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Supplementary Table S1 Sensitivity analysis with k-means

Item	Cluster
Early insomnia (4)	1
Middle insomnia (5)	1
Late insomnia (6)	1
Guilt and delusions (2)	2
Suicide (3)	2
Somatic anxiety (11)	2
Pains and fatigability (13)	2
Reduced libido (14)	2
Retardation (8)	3
Agitation (9)	3
Hypochondriasis (15)	3
Sad mood (1)	4
Loss of interest (7)	4
Psychological anxiety (10)	4

The clustering solution resulting from k-means is identical to that obtained through hierarchical clustering.

Supplementary Table S2 Cluster scores at various time points

Week	Group	Emotional cluster	Psychosomatic cluster	Sleep cluster	Psychomotor cluster
0	Sham tDCS	7.55±1.32	7.56±1.75	3.19±1.71	1.97±1.04
0	Active tDCS	7.31±1.24	7.67±1.71	3.44±1.59	1.86±1.23
2	Sham tDCS	4.74±2.28	5.15±2.36	2.38±1.84	0.96±0.87
2	Active tDCS	4.81±1.88	5.61±2.15	2.46±1.73	0.97±0.93
3	Sham tDCS	4.67±2.3	5.36±2.58	2.29±1.78	0.96±0.93
3	Active tDCS	4.42±2.05	5.17±2.36	2.22±1.75	0.93±0.9
4	Sham tDCS	4.47±2.57	5.14±2.64	2.45±1.91	1.01±0.98
4	Active tDCS	4.48±2.28	5.14±2.56	2.23±1.62	0.88±0.96
6	Sham tDCS	4.58±2.36	5.1±2.68	2.36±1.97	0.95±0.8
6	Active tDCS	4.27±2.13	4.71±2.24	2.2±1.84	0.82±0.96

Sum scores ± standard deviations for the 4 symptom clusters across time and per group.

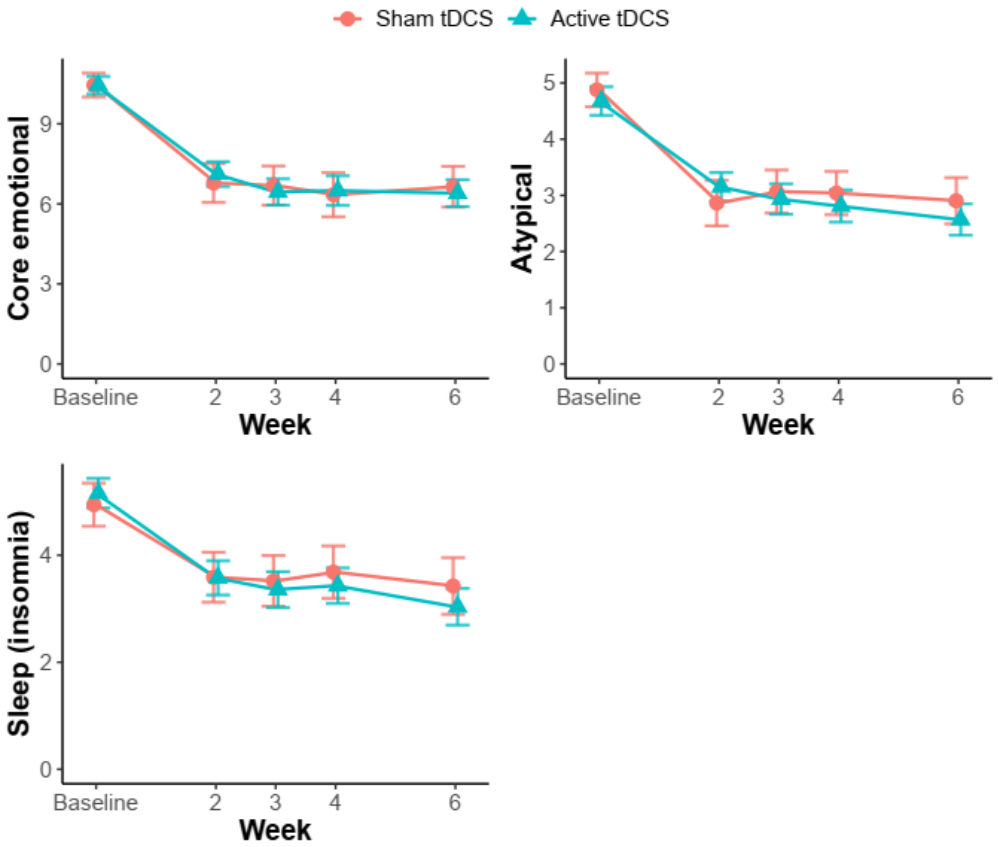
http://doi.org/10.47626/1516-4446-2024-3972
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Supplementary Table S3 Hierarchical clustering solution found for the STAR*D sample (n=4,017) according to Chekroud et al.[1]

HDRS item	Cluster
Sad mood (1)	Core emotional
Guilt and delusions (2)	Core emotional
Suicide (3)	Atypical
Sleep-onset insomnia (4)	Sleep (insomnia)
Nocturnal insomnia (5)	Sleep (insomnia)
Early-morning insomnia (5)	Sleep (insomnia)
Loss of interest (7)	Core emotional
Retardation (8)	Atypical
Agitation (9)	Atypical
Psychological anxiety (10)	Core emotional
Somatic anxiety (11)	Core emotional
Pains and fatigability (13)	Sleep (insomnia)
Reduced libido (14)	Atypical
Hypochondriasis (15)	Atypical

These are the item clusters as reported in the original study.

Supplementary Figure S1 Changes over time for symptom clusters based on Chekroud et al.'s[1] analysis of the STAR*D sample (n=4,017)



Cluster sum scores with 95% confidence intervals as error bars.

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Reference

1. Chekroud AM, Gueorguieva R, Krumholz HM, Trivedi MH, Krystal JH, McCarthy G. Reevaluating the efficacy and predictability of antidepressant treatments: a symptom clustering approach. JAMA Psychiatry. 2017;74:370-8.