THE LANCET
Psychiatry

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Synergy for the Influence of the Month of Birth in ADHD (SIMBA) study group. Association between relative age at school and persistence of ADHD in prospective studies: an individual participant data meta-analysis. *Lancet Psychiatry* 2023; published online Oct 25. https://doi.org/10.1016/S2215-0366(23)00272-9.

Supplementary Materials for

"Association between relative age at school and persistence of attention-deficit hyperactivity disorder in prospective studies: an individual participant data meta-analysis."

Supplementary Table S1. PRISMA checklist

Location in the manuscript of each criteria requested by the PRISMA guidelines.

PRISMA-IPD Section/topic	Item No	Checklist item	Reported on page
Title			
Title	1	Identify the report as a systematic review and meta-analysis of individual participant data.	Title page
Abstract			
Structured summary	2	Provide a structured summary including as applicable:	In the abstract (in red, not possible to include for space constraints)
		Background: state research question and main objectives, with information on participants, interventions, comparators and outcomes.	
		Methods: report eligibility criteria; data sources including dates of last bibliographic search or elicitation, noting that IPD were sought; methods of assessing risk of bias.	
		Results: provide number and type of studies and participants identified and number (%) obtained; summary effect estimates for main outcomes (benefits and harms) with confidence intervals and measures of statistical heterogeneity. Describe the direction and size of summary effects in terms meaningful to those who would put findings into practice.	
		Discussion: state main strengths and limitations of the evidence, general interpretation of the results and any important implications.	
		Other: report primary funding source, registration number and registry name for the systematic review and IPD meta-analysis.	
Introduction			
Rationale	3	Describe the rationale for the review in the context of what is already known.	Introduction p.1 and p.2
Objectives	4	Provide an explicit statement of the questions being addressed with reference, as applicable, to participants, interventions, comparisons, outcomes and study design (PICOS). Include any hypotheses that relate to particular types of participant-level subgroups.	Introduction p.2
Methods			
Protocol and registration	5	Indicate if a protocol exists and where it can be accessed. If available, provide registration information including registration number and registry name. Provide publication details, if applicable.	Methods p.3

Eligibility criteria	6	Specify inclusion and exclusion criteria including those relating to participants, interventions, comparisons, outcomes, study design and characteristics (e.g. years when conducted, required minimum follow-up). Note whether these were applied at the study or individual level i.e. whether eligible participants were included (and ineligible participants excluded) from a study that included a wider population than specified by the review inclusion criteria. The rationale for criteria should be stated.	Methods p.3-4
Identifying studies - information sources	7	Describe all methods of identifying published and unpublished studies including, as applicable: which bibliographic databases were searched with dates of coverage; details of any hand searching including of conference proceedings; use of study registers and agency or company databases; contact with the original research team and experts in the field; open adverts and surveys. Give the date of last search or elicitation.	Methods p.3
Identifying studies - search	8	Present the full electronic search strategy for at least one database, including any limits used, such that it could be repeated.	Appendix S2
Study selection processes	9	State the process for determining which studies were eligible for inclusion.	Methods p.3
Data collection processes	10	Describe how IPD were requested, collected and managed, including any processes for querying and confirming data with investigators. If IPD were not sought from any eligible study, the reason for this should be stated (for each such study).	Methods p.3-4
		If applicable, describe how any studies for which IPD were not available were dealt with. This should include whether, how and what aggregate data were sought or extracted from study reports and publications (such as extracting data independently in duplicate) and any processes for obtaining and confirming these data with investigators.	
Data items	11	Describe how the information and variables to be collected were chosen. List and define all study level and participant level data that were sought, including baseline and follow-up information. If applicable, describe methods of standardising or translating variables within the IPD datasets to ensure common scales or measurements across studies.	Methods p.3-4 and Appendix S4
IPD integrity	A1	Describe what aspects of IPD were subject to data checking (such as sequence generation, data consistency and completeness, baseline imbalance) and how this was done.	Distribution of the relative age (IQR) and ADHD persistence (%)
Risk of bias assessment in individual studies.	12	Describe methods used to assess risk of bias in the individual studies and whether this was applied separately for each outcome. If applicable, describe how findings of IPD checking were used to inform the assessment. Report if and how risk of bias assessment was used in any data synthesis.	Methods p. 4

Specification of outcomes and effect measures	13	State all treatment comparisons of interests. State all outcomes addressed and define them in detail. State whether they were pre-specified for the review and, if applicable, whether they were primary/main or secondary/additional outcomes. Give the principal measures of effect (such as risk ratio, hazard ratio, difference in means) used for each outcome.	Methods p. 5
Synthesis methods	14	Describe the meta-analysis methods used to synthesise IPD. Specify any statistical methods and models used. Issues should include (but are not restricted to): • Use of a one-stage or two-stage approach. • How effect estimates were generated separately within each study and combined across studies (where applicable). • Specification of one-stage models (where applicable) including how clustering of patients within studies was accounted for. • Use of fixed or random effects models and any other model assumptions, such as proportional hazards. • How (summary) survival curves were generated (where applicable). • Methods for quantifying statistical heterogeneity (such as I^2 and τ^2). • How studies providing IPD and not providing IPD were analysed together (where applicable). • How missing data within the IPD were dealt with (where applicable).	Methods p. 5-6
Exploration of variation in effects	A2	If applicable, describe any methods used to explore variation in effects by study or participant level characteristics (such as estimation of interactions between effect and covariates). State all participant-level characteristics that were analysed as potential effect modifiers, and whether these were pre-specified.	Methods p. 5-6
Risk of bias across studies	15	Specify any assessment of risk of bias relating to the accumulated body of evidence, including any pertaining to not obtaining IPD for particular studies, outcomes or other variables.	Methods p. 5-6
Additional analyses	16	Describe methods of any additional analyses, including sensitivity analyses. State which of these were pre-specified.	Methods p. 5-6
Results			
Study selection and IPD obtained	17	Give numbers of studies screened, assessed for eligibility, and included in the systematic review with reasons for exclusions at each stage. Indicate the number of studies and participants for which IPD were sought and for which IPD were obtained. For those studies where IPD were not available, give the numbers of studies and participants for which aggregate data were available. Report reasons for non-availability of IPD. Include a flow diagram.	Results p. 6
Study characteristics	18	For each study, present information on key study and participant characteristics (such as description of interventions, numbers of participants, demographic data, unavailability of outcomes, funding source, and if	Supplementary Results

		applicable duration of follow-up). Provide (main) citations for each study. Where applicable, also report similar study characteristics for any studies not providing IPD.	
IPD integrity	A3	Report any important issues identified in checking IPD or state that there were none.	N/A
Risk of bias within studies	19	Present data on risk of bias assessments. If applicable, describe whether data checking led to the up-weighting or down-weighting of these assessments. Consider how any potential bias impacts on the robustness of meta-analysis conclusions.	Results p. 7-8-9
Results of individual studies	20	For each comparison and for each main outcome (benefit or harm), for each individual study report the number of eligible participants for which data were obtained and show simple summary data for each intervention group (including, where applicable, the number of events), effect estimates and confidence intervals. These may be tabulated or included on a forest plot.	Results p. 7-8-9
Results of syntheses	21	Present summary effects for each meta-analysis undertaken, including confidence intervals and measures of statistical heterogeneity. State whether the analysis was pre-specified, and report the numbers of studies and participants and, where applicable, the number of events on which it is based.	Results p. 7-8-9
		When exploring variation in effects due to patient or study characteristics, present summary interaction estimates for each characteristic examined, including confidence intervals and measures of statistical heterogeneity. State whether the analysis was pre-specified. State whether any interaction is consistent across trials.	
		Provide a description of the direction and size of effect in terms meaningful to those who would put findings into practice.	
Risk of bias across studies	22	Present results of any assessment of risk of bias relating to the accumulated body of evidence, including any pertaining to the availability and representativeness of available studies, outcomes or other variables.	Results p. 7-8-9
Additional analyses	23	Give results of any additional analyses (e.g. sensitivity analyses). If applicable, this should also include any analyses that incorporate aggregate data for studies that do not have IPD. If applicable, summarise the main meta-analysis results following the inclusion or exclusion of studies for which IPD were not available.	N/A
Discussion			
Summary of evidence	24	Summarise the main findings, including the strength of evidence for each main outcome.	Discussion p. 10-13
Strengths and limitations	25	Discuss any important strengths and limitations of the evidence including the benefits of access to IPD and any limitations arising from IPD that were not available.	Discussion p. 13
Conclusions	26	Provide a general interpretation of the findings in the context of other evidence.	Discussion p. 10-13

Implications	A4	Consider relevance to key groups (such as policy makers, service providers and service users). Consider implications for future research.	Discussion p. 10-13
Funding			
Funding	27	Describe sources of funding and other support (such as supply of IPD), and the role in the systematic review of those providing such support.	Discussion p. 13

Supplementary Text S2. Search strategies.

PUBMED

("Attention Deficit Disorder with Hyperactivity"[mh] OR (attention* deficit*[tw]) OR ADHD[tw] OR (hyperactive disorder*[tw]) OR hyperkine*[tw]) AND ("Prospective Studies"[mh] OR "Follow-Up Studies"[mh] OR "Longitudinal Studies"[mh] OR prospective[tw] OR (follow up[tw]) OR longitudinal[tw] OR persist*[tw] OR remiss*[tw] OR stab*[tw])

EMBASE

('attention deficit disorder'/exp OR 'attention* deficit*':ti,ab,kw OR 'ADHD':ti,ab,kw OR 'hyperactive disorder*':ti,ab,kw OR 'hyperkine*':ti,ab,kw) AND ('prospective study'/exp OR 'follow up'/exp OR 'longitudinal study'/exp OR 'prospective':ti,ab,kw OR 'follow up':ti,ab,kw OR 'longitudinal':ti,ab,kw OR 'persist*':ti,ab,kw OR 'remiss*':ti,ab,kw OR 'stab*':ti,ab,kw)

PUBPSYCH

((attention* deficit*) OR (ADHD) OR (hyperactive disorder*) OR (hyperkine*)) AND ((follow up) OR (prospective*) OR (longitudinal) OR (persist*) OR (remiss*) OR (stab*))

CINAHL

((MH "Attention Deficit Hyperactivity Disorder") OR TI (attention* deficit*) OR AB (attention* deficit*) OR TI (ADHD) OR AB (ADHD) OR TI (hyperactive disorder*) OR (hyperactive disorder*) OR TI (hyperkine*) OR AB (hyperkine*)) AND (MH "Prospective Studies+" OR TI (prospective) OR AB (prospective) OR TI (follow up) OR AB (follow up) OR TI (longitudinal) OR AB (longitudinal) OR TI (persist*) OR AB (persist*) OR TI (remiss*) OR AB (remiss*) OR TI (stab*) OR AB (stab*))

PSYCINFO

(DE "Attention Deficit Disorder with Hyperactivity" OR DE "Attention Deficit Disorder" OR DE "Hyperkinesis" OR TI (attention* deficit*) OR AB (attention* deficit*) OR TI (ADHD) OR AB (ADHD) OR TI (hyperactive disorder*) OR (hyperactive disorder*) OR TI (hyperkine*) OR AB (hyperkine*)) AND (DE "Prospective Studies" OR DE "Followup Studies" OR DE "Longitudinal Studies" OR TI (prospective) OR AB (prospective) OR TI (follow up) OR AB (follow up) OR TI (longitudinal) OR AB (longitudinal) OR TI (persist*) OR AB (persist*) OR TI (remiss*) OR AB (remiss*) OR TI (stab*) OR AB (stab*))

Supplementary Table S3. List of ADHD measures.

Name	Acronym	Type
ADHD Rating Scale	ADHD-RS	ADHD questionnaire
Adult Self-Report	ASR	ADHD questionnaire
Adult Self-Report Inventory-4	ASRI	ADHD questionnaire
Adult ADHD Self-Report Scale	ASRS	ADHD questionnaire
Autism-Tics, ADHD and other Comorbidities	A-TAC	ADHD questionnaire
Conner's Adult ADHD Diagnostic Interview	CAADI	ADHD interview
Child and Adolescent Psychiatric Assessment	CAPA	ADHD interview
Conners Adult Rating Scale	CARS	ADHD questionnaire
Child Behavior Checklist	CBCL	Broad-based questionnaire
Clinical Diagnostic Interview	CDI	ADHD interview
Conners' Rating Scales	CRS	ADHD questionnaire
Development and Well-Being Assessment	DAWBA	ADHD interview
Diagnostic interview for children and adolescents	DICA	ADHD interview
Diagnostic Interview Schedule for Children	DISC	ADHD interview
Diagnostic Interview for ADHD in adults	DIVA	ADHD interview
Kiddie Schedule for Affective Disorders and Schizophrenia	K-SADS	ADHD interview
Parental Account of Childhood Symptoms	PACS	ADHD interview
Preschool-Age Psychiatric Assessment	PAPA	ADHD interview
Quick Diagnostic Interview Schedule	QDIS	ADHD interview
Social Behavior Questionnaire	SBQ	Broad-based questionnaire
Strengths and Difficulties questionnaire	SDQ	Broad-based questionnaire
Swanson, Nolan and Pelham Teacher and Parent Rating Scale	SNAP-IV	ADHD questionnaire
Strengths and Weaknesses of Attention-Deficit/Hyperactivity-symptoms and Normal-behaviors	SWAN	ADHD questionnaire
Vanderbilt ADHD Diagnostic Rating Scale	VADRS	ADHD questionnaire
Washington University in St. Louis Kiddie Schedule for Affective Disorders and Schizophrenia	WASH-U-KSADS	ADHD interview

Supplementary Text S4. Data extraction.

Study-level data, extracted independently by two authors, are displayed interactively at *https://simba-adhd.com/HTMLcohort.html*. Participant-level data included: month of birth, diagnostic status at follow-up, age at baseline and follow-up, follow-up duration, psychiatric comorbidity, intelligence quotient, diagnostic procedure used at baseline and follow-up, and ADHD subtype/presentation.

Supplementary Text S5. Deviations from protocol.

1. Data extraction

Some planned study-level data were not extracted from the reports (e.g., attrition) because values were not consistent with the sample used in the analyses (due - for example - to our inclusion criteria regarding the age of participants)

2. Data analysis

Several analyses were not conducted, and others were added post-hoc.

Analyses removed: using multiple imputation to handle missing data (due to technical failure for a high number of cohorts) and restricting to cohorts with a low attrition (due to the impossibility to include participants (or to retrieve data of participants) with missing data for a high number of cohorts)

Analyses added post-hoc: S9, S11.1, S12.1, S12.4, S13.1, S13.2, S13.3

Moderation analyses were conducted even if the number of studies is lower than 10.

Supplementary Table S6. List of included studies.

Description of all included studies. When a given cohort was identified in multiple reports, only one reference is provided below for parsimony. An interactive table and links to references are available at: https://simba-adhd.com/HTMLcohort.html.

Full Name	Country	School-entry system	Type of sampling	Sample size	Age at baseline	Follow-up duration	Type Diagnosis baseline	Type diagnosis follow-up
23 - ALSPAC	UK	Non-flexible	Population-based/Very large community	57	7.65	7.79	Diagnosis	Diagnosis
24 - CLASS	UK	Non-flexible	Convenient cases	96	7.83	5.33	Diagnosis	Diagnosis
25 - MGH-boys	USA	Non-flexible	Convenient cases	49	7.84	15.43	Diagnosis	Diagnosis
26 - MGH-girls	USA	Non-flexible	Convenient cases	46	7.72	9.59	Diagnosis	Diagnosis
27 - Li	China	Non-flexible	Convenient cases	38	8.84	9.45	Diagnosis	Diagnosis
28 - MCS	UK	Non-flexible	Population-based/Very large community	567	5	9	Broad-based-scale	Broad-based-scale
28 - MCS	UK	Non-flexible	Population-based/Very large community	436	7	7	Broad-based-scale	Broad-based-scale
29 - LSAC	Australia	Non-flexible	Population-based/Very large community	242	6	8.28	Broad-based-scale	Broad-based-scale
29 - LSAC	Australia	Non-flexible	Population-based/Very large community	131	8	6.34	Broad-based-scale	Broad-based-scale
30 – IMAGE/SEFOS	UK	Non-flexible	Convenient cases	33	8.29	6.56	Symptoms	Diagnosis
31 - E-risk	UK	Non-flexible	Population-based/Very large community	63	5.15	6.92	Symptoms	Symptoms
32 - BCS	Norway	Non-flexible	Population-based/Very large community	134	8.28	9.3	Symptoms	Symptoms

33 - NYS	USA	Non-flexible	Convenient cases	101	7.73	33.04	Diagnosis	Diagnosis
34 - Rosenbaum	USA	Non-flexible	Convenient cases	23	6.7	7.83	Diagnosis	Diagnosis
35 - SAGE	UK	Non-flexible	Convenient cases	40	7.47	6	Diagnosis	Diagnosis
36 - GELLER	USA	Non-flexible	Convenient cases	44	8.46	4.04	Diagnosis	Diagnosis
37 - CJCCS	China	Non-flexible	Population-based/Very large community	14	6.66	5.43	Broad-based-scale	Broad-based-scale
38 - LSUY	USA	Non-flexible	Convenient cases	74	8.54	9.5	Diagnosis	Diagnosis
39 - ADSU	USA	Non-flexible	Population-based/Very large community	25	7.64	8.37	Symptoms	Symptoms
40 - BGALS	USA	Non-flexible	Convenient cases	67	8.41	15.98	Diagnosis	Symptoms
41 - MPHC	USA	Non-flexible	Convenient cases	14	7.62	4.72	Broad-based-scale	Broad-based-scale
42 - MILWAUKEE	USA	Non-flexible	Convenient cases	101	7.41	19.84	Diagnosis	Diagnosis
43 - PELOTAS	Brazil	Non-flexible	Population-based/Very large community	77	6.69	4.29	Diagnosis	Diagnosis
44 - Fenesy	USA	Non-flexible	Convenient cases	163	7.37	4.74	Diagnosis	Diagnosis
45 - Lindahl	Finland	Non-flexible	Population-based/Very large community	44	9.3	32.79	Diagnosis	Symptoms
46 - TEMPO	France	Non-flexible	Population-based/Very large community	22	8.32	7.9	Broad-based-scale	Broad-based-scale
47 - Ercan	Turkey	Non-flexible	Population-based/Very large community	65	8.05	4	Diagnosis	Diagnosis
48 - INMA	Spain	Non-flexible	Population-based/Very large community	22	6.66	4.54	Symptoms	Symptoms
49 - Masi	Italy	Non-flexible	Convenient cases	20	8.58	6.24	Diagnosis	Diagnosis
50 - CAP	Australia	Non-flexible	Population-based/Very large community	54	7.23	6	Diagnosis	Diagnosis
51 - ERICA	Sweden	Non-flexible	Convenient cases	41	6.09	5.64	Diagnosis	Symptoms

52 - DNTC	Denmark	Non-flexible	Convenient cases	18	8.36	6.29	Symptoms	Symptoms
53 - GSMS	USA	Non-flexible	Population-based/Very large community	11	9	6.91	Diagnosis	Diagnosis
54 - DNBC	Denmark	Non-flexible	Population-based/Very large community	813	7.14	4.47	Broad-based-scale	Broad-based-scale
55 - UPPSALA	Sweden	Non-flexible	Community	17	5.61	8.52	Symptoms	Symptoms
56 - IMAGE-SPAIN	Spain	Non-flexible	Convenient cases	30	7.57	10.63	Diagnosis	Symptoms
57 - VIBeS	Australia	Non-flexible	Community	18	7.46	5.81	Diagnosis	Diagnosis
58 - MARS	Germany	Non-flexible	Community	22	8.16	16.84	Diagnosis	Diagnosis
59 - LINEUP	Norway	Non-flexible	Convenient cases	10	9.42	9.67	Diagnosis	Symptoms
60 - BHRC	Brazil	Non-flexible	Population-based/Very large community	16	8.45	7.73	Diagnosis	Diagnosis
61 - CATSS	Sweden	Non-flexible	Population-based/Very large community	813	9.05	6.44	Symptoms	Broad-based-scale
62 - ADSAT	Australia	Non-flexible	Population-based/Very large community	22	9.4	4.91	Symptoms	Symptoms
63 - QNTS	Canada	Non-flexible	Population-based/Very large community	15	6.07	9.03	Broad-based-scale	Broad-based-scale
64 - NTR	Netherlands	Flexible	Population-based/Very large community	513	7.4	4.83	Broad-based-scale	Broad-based-scale
65 - GENR	Netherlands	Flexible	Population-based/Very large community	60	6.56	7.08	Broad-based-scale	Broad-based-scale
66 - PGS	USA	Flexible	Population-based/Very large community	104	8.52	15.26	Symptoms	Symptoms
67 - OTAGO	New Zealand	Flexible	Convenient cases	19	7.65	4.14	Diagnosis	Diagnosis
68 - B-CAPU	Bahrain	Flexible	Convenient cases	22	7.77	9.55	Symptoms	Symptoms
69 - CDP	USA	Flexible	Community	262	6	12	Broad-based-scale	Symptoms

69 - CDP	USA	Flexible	Community	157	6	12	Broad-based-scale	Symptoms
70 - PDS	USA	Flexible	Community	28	6.03	4.69	Diagnosis	Diagnosis
71 - LAMS	USA	Flexible	Convenient cases	133	8.09	8.01	Diagnosis	Diagnosis
71 - LAMS	USA	Flexible	Convenient cases	54	8.08	8.01	Diagnosis	Diagnosis
72 - MCBCH	USA	Flexible	Convenient cases	56	6.15	7.1	Diagnosis	Diagnosis
73 - QCPP	USA	Flexible	Community	22	6.52	6.09	Diagnosis	Diagnosis
74 - Hill	USA	Flexible	Community	10	9.11	4.7	Diagnosis	Diagnosis
75 - NIMH-IP	USA	Flexible	Convenient cases	66	7.85	6.43	Diagnosis	Diagnosis
76 - SBTS	USA	Flexible	Community	44	9.17	6.01	Diagnosis	Diagnosis
77 - NEUROIMAGE	Netherlands	Flexible	Convenient cases	108	8.44	5.97	Diagnosis	Diagnosis
78 - Lambert	USA	Flexible	Convenient cases	123	7.15	22.17	Diagnosis	Diagnosis
79 - Abd Elmaksoud	Egypt	Flexible	Convenient cases	15	7	5	Diagnosis	Diagnosis

Supplementary Table S7. List of eligible, but non-included studies.

When a given cohort was identified in multiple reports, only one reference is provided below for parsimony.

Cannot participate/reach	ABCS	Thompson JM, Waldie KE, Wall CR, Murphy R, Mitchell EA; ABC study group. Associations between acetaminophen use during pregnancy and ADHD symptoms measured at ages 7 and 11 years. PLoS *One*. 2014;9(9):e108210. Published 2014 Sep 24. doi:10.1371/journal.pone.0108210
Cannot participate/reach	Achenbach	MacDonald VM, Achenbach TM. Attention problems versus conduct problems as six-year predictors of problem scores in a national sample. J *Am Acad Child Adolesc Psychiatry*. 1996;35(9):1237-1246. doi:10.1097/00004583-199609000-00021
Cannot participate/reach	August	August GJ, Braswell L, Thuras P. Diagnostic stability of ADHD in a community sample of school-aged children screened for disruptive behavior. J *Abnorm Child Psychol*. 1998;26(5):345-356. doi:10.1023/a:1021999722211
Cannot participate/reach	Barnow	Barnow S, Schuckit M, Smith T, Freyberger HJ. Predictors of attention problems for the period from pre-teen to early teen years. Psychopathology. 2006;39(5):227-235. doi:10.1159/000093923
MoB not accessible/recorded	BELLA	Müller O, Rothenberger A, Brüni GL, Wang B, Becker A. Questioning the long-term stability of the additive model in comorbid CTD+ADHD - The transition from childhood to adulthood. PLoS *One*. 2018;13(11):e0207522. Published 2018 Nov 20. doi:10.1371/journal.pone.0207522
Cannot participate/reach	BLS	Eves R, von Mühlenen A, Mendonça M, et al. The Role of Executive and General Cognitive Functioning in the Attention Problems of Very and Extremely Preterm Adults. J *Dev Behav Pediatr*. 2020;41(6):461-469. doi:10.1097/DBP.0000000000000806
Cannot participate/reach	Cantwell	Cantwell DP, Baker L. Stability and natural history of DSM-III childhood diagnoses. J *Am Acad Child Adolesc Psychiatry*. 1989;28(5):691-700. doi:10.1097/00004583-198909000-00009
Cannot participate/reach	CCCEHMN	Pagliaccio D, Herbstman JB, Perera F, et al. Prenatal exposure to polycyclic aromatic hydrocarbons modifies the effects of early life stress on attention and Thought Problems in late childhood. J *Child Psychol Psychiatry*. 2020;61(11):1253-1265. doi:10.1111/jcpp.13189
Cannot participate/reach	CCS	Anderson SE, Cohen P, Naumova EN, Must A. Relationship of childhood behavior disorders to weight gain from childhood into adulthood. Ambul *Pediatr*. 2006;6(5):297-301. doi:10.1016/j.ambp.2006.06.002
Cannot participate/reach	CFS	Morgan JE, Lee SS, Loo SK, Yuhan JW, Baker BL. Pathways from Birth Weight to ADHD Symptoms through Fluid Reasoning in Youth with or without Intellectual Disability. J *Abnorm Child Psychol*. 2018;46(4):729-739. doi:10.1007/s10802-017-0341-2

Cannot participate/reach	Chervin	Chervin RD, Ruzicka DL, Archbold KH, Dillon JE. Snoring predicts hyperactivity four years later. Sleep. 2005;28(7):885-890. doi:10.1093/sleep/28.7.885
Cannot participate/reach	CNLSY	Geoffroy MC, Orri M, Girard A, Perret LC, Turecki G. Trajectories of suicide attempts from early adolescence to emerging adulthood: prospective 11-year follow-up of a Canadian cohort. Psychol *Med*. 2021;51(11):1933-1943. doi:10.1017/S0033291720000732
Cannot participate/reach	Cohn	Cohn MD, Popma A, van den Brink W, et al. Fear conditioning, persistence of disruptive behavior and psychopathic traits: an fMRI study. Transl *Psychiatry*. 2013;3(10):e319. Published 2013 Oct 29. doi:10.1038/tp.2013.89
Cannot participate/reach	DMHDS	Moffitt TE, Houts R, Asherson P, et al. Is Adult ADHD a Childhood-Onset Neurodevelopmental Disorder? Evidence From a Four-Decade Longitudinal Cohort Study. Am *J Psychiatry*. 2015;172(10):967-977. doi:10.1176/appi.ajp.2015.14101266
Cannot participate/reach	Doehnert	Doehnert M, Brandeis D, Schneider G, Drechsler R, Steinhausen HC. A neurophysiological marker of impaired preparation in an 11-year follow-up study of attention-deficit/hyperactivity disorder (ADHD). J *Child Psychol Psychiatry*. 2013;54(3):260-270. doi:10.1111/j.1469-7610.2012.02572.x
Cannot participate/reach	ELBW	Taylor HG, Margevicius S, Schluchter M, Andreias L, Hack M. Persisting behavior problems in extremely low birth weight adolescents. J *Dev Behav Pediatr*. 2015;36(3):178-187. doi:10.1097/DBP.0000000000000139
Cannot participate/reach	FFC	Pihlakoski L, Sourander A, Aromaa M, Rautava P, Helenius H, Sillanpää M. The continuity of psychopathology from early childhood to preadolescence: a prospective cohort study of 3-12-year-old children. Eur *Child Adolesc Psychiatry*. 2006;15(7):409-417. doi:10.1007/s00787-006-0548-1
Cannot participate/reach	FLP	Willoughby MT, Williams J, Mills-Koonce WR, Blair CB. Early life predictors of attention deficit/hyperactivity disorder symptomatology profiles from early through middle childhood. Dev *Psychopathol*. 2020;32(3):791-802. doi:10.1017/S0954579419001135
Cannot participate/reach	Galicia	López-Romero L, Romero E, Andershed H. Conduct Problems in Childhood and Adolescence: Developmental Trajectories, Predictors and Outcomes in a Six-Year Follow Up. Child *Psychiatry Hum Dev*. 2015;46(5):762-773. doi:10.1007/s10578-014-0518-7
Cannot participate/reach	Gillberg	Rasmussen P, Gillberg C. Natural outcome of ADHD with developmental coordination disorder at age 22 years: a controlled, longitudinal, community-based study. J *Am Acad Child Adolesc Psychiatry*. 2000;39(11):1424-1431. doi:10.1097/00004583-200011000-00017
Cannot participate/reach	GUI	O'Connor C, McNicholas F. What Differentiates Children with ADHD Symptoms Who Do and Do Not Receive a Formal Diagnosis? Results from a Prospective Longitudinal Cohort Study. Child *Psychiatry Hum Dev*. 2020;51(1):138-150. doi:10.1007/s10578-019-00917-1

Cannot participate/reach	Guney	Guney, E., Iseri, E., Ergun, S. G., Percin, E. F., Ergun, M. A., Yalcin, O., & Sener, S. (2013). The correlation of attention deficit hyperactivity disorder with DRD4 gene polymorphism in Turkey. International *Journal of Human Genetics*, 13(3), 145-152.
Cannot participate/reach	Holderness	Holderness, S. L. (1997). Parenting *perspectives on family adaptation to ADHD: Effects of family style, coping, and stress on child outcomes five years later*. Oklahoma State University.
Cannot participate/reach	HP	Coker TR, Elliott MN, Toomey SL, et al. Racial and Ethnic Disparities in ADHD Diagnosis and Treatment. Pediatrics. 2016;138(3):e20160407. doi:10.1542/peds.2016-0407
Cannot participate/reach	Kadziela	Kądziela-Olech, H. (2017). After-effects of hyperkinetic disorder (HKD) in prospective longitudinal (12 years) study. Advances *in Psychiatry and Neurology/Postępy Psychiatrii i Neurologii*, 26(2), 57-62.
Cannot participate/reach	Keller	Keller MB, Lavori PW, Beardslee WR, et al. The disruptive behavioral disorder in children and adolescents: comorbidity and clinical course. J *Am Acad Child Adolesc Psychiatry*. 1992;31(2):204-209. doi:10.1097/00004583-199203000-00005
Cannot participate/reach	Lahey	Lahey BB, Hartung CM, Loney J, Pelham WE, Chronis AM, Lee SS. Are there sex differences in the predictive validity of DSM-IV ADHD among younger children?. J *Clin Child Adolesc Psychol*. 2007;36(2):113-126. doi:10.1080/15374410701274066
Cannot participate/reach	Lee	Lee SS, Lahey BB, Owens EB, Hinshaw SP. Few preschool boys and girls with ADHD are well-adjusted during adolescence. J *Abnorm Child Psychol*. 2008;36(3):373-383. doi:10.1007/s10802-007-9184-6
Cannot participate/reach	Liu	Liu J, Raine A, Venables PH, Mednick SA. Malnutrition at age 3 years and externalizing behavior problems at ages 8, 11, and 17 years. Am *J Psychiatry*. 2004;161(11):2005-2013. doi:10.1176/appi.ajp.161.11.2005
Cannot participate/reach	Loe	Loe IM, Balestrino MD, Phelps RA, et al. Early histories of school-aged children with attention-deficit/hyperactivity disorder. Child *Dev*. 2008;79(6):1853-1868. doi:10.1111/j.1467-8624.2008.01230.x
Cannot participate/reach	LONGSCAN	Thompson R, Tabone JK. The impact of early alleged maltreatment on behavioral trajectories. Child *Abuse Negl*. 2010;34(12):907-916. doi:10.1016/j.chiabu.2010.06.006
Cannot participate/reach	Lord	McCauley JB, Elias R, Lord C. Trajectories of co-occurring psychopathology symptoms in autism from late childhood to adulthood. Dev *Psychopathol*. 2020;32(4):1287-1302. doi:10.1017/S0954579420000826
Cannot participate/reach	Loughran	Loughran, S. B. (2003). Agreement and stability of teacher rating scales for assessing ADHD in preschoolers. Early *Childhood Education Journal*, 30, 247-253.
Cannot participate/reach	Mannuzza	Mannuzza S, Gittelman R. The adolescent outcome of hyperactive girls. Psychiatry *Res*. 1984;13(1):19-29. doi:10.1016/0165-1781(84)90115-x
Cannot participate/reach	McAuley	McAuley T, Crosbie J, Charach A, Schachar R. The persistence of cognitive deficits in remitted and unremitted ADHD: a case for the state-independence of response inhibition. J *Child Psychol Psychiatry*. 2014;55(3):292-300. doi:10.1111/jcpp.12160

Cannot participate/reach	MLS	Wong MM, Brower KJ, Fitzgerald HE, Zucker RA. Sleep problems in early childhood and early onset of alcohol and other drug use in adolescence. Alcohol *Clin Exp Res*. 2004;28(4):578-587. doi:10.1097/01.alc.0000121651.75952.39
Cannot participate/reach	Molina	Molina BS, Marshal MP, Pelham WE Jr, Wirth RJ. Coping skills and parent support mediate the association between childhood attention-deficit/hyperactivity disorder and adolescent cigarette use. J *Pediatr Psychol*. 2005;30(4):345-357. doi:10.1093/jpepsy/jsi029
Cannot participate/reach	MUSP	Clavarino AM, Mamun AA, O'Callaghan M, et al. Maternal anxiety and attention problems in children at 5 and 14 years. J *Atten Disord*. 2010;13(6):658-667. doi:10.1177/1087054709347203
Cannot participate/reach	NANI	Palma SM, Natale AC, Calil HM. A 4-Year Follow-Up Study of Attention-Deficit Hyperactivity Symptoms, Comorbidities, and Psychostimulant Use in a Brazilian Sample of Children and Adolescents with Attention-Deficit/Hyperactivity Disorder. Front *Psychiatry*. 2015;6:135. Published 2015 Oct 2. doi:10.3389/fpsyt.2015.00135
Cannot participate/reach	NBHS	Krasner AJ, Turner JB, Feldman JF, et al. ADHD Symptoms in a Non-Referred Low Birthweight/Preterm Cohort: Longitudinal Profiles, Outcomes, and Associated Features. J *Atten Disord*. 2018;22(9):827-838. doi:10.1177/1087054715617532
Cannot participate/reach	NDAPP	Farris, J. R., Nicholson, J. S., Borkowski, J. G., & Whitman, T. L. (2011). Onset and progression of disruptive behavior problems among community boys and girls: A prospective longitudinal analysis. Journal *of Emotional and Behavioral Disorders*, 19(4), 233-246.
Cannot participate/reach	Nigg	Nigg JT, Breslau N. Prenatal smoking exposure, low birth weight, and disruptive behavior disorders. J *Am Acad Child Adolesc Psychiatry*. 2007;46(3):362-369. doi:10.1097/01.chi.0000246054.76167.44
Cannot participate/reach	OCHS	Korczak DJ, Lipman E, Morrison K, Duku E, Szatmari P. Child and adolescent psychopathology predicts increased adult body mass index: results from a prospective community sample. J *Dev Behav Pediatr*. 2014;35(2):108-117. doi:10.1097/DBP.0000000000000015
Cannot participate/reach	OLS	Brownlie EB, Lazare K, Beitchman J. Validating a self-report screen for ADHD in early adulthood using childhood parent and teacher ratings. J *Atten Disord*. 2012;16(6):467-477. doi:10.1177/1087054711398902
Cannot participate/reach	Peterson	Peterson BS, Pine DS, Cohen P, Brook JS. Prospective, longitudinal study of tic, obsessive-compulsive, and attention-deficit/hyperactivity disorders in an epidemiological sample. J *Am Acad Child Adolesc Psychiatry*. 2001;40(6):685-695. doi:10.1097/00004583-200106000-00014
Cannot participate/reach	Petrone	Petrone P, Prunas A, Dazzi S, Madeddu F. La sintomatologia ADHD come fattore di rischio per lo sviluppo di condotte alimentari patologiche in adolescenza: uno studio longitudinale [ADHD symptoms as risk factors for dysfunctional eating habits in adolescents: results from a longitudinal study]. Riv *Psichiatr*. 2013;48(6):448-455. doi:10.1708/1379.15339

Cannot participate/reach	PHDCN	Burnette ML. Gender and the development of oppositional defiant disorder: contributions of physical abuse and early family environment. Child *Maltreat*. 2013;18(3):195-204. doi:10.1177/1077559513478144
Cannot participate/reach	Pittsburgh	Kim JW, Yu H, Ryan ND, et al. Longitudinal trajectories of ADHD symptomatology in offspring of parents with bipolar disorder and community controls. J *Clin Psychiatry*. 2015;76(5):599-606. doi:10.4088/JCP.14m09095
Cannot participate/reach	PLAY	Holbrook JR, Cuffe SP, Cai B, et al. Persistence of Parent-Reported ADHD Symptoms From Childhood Through Adolescence in a Community Sample. *J Atten Disord*. 2016;20(1):11-20. doi:10.1177/1087054714539997
Cannot participate/reach	PYS	Byrd AL, Loeber R, Pardini DA. Understanding desisting and persisting forms of delinquency: the unique contributions of disruptive behavior disorders and interpersonal callousness. J *Child Psychol Psychiatry*. 2012;53(4):371-380. doi:10.1111/j.1469-7610.2011.02504.x
Cannot participate/reach	Raine	Goodwin RD, Robinson M, Sly PD, et al. Severity and persistence of asthma and mental health: a birth cohort study. Psychol *Med*. 2013;43(6):1313-1322. doi:10.1017/S0033291712001754
MoB not accessible/recorded	RDBC	Lecendreux M, Silverstein M, Konofal E, Cortese S, Faraone SV. A 9-Year Follow-Up of Attention-Deficit/Hyperactivity Disorder in a Population Sample. J *Clin Psychiatry*. 2019;80(3):18m12642. Published 2019 May 7. doi:10.4088/JCP.18m12642
Cannot participate/reach	REP	Yoshimasu K, Barbaresi WJ, Colligan RC, et al. Psychiatric Comorbidities Modify the Association Between Childhood ADHD and Risk for Suicidality: A Population-Based Longitudinal Study. J *Atten Disord*. 2019;23(8):777-786. doi:10.1177/1087054717718264
Cannot participate/reach	Rudolf	Wendt J, Schmidt MF, König J, Patzlaff R, Huss M, Urschitz MS. Young age at school entry and attention-deficit hyperactivity disorder-related symptoms during primary school: results of a prospective cohort study conducted at German Rudolf Steiner Schools. BMJ *Open*. 2018;8(10):e020820. Published 2018 Oct 10. doi:10.1136/bmjopen-2017-020820
Cannot participate/reach	Scott	Scott A, Winchester SB, Sullivan MC. Trajectories of problem behaviors from 4 to 23 years in former preterm infants. Int *J Behav Dev*. 2018;42(2):237-247. doi:10.1177/0165025417692899
Cannot participate/reach	SECCYD	Willoughby MT, Mills-Koonce WR, Gottfredson NC, Wagner N. Measuring Callous Unemotional Behaviors in Early Childhood: Factor Structure and the Prediction of Stable Aggression in Middle Childhood. J *Psychopathol Behav Assess*. 2014;36(1):30-42. doi:10.1007/s10862-013-9379-9
Cannot participate/reach	Segenreich	Impulsivity as an Endophenotype in ADHD: Negative Findings
Cannot participate/reach	Srebnicki	Srebnicki T, Kolakowski A, Wolanczyk T. Adolescent outcome of child ADHD in primary care setting: stability of diagnosis. J *Atten Disord*. 2013;17(8):655-659. doi:10.1177/1087054712437583

MoB not accessible/recorded	Taylor	Cubillo A, Halari R, Giampietro V, Taylor E, Rubia K. Fronto-striatal underactivation during interference inhibition and attention allocation in grown up children with attention deficit/hyperactivity disorder and persistent symptoms. Psychiatry *Res*. 2011;193(1):17-27. doi:10.1016/j.pscychresns.2010.12.014
Cannot participate/reach	Taylor	D'Amico F, Knapp M, Beecham J, Sandberg S, Taylor E, Sayal K. Use of services and associated costs for young adults with childhood hyperactivity/conduct problems: 20-year follow-up. Br *J Psychiatry*. 2014;204(6):441-447. doi:10.1192/bjp.bp.113.131367
Cannot participate/reach	TCHAD	Bergman O, Westberg L, Lichtenstein P, Eriksson E, Larsson H. Study on the possible association of brain-derived neurotrophic factor polymorphism with the developmental course of symptoms of attention deficit and hyperactivity. Int *J Neuropsychopharmacol*. 2011;14(10):1367-1376. doi:10.1017/S1461145711000502
Cannot participate/reach	TCSJ	Thériault MG, Bécue JC, Lespérance P, Chouinard S, Rouleau GA, Richer F. Oppositional behavior and longitudinal predictions of early adulthood mental health problems in chronic tic disorders. Psychiatry *Res*. 2018;266:301-308. doi:10.1016/j.psychres.2018.03.026
Cannot participate/reach	TEDS	Pingault JB, Viding E, Galéra C, et al. Genetic and Environmental Influences on the Developmental Course of Attention-Deficit/Hyperactivity Disorder Symptoms From Childhood to Adolescence. JAMA *Psychiatry*. 2015;72(7):651-658. doi:10.1001/jamapsychiatry.2015.0469
Cannot participate/reach	TESS	Husby SM, Wichstrøm L. Interrelationships and Continuities in Symptoms of Oppositional Defiant and Conduct Disorders from Age 4 to 10 in the Community. J *Abnorm Child Psychol*. 2017;45(5):947-958. doi:10.1007/s10802-016-0210-4
Cannot participate/reach	Todd	Todd RD, Huang H, Todorov AA, et al. Predictors of stability of attention-deficit/hyperactivity disorder subtypes from childhood to young adulthood. J *Am Acad Child Adolesc Psychiatry*. 2008;47(1):76-85. doi:10.1097/chi.0b013e31815a6aca
Cannot participate/reach	Torgalsboen	Torgalsbøen BR, Zeiner P, Øie MG. Pre-attention and Working Memory in ADHD: A 25-Year Follow-Up Study. J *Atten Disord*. 2021;25(7):895-905. doi:10.1177/1087054719879491
Cannot participate/reach	Trondheim	Hygen BW, Skalická V, Stenseng F, Belsky J, Steinsbekk S, Wichstrøm L. The co-occurrence between symptoms of internet gaming disorder and psychiatric disorders in childhood and adolescence: prospective relations or common causes?. J *Child Psychol Psychiatry*. 2020;61(8):890-898. doi:10.1111/jcpp.13289
Cannot participate/reach	UMCU	Fagel SS, Swaab H, De Sonneville LM, et al. Development of schizotypal symptoms following psychiatric disorders in childhood or adolescence. Eur *Child Adolesc Psychiatry*. 2013;22(11):683-692. doi:10.1007/s00787-013-0409-7
Cannot participate/reach	VTFASBD	Silberg J, Moore AA, Rutter M. Age of onset and the subclassification of conduct/dissocial disorder. J *Child Psychol Psychiatry*. 2015;56(7):826-833. doi:10.1111/jcpp.12353

Cannot participate/reach	WIC	Kelleher, R. T. (2018). The *Developmental Roles of Inhibition and Working Memory Across Childhood on Preadolescent ADHD Behaviors*. The University of North Carolina at Greensboro.
Cannot participate/reach	Wisconsin	Armstrong JM, Ruttle PL, Klein MH, Essex MJ, Benca RM. Associations of child insomnia, sleep movement, and their persistence with mental health symptoms in childhood and adolescence. Sleep. 2014;37(5):901-909. Published 2014 May 1. doi:10.5665/sleep.3656
Cannot participate/reach	WRRMP	Vu A, Thompson L, Willcutt E, Petrill S. Sluggish cognitive tempo: longitudinal stability and validity. Atten *Defic Hyperact Disord*. 2019;11(4):463-471. doi:10.1007/s12402-019-00287-7
Cannot participate/reach	YTS	Edbom T, Lichtenstein P, Granlund M, Larsson JO. Long-term relationships between symptoms of Attention Deficit Hyperactivity Disorder and self-esteem in a prospective longitudinal study of twins. Acta *Paediatr*. 2006;95(6):650-657. doi:10.1080/08035250500449866
Cannot participate/reach	Zuid-Holland	Reef J, van Meurs I, Verhulst FC, van der Ende J. Children's problems predict adults' DSM-IV disorders across 24 years. J *Am Acad Child Adolesc Psychiatry*. 2010;49(11):1117-1124. doi:10.1016/j.jaac.2010.08.002

Supplementary Table S7. List of excluded studies.

References of all studies identified and then excluded in the systematic review. When a given cohort was identified in multiple reports, only one reference is provided below for parsimony.

No validated ADHD diag at baseline and/or follow-up	ACAD	Hofer SM, Gray KM, Piccinin AM, et al. Correlated and coupled within-person change in emotional and behavioral disturbance in individuals with intellectual disability. *Am J Intellect Dev Disabil*. 2009;114(5):307-321. doi:10.1352/1944-7558-114.5.307
No validated ADHD diag at baseline and/or follow-up	Add	Inoue Y, Howard AG, Stickley A, Yazawa A, Gordon-Larsen P. Sex and racial/ethnic differences in the association between childhood attention-deficit/hyperactivity disorder *symptom subtypes and body* mass index in the transition from adolescence to adulthood in the United States. *Pediatr Obes*. 2019;14(5):e12498. doi:10.1111/ijpo.12498
No validated ADHD diag at baseline and/or follow-up	ATP	McGee R, Prior M, Willams S, Smart D, Sanson A. The long-term significance of teacher-rated hyperactivity and reading ability in childhood: findings from two longitudinal studies. J Child Psychol Psychiatry. 2002;43(8):1004-1017. doi:10.1111/1469-7610.00228
Follow-up clinical trial	Baeyens	Baeyens D, Roeyers H, Van Erdeghem S, Hoebeke P, Vande Walle J. The prevalence of attention deficit-hyperactivity disorder in children with nonmonosymptomatic nocturnal enuresis: a 4-year followup *study. J Urol*. 2007;178(6):2616-2620. doi:10.1016/j.juro.2007.07.059
No validated ADHD diag at baseline and/or follow-up	BBC	Ji Y, Riley AW, Lee LC, et al. A Prospective Birth Cohort Study on Maternal Cholesterol Levels and Offspring Attention Deficit Hyperactivity Disorder: New Insight on Sex Differences. Brain *Sci.* 2017;8(1):3. Published 2017 Dec 23. doi:10.3390/brainsci8010003
Follow-up clinical trial	BCAS	Robson VK, Stopp C, Wypij D, et al. Longitudinal Associations between Neurodevelopment and Psychosocial Health Status in Patients with Repaired D-Transposition of the Great Arteries. J Pediatr. 2019;204*:38-45*.e1. doi:10.1016/j.jpeds.2018.08.069
Follow-up duration < 4 years	Bird	Bird HR, Shrout PE, Duarte CS, Shen S, Bauermeister JJ, Canino G. Longitudinal mental health service and medication use for ADHD among Puerto Rican youth *in* two contexts. J Am Acad Child Adolesc Psychiatry. 2008;47(8):879-889. doi:10.1097/CHI.0b013e318179963c

Follow-up duration < 4 years	BYS	González RA, Vélez-Pastrana MC, McCrory E, et al. Evidence of concurrent and prospective associations between early maltreatment and ADHD through childhood and adolescence. Soc Psychiatry Psychiatr Epidemiol. 2019;54(*6):671-682. doi:10.*1007/s00127-019-01659-0
Follow-up duration < 4 years	Campbell	Campbell, S. B., Pierce, E. W., Moore, G., Marakovitz, S., & Newby, K. (1996). Boys' externalizing *problems at elementary* school age: Pathways from early behavior problems, maternal control, and family stress. *Development and psychopathology*, *8*(4), 701-719.
Age baseline >= 10 years	CEDAR	Steinberg, E. A. (2015). ADHD and co-occurring psychological symptoms: Emotion regulation and parenting as potential moderators. Temple University.
Restricted month of birth sample	CHDS	Diagnostic transitions from childhood to adolescence to *early adulthood*
Number of ADHD cases < 10	CLTS	Rhea SA, Gross AA, Haberstick BC, Corley RP. Colorado Twin Registry. Twin Res Hum Genet 2006;9:941-9.
No validated ADHD diag at baseline and/or follow-up	COBY	Sala R, Axelson DA, Castro-Fornieles J, et al. Factors associated with the persistence and onset of new anxiety disorders in youth with bipolar spectrum disorders. *J Clin Psychiatry*. 2012;73(1):87-94. doi:10.4088/JCP.10m06720
Follow-up clinical trial	Coghill	Coghill DR, Hayward D, Rhodes SM, Grimmer C, Matthews K. A longitudinal examination of neuropsychological and clinical functioning in boys with attention deficit hyperactivity disorder *(ADHD):* improvements in executive functioning do not explain clinical improvement. Psychol Med. 2014;44(5):1087-1099. doi:10.1017/S0033291713001761
Age baseline >= 10 years	Collado	Oddo LE, Miller NV, Felton JW, Cassidy J, Lejuez CW, Chronis-Tuscano A. Maternal Emotion Dysregulation Predicts Emotion Socialization Practices and Adolescent Emotion Lability: Conditional Effects of Youth ADHD Symptoms. Res Child Adolesc Psychopathol. 2022;50(2*):*211-224. doi:10.1007/s10802-020-00686-9
Age baseline >= 10 years	Cord	Desrosiers C, Boucher O, Forget-Dubois N, et al. Associations between prenatal cigarette smoke exposure and externalized behaviors at school age among Inuit children exposed to environmental contaminants. Neurotoxicol Teratol. 2013;39*:84-90. doi:*10.1016/j.ntt.2013.07.010
No validated ADHD diag at	CPP	Ball SW, Gilman SE, Mick E, et al. Revisiting the association between maternal smoking during pregnancy and ADHD. J Psychiatr Res. 2010;44(15):1058-1062. doi:*10.*1016/j.jpsychires.2010.03.009

baseline and/or follow-up		
No validated ADHD diag at baseline and/or follow-up	CRYFS	Räikkönen, K., & Keltikangas-Järvinen, L. (1992). Childhood hyperactivity and the mother-child relationship as predictors of risk Type *A behaviour* in adolescence; A six year follow-up. Personality and Individual Differences, 13(3), 321-327.
No validated ADHD diag at baseline and/or follow-up	ECLS-B	Franc N, Maury M, Purper-Ouakil D. Trouble déficit de l'attention/hyperactivité (TDAH) : quels liens avec l'attachement ? [ADHD and attachment processes: are they related?]. Encephale. *2009;35(*3):256-261. doi:10.1016/j.encep.2008.04.007
No validated ADHD diag at baseline and/or follow-up	ECPBHS	Laas K, Reif A, Kiive E, et al. A functional NPSR1 gene variant and environment shape personality and impulsive action: a longitudinal study. J Psychopharmacol. 2014;28(3):227-236. doi:10.1177/0269881112472562
No validated ADHD diag at baseline and/or follow-up	ERA	Stevens SE, Kumsta R, Kreppner JM, Brookes KJ, Rutter M, Sonuga-Barke EJ. Dopamine transporter gene polymorphism moderates the effects of severe deprivation on *ADHD* symptoms: developmental continuities in gene-environment interplay. Am J Med Genet *B Neuropsychiatr Genet*. 2009;150B(6):753-761. doi:10.1002/ajmg.b.31010
No validated ADHD diag at baseline and/or follow-up	ERABIS	Golm D, Sarkar S, Mackes NK, et al. The impact of childhood deprivation on adult neuropsychological functioning is associated with ADHD symptom persistence. Psychol Med. 2021;51(15):2675-2684. doi:10.*1017/S0033291720001294*
No validated ADHD diag at baseline and/or follow-up	ESLPAC	Goodfellow SA, Rolfe EM, Golding J. Cohort profile: The Isle of Man Birth Cohort Study. Int J Epidemiol. 2013;42(5):1246-1252. *doi:*10.1093/ije/dys121
Number of ADHD cases < 10	Esser	Esser G, Schmidt MH, Woerner W. Epidemiology and course of psychiatric disorders in school-age children--results of *a longitudinal* study. J Child Psychol Psychiatry. 1990;31(2):243-263. doi:10.1111/j.1469-7610.1990.tb01565.x
age follow up < 10 years	FFCWS	Jimenez ME, Wade R Jr, Schwartz-Soicher O, Lin Y, Reichman NE. Adverse Childhood Experiences and ADHD Diagnosis at Age *9 Years in* a National Urban Sample. Acad Pediatr. 2017;17(4):356-361. doi:10.1016/j.acap.2016.12.009

No validated ADHD diag at baseline and/or follow-up	From	Ristkari T, Sourander A, Rønning JA, et al. Childhood psychopathology and sense of coherence at age 18: findings from the Finnish from a boy to a man *study*. Soc Psychiatry Psychiatr Epidemiol. 2009;44(12):1097-1105. doi:10.1007/s00127-009-0032-6
Follow-up clinical trial	FTP	Flory K, Malone PS, Lamis DA. Childhood ADHD symptoms and risk for cigarette smoking during adolescence: School adjustment as a potential mediator. Psychol Addict Behav. 2011;25(2):*320-329. doi:10*.1037/a0022633
No validated ADHD diag at baseline and/or follow-up	Gau	Gau SS, Chang JP. Maternal parenting styles and mother-child relationship among adolescents with and without persistent attention-deficit/hyperactivity disorder. Res Dev Disabil. 2013;*34(5)*:1581-1594. doi:10.1016/j.ridd.2013.02.002
No validated ADHD diag at baseline and/or follow-up	Gittelman	Gittelman R, Mannuzza S, Shenker R, Bonagura N. Hyperactive boys almost grown up. I. Psychiatric status. Arch Gen *Psychiatry.* 1985;42(10):937-947. doi:10.1001/archpsyc.1985.01790330017002
No validated ADHD diag at baseline and/or follow-up	Gothenburg	Asztély K, Kopp S, Gillberg C, Waern M, Bergman S. Chronic Pain And Health-Related Quality Of Life *In Women* With Autism And/Or ADHD: A Prospective Longitudinal Study. J Pain Res. 2019;12:2925-2932. Published 2019 Oct 18. doi:10.2147/JPR.S212422
Number of ADHD cases < 10	Gustafsson	Gustafsson P, Holmström E, Besjakov J, Karlsson MK. ADHD symptoms and maturity - a follow-up study in school children. Acta Paediatr. 2010;99(10):1536-1539. doi:10.1111/*j.1651-2227.*2010.01851.x
Follow-up duration < 4 years	Hard	Zahn-Waxler C, Park JH, Usher B, Belouad F, Cole P, Gruber R. Young children's representations of conflict and distress*:* a longitudinal study of boys and girls with disruptive behavior problems. Dev Psychopathol. 2008;20(1):99-119. doi:10.1017/S0954579408000059
Number of ADHD cases < 10	Hazell	Hazell PL, Carr V, Lewin TJ, Sly K. Manic symptoms in young males with ADHD predict functioning but not diagnosis after 6 years. J Am Acad Child Adolesc Psychiatry. 2003;42(5*):*552-560. doi:10.1097/01.CHI.0000046830.95464.33
Follow-up clinical trial	Hechtman	Hechtman L, Weiss G, Perlman T. Young adult outcome of hyperactive children who received long-term stimulant treatment. J Am Acad Child Psychiatry. 1984;23*(3):261-269. doi:10*.1016/s0002-7138(09)60501-x

Follow-up clinical trial	Hechtman	Hechtman L, Weiss G, Finklestein J, Werner A, Benn R. Hyperactives as young adults: preliminary report. *Can Med Assoc J.* 1976;115(7):625-630.
Follow-up duration < 4 years	Holmberg	Holmberg K, Sundelin C, Hjern A. Screening for attention-deficit/hyperactivity disorder (ADHD): can high-risk children be identified *in first grade*?. Child Care Health Dev. 2013;39(2):268-276. doi:10.1111/j.1365-2214.2012.01382.x
Follow-up duration < 4 years	IDeA	Schmid J, Stadler G, Dirk J, Fiege C, Gawrilow C. ADHD Symptoms in Adolescents' Everyday Life: Fluctuations and Symptom Structure Within *and Between Individuals.* J Atten Disord. 2020;24(8):1169-1180. doi:10.1177/1087054716629214
No validated ADHD diag at baseline and/or follow-up	Kapi	Palili A, Kolaitis G, Vassi I, Veltsista A, Bakoula C, Gika A. Inattention, hyperactivity, impulsivity--epidemiology and correlations: a nationwide greek study from birth *to 18* years. J Child Neurol. 2011;26(2):199-204. doi:10.1177/0883073810379640
Follow-up duration < 4 years	Karalunas	Karalunas SL, Gustafsson HC, Dieckmann NF, Tipsord J, Mitchell SH, Nigg JT. Heterogeneity in development of aspects of working memory predicts longitudinal attention deficit hyperactivity disorder symptom change. *J Abnorm* Psychol. 2017;126(6):774-792. doi:10.1037/abn0000292
No validated ADHD diag at baseline and/or follow-up	Kumpulainen	Kumpulainen K, Räsänen E, Henttonen I. The persistence of teacher-reported behavioral problems among children aged 8 to 12. Eur Child Adolesc Psychiatry. 1998;7(4):225-234. doi:10.1007*/s007870050071*
No validated ADHD diag at baseline and/or follow-up	LASA	Semeijn EJ, Comijs HC, de Vet HC, et al. Lifetime stability of ADHD symptoms in older adults. Atten *Defic Hyperact Disord.* 2016;8(1):13-20. doi:10.1007/s12402-015-0178-x
Follow-up duration < 4 years	Last	Last CG, Perrin S, Hersen M, Kazdin AE. A prospective study of childhood anxiety disorders. J Am Acad *Child Adolesc Psychiatry*. 1996;35(11):1502-1510. doi:10.1097/00004583-199611000-00019
Cannot participate/reach	Laucht	El-Faddagh M, Laucht M, Maras A, Vöhringer L, Schmidt MH. Association of dopamine D4 receptor *(DRD4) gene with attention-deficit/*hyperactivity disorder (ADHD) in a high-risk community sample: a longitudinal study from birth to 11 years of age. *J Neural Transm (Vienna)*. 2004;111(7):883-889. doi:10.1007/s00702-003-0054-2

Cannot participate/reach	Lavigne	Lavigne JV, Cicchetti C, Gibbons RD, Binns HJ, Larsen L, DeVito C. Oppositional defiant disorder with onset in preschool years: longitudinal stability and pathways to other disorders. J Am Acad Child Adolesc Psychiatry. 2001;40(12):1393-1400. doi*:10.1097/00004583-200112000-00009*
Follow-up clinical trial	LIFT	McClure HH, Eddy JM, Kjellstrand JM, Snodgrass JJ, Martinez CR Jr. Child and adolescent affective and behavioral distress and elevated adult body mass index. Child Psychiatry Hum Dev. *2012;43(6):837-854.* doi:10.1007/s10578-012-0299-9
Follow-up duration < 4 years	Linares	Linares LO, Li M, Shrout PE, et al. The course of inattention and hyperactivity/impulsivity symptoms after foster placement. Pediatrics. 2010;125(3):e489-e498. *doi:10.1542*/peds.2009-1285
Follow-up duration < 4 years	McMaster	Haltigan JD, Vaillancourt T. Identifying Trajectories of Borderline Personality Features in Adolescence: Antecedent and Interactive Risk Factors. Can J Psychiatry. 2016;61(3):166-175. doi:10.1177/0706743715625953
Age baseline >= 10 years	Minnesota	Elkins IJ, Saunders GRB, Malone SM, Wilson S, McGue M, Iacono WG. Differential implications of persistent, *remitted,* and late-onset ADHD symptoms for substance abuse in women and men: A twin study from ages 11 to 24. *Drug Alcohol Depend*. 2020;212:107947. doi:10.1016/j.drugalcdep.2020.107947
Follow-up clinical trial	MnCEP	August GJ, Realmuto GM, Joyce T, Hektner JM. Persistence and desistance of oppositional defiant disorder in a community sample of children with ADHD. J Am Acad Child Adolesc Psychiatry. 1999;38(10):1262-1270. doi:10.1097/00004583-199910000-00015
age follow up < 10 years	Moba	Ask H, Gustavson K, Ystrom E, et al. Association of Gestational Age at Birth With Symptoms of Attention-Deficit/Hyperactivity Disorder in Children. JAMA Pediatr. *2018;172(8):749-756*. doi:10.1001/jamapediatrics.2018.1315
Follow-up clinical trial	Montreal	Weiss G, Hechtman L, Perlman T. Hyperactives as young adults: school, employer, and self-rating scales obtained during ten-year follow-up evaluation. Am J *Orthopsychiatry*. 1978;48(3):438-445. doi:10.1111/j.1939-0025.1978.tb01333.x
Follow-up clinical trial	MTA	Lisdahl KM, Tamm L, Epstein JN, et al. The impact of ADHD persistence, recent cannabis use, and age of regular cannabis *use onset* on subcortical volume and cortical thickness in young adults. Drug Alcohol Depend. 2016;161:135-146. doi:10.1016/j.drugalcdep.2016.01.032
No validated ADHD diag at baseline and/or follow-up	MTFS	Elkins IJ, Saunders GRB, Malone SM, Keyes MA, McGue M, Iacono WG. Associations between childhood ADHD, gender, and adolescent alcohol and marijuana involvement: A causally informative design. Drug Alcohol Depend. 2018*;184:33-41*. doi:10.1016/j.drugalcdep.2017.11.011

Follow-up clinical trial	MTN	Hoza B, Murray-Close D, Arnold LE, Hinshaw SP, Hechtman L; MTA Cooperative Group. Time-dependent changes in positively biased self-perceptions of children with attention-deficit/hyperactivity disorder: a developmental psychopathology perspective. *Dev Psychopathol*. 2010;22(2):375-390. doi:10.1017/S095457941000012X
Follow-up clinical trial	myADHDportal.com	O'Connor BC, Garner AA, Peugh JL, Simon J, Epstein JN. Improved but still impaired: symptom-impairment correspondence among youth with attention-deficit hyperactivity disorder receiving community-based care. J Dev Behav Pediatr. 2015*;36*(2):106-114. doi:10.1097/DBP.0000000000000124
No validated ADHD diag at baseline and/or follow-up	NCDS	Addicoat A, Thapar AK, Riglin L, Thapar A, Collishaw S. Adult mood problems in children with neurodevelopmental problems: evidence from a prospective birth cohort followed to *age 50. Soc* Psychiatry Psychiatr Epidemiol. 2020;55(3):351-358. doi:10.1007/s00127-019-01727-5
Not a prospective cohort study	NEFS	Agnew-Blais, J., Seidman, L. J., & Buka, S. (2013). Adult ADHD: persistence, symptom profile and demographic characteristics. Comprehensive Psychiatry, 1(54), e1.
No validated ADHD diag at baseline and/or follow-up	NFBC	Hurtig TM, Taanila A, Veijola J, et al. Associations between psychotic-like symptoms and inattention/hyperactivity symptoms. Soc Psychiatry Psychiatr Epidemiol. 2011;46(*1)*:17-27. doi:10.1007/s00127-009-0165-7
Number of ADHD cases < 10	NIH	Ducharme S, Hudziak JJ, Botteron KN, et al. Decreased regional cortical thickness and thinning rate are associated *with inattention symptoms* in healthy children. J Am Acad Child Adolesc Psychiatry. 2012;51(1):18-27.e2. doi:10.1016/j.jaac.2011.09.022
Follow-up duration < 4 years	NIMH	Humphreys KL, Gabard-Durnam L, Goff B, et al. Friendship and social functioning following early institutional rearing: The role of ADHD symptoms. Dev Psychopathol. *2019;31(4):1477-1487.* doi:10.1017/S0954579418001050
Not a prospective cohort study	NSCH	Kim M, King MD, Jennings J. ADHD remission, inclusive special education, and socioeconomic disparities [published correction appears in SSM Popul Health. *2020* Dec 17;12:100709]. SSM Popul Health. 2019;8:100420. Published 2019 May 30. doi:10.1016/j.ssmph.2019.100420
Follow-up duration < 4 years	Okada	Okada, A., Matuo, J., Tsujii, N., & Kaku, R. (2012). Diagnostic problems of juvenile-onset bipolar disorder which is comorbid with attention-deficit hyperactivity disorder (*ADHD). Neuropsychiatrie* de l'enfance et de l'adolescence, 5(60), S164.
Follow-up clinical trial	PALS	Molina BS, Pelham WE Jr. Childhood predictors of adolescent substance use in a longitudinal study of children with ADHD. J Abnorm Psychol. 2003;112(3):497-507. doi:10.1037/0021-843x.*112.3.497*

Not a prospective cohort study	PLASTIC-ITY	Schiavone N, Virta M, Leppämäki S, et al. ADHD and subthreshold symptoms in childhood and life outcomes at 40 *years in* a prospective birth-risk cohort. Psychiatry Res. 2019;281:112574. doi:10.1016/j.psychres.2019.112574
Age baseline >= 10 years	Porto	Guimarães-da-Silva PO, Rovaris DL, Silva KL, et al. Exploring neuropsychological predictors of ADHD remission or persistence during adulthood. Cogn Neuropsychiatry. 2018;23(5):321-328. *doi:*10.1080/13546805.2018.1506324
Restricted month of birth sample	QLSCD	Galéra C, Pingault JB, Michel G, et al. Clinical and social factors associated with attention-deficit hyperactivity disorder medication use*:* population-based longitudinal study. Br J Psychiatry. 2014;205(4):291-297. doi:10.1192/bjp.bp.113.141952
Restricted month of birth sample	QLSKC	Carbonneau R, Vitaro F, Brendgen M, Tremblay RE. The Intergenerational Association Between Parents' Problem Gambling and Impulsivity-Hyperactivity/Inattention Behaviors in Children. J Abnorm *Child Psychol.* 2018;46(6):1203-1215. doi:10.1007/s10802-017-0362-x
Number of ADHD cases < 10	Radke-Yarrow	Meyer SE, Carlson GA, Youngstrom E, et al. Long-term outcomes of youth who manifested the CBCL-Pediatric Bipolar Disorder phenotype during childhood and*/or adolescence. J* Affect Disord. 2009;113(3):227-235. doi:10.1016/j.jad.2008.05.024
age follow up < 10 years	Rhea	Leventakou V, Micali N, Georgiou V, et al. Is there an association between eating behaviour and attention-deficit/hyperactivity disorder symptoms in preschool children?. J *Child Psychol* Psychiatry. 2016;57(6):676-684. doi:10.1111/jcpp.12504
Number of ADHD cases < 10	Rogers	Rogers, C., Lean, R., Brenner, R., Cyr, P., & Smyser, C. (2021). Neonatal Brain Connectivity and Early Childhood *Psychopathology. Biological Psychiatry*, 89(9), S78.
No validated ADHD diag at baseline and/or follow-up	Satterfield	Satterfield JH, Schell AM. Childhood brain function differences in delinquent and non-delinquent hyperactive boys. Electroencephalogr Clin Neurophysiol. 1984;57(3):199-207. doi:10.1016/0013-4694(84*)90121-4*
No validated ADHD diag at baseline and/or follow-up	Sourander	Sourander A, Helstelä L. Childhood predictors of externalizing and internalizing problems in adolescence. A *prospective follow-up* study from age 8 to 16. Eur Child Adolesc Psychiatry. 2005;14(8):415-423. doi:10.1007/s00787-005-0475-6
Number of ADHD cases < 10	Stormont	Stormont, M. (2000). Early child risk factors for externalizing and internalizing behaviors: A 5-year follow-forward assessment. Journal of Early Intervention, 23(*3), 180-190.*

No validated ADHD diag at baseline and/or follow-up	Taiwan	Chou IC, Chang YT, Chin ZN, et al. Correlation between epilepsy and attention deficit hyperactivity disorder: a *population-based cohort study*. PLoS One. 2013;8(3):e57926. doi:10.1371/journal.pone.0057926
Age baseline >= 10 years	TRAILS	Brinksma DM, Dietrich A, de Bildt A, et al. ADHD symptoms across adolescence: the role of the family and school climate *and* the DRD4 and 5-HTTLPR genotype. Eur Child Adolesc Psychiatry. 2020;29(8):1049-1061. doi:10.1007/s00787-019-01424-3
Follow-up clinical trial	Van	Yilmaz Z, Javaras KN, Baker JH, et al. Association Between Childhood to Adolescent Attention Deficit/Hyperactivity Disorder Symptom Trajectories and Late Adolescent Disordered Eating. J Adolesc Health. 2017*;61(2):*140-146. doi:10.1016/j.jadohealth.2017.04.001
Number of ADHD cases < 10	Weissman	Mufson L, Nomura Y, Warner V. The relationship between parental diagnosis, offspring temperament and offspring psychopathology: a longitudinal analysis. J Affect Disord. 2002;71*(1-3):*61-69. doi:10.1016/s0165-0327(01)00375-5
Number of ADHD cases < 10	Whitfield	Whitfield-Gabrieli, S., Bailey, S., Cutting, L., & Bunge, S. (2018). 77. Intrinsic Brain Architecture Predicts *Future Attentional* and Mood Problems in a Normative Pediatric Sample. Biological Psychiatry, 83(9), S31-S32.
No validated ADHD diag at baseline and/or follow-up	YFS	Keltikangas-Järvinen L, Puttonen S, Kivimäki M, et al. Serotonin receptor genes 5HT1A and 5HT2A modify the relation between childhood temperament and adulthood hostility. Genes Brain Behav. 2008;7(1):46-52. *doi*:10.1111/j.1601-183X.2007.00324.x
Not a prospective cohort study	YHCD	Drukker M, Wojciechowski F, Feron FJ, Mengelers R, Van Os J. A community study of psychosocial functioning and weight in young children and *adolescents. Int* J Pediatr Obes. 2009;4(2):91-97. doi:10.1080/17477160802395442
No validated ADHD diag at baseline and/or follow-up	Z-PROSO	Murray AL, Booth T, Ribeaud D, Eisner M. Disagreeing about development: An analysis of parent-teacher agreement in ADHD symptom trajectories across the elementary school years. *Int J Methods* Psychiatr Res. 2018;27(3):e1723. doi:10.1002/mpr.1723
Number of ADHD cases < 10	N/A	Salari R, Bohlin G, Rydell AM, Thorell LB. Neuropsychological Functioning and Attachment Representations in Early School Age as Predictors of ADHD Symptoms in Late Adolescence. Child *Psychiatry Hum Dev. 2017*;48(3):370-384. doi:10.1007/s10578-016-0664-1

Follow-up duration < 4 years	N/A	Agha SS, Zammit S, Thapar A, Langley K. Maternal psychopathology and offspring clinical outcome: a four-year follow-up of boys with ADHD. Eur Child Adolesc Psychiatry. *2017;26(2*):253-262. doi:10.1007/s00787-016-0873-y
Follow-up duration < 4 years	N/A	Antshel KM, Hendricks K, Shprintzen R, et al. The longitudinal course of attention deficit/hyperactivity disorder in velo-cardio-facial syndrome. J Pediatr. 2013*;163(1):*187-93.e1. doi:10.1016/j.jpeds.2012.12.026
Age baseline >= 10 years	N/A	Auerbach JG, Gross-Tsur V, Manor O, Shalev RS. Emotional and behavioral characteristics over a six-year period in youths with persistent *and* nonpersistent dyscalculia. J Learn Disabil. 2008;41(3):263-273. doi:10.1177/0022219408315637
Follow-up duration < 4 years	N/A	Ayaz AB, Ayaz M, Gökçe S, Başgül ŞS. Factors related to diagnostic persistence of attention deficit/hyperactivity disorder in Turkish children and adolescents. Int *J Psychiatry* Clin Pract. 2016;20(2):77-82. doi:10.3109/13651501.2016.1166513
Not a prospective cohort study	N/A	Bachmann CJ, Philipsen A, Hoffmann F. ADHD in Germany: Trends in Diagnosis and Pharmacotherapy. Dtsch Arztebl Int. 2017;114(9):141-148. doi:*10.3238/arztebl.2017*.0141
Number of ADHD cases < 10	N/A	Bechtel N, Weber P. Attention problems in children with epilepsy. How is the long-term outcome?. *Eur J* Paediatr Neurol. 2015;19(3):383-385. doi:10.1016/j.ejpn.2014.12.020
Not a prospective cohort study	N/A	Biederman J, Petty CR, Fried R, Woodworth KY, Faraone SV. Is the diagnosis of ADHD *influenced by time* of entry to school? An examination of clinical, familial, and functional correlates in children at early and late entry points. *J Atten Disord*. 2014;18(3):179-185. doi:10.1177/1087054712445061
No validated ADHD diag at baseline and/or follow-up	N/A	Bijur P, Golding J, Haslum M, Kurzon M. Behavioral predictors of injury in school-age children. Am J Dis Child. 1988;142(12):1307-1312. doi:10.1001/archpedi.1988.02150120061041
Not a prospective cohort study	N/A	Blázquez A, Ortiz AE, Castro-Fornieles J, et al. Five-year diagnostic stability among adolescents in an inpatient *psychiatric unit. Compr* Psychiatry. 2019;89:33-39. doi:10.1016/j.comppsych.2018.11.011
No validated ADHD diag at baseline and/or follow-up	N/A	Borland BL, Heckman HK. Hyperactive boys and their brothers. A 25-year follow-up study. Arch Gen Psychiatry. 1976;33(6*):*669-675. doi:10.1001/archpsyc.1976.01770060013002

Not a prospective cohort study	N/A	Brandt L, Fischer G. Adult ADHD Is Associated With Gambling Severity and Psychiatric Comorbidity *Among Treatment-Seeking* Problem Gamblers. J Atten Disord. 2019;23(12):1383-1395. doi:10.1177/1087054717690232
Follow-up clinical trial	N/A	Bron TI, van Rijen EHM, van Abeelen AM, Lambregtse-van den Berg MP. Development of regulation disorders into specific *psychopathology. Infant* Ment Health J. 2012;33(2):212-221. doi:10.1002/imhj.21325
No validated ADHD diag at baseline and/or follow-up	N/A	Brook JS, Duan T, Zhang C, Cohen PR, Brook DW. The association between attention deficit hyperactivity disorder in adolescence *and smoking in* adulthood. Am J Addict. 2008;17(1):54-59. doi:10.1080/10550490701756039
No validated ADHD diag at baseline and/or follow-up	N/A	Chadwick O, Kusel Y, Cuddy M, Taylor E. Psychiatric diagnoses and behaviour problems from childhood to early adolescence in young people with severe intellectual *disabilities. Psychol* Med. 2005;35(5):751-760. doi:10.1017/s0033291704003733
No validated ADHD diag at baseline and/or follow-up	N/A	Chromik LC, Quintin EM, Lepage JF, Hustyi KM, Lightbody AA, Reiss AL. The Influence of Hyperactivity, Impulsivity, and Attention Problems on Social Functioning in *Adolescents* and Young Adults With Fragile X Syndrome. J Atten Disord. 2019;23(2):181-188. doi:10.1177/1087054715571739
Follow-up clinical trial	N/A	Claude, D. (1993). The development of hyperactive boys: a 12-year follow-up. University of Ottawa (Canada).
No validated ADHD diag at baseline and/or follow-up	N/A	Cubo E, Gonzalez C, Ausin *V, et al. The Association of* Poor Academic Performance with Tic Disorders: A Longitudinal, Mainstream School-Based Population Study. *Neuroepidemiology*. 2017;48(3-4):155-163. doi:10.1159/000479517
No validated ADHD diag at baseline and/or follow-up	N/A	Dalsgaard S, Mortensen PB, Frydenberg M, Maibing CM, Nordentoft M, Thomsen PH. Association between Attention-Deficit Hyperactivity Disorder in childhood and schizophrenia later in adulthood. Eur Psychiatry. 2014;29(4):259-263. doi:10.1016/j.eurpsy.2013.06.004
No validated ADHD diag at baseline and/or follow-up	N/A	Diamantopoulou S, Verhulst FC, van der Ende J. Testing developmental pathways to antisocial personality problems. J Abnorm Child Psychol. 2010;38(1):91-103. doi:10.*1007*/s10802-009-9348-7

No validated ADHD diag at baseline and/or follow-up	N/A	Du Rietz E, Jangmo A, Kuja-Halkola R, et al. Trajectories of healthcare utilization and costs *of psychiatric and* somatic multimorbidity in adults with childhood ADHD: a prospective register-based study. *J Child Psychol Psychiatry*. 2020;61(9):959-968. doi:10.1111/jcpp.13206
No validated ADHD diag at baseline and/or follow-up	N/A	Duffy A, Grof P, Kutcher S, Robertson C, Alda M. Measures of attention and hyperactivity symptoms in a high-risk sample of children of bipolar parents. J Affect Disord. 2001;*67(1-3):159-165*. doi:10.1016/s0165-0327(01)00391-3
Follow-up duration < 4 years	N/A	Ehm JH, Kerner Auch Koerner J, Gawrilow C, Hasselhorn M, Schmiedek F. The association of ADHD symptoms and reading acquisition during elementary school years. Dev Psychol. *2016;*52(9):1445-1456. doi:10.1037/dev0000186
Follow-up duration < 4 years	N/A	Evans SC, Cooley JL, Blossom JB, Pederson CA, Tampke EC, Fite PJ. Examining ODD/ADHD Symptom Dimensions as Predictors of Social, Emotional, and *Academic* Trajectories in Middle Childhood. J Clin Child Adolesc Psychol. 2020;49(6):912-929. doi:10.1080/15374416.2019.1644645
Not a prospective cohort study	N/A	Flory K, Milich R, Lynam DR, Leukefeld C, Clayton R. Relation between childhood disruptive behavior disorders and substance use and dependence symptoms in young adulthood: individuals with symptoms of attention-deficit*/hyperactivity disorder and conduct* disorder are uniquely at risk. Psychol Addict Behav. 2003;17(2):151-158. doi:10.1037/0893-164x.17.2.151
Not a prospective cohort study	N/A	Fredriksen M, Dahl AA, Martinsen EW, Klungsoyr O, Faraone SV, Peleikis DE. Childhood and persistent ADHD symptoms associated with educational failure and long-term occupational disability in adult ADHD. Atten Defic Hyperact Disord. 2014;6(2):87-99. doi:10.*1007/s12402-014-0126-1*
No validated ADHD diag at baseline and/or follow-up	N/A	Genuneit J, Braig S, Brandt S, et al. Infant atopic eczema and subsequent attention-deficit/hyperactivity disorder--a prospective birth cohort study. Pediatr Allergy Immunol. 2014;25(1):51-56. doi:*10.1111/pai.*12152
Age baseline >= 10 years	N/A	Giannotta F, Rydell AM. The Prospective Links Between Hyperactive/Impulsive, Inattentive, and Oppositional-Defiant Behaviors in Childhood and Antisocial Behavior in Adolescence*: The* Moderating Influence of Gender and the Parent-Child Relationship Quality. Child Psychiatry *Hum Dev*. 2016;47(6):857-870. doi:10.1007/s10578-015-0617-0
Follow-up clinical trial	N/A	Gokcen C, Coskun S, Kutuk MO. Comparison of Depression and Burnout Levels of Mothers of Children with Attention-Deficit Hyperactivity Disorder Before and After Treatment. J Child Adolesc Psychopharmacol. 2018;28(5):350-353. *doi:10.*1089/cap.2017.0050

No validated ADHD diag at baseline and/or follow-up	N/A	Goldstein HS. Cognitive development in inattentive, hyperactive, and aggressive children: two- to five-year follow-up. J Am Acad Child Adolesc Psychiatry. 1987;26(2):*219-221. doi:10*.1097/00004583-198703000-00017
Follow-up duration < 4 years	N/A	Greenson, J. N. (2001). A longitudinal study of attention-deficit/hyperactivity disorder symptoms in preschool-age *children. Utah State University.*
Follow-up duration < 4 years	N/A	Halevi G, Djalovski A, Vengrober A, *Feldman R. Risk and resilience trajectories in war-exposed children* across the first decade of life. *J Child Psychol Psychiatry*. 2016;57(10):1183-1193. doi:10.1111/jcpp.12622
Age baseline >= 10 years	N/A	Hillegers MH, Reichart CG, Wals M, Verhulst FC, Ormel J, Nolen WA. Five-year prospective outcome of psychopathology in the adolescent offspring *of bipolar parents*. Bipolar Disord. 2005;7(4):344-350. doi:10.1111/j.1399-5618.2005.00215.x
Follow-up clinical trial	N/A	Howard AL, Kennedy TM, Macdonald EP, et al. Depression and ADHD-Related Risk for Substance Use in Adolescence and Early Adulthood: Concurrent and Prospective Associations in *the* MTA. J Abnorm Child Psychol. 2019;47(12):1903-1916. doi:10.1007/s10802-019-00573-y
No validated ADHD diag at baseline and/or follow-up	N/A	Jaber L, Kirsh D, Diamond G, Shuper A. Long-Term Functional Outcomes in Israeli Adults Diagnosed in Childhood with Attention Deficit Hyperactivity Disorder. Isr Med Assoc J. 2015;17*(8):481-485.*
age follow up < 10 years	N/A	Jusiene R, Breidokiene R, Pakalniskiene V. Developmental trajectories of mother reported regulatory problems from toddlerhood to preschool age. Infant Behav Dev. 2015;40*:84-94. doi:*10.1016/j.infbeh.2015.04.003
Follow-up duration < 4 years	N/A	Kim KM, Ha M, Lim MH, et al. The Symptom Trajectory of Attention-Deficit Hyperactivity Disorder in Korean School-Age *Children. Psychiatry* Investig. 2018;15(5):470-475. doi:10.30773/pi.2017.11.01.1
No validated ADHD diag at baseline and/or follow-up	N/A	Lynn DE, Lubke G, Yang M, et al. Temperament and character profiles and the dopamine D4 receptor gene in ADHD. *Am* J Psychiatry. 2005;162(5):906-913. doi:10.1176/appi.ajp.162.5.906

Follow-up clinical trial	N/A	Lynne-Landsman SD, Bradshaw CP, Ialongo NS. Testing a developmental cascade model of adolescent substance use trajectories and young adult adjustment. Dev *Psychopathol. 2010*;22(4):933-948. doi:10.1017/S0954579410000556
Not a prospective cohort study	N/A	Majeed, M. H., & Zafar, M. K. (2016). ADHD symptoms are stable, then a sudden relapse. Current *Psychiatry*, 15(10-A), 26.
Not a prospective cohort study	N/A	Mak ADP, Chan AKW, Chan PKL, et al. Diagnostic Outcomes of Childhood ADHD in Chinese Adults. J Atten Disord. 2020*;24*(1):126-135. doi:10.1177/1087054718802015
Not a prospective cohort study	N/A	Cumyn, L., French, L., & Hechtman, L. (2009). Comorbidity in adults with attention-deficit *hyperactivity disorder.* The Canadian Journal of Psychiatry, 54(10), 673-683.
Follow-up duration < 4 years	N/A	Masi G, Toni C, Perugi G, et al. Externalizing disorders in consecutively referred children and adolescents with bipolar disorder. *Compr Psychiatry. 2003;44*(3):184-189. doi:10.1016/S0010-440X(03)00002-6
No validated ADHD diag at baseline and/or follow-up	N/A	Mendelson W, Johnson N, Stewart MA. Hyperactive children as teenagers: a follow-up study. J Nerv Ment Dis. 1971;153(*4)*:273-279. doi:10.1097/00005053-197110000-00005
No validated ADHD diag at baseline and/or follow-up	N/A	Merrell, C., Sayal, K., Tymms, P., & Kasim, A. (2017*). A longitudinal* study of the association between inattention, hyperactivity and impulsivity and children's academic attainment at age 11. *Learning and Individual Differences*, *53*, 156-161.
No validated ADHD diag at baseline and/or follow-up	N/A	Minde K, Lewin D, Weiss G, Lavigueur H, Douglas V, Sykes E. The hyperactive child in elementary school: a 5 year, controlled, followup. Except Child. 1971;38(3):215-221. doi:*10.1177/001440297103800304*
Follow-up clinical trial	N/A	Nelson T, East P, Delva J, Lozoff B, Gahagan S. Children's Inattention and Hyperactivity, Mother's Parenting, and Risk Behaviors in Adolescence: A 10-Year Longitudinal *Study* of Chilean Children. J Dev Behav Pediatr. 2019;40(4):249-256. doi:10.1097/DBP.0000000000000661

No validated ADHD diag at baseline and/or follow-up	N/A	Oerbeck B, Overgaard KR, Aspenes ST, et al. ADHD, comorbid disorders and psychosocial functioning: How representative is a child cohort study? Findings from a national patient registry. BMC Psychiatry. *2017;17(1*):23. Published 2017 Jan 17. doi:10.1186/s12888-017-1204-7
No validated ADHD diag at baseline and/or follow-up	N/A	Pazvantoğlu O, Aker AA, Karabekiroğlu K, et al. Neuropsychological weaknesses in adult ADHD; cognitive functions as core deficit and roles of them in persistence to adulthood. J Int Neuropsychol *Soc*. 2012;18(5):819-826. doi:10.1017/S1355617712000574
Not a prospective cohort study	N/A	Philipp-Wiegmann F, Rösler M, Clasen O, Zinnow T, Retz-Junginger P, Retz W. ADHD modulates the course of delinquency: a 15-year follow-up study of young incarcerated man. *Eur Arch Psychiatry* Clin Neurosci. 2018;268(4):391-399. doi:10.1007/s00406-017-0816-8
Not a prospective cohort study	N/A	Poil SS, Bollmann S, Ghisleni C, et al. Age dependent electroencephalographic changes in attention-deficit/hyperactivity disorder (ADHD). Clin Neurophysiol. 2014;125(8):1626-1638. doi:10.1016*/j.clinph.2013.12*.118
Age baseline >= 10 years	N/A	Qian Y, Chang W, He X, et al. Emotional dysregulation of ADHD in childhood predicts poor early-adulthood outcomes: *A* prospective follow up study. Res Dev Disabil. 2016;59:428-436. doi:10.1016/j.ridd.2016.09.022
Not a prospective cohort study	N/A	Rad F, Buică A, Stancu M, et al. Adult ADHD symptoms in a group of patients with substance abuse. Riv Psichiatr. 2020;55(3*):161-167.* doi:10.1708/3382.33572
Not a prospective cohort study	N/A	Ramtekkar UP, Reiersen AM, Todorov AA, Todd RD. Sex and age differences in attention-deficit/hyperactivity disorder symptoms and diagnoses: *implications* for DSM-V and ICD-11. J Am Acad Child Adolesc Psychiatry. 2010;49(3):217-28.e283.
Not a prospective cohort study	N/A	Richards T, Abbott RD, Berninger VW. Relationships between Presence or Absence of ADHD and fMRI Connectivity Writing Tasks in Children with Dysgraphia. J Nat Sci. *2016;2(12):e270.*
Not a prospective cohort study	N/A	Sánchez-Mora C, Cormand B, Ramos-Quiroga JA, et al. Evaluation of common variants in 16 genes involved in the regulation of neurotransmitter release *in ADHD*. Eur Neuropsychopharmacol. 2013;23(6):426-435. doi:10.1016/j.euroneuro.2012.07.014
Follow-up clinical trial	N/A	Sayal K, Mills J, White K, Merrell C, Tymms P. Predictors of and barriers to service use for children at risk of ADHD: longitudinal *study*. Eur Child Adolesc Psychiatry. 2015;24(5):545-552. doi:10.1007/s00787-014-0606-z

Age baseline >= 10 years	N/A	Shprecher DR, Rubenstein LA, Gannon K, Frank SA, Kurlan R. Temporal course of the tourette syndrome clinical triad. Tremor Other Hyperkinet Mov (N Y). 2014*;4:243.* Published 2014 Sep 26. doi:10.7916/D8HD7SV6
Not a prospective cohort study	N/A	Sivakumar T, Agarwal V, Sitholey P. Comorbidity of attention-deficit/hyperactivity disorder and bipolar disorder in North Indian clinic children and *adolescents. Asian J Psychiatr. 2013;*6(3):235-242. doi:10.1016/j.ajp.2012.12.011
Not a prospective cohort study	N/A	Thapar A, Langley K, Fowler T, et al. Catechol O-methyltransferase gene variant and birth weight predict early-onset antisocial behavior in children *with attention-deficit/*hyperactivity disorder. Arch Gen Psychiatry. 2005;62(11):1275-1278. doi:10.1001/archpsyc.62.11.1275
Follow-up duration < 4 years	N/A	Tso W, Chan M, Ho FK, et al. Early sleep deprivation and attention-deficit/hyperactivity disorder. Pediatr Res. 2019;85(4):449-455. doi:10.1038/*s41390-019-0280-4*
Not a prospective cohort study	N/A	Walitza S, Zellmann H, Irblich B, et al. Children and adolescents with obsessive-compulsive disorder and comorbid *attention-deficit/*hyperactivity disorder: preliminary results of a prospective follow-up study. *J Neural Transm (Vienna)*. 2008;115(2):187-190. doi:10.1007/s00702-007-0841-2
Follow-up clinical trial	N/A	Wang LJ, Huang YS, Chiang YL, Hsiao CC, Shang ZY, Chen CK. Clinical symptoms and performance on the Continuous Performance Test in children with attention deficit *hyperactivity disorder between subtypes:* a natural follow-up study for 6 months. BMC Psychiatry. 2011;11:65. Published 2011 Apr 19. doi:10.1186/1471-244X-11-65
Follow-up clinical trial	N/A	White D, McPherson L, Lennox N, Ware RS. Injury among adolescents with intellectual disability: A prospective cohort study. Injury. 2018;49(6):1091-1096. doi:10.1016/j.injury.2018.04.006
Not a prospective cohort study	N/A	Woon LSC, Zakaria H. Adult Attention Deficit Hyperactivity Disorder in a Malaysian Forensic Mental Hospital: a Cross-sectional Study. East Asian Arch Psychiatry. 2019;29(4):118-123. doi:10.12809/eaap1851
No validated ADHD diag at baseline and/or follow-up	N/A	Young S, Chadwick O, Heptinstall E, Taylor E, Sonuga-Barke EJ. The adolescent outcome of hyperactive girls. Self-reported *interpersonal relationships and* coping mechanisms. Eur Child Adolesc Psychiatry. 2005;14(5):245-253. doi:10.1007/s00787-005-0461-z
Follow-up duration < 4 years	N/A	Max JE, Arndt S, Castillo CS, et al. Attention-deficit hyperactivity symptomatology after traumatic brain injury: a prospective study. J Am Acad Child Adolesc *Psychiatry. 1998;37*(8):841-847. doi:10.1097/00004583-199808000-00014

No validated ADHD diag at baseline and/or follow-up	N/A	Agnew-Blais, J., Seidman, L. J., & Buka, S. (2012, June). PREDICTORS OF PERSISTENCE OF ATTENTION *DEFICIT HYPERACTIVITY DISORDER FROM CHILDHOOD* TO MIDLIFE. In AMERICAN JOURNAL OF EPIDEMIOLOGY (Vol. 175, pp. S132-S132). JOURNALS DEPT, 2001 EVANS RD, CARY, NC 27513 USA: OXFORD UNIV PRESS INC.
age follow up < 10 years	N/A	Allmann AES, Klein DN, Kopala-Sibley DC. Bidirectional and transactional relationships between parenting styles and child symptoms of ADHD, ODD, depression, and anxiety over 6 years. Dev *Psychopathol. 2022;34*(4):1400-1411. doi:10.1017/S0954579421000201
No validated ADHD diag at baseline and/or follow-up	N/A	Ando, J., Shikishima, C., Kijima, N., Hiraishi, K., Takahashi, Y., & Yamagata, S. (2013, November). Long-term genetic effects of *working* memory on cognition and personality in adolescence and adulthood: A 14-year longitudinal study of twins. In *BEHAVIOR GENETICS* (Vol. 43, No. 6, pp. 506-506). 233 SPRING ST, NEW YORK, NY 10013 USA: SPRINGER.
Age baseline >= 10 years	N/A	Atherton OE, Lawson KM, Ferrer E, Robins RW. The role of effortful control in the development of ADHD, ODD, and CD symptoms. J Pers Soc Psychol. 2020;118(6):1226-1246. doi:10.1037/pspp0000243
No validated ADHD diag at baseline and/or follow-up	N/A	Paternite CE, Loney J, Salisbury H, Whaley MA. Childhood inattention-overactivity, aggression, and stimulant medication history as predictors of young adult outcomes. J Child *Adolesc Psychopharmacol.* 1999;9(3):169-184. doi:10.1089/cap.1999.9.169
Follow-up duration < 4 years	N/A	Colomer-Diago C, Berenguer-Forner C, Tárraga-Mínguez R, Miranda-Casas A. Estilos de disciplina y trastornos comórbidos de adolescentes con trastorno por déficit de atención/hiperactividad. *Un estudio* longitudinal [Discipline styles and co-morbid disorders of adolescents with attention deficit hyperactivity disorder: a longitudinal study]. *Rev Neurol*. 2014;58 Suppl 1:S31-S36.
No validated ADHD diag at baseline and/or follow-up	N/A	Fernandez Castelao C, Kröner-Herwig B. Developmental trajectories and predictors of externalizing behavior: a comparison of girls and boys. J Youth Adolesc. 2014;43(5):775-789. doi:10.1007/s10964-013-0011-9
Follow-up duration < 4 years	N/A	Geryk, L. L. (2013). Investigating developmental patterns of symptom and impairment change among youth with ADHD, subthreshold *ADHD and* youth without ADHD (Doctoral dissertation, University of South Carolina).
No validated ADHD diag at	N/A	Gornick MC, Addington A, Shaw P, *et al. Association of the dopamine receptor D4 (DRD4) gene 7-repeat allele with children with attention-deficit*/hyperactivity disorder (ADHD): an update. Am *J Med Genet B Neuropsychiatr Genet*. 2007;144B(3):379-382. doi:10.1002/ajmg.b.30460

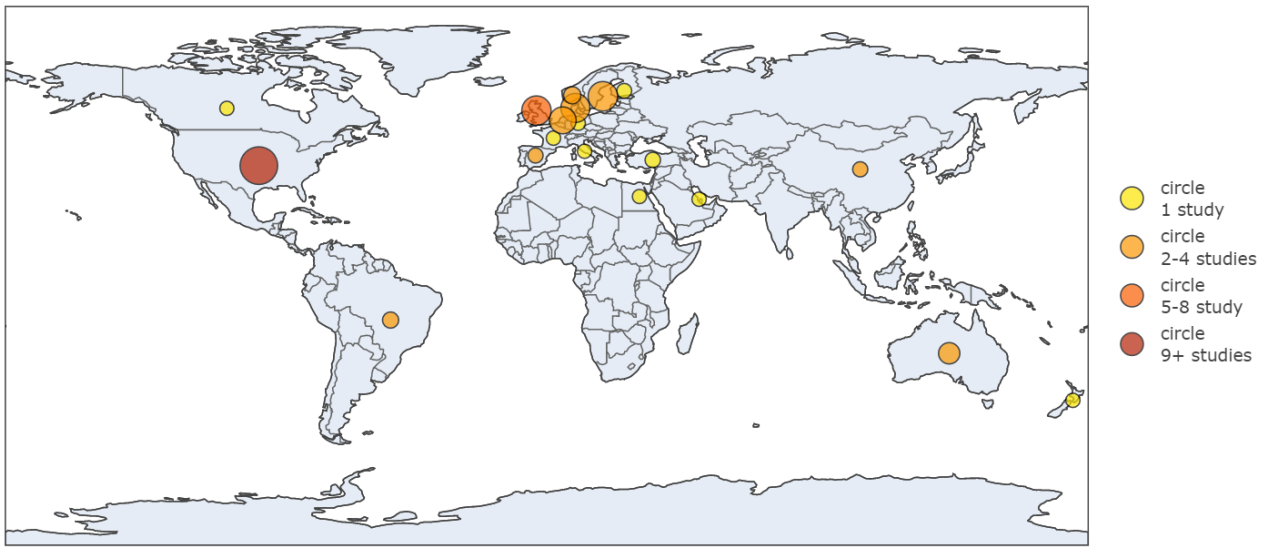
baseline and/or follow-up		
Number of ADHD cases < 10	N/A	Hayward, D., Rhodes, S. M., Grimmer, C., Matthews, K., & Coghill, D. R. (2010). The impact of ADHD on neuropsychological development in early *adolescence: a longitudinal case–control* study. European Child & Adolescent Psychiatry, 19.
Follow-up duration < 4 years	N/A	Howell DC, Huessy HR, Hassuk B. Fifteen-year follow-up of a behavioral history of attention deficit disorder. Pediatrics. 1985;76(2):185-190.
No validated ADHD diag at baseline and/or follow-up	N/A	Huessy, H. R., & Howell, D. C. (1988). The behaviors associated with ADD followed from age seven to twenty-one: Differences between males and females. *Attention Deficit Disorder*, *3*, 20-28.
No validated ADHD diag at baseline and/or follow-up	N/A	Kiss E, Baji I, Kellner A, Mayer L, Kapornai K. Psychiatr Hung. 2020;35(1):58-67.
No validated ADHD diag at baseline and/or follow-up	N/A	Menkes MM, Rowe JS, Menkes JH. A twenty-five year follow-up study *on* the hyperkinetic child with minimal brain dysfunction. *Pediatrics*. 1967;39(3):393-399.
age follow up < 10 years	N/A	Neece, C. L. (2011). Dual Diagnosis: An examination of the validity of an ADHD diagnosis among adolescents with intellectual disabilities. University of California, Los Angeles.
Not a prospective cohort study	N/A	Owens, E. B., Cardoos, S. *L., & Hinshaw, S. P. (2015). Developmental progression and gender differences* among individuals with ADHD.
Age baseline >= 10 years	N/A	ROYER, E., COUTURE, C., FORTIN, L., POTVIN, P., & MARCOTTE, D. (2000). Problèmes d'attention et réussite scolaire au secondaire. *Revue canadienne de psycho-éducation*, *29*(2), 193-206.
Not a prospective cohort study	N/A	Scahill L, Williams S, Schwab-Stone M, Applegate J, Leckman JF. Disruptive behavior problems in a community sample of children with tic disorders. Adv Neurol. 2006;*99:184-190.*

Not a prospective cohort study	N/A	Tuithof, M., Ten Have, M., Van Dorsselaer, S., & De Graaf, R. (2014). Prevalentie, persistentie en gevolgen van *ADHD* in de Nederlandse volwassen bevolking. *Tijdschrift voor psychiatrie*, (2014/1), 10-19.
Age baseline >= 10 years	N/A	van den Ban, E., van der Heijden, K., Verhaar, L., Souverein, P. C., van Engeland, H., Egberts, T. A., ... & *Swaab, H*. (2012, August). The Association between ADHD Treatment in Childhood and Substance Use and Abuse in Adults-A Long-Term Follow-Up. In *PHARMACOEPIDEMIOLOGY AND DRUG SAFETY* (Vol. 21, pp. 142-142). ONE MONTGOMERY ST, SUITE 1200, SAN FRANCISCO, CA 94104 USA: WILEY PERIODICALS, INC.
Age baseline >= 10 years	N/A	Woods, S. S. (1981). Follow-up study of 64 hyperactive children in adolescence. University of Michigan.

Supplementary S8. Descriptive analyses.

Supplementary analyses can be retrieved at Section S8, ***https://simba-adhd.com/HTMLresults.html***

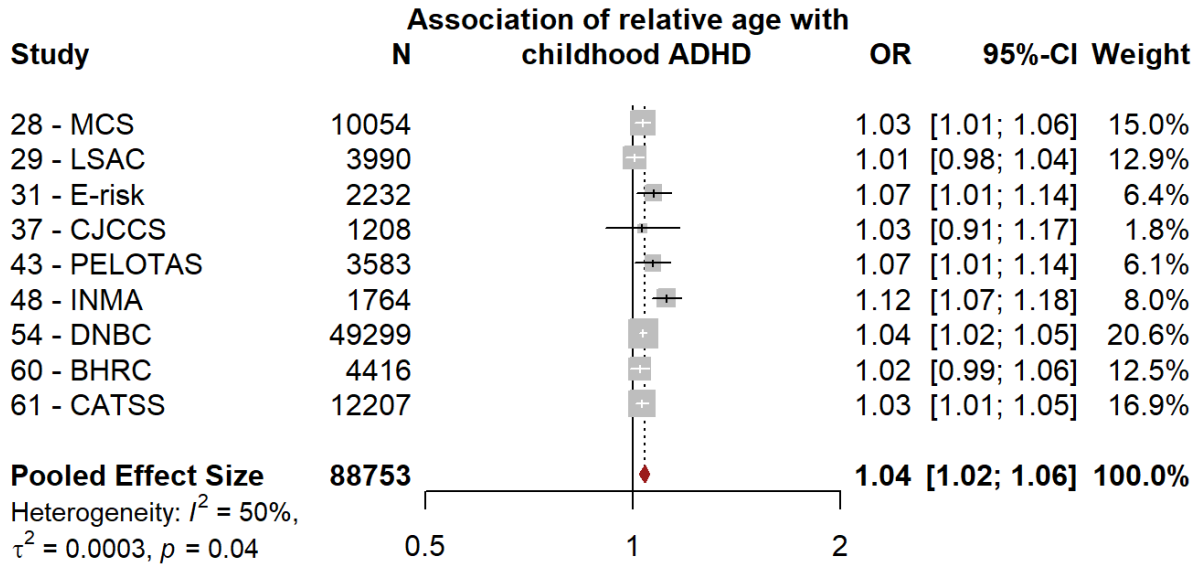
Figure S8. Location of studies. Color of the circles indicates the number of studies per country while the size of the circles represents the number of participants.



Supplementary Text S9. Relative age effect at baseline.

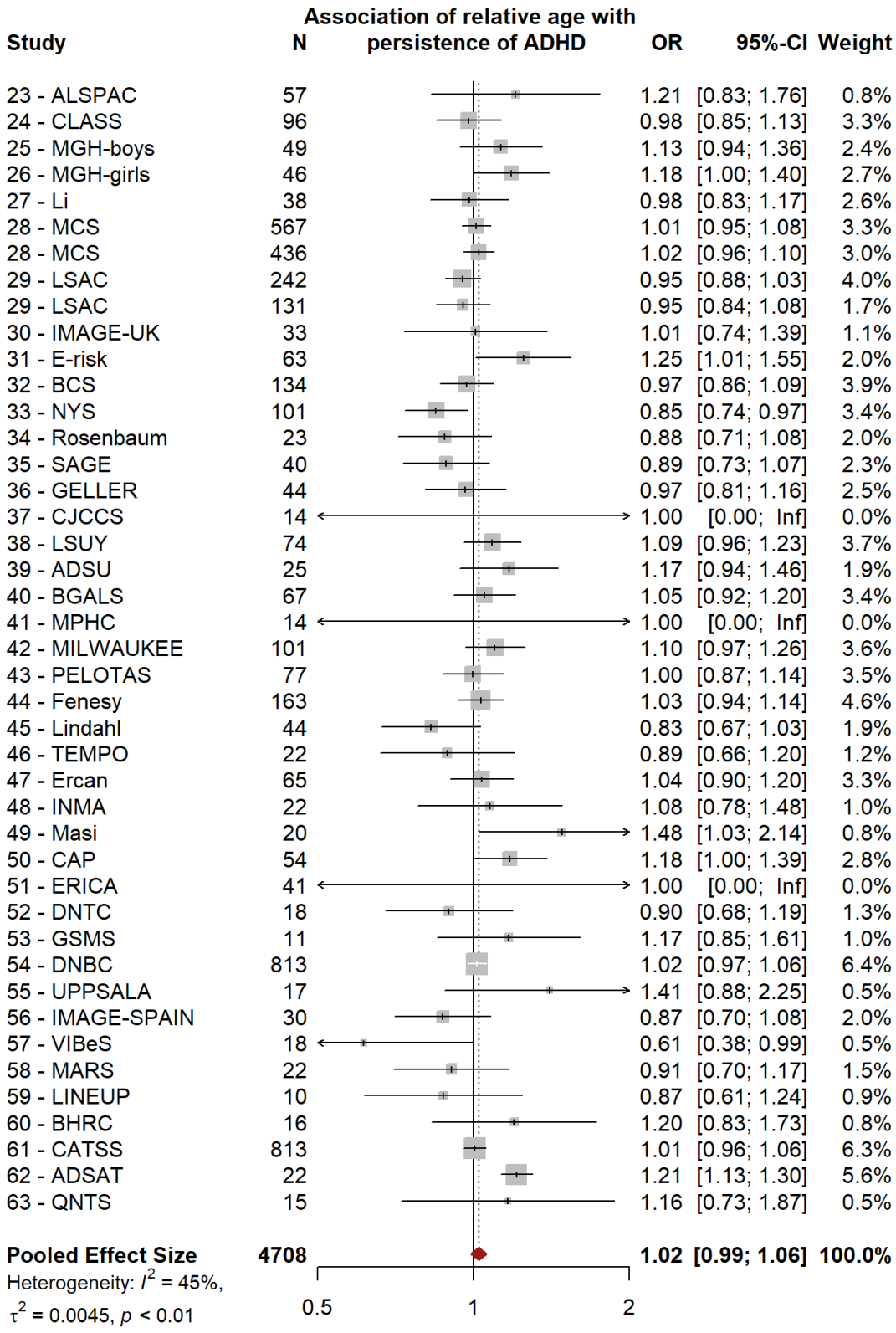
Supplementary analyses can be retrieved at Section S9, ***https://simba-adhd.com/HTMLresults.html***

Figure S9. Effect of the relative age on the ADHD diagnosis at baseline.



Supplementary Text S10. Primary analysis.

Supplementary analyses can be retrieved at Section S10, ***https://simba-adhd.com/HTMLresults.html***



Supplementary Text S11. Sensitivity analysis.

Supplementary analyses can be retrieved at Section S11, ***https://simba-adhd.com/HTMLresults.html***

Figure S11a. Sensitivity analysis with participants born in the months of birth close to the school-entry cut-off date removed.

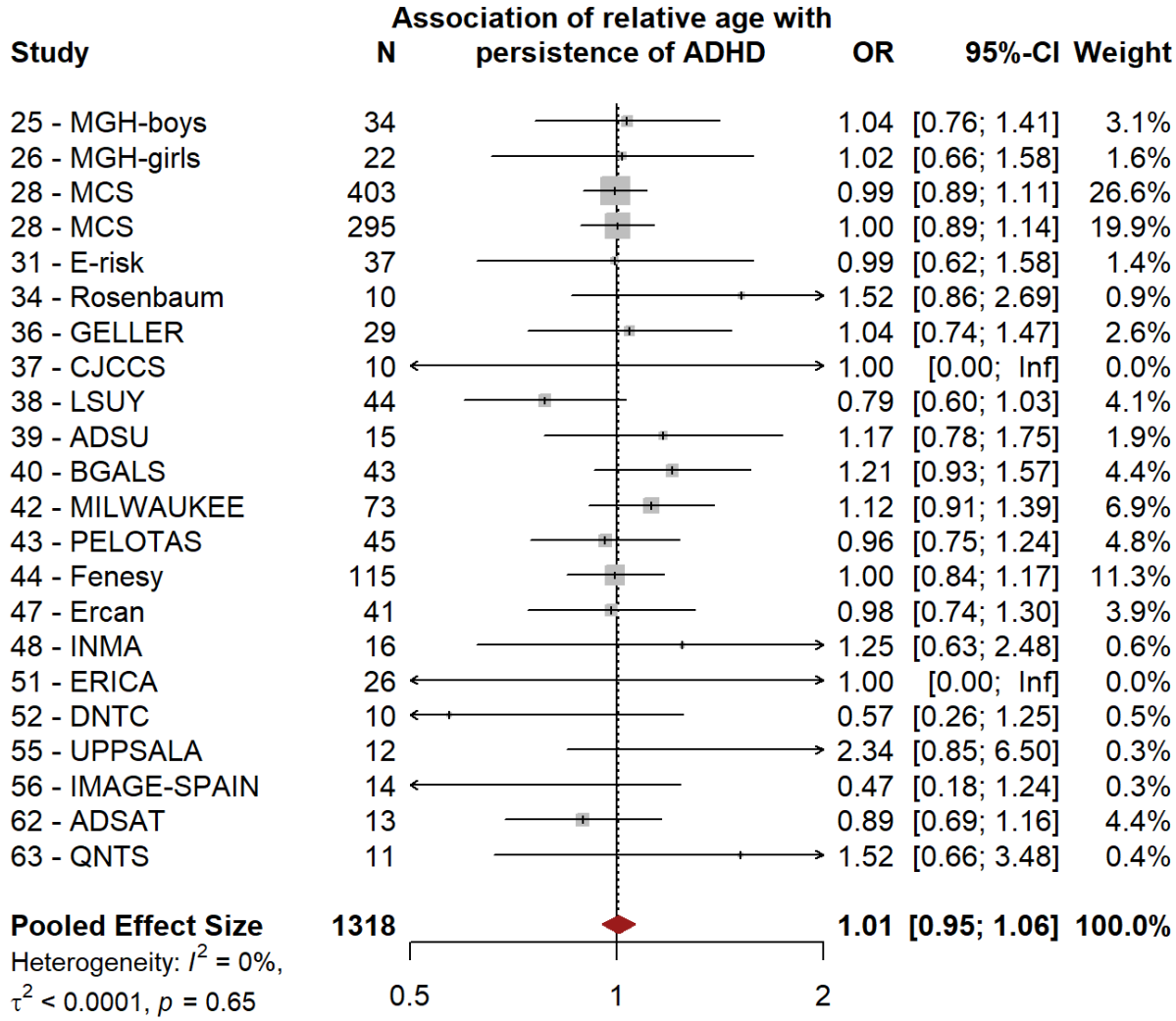


Figure S11b. Sensitivity analysis including only participants with a follow-up duration longer than 10 years.

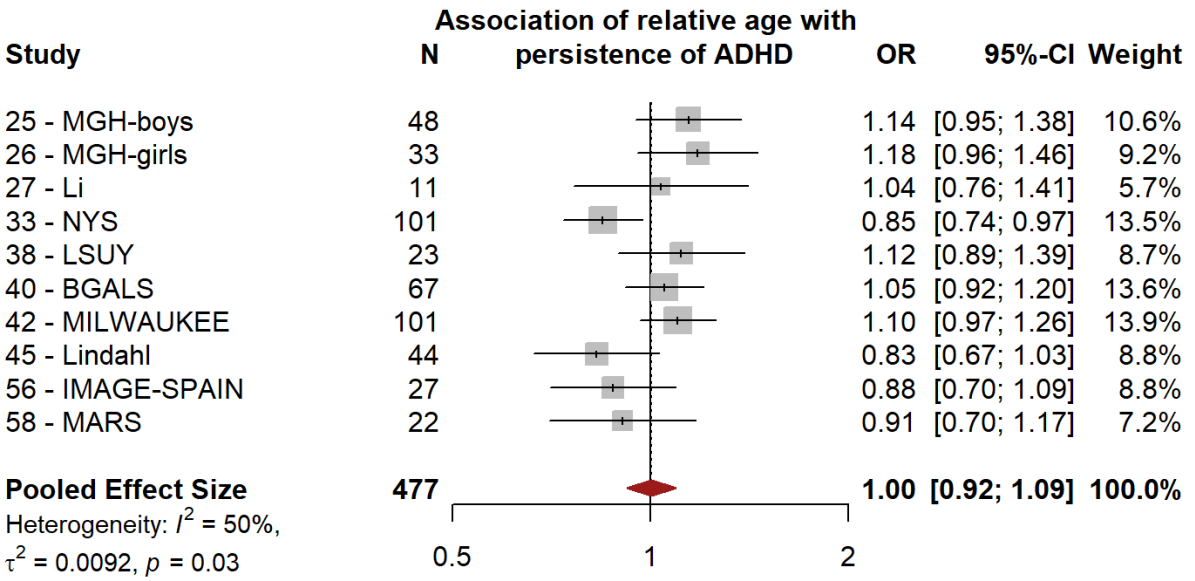


Figure S11c. Sensitivity analysis including only participants with a baseline diagnosis made before the age of 8 and the follow-up diagnosis made after the age of 16.

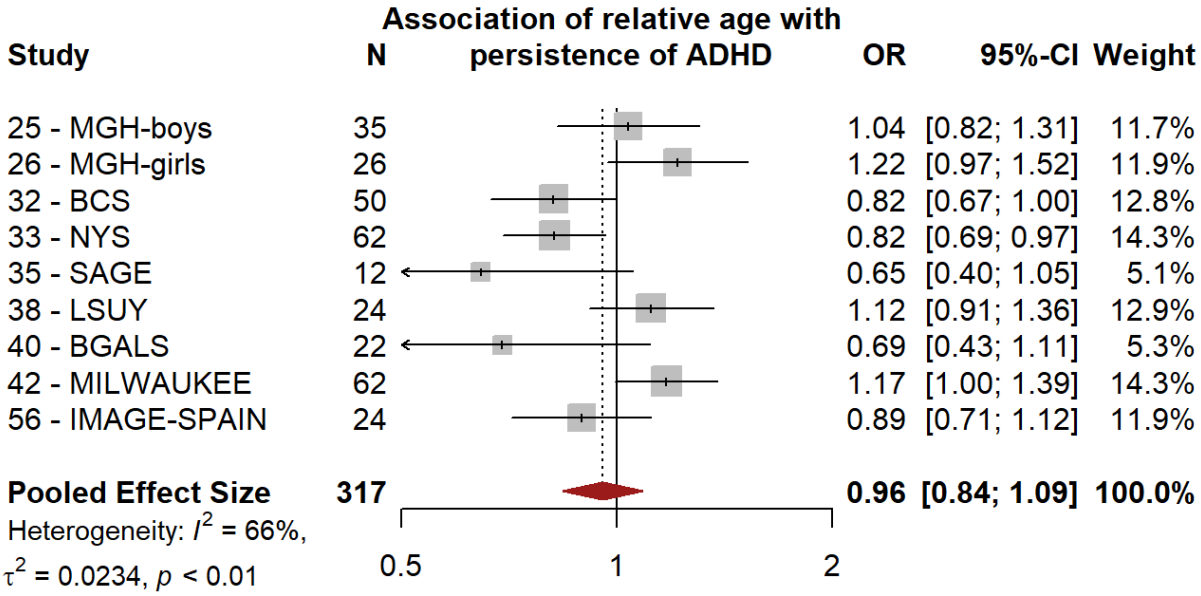
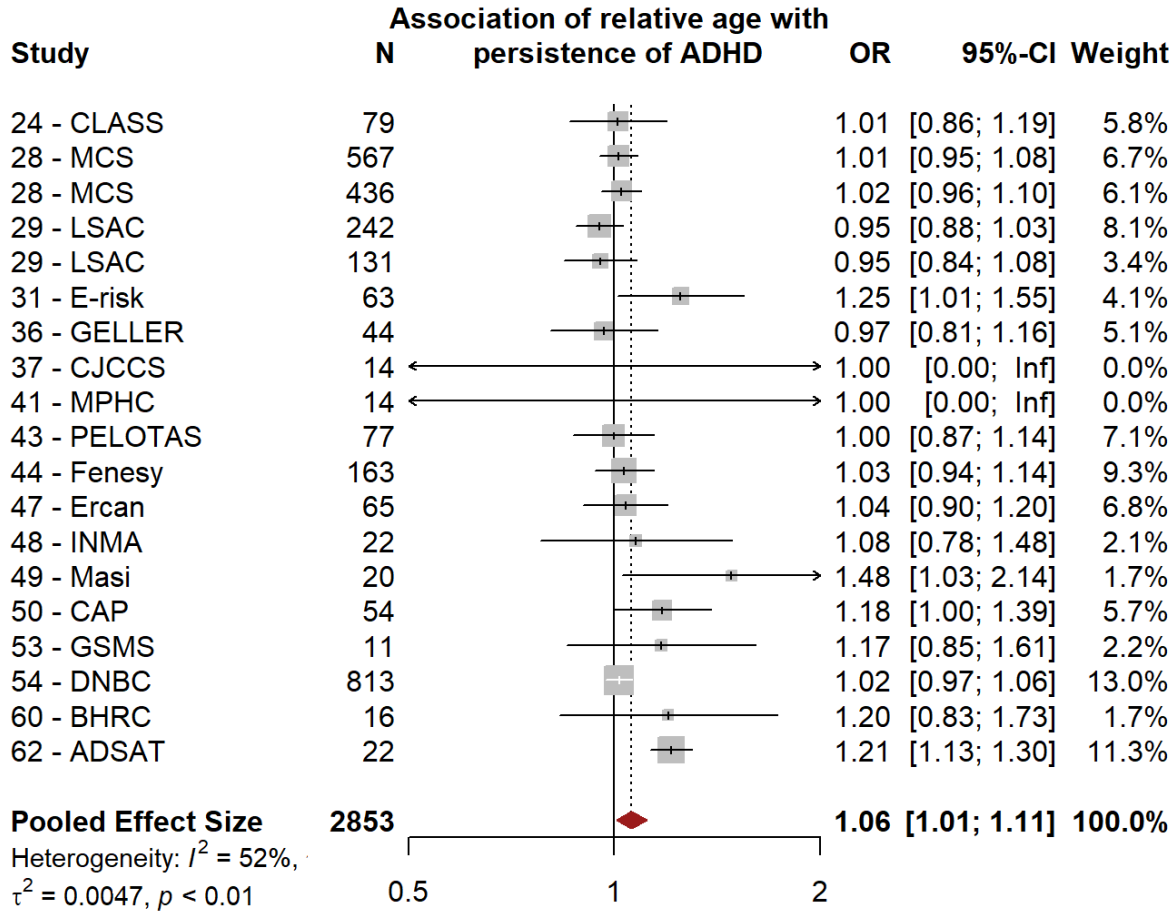


Figure S11d. Sensitivity analysis including only participants with the same ADHD measure at baseline and follow-up.



Supplementary Text S12. Robustness checks.

Supplementary analyses can be retrieved at Section S12, ***https://simba-adhd.com/HTMLresults.html***

Figure S12a. Robustness analysis excluding two studies with a large Cook's distance.

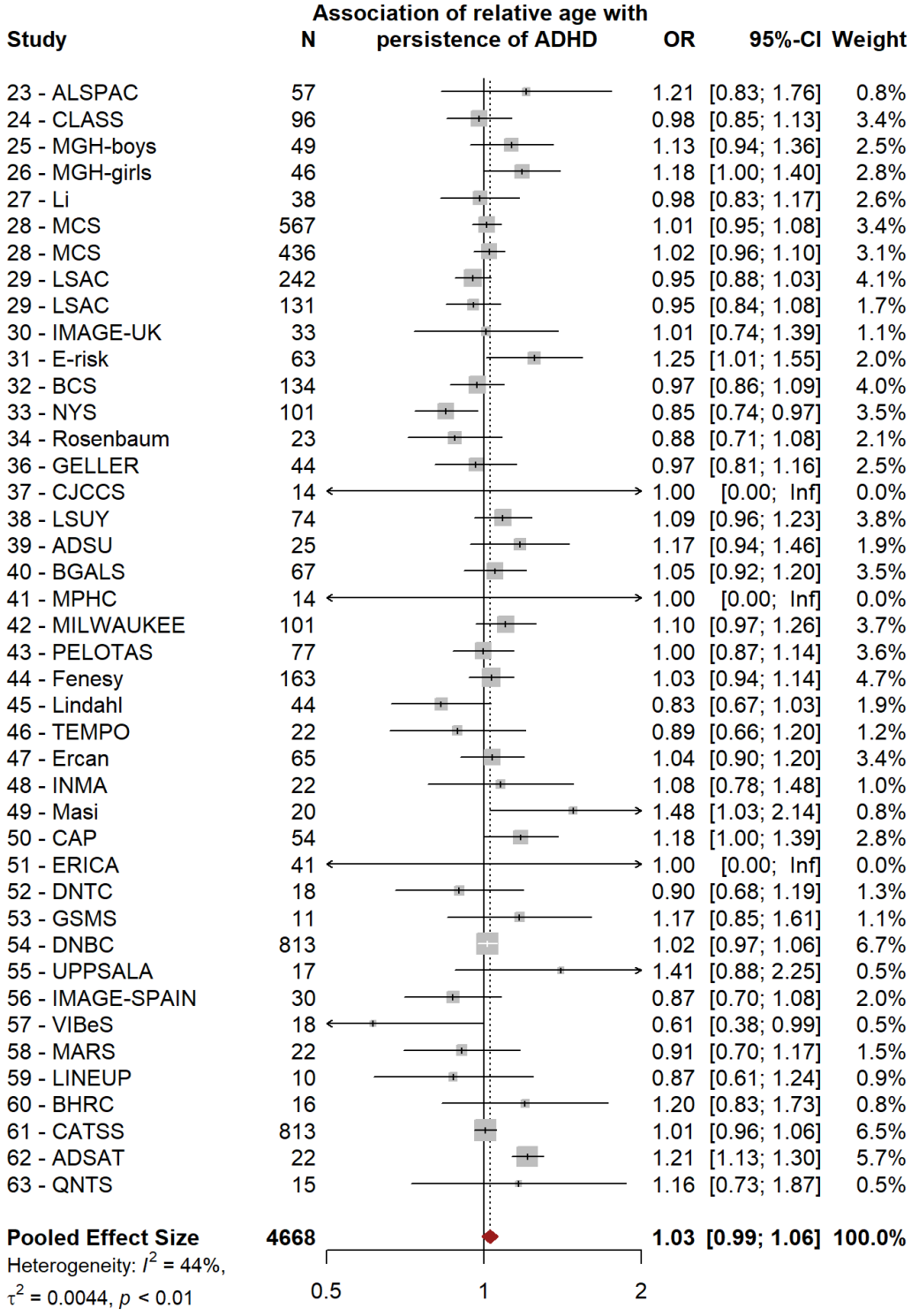


Figure S12b. Robustness analysis using robust regressions to analyse primary studies (note that studies below the horizontal lines were analyzed using survey-weighted regression [and not robust regression] due to their complex survey design).

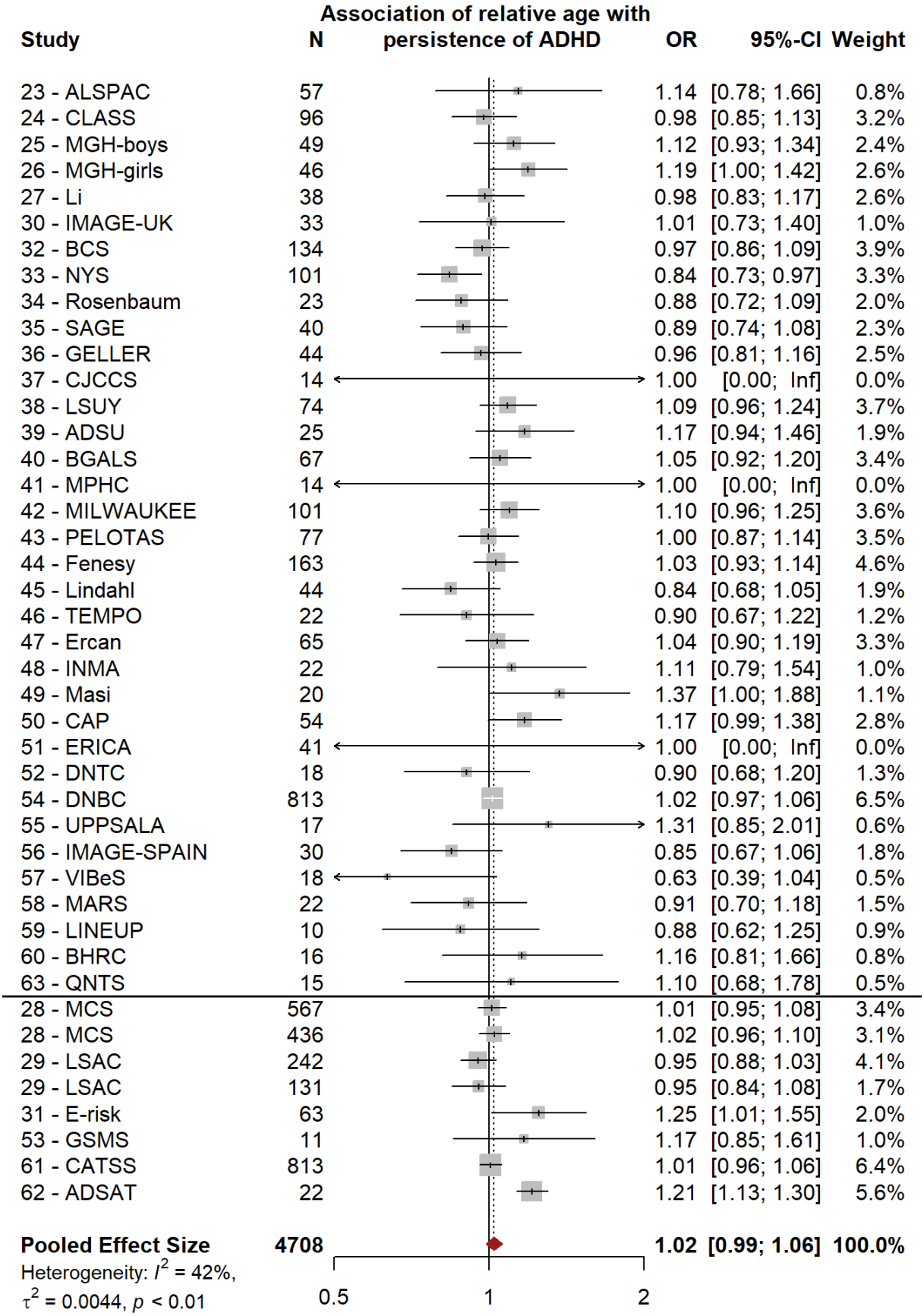
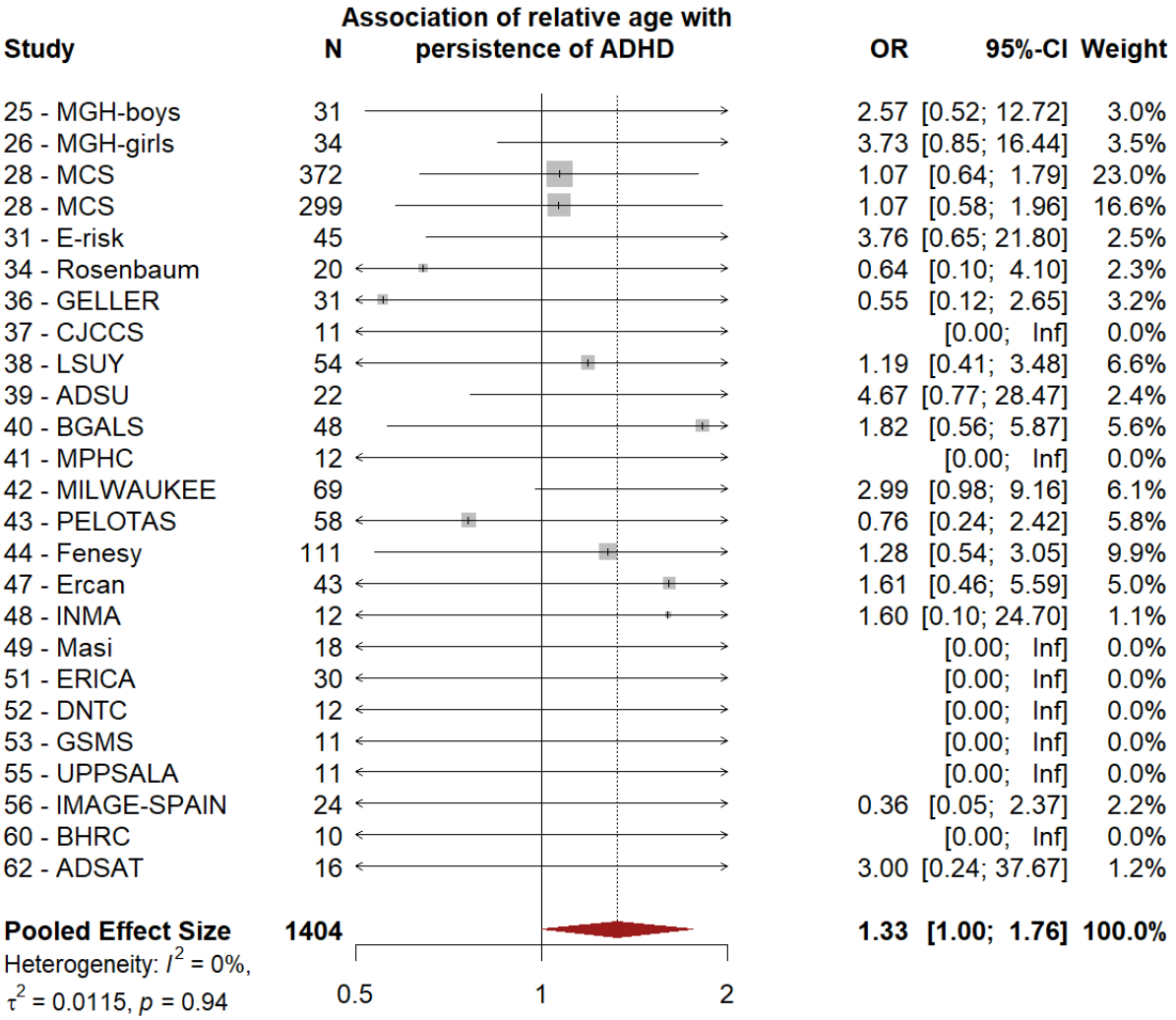


Figure S12c. Robustness analysis with dichotomized relative age.



Supplementary Text S13. Meta-regressions.

Supplementary analyses can be retrieved at Section S13, ***https://simba-adhd.com/HTMLresults.html***

Figure S13a. Meta-regression with the statistical significance of the relative age effect at baseline as the moderator.

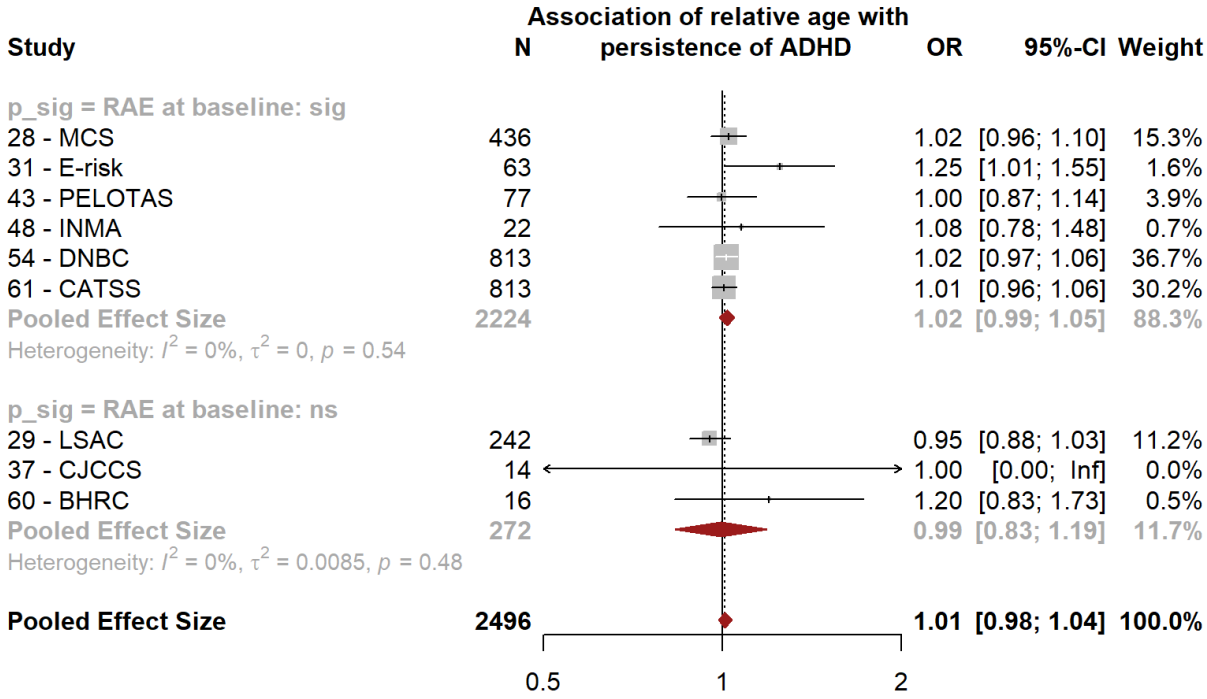


Figure S13b. Meta-regression with the magnitude of the relative age effect at baseline (OR < 1.05 versus OR ≥ 1.05) as the moderator

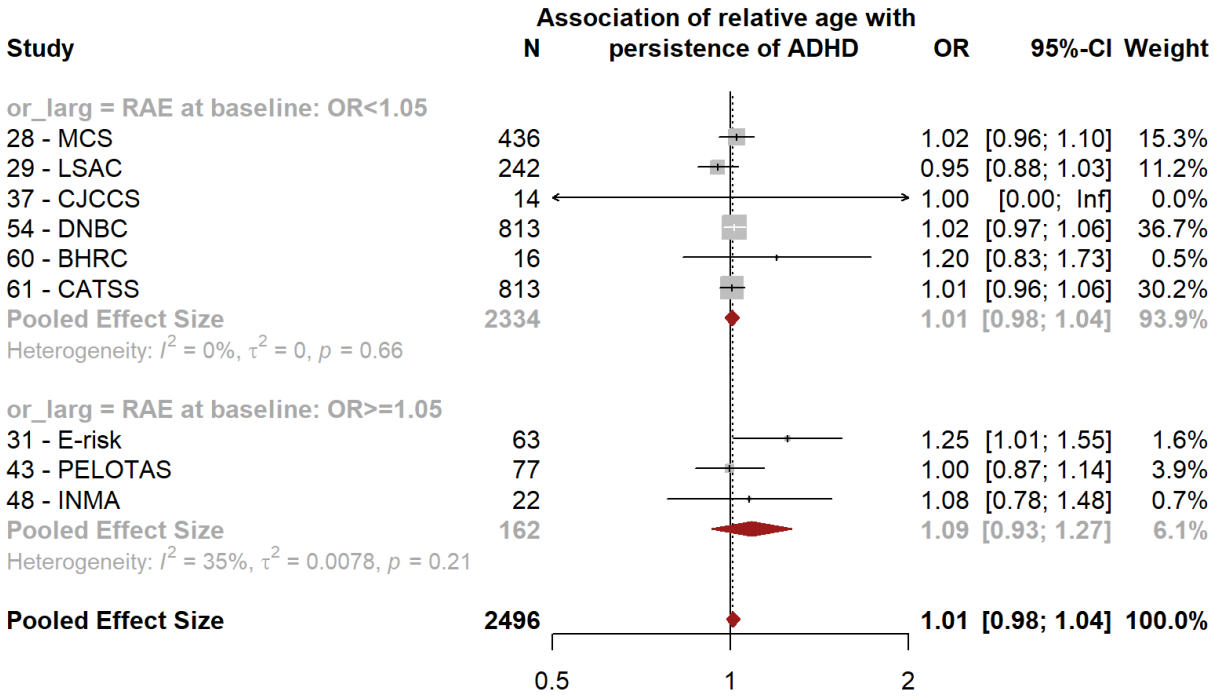


Figure S13c. Meta-regression with the magnitude of the type of tool used to assess ADHD as the moderator.

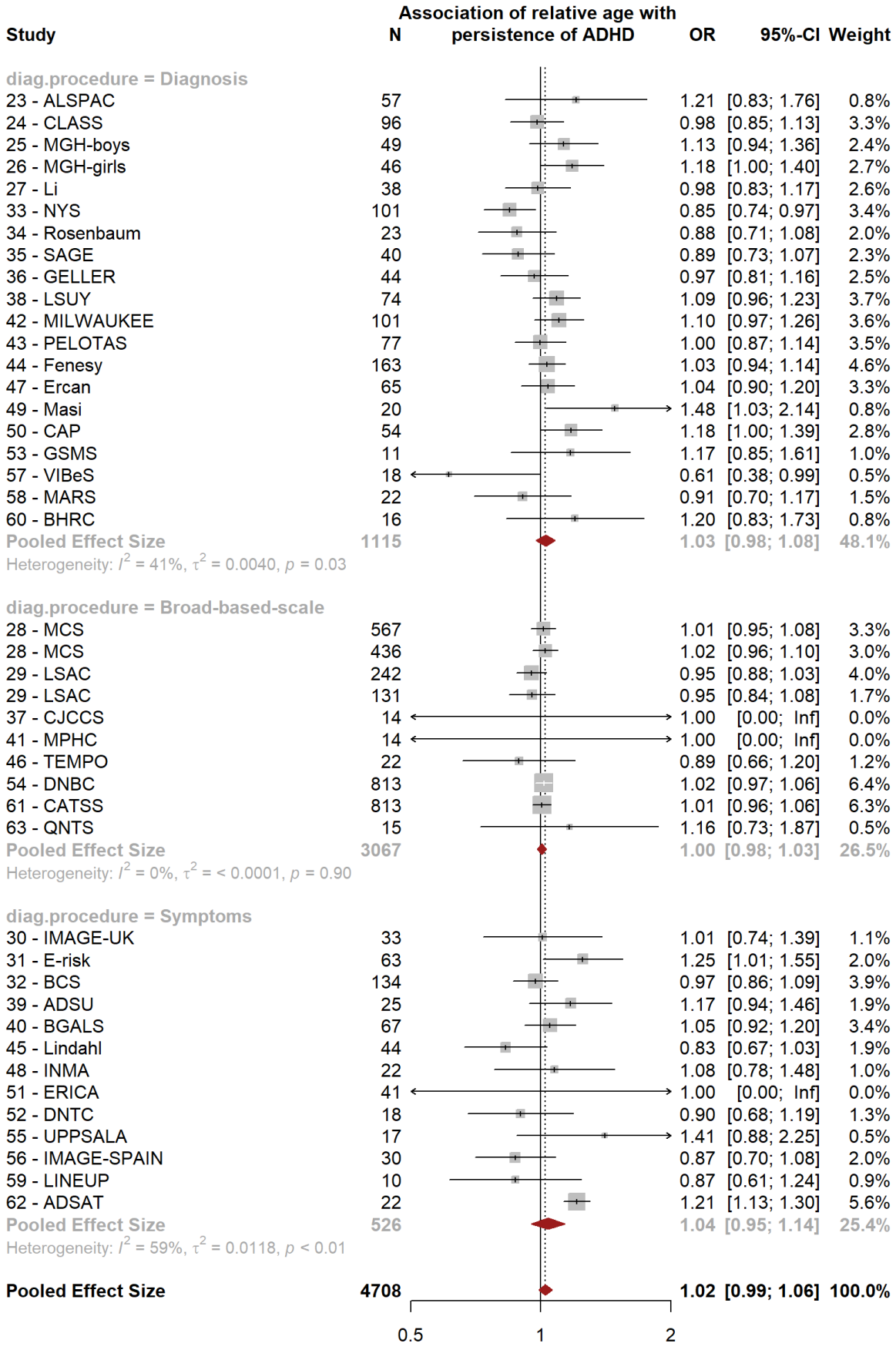


Figure S13d. Meta-regression with the type of sampling as the moderator.

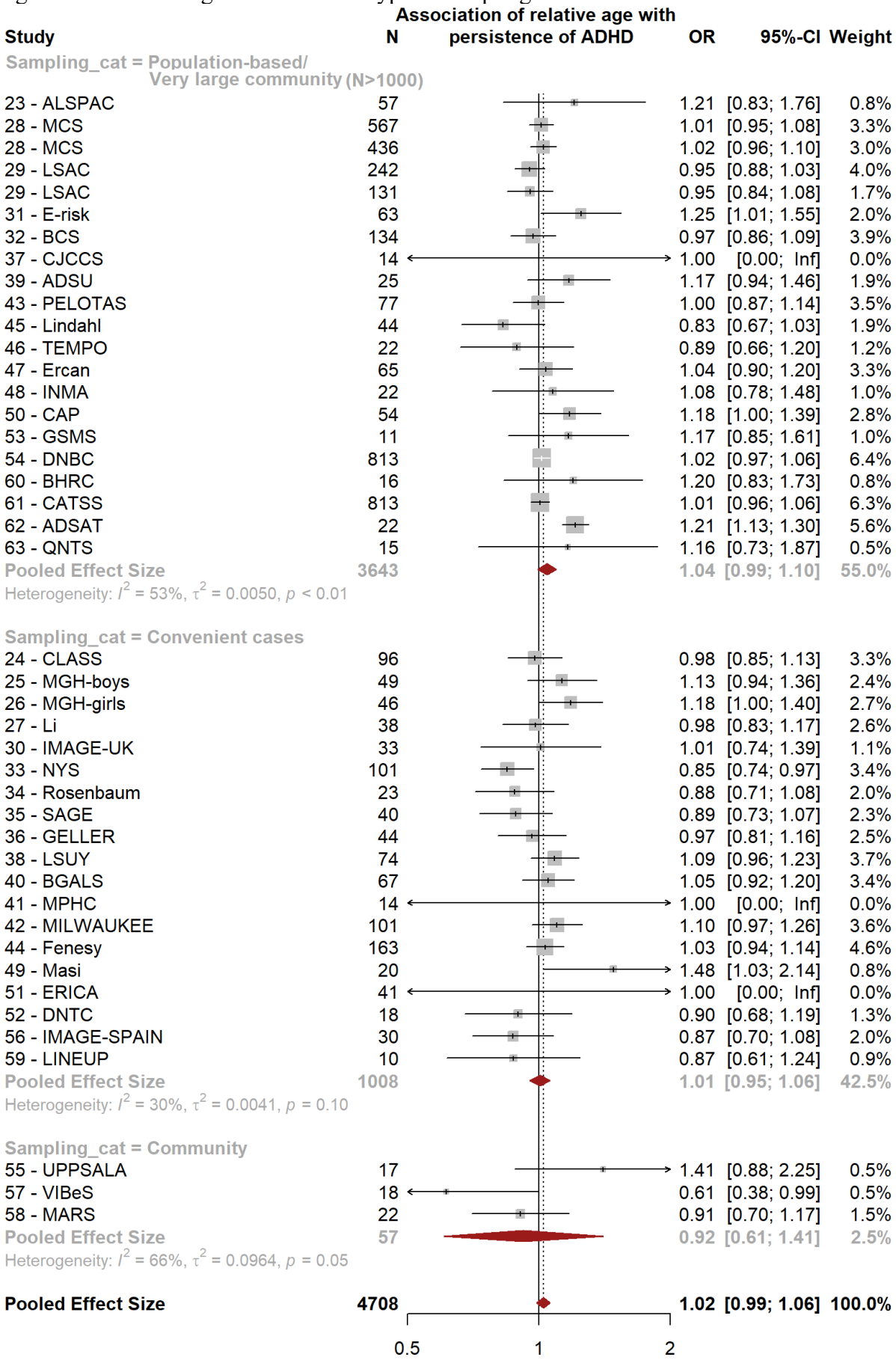


Figure S13e. Meta-regression with the school-entry system as the moderator.