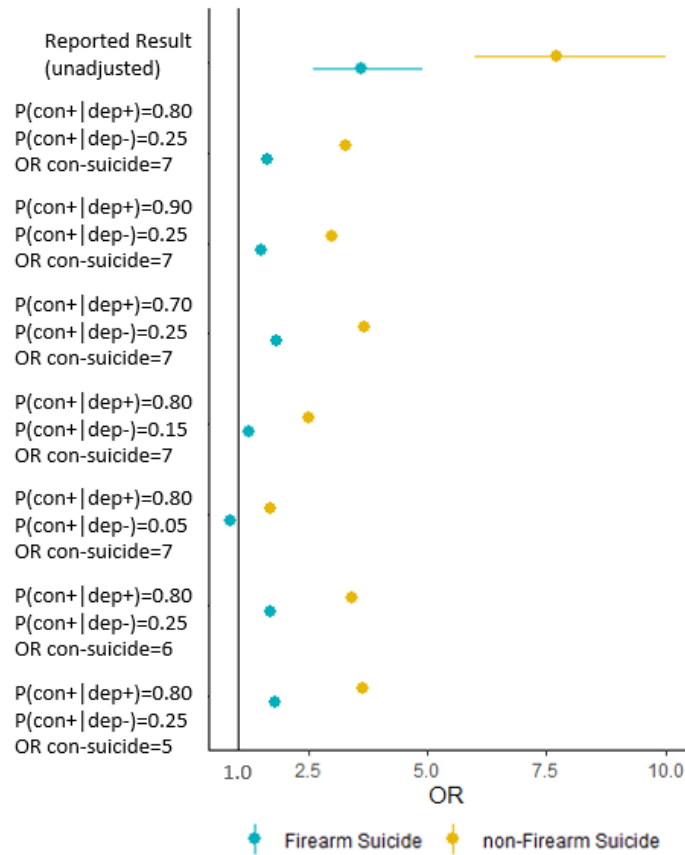


eFigure 1. The impact of a strong, unmeasured confounder on the association between a diagnosis of depression and suicide in the North Carolina Medicaid population, 2014-2017.



$P(\text{con+}|\text{dep+})$ = the prevalence of the confounder in the presence of a diagnosis of depression;
 $P(\text{con+}|\text{dep-})$ = the prevalence of the confounder in the absence of a diagnosis of depression;
 OR con-suicide = the odds ratio of the association between the confounder and suicide;
 This figure indicates that a strong confounder (this one was modeled after anxiety) could attenuate the associations we estimated between having a diagnosis of depression and suicide. However, the finding that the depression-non-firearm suicide association is stronger than the depression-firearm suicide association is maintained in each of these scenarios. The scenario where the estimates come closest together is when the prevalence of the confounder given the absences of depression is very low—only 0.05. This is a very unlikely circumstance; in the case of anxiety this would suggest that it is extremely rare to have an anxiety diagnosis in the absence of a depression diagnosis, which we know not to be the case.