi w1enjoybi ///
                  w1crybi w1sadbi w1dislbi w1nmuchbi w1deptotbi

local exposure    w1crpLog

local row=0
local num=0

foreach outcome of local outcomes{
  // local baseline: substr local outcome "8" "6"
  // local num=num+1
  // local baseline: word `num' of `baselines'

  local row=row+1
  logistic `outcome' `exposure' `if' `options'
  prog_getpred `row' `outcome' "Baseline"
  forval i=1/5{
    if `i'==1 local extras wlage i.wlsex
    if `i'==2 local extras wlage i.wlsex i.edul
    if `i'==3 local extras wlage i.wlsex bmi1 i.smoked1 i.nopal i.alcc1
    if `i'==4 local extras wlage i.wlsex i.chd1 i.stroke1 i.cancer1 sbp1 dbp1 i.diab1
    if `i'==5 local extras wlage i.wlsex i.edul bmi1 i.smoked1 i.nopal i.alcc1 i.chd1 i.stroke1 i.cancer1 sbp1 dbp1 i.diab1

    local row=row+1
    logistic `outcome' `exposure' `extras' `if' `options'
    prog_getpred `row' `outcome' "`extras'"
    foreach var of local extras{
      local row=row+1
      logistic `outcome' `exposure' `var' `if' `options'
      prog_getpred `row' `outcome' "`var'"
    }
  }
}

import excel using "TILDA_data_CRP_cross_cov.xlsx", sheet(Sheet1) clear
reshape wide C, i(B) j(A) string
rename C* *
rename B extra
```

REFERENCES

1. Rosero-Bixby L: CRELES: Costa Rican Longevity and Healthy Aging Study, 2005 (Costa Rica Estudio de Longevidad y Envejecimiento Saludable)2010.
2. Sheikh JI, Yesavage JA, Brooks JO, Friedman L, Gratzinger P, Hill RD, Zadeik A, Crook T. Proposed factor structure of the Geriatric Depression Scale. *International Psychogeriatrics*. 1991;3:23-28.
3. Steptoe A, Breeze E, Banks J, Nazroo J. Cohort profile: the English longitudinal study of ageing. *International journal of epidemiology*. 2013;42:1640-1648.
4. Radloff LS. The CES-D scale: A self-report depression scale for research in the general population. *Applied psychological measurement*. 1977;1:385-401.
5. Ryff CD, Seeman T, Weinstein M: National Survey of Midlife Development in the United States (MIDUS II): Biomarker Project, 2004-2009, Inter-university Consortium for Political and Social Research; 2010.
6. Marmot M, Brunner E. Cohort profile: the Whitehall II study. *International journal of epidemiology*. 2005;34:251-256.
7. Buck N, McFall S. Understanding Society: design overview. *Longitudinal and Life Course Studies*. 2011;3:5-17.
8. Goldberg DP. The detection of psychiatric illness by questionnaire. *Maudsley monograph*. 1972;21.
9. Centers for Disease Control Prevention. National Center for Health Statistics (NCHS). National Health and Nutrition Examination Survey Questionnaire (or Examination Protocol, or Laboratory Protocol). <http://www.cdc.gov/nchs/nhanes.htm>. 2006.
10. Kroenke K, Spitzer RL, Williams JB. The PHQ-9: validity of a brief depression severity measure. *Journal of general internal medicine*. 2001;16:606-613.
11. Cornman JC, Gleib DA, Goldman N, Chang M-C, Lin H-S, Chuang Y-L, Hurng B-S, Lin Y-H, Lin S-H, Liu I-W. Cohort profile: the social environment and biomarkers of aging study (SEBAS) in Taiwan. *International journal of epidemiology*. 2016;45:54-63.
12. Heeringa SG, Connor JH. Technical description of the Health and Retirement Survey sample design. Ann Arbor: University of Michigan. 1995.
13. Kearney PM, Cronin H, O'Regan C, Kamiya Y, Savva GM, Whelan B, Kenny R. Cohort profile: the Irish longitudinal study on ageing. *International journal of epidemiology*. 2011;40:877-884.
14. O'Muircheartaigh C, English N, Pedlow S, Kwok PK. Sample design, sample augmentation, and estimation for Wave 2 of the NSHAP. *Journals of Gerontology Series B: Psychological Sciences and Social Sciences*. 2014;69:S15-S26.
15. Wong R, Michaels-Obregon A, Palloni A. Cohort profile: the Mexican health and aging study (MHAS). *International journal of epidemiology*. 2017;46:e2-e2.