

# Neurocognitive Dysfunctions and Their Therapeutic Modulation in Patients With Methamphetamine Dependence: A Pilot Study

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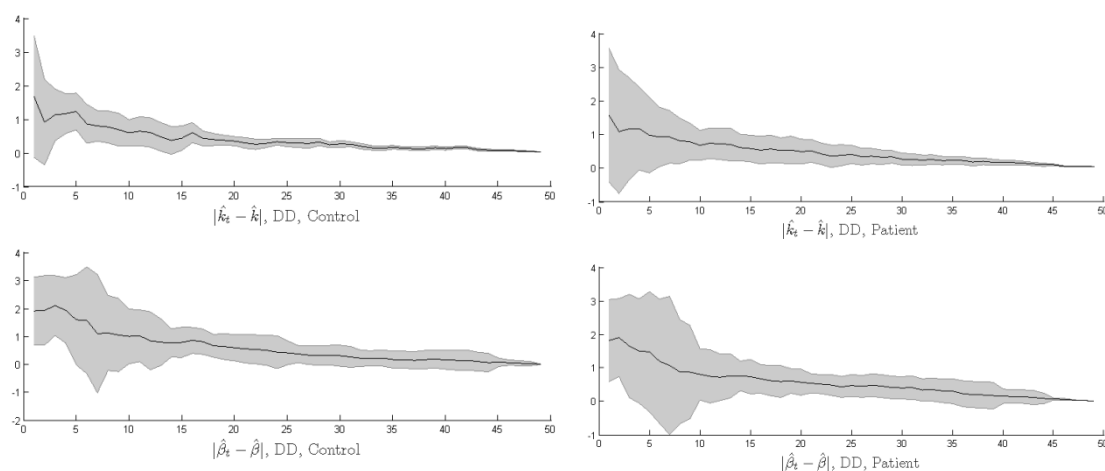
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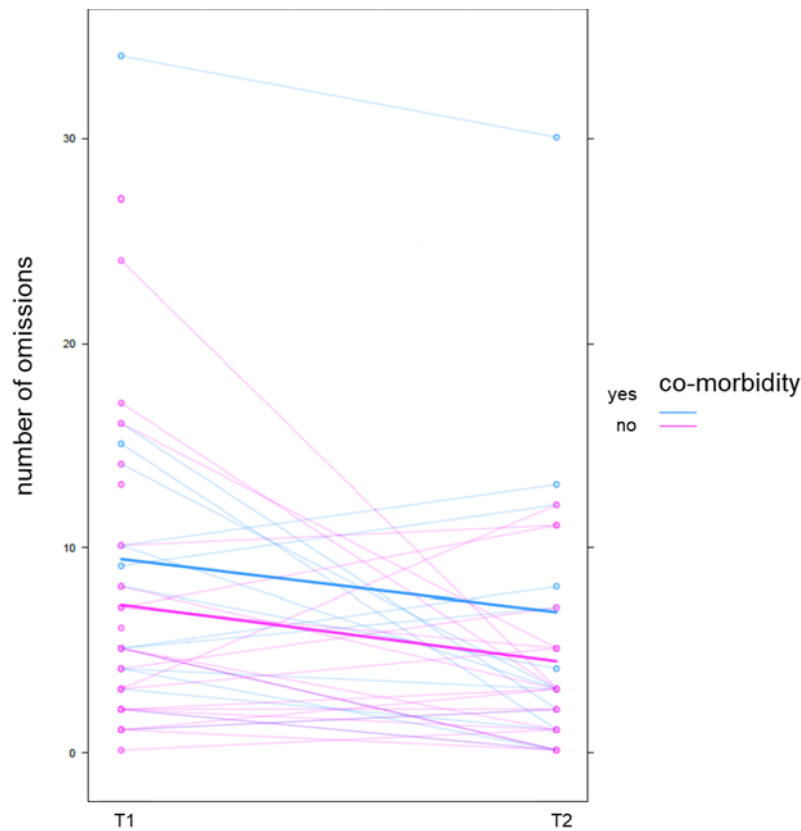
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**Keywords:** Methamphetamine, Crystal Meth, Sustained Attention, Delay Discounting, Psychotherapy

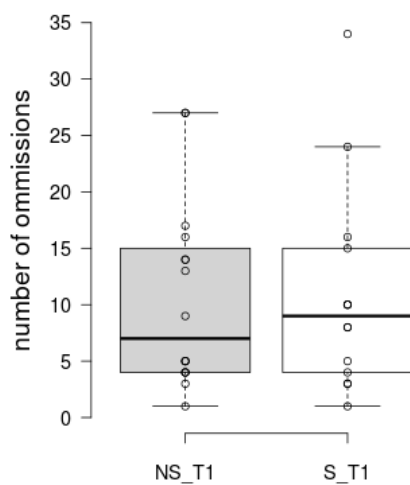


**Supplementary Figure 1.** Convergence of parameter estimation in sample data of control subjects and methamphetamine patients. The average absolute differences between the estimation at each trial and the final estimation for all participants in the respective group are shown trial by trial by black lines. The gray area depicts the standard deviation distance from the average. The decreasing pattern in black lines is a sign of convergence and the same for standard deviations, meaning that this is true for the whole group. The top row depicts the

estimation of the behavioral delay discounting parameter  $k$ , the bottom row the consistency of choice using parameter  $\beta$ .



**Supplementary Figure 2.** Sustained attention showed decline when controlled for co-morbidity in patients (yes, no). Analysis of omissions over time points in methamphetamine patients showed a significant effect of time (Estimate = -4.35, SD = 1.71,  $t = -2.536$ ,  $p = .0019$ ) but no effect of co-morbidity (Estimate = 2.49, SD = 2.79,  $t = 0.892$ ,  $p = .3797$ ). Linear mixed model fit by REML t-tests use Satterthwaite approximations to degrees of freedom [lmerMod]. Group means are in bold.



**Supplementary Figure 3.** Comparison between baseline performance of patients with unsuccessful (NS\_T1) and those with successful treatment outcome (S\_T1) illustrated that sustained attention was no prerequisite for compliance but associated with treatment,  $T(28) = 0.090$ ,  $p = .929$ .