

Supplementary Information

Table 1: Demographic and clinical characteristics of patients

	Schizophrenia: Standard community sample	Schizophrenia: High needs community sample	Schizophrenia: Combined community samples	BPAD: Combined community sample
Sample size	83	93	176	26
Male (%)	57%	61%	59%	54%
Age	49.1 (11.0)	47.4 (11.0)	48.1 (11.4)	48.5 (13.2)
Diagnosis Paranoid schizophrenia: schizoaffective disorder: other psychotic disorder (F22.0, F20.3, F20.9): BPAD	63:14:6	77:14:2	140:28:8	
Treatment resistant	41 (49%)	58 (62%)	99 (56%)	5 (19%)
Treatment resistant patients never treated with clozapine	24 (59%)	27 (47%)	51 (52%)	5 (100%)
Mean number of antipsychotic trials in patients with TRS not currently on clozapine	2.9 (2-7)	3.2 (2-7)	3.0 (2-7)	

Table 2: Comparison of study criteria for Treatment Resistant Schizophrenia with criteria from the TRIPP guidelines (Howes et al., 2017)

	TRIPP guidelines minimum requirements for diagnosis of treatment resistance	Study Criteria
Symptom: severity	At least moderate severity on standardized rating scale	No symptom scale used
Symptom: Duration	≥ 12 weeks	≥ 12 weeks
Symptom: Functioning	At least moderate functional impairment measured using a validated scale	No symptom scale used
Adequate treatment: assessment of past response	Information to be gathered from patient/carer reports, staff and case notes, pill counts and dispensing charts	Information obtained from case notes
Adequate treatment: duration	≥6 weeks at a therapeutic dosage	≥6 weeks at a therapeutic dosage
Adequate treatment: dosage	Equivalent to ≥600 mg of chlorpromazine per day	An adequate treatment trial was defined as treatment dose within the British National Formulary (www.bnf.org) therapeutic range
Adequate treatment: current adherence	<p>≥2 past adequate treatment episodes with different antipsychotic drugs.</p> <p>≥80% of prescribed doses taken. Adherence should be assessed using at least two sources (pill counts, dispensing chart reviews, and patient/carer report). Antipsychotic plasma levels monitored on at least one occasion.</p>	<p>≥2 past adequate treatment episodes with different antipsychotic drugs.</p> <p>Adherence assessed using case notes only.</p>

Howes OD, McCutcheon R, Agid O, et al. (2017) Treatment-Resistant Schizophrenia: Treatment Response and Resistance in Psychosis (TRIP) Working Group Consensus Guidelines on Diagnosis and Terminology. *Am J Psychiatry* 174: 216-229.