

**Title:** Alterations of brain metabolites in adults with HIV: a systematic meta-analysis of MRS studies

**Running Title:** Metabolite alterations in HIV: a meta-analysis

## Supplementary Online Content

**Authors List:** Sophia Dahmani, Nicholas Kaliss, John W. VanMeter, PhD, David J. Moore, PhD, Ronald J. Ellis, MD, PhD, Xiong Jiang, PhD

**Figure e-1.** Study effect sizes of brain metabolites between chronic PWH and controls in the primary meta-analysis

**Figure e-2.** Study effect sizes of brain metabolites between cognitively impaired PWH and cognitively normal PWH in the primary meta-analysis

**Figure e-3.** Study effect sizes of brain metabolites between acute/early infection PWH and controls in the primary meta-analysis

**Figure e-4.** Study effect sizes of brain metabolites between after and before cART in cART-naïve PWH in the primary meta-analysis

**Figure e-5.** Study effect sizes of brain metabolites from the secondary meta-analysis that reached significance

**Figure e-6.** Study effect sizes of brain metabolites from the tertiary meta-analysis that reached significance

**Figure e-7.** Funnel plots.

**Table e-1.** The MRS protocol of all studies included in the quantitative meta-analyses

**Table e-2.** List of studies included in the chronic PWH versus controls meta-analysis

**Table e-3.** List of studies included in the cognitively impaired PWH versus cognitively normal PWH meta-analysis

**Table e-4.** List of studies included in the PWH with acute/early infection versus controls meta-analysis

**Table e-5.** List of studies included in the after versus before cART meta-analysis

**Table e-6.** List of studies included in the additional qualitative analysis for the associations between cognitive impairment/performance and metabolite alterations

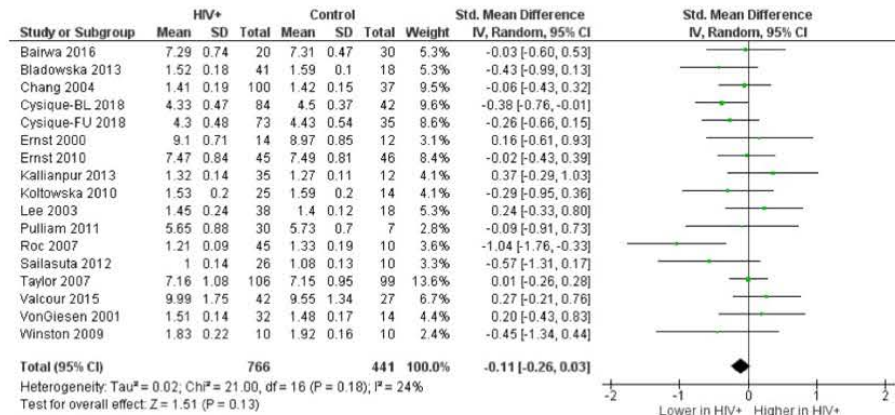
**Table e-7.** The tertiary meta-analysis results summary

**Table e-8.** The results summary of the two sensitivity analyses

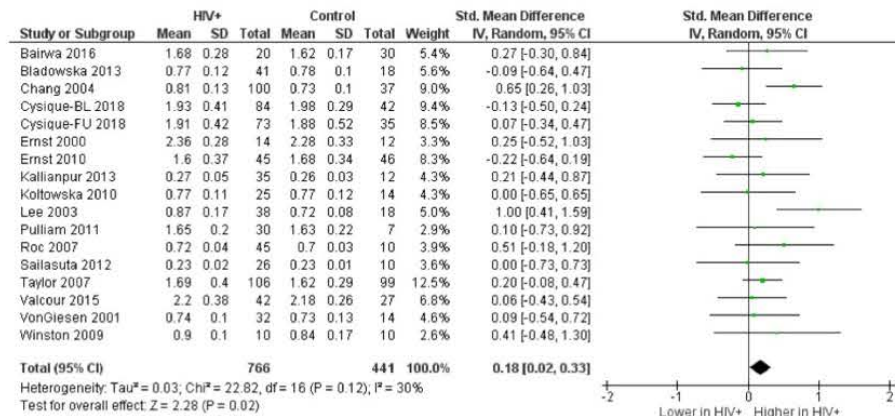
**e-References.**

A

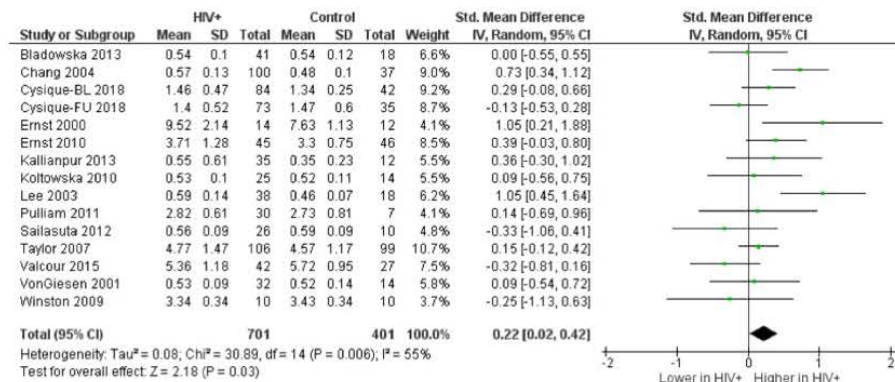
NAA



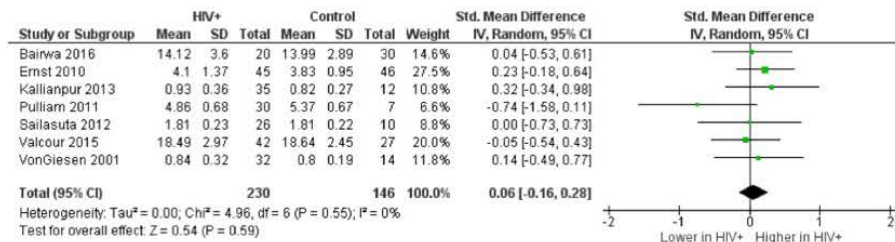
Cho



ml



Glx

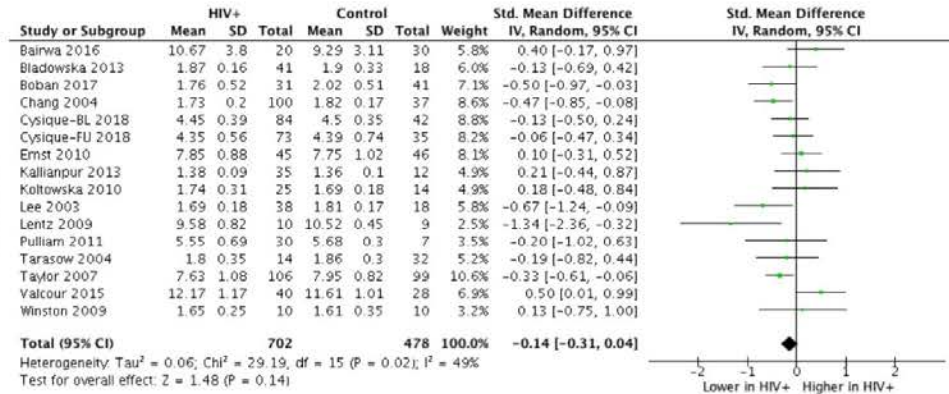


Basal Ganglia

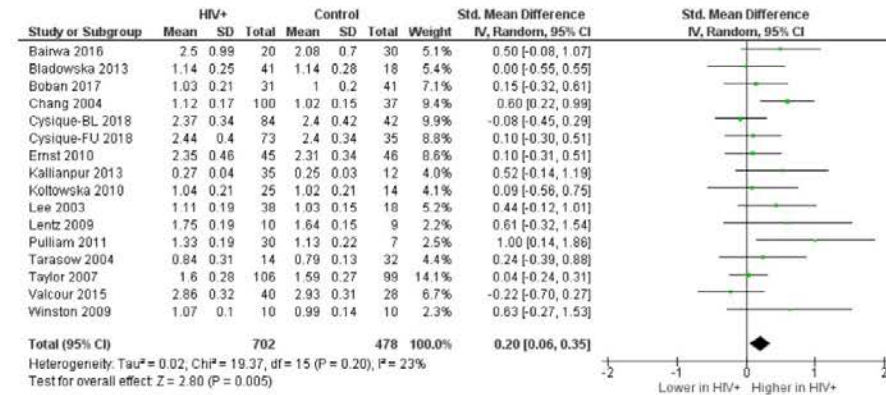


B

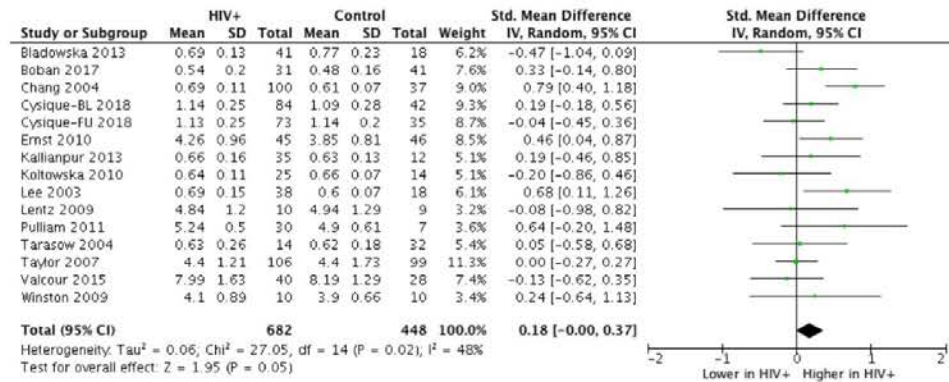
NAA



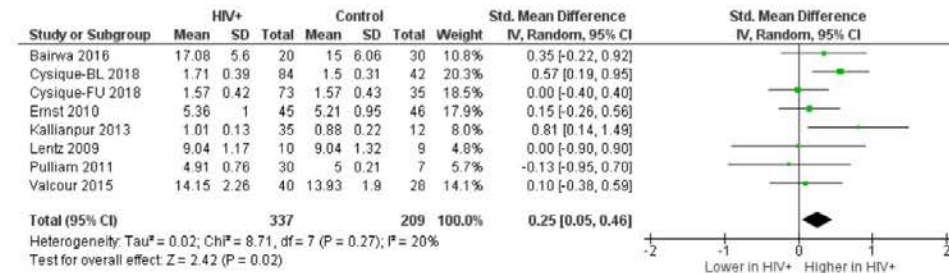
Cho



ml



Glx



## Frontal White Matter

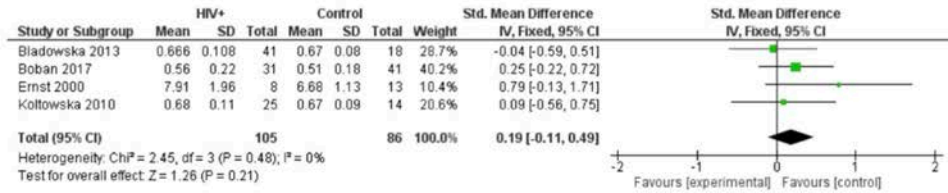
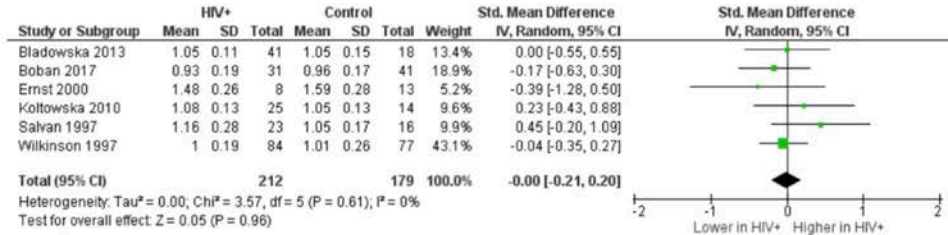
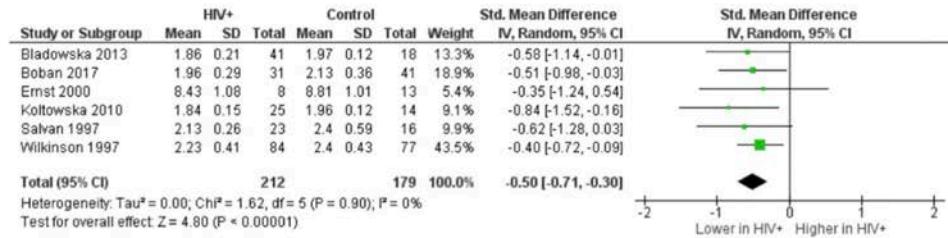
# C

## Parietal White Matter

NAA

Cho

ml





D

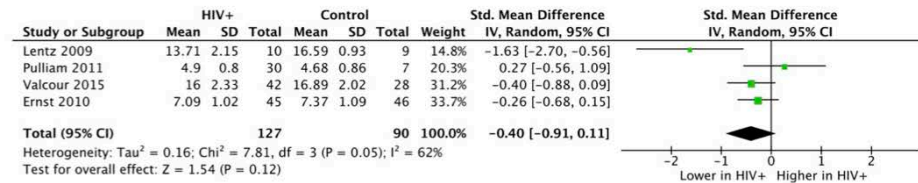
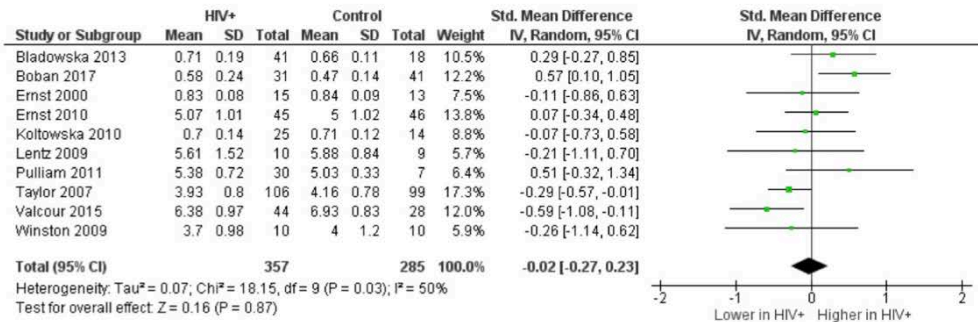
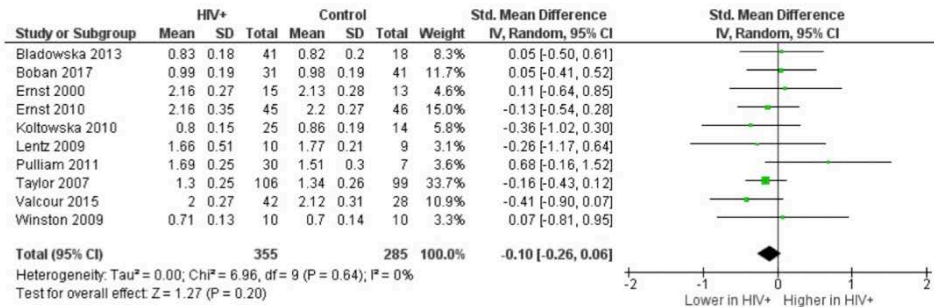
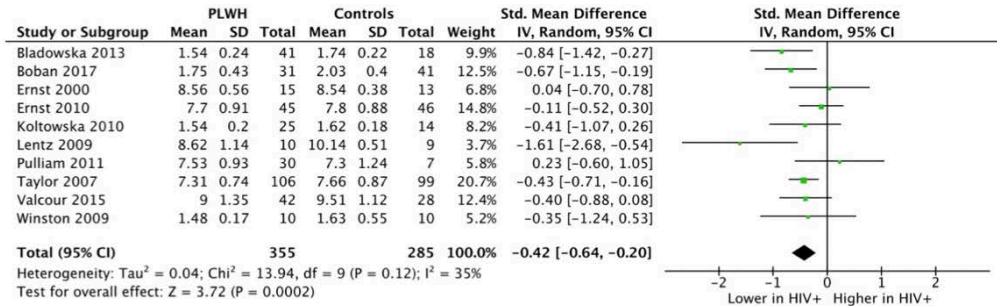
## Frontal Gray Matter

NAA

Cho

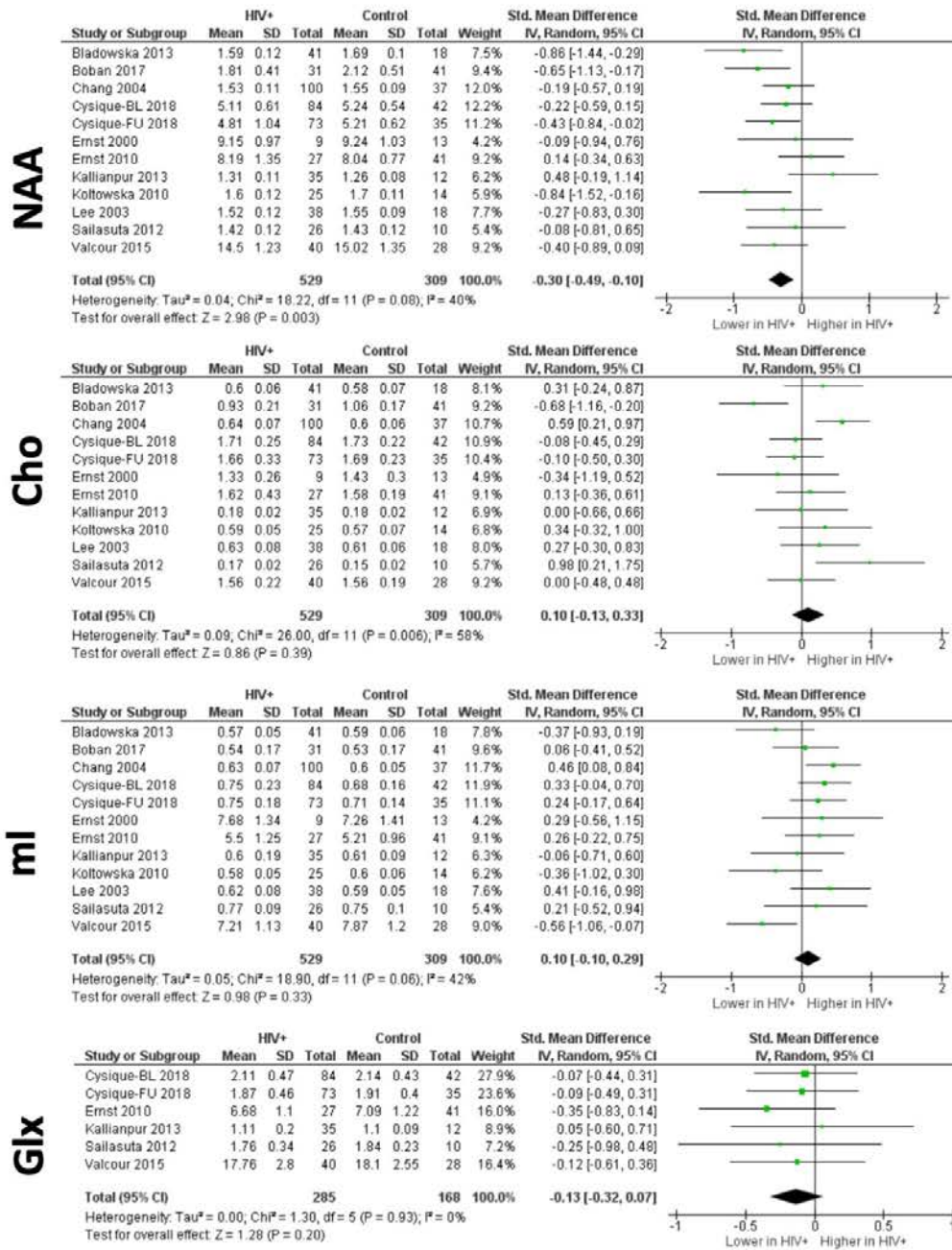
ml

Glx



**E**

# Parietal Gray Matter



**Figure e-1.** Study effect sizes of brain metabolites between chronic PWH and controls in the primary meta-analysis

(A) Basal Ganglia; (B) Frontal White Matter; (C) Parietal White Matter; (D) Frontal Gray Matter; (E) Parietal Gray Matter. Metabolites: NAA, N-acetyl aspartate; Cho, choline; ml, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln).

A

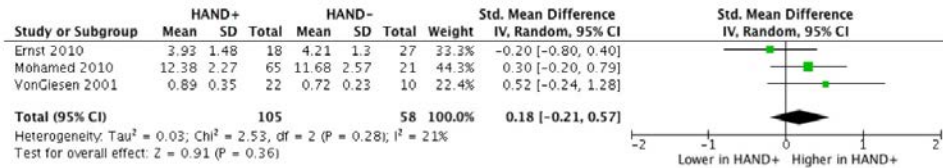
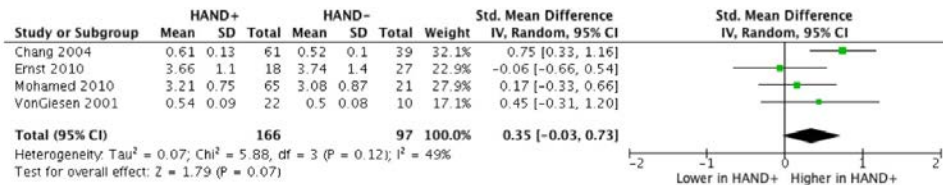
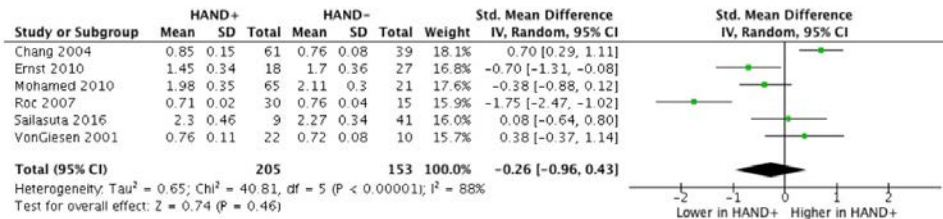
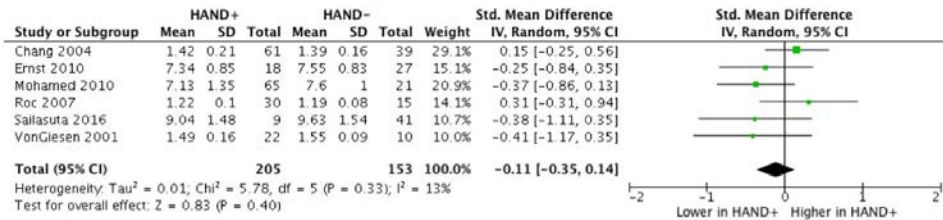
## Basal Ganglia

NAA

cho

ml

Glx

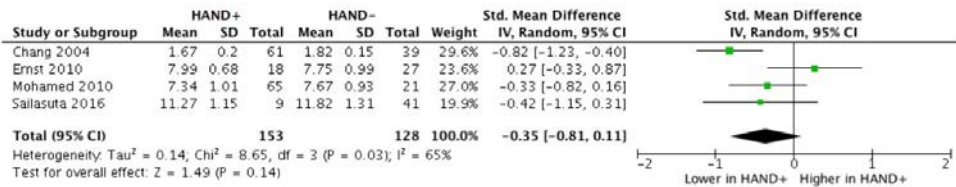




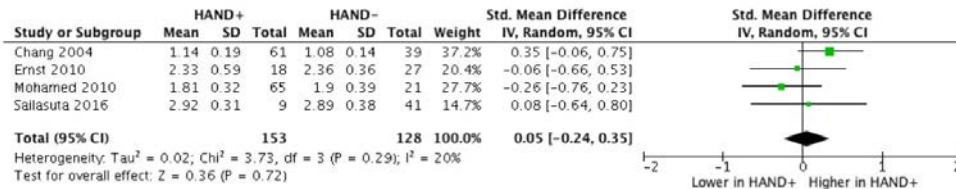
# Frontal White Matter

B

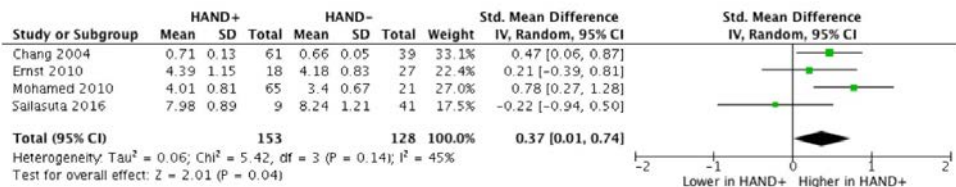
NAA



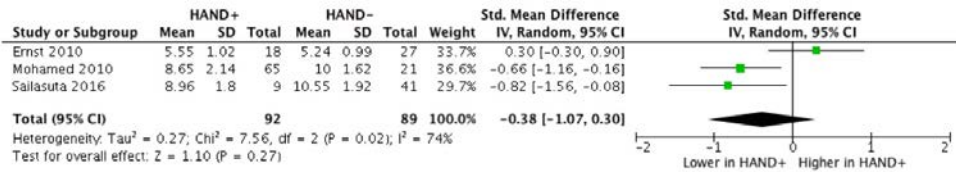
Cho



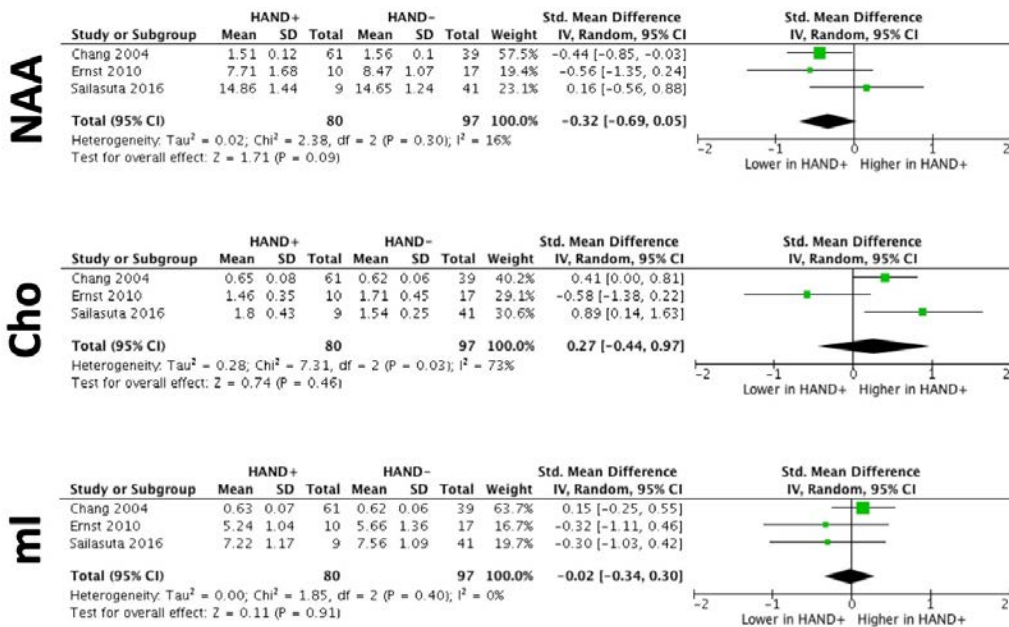
ml



GlX



# Parietal Gray Matter



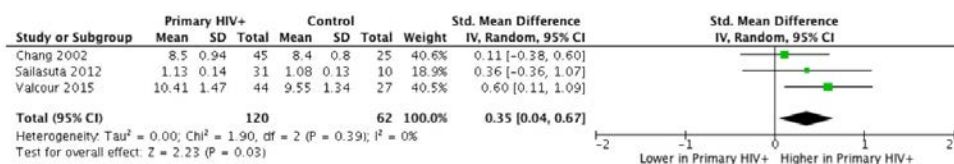
**Figure e-2.** Study effect sizes of brain metabolites between cognitively impaired PWH and cognitively normal PWH in the primary meta-analysis

(A) Basal Ganglia; (B) Frontal White Matter; (C) Parietal Gray Matter. Metabolites: NAA, N-acetyl aspartate; Cho, choline; ml, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln).

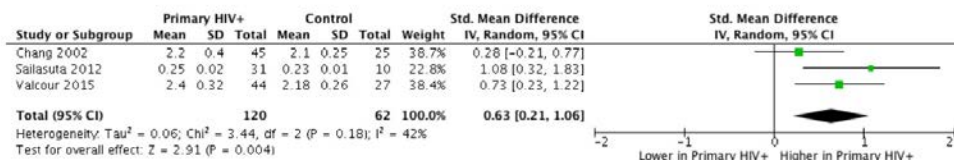
A

## Basal Ganglia

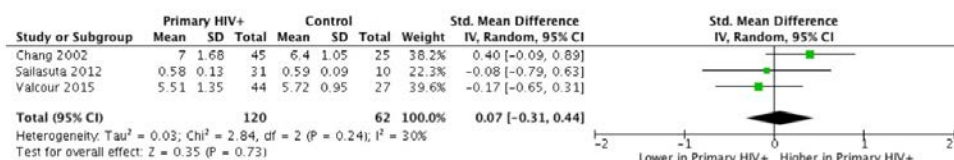
NAA



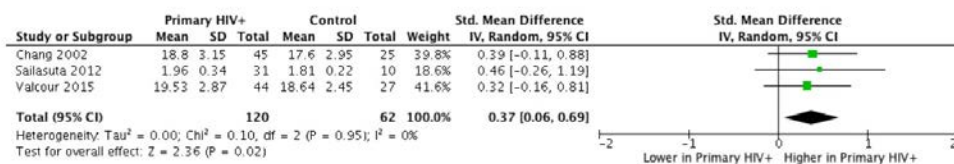
Cho



ml

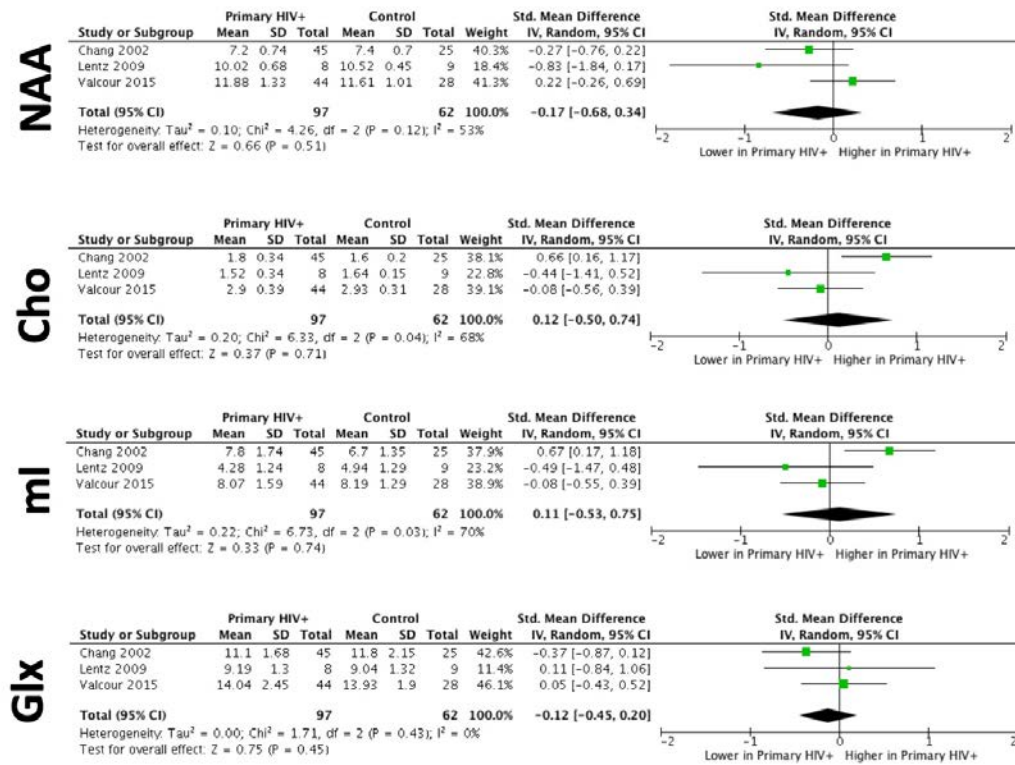


Glx

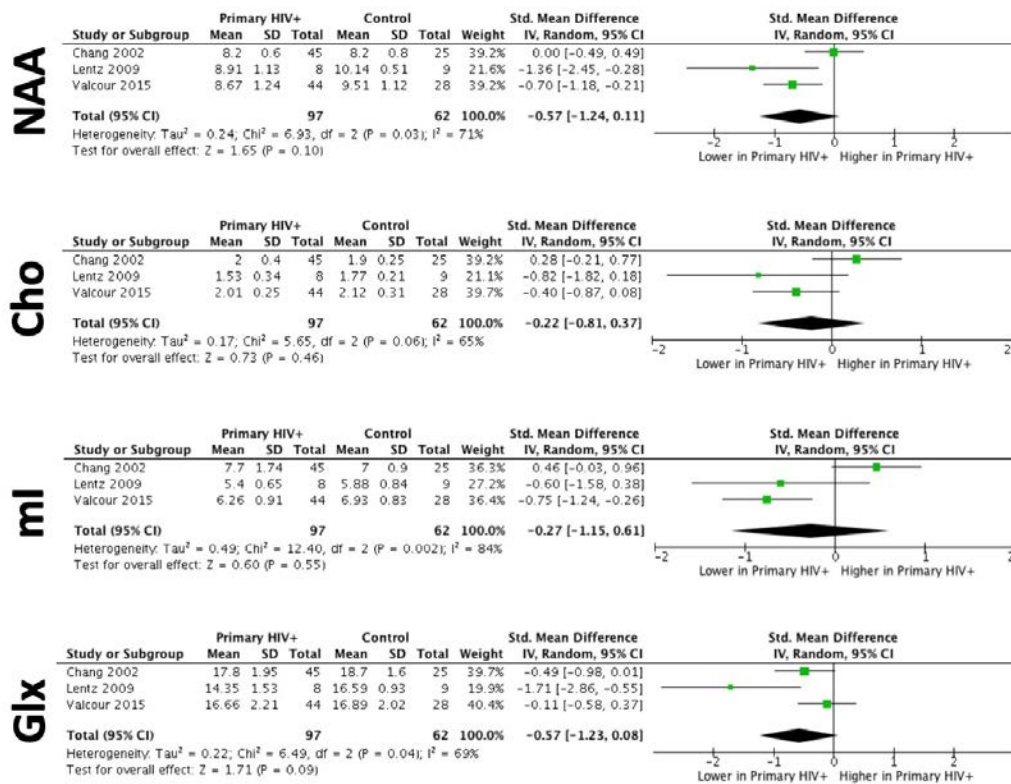


# Frontal White Matter

B



# Frontal Gray Matter



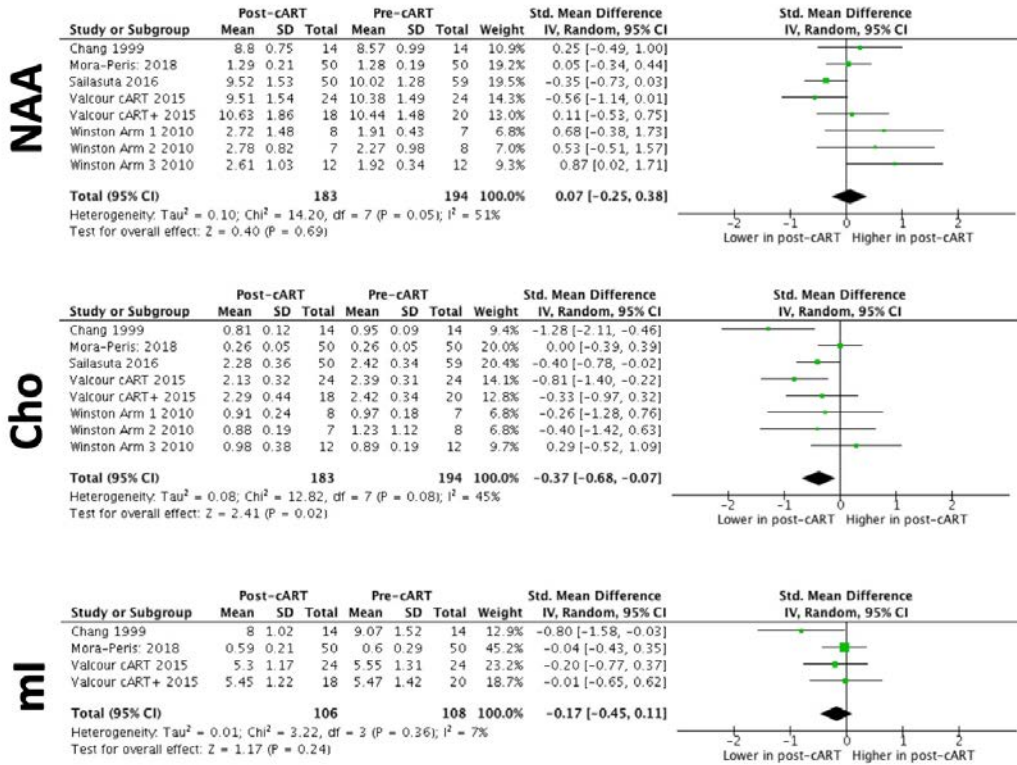
**Figure e-3.** Study effect sizes of brain metabolites between acute/early infection PWH and controls in the primary meta-analysis

(A) Basal Ganglia; (B) Frontal White Matter; (C) Frontal Gray Matter. Metabolites: NAA, N-acetyl aspartate; Cho, choline; ml, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln).



# A

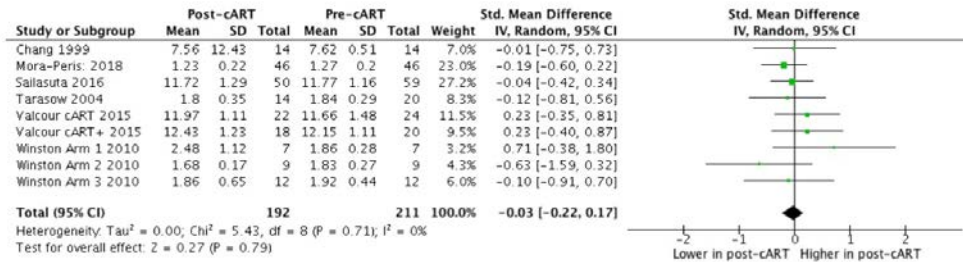
## Basal Ganglia



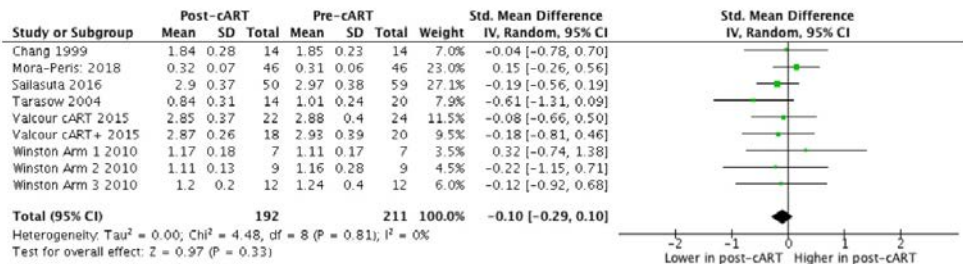
# Frontal White Matter

B

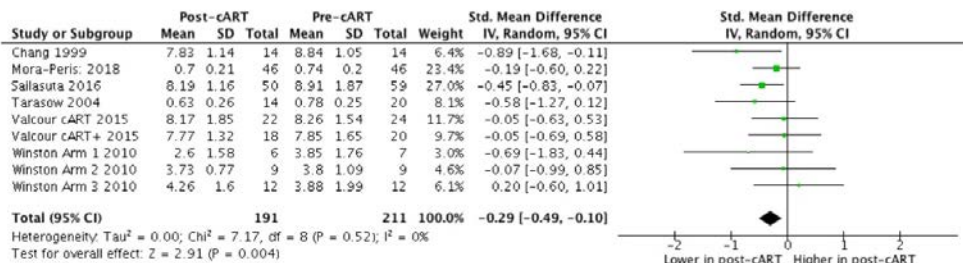
NAA



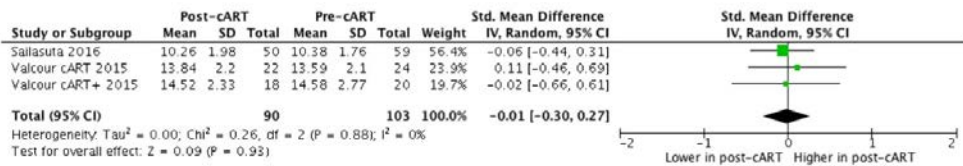
Cho



ml

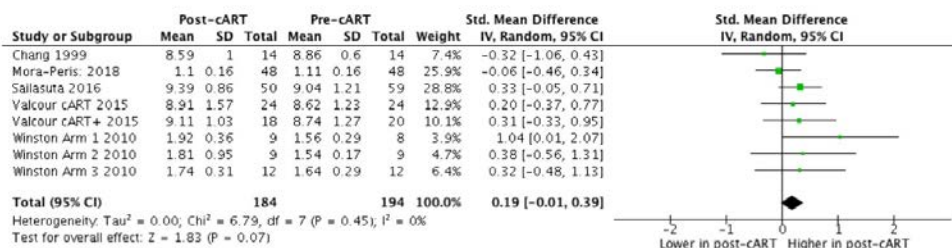


Glx

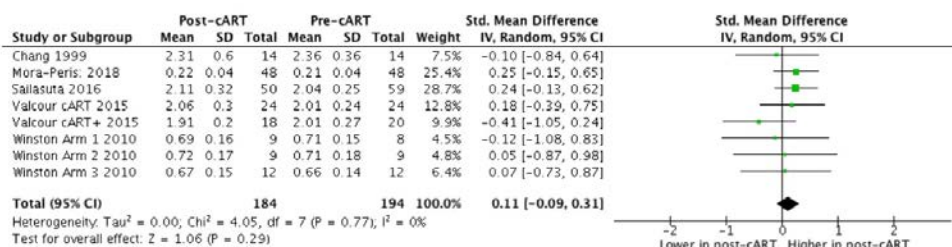


# Frontal Gray Matter

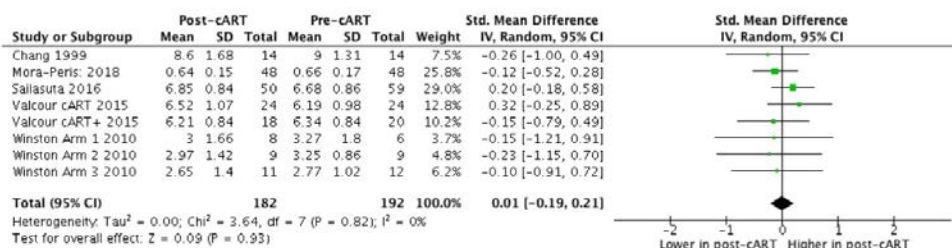
NAA



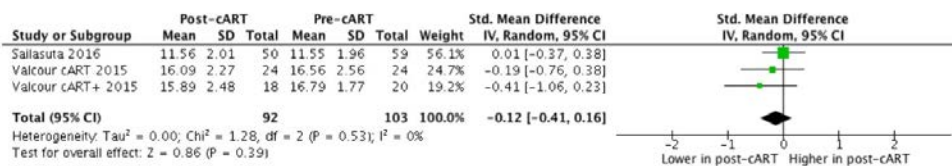
Cho



ml

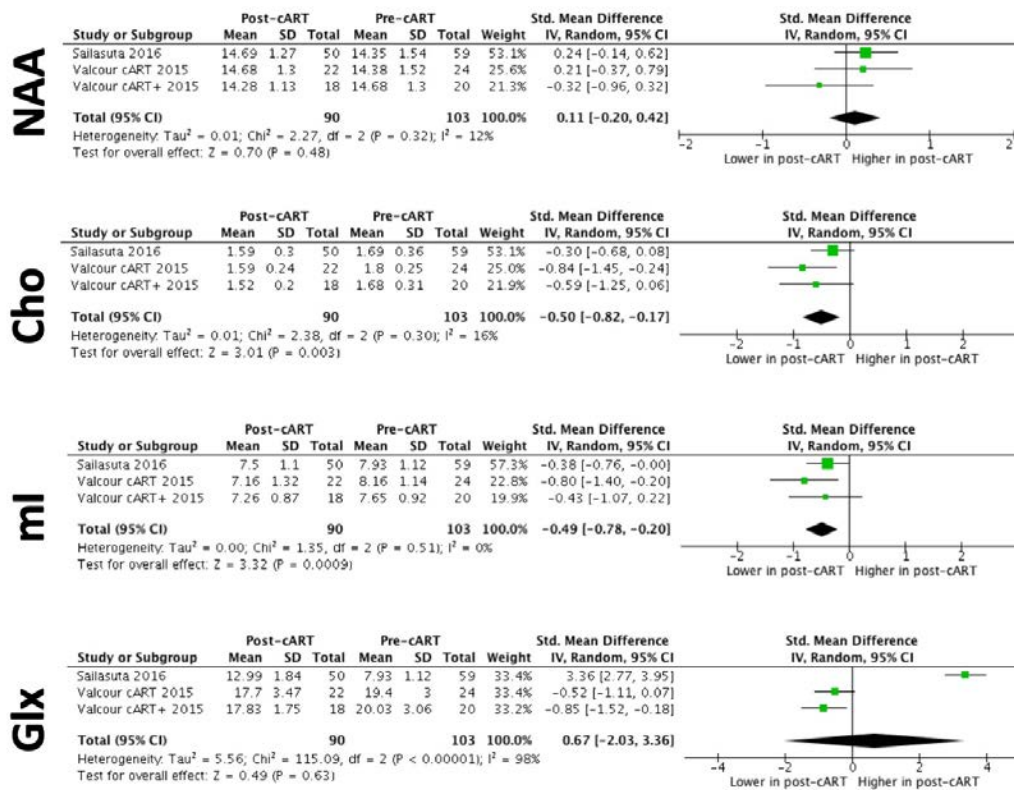


Glx



# D

## Parietal Gray Matter

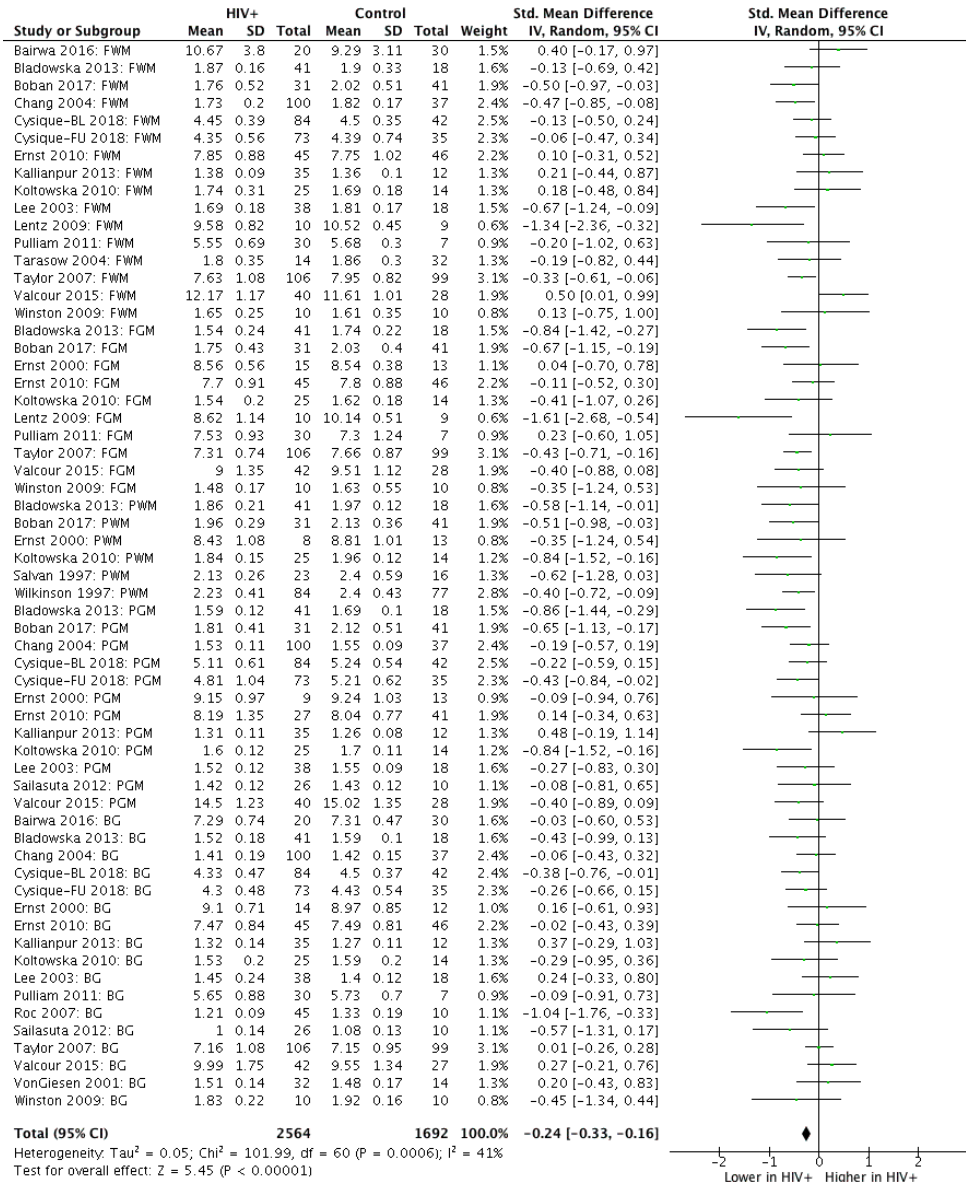


**Figure e-4.** Study effect sizes of brain metabolites between after and before cART in cART-naïve PWH in the primary meta-analysis

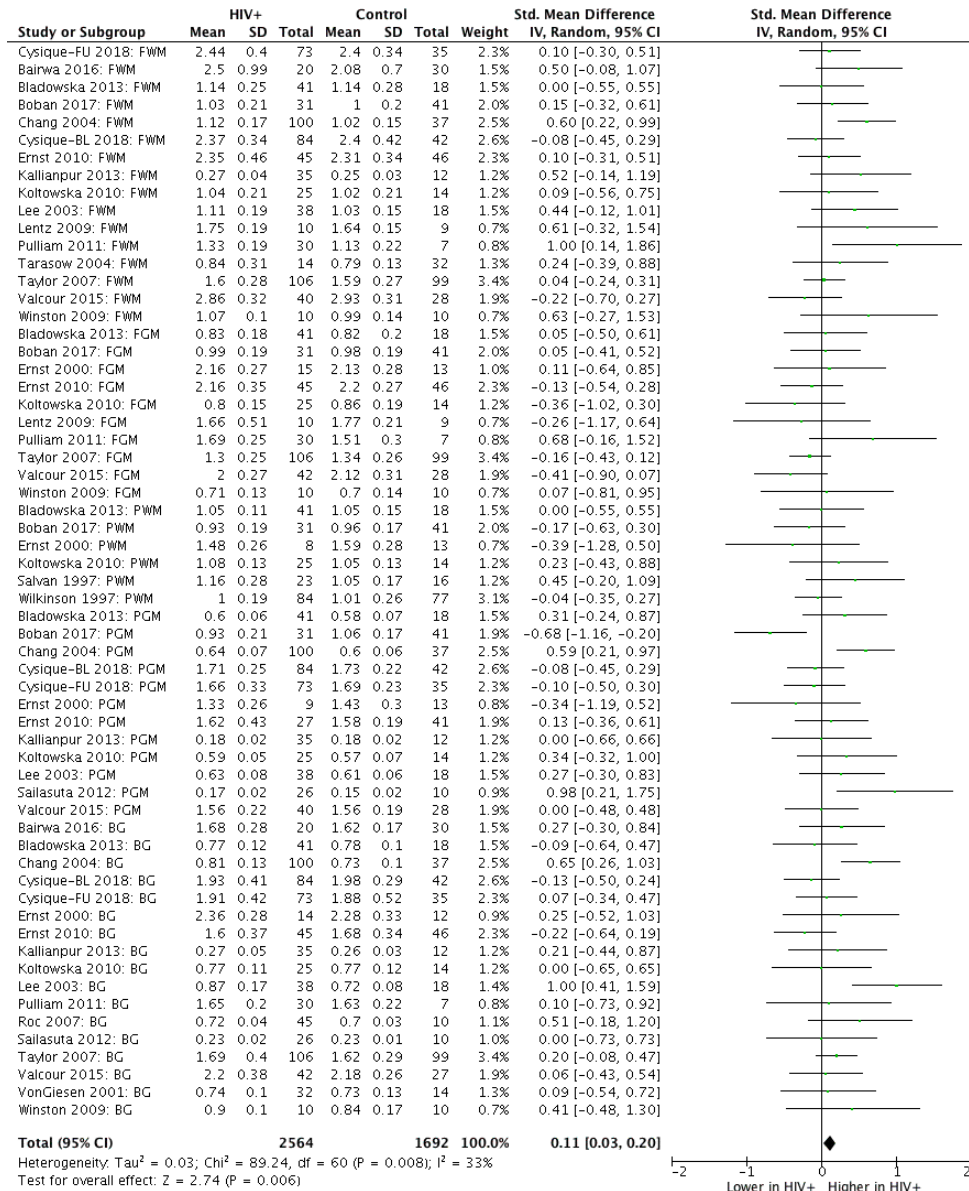
(A) Basal Ganglia; (B) Frontal White Matter; (C) Frontal Gray Matter; (D) Parietal Gray Matter. Metabolites: NAA, N-acetyl aspartate; Cho, choline; ml, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln). Groups: pre-cART, before cART; post-cART, approximately 6-12 months after cART (with the same group of subjects).

A

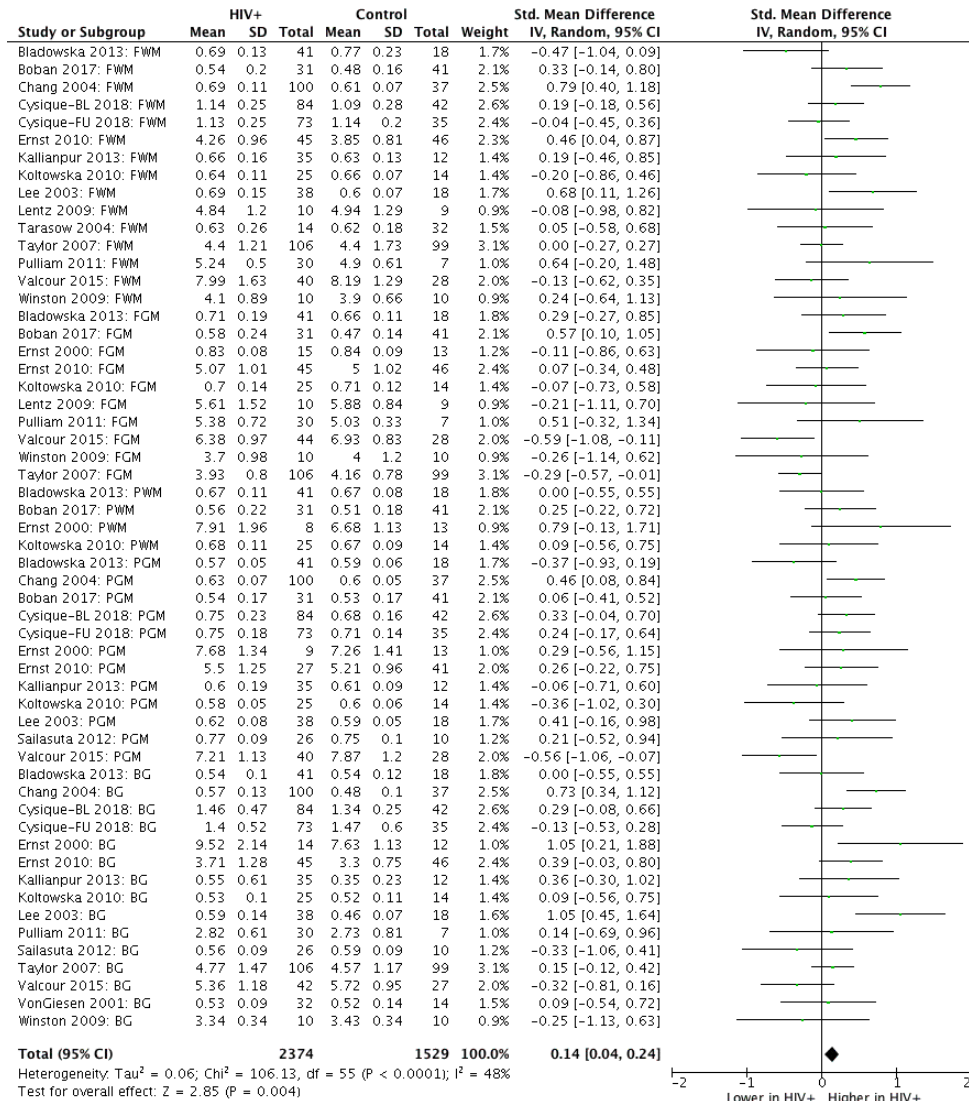
NAA



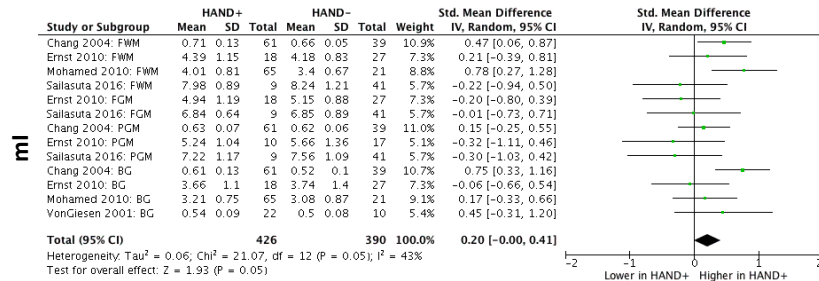
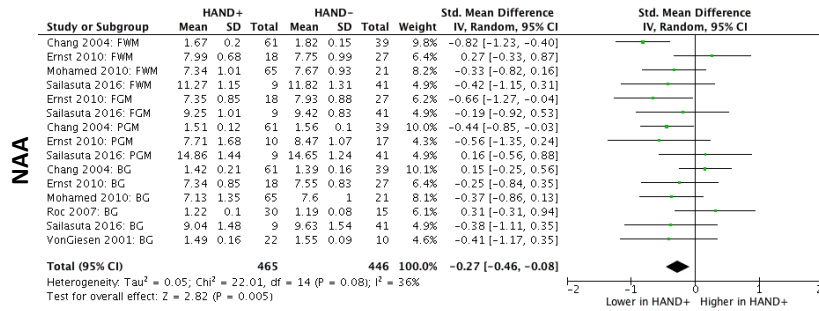




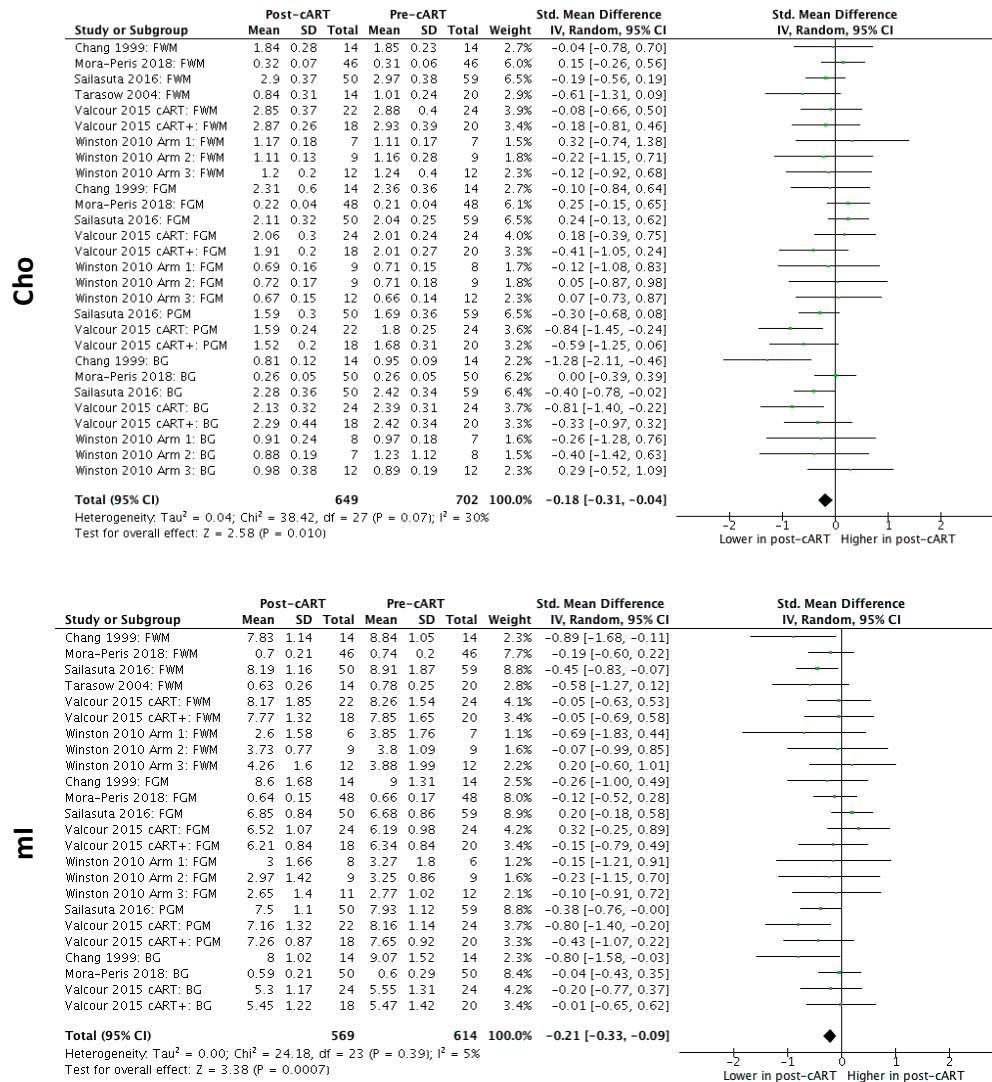
ml



**B**



C

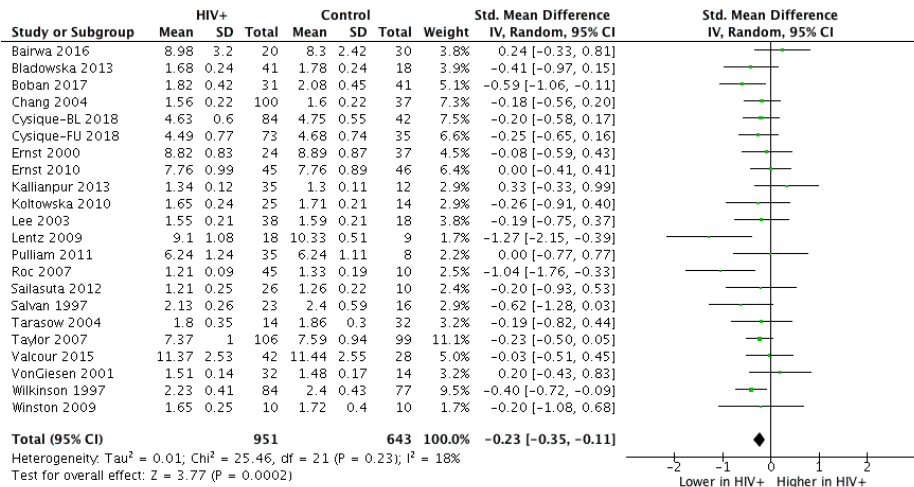


**Figure e-5.** Study effect sizes of brain metabolites from the secondary meta-analysis that reached significance.

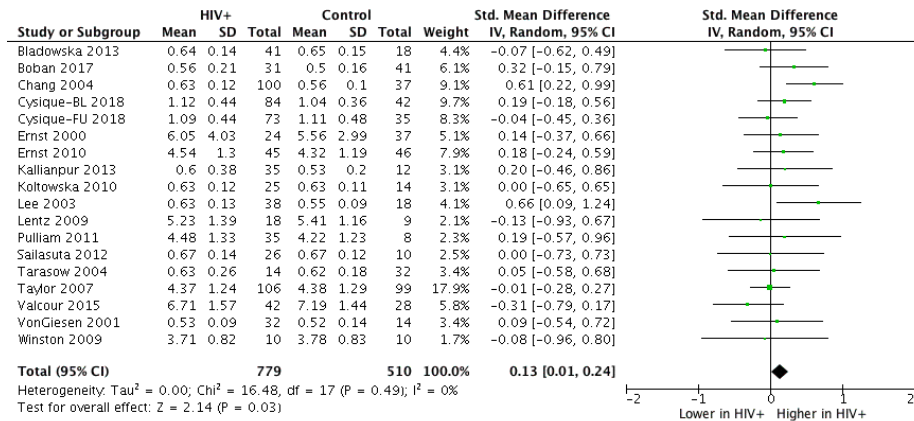
In the secondary meta-analysis, for each metabolite, the data from each region within a single study was treated as an independent study.<sup>1,2</sup> The purpose of this secondary analysis was to estimate “global” metabolite alterations. We conducted the secondary meta-analysis for each of the four comparisons (Figures e-1 to e-4), and found significant alterations in metabolites in three comparisons: (A) Chronic PWH versus controls; (B) Cognitively impaired versus cognitively normal PWH; (C) After cART versus before cART in cART-naïve PWH. There was no significant difference for the comparison of acute/early infection PWH versus controls. The complete results are listed in Table 2. Brain regions: BG, the basal ganglia; FWM, the frontal white matter; PWM, the parietal white matter; FGM, the frontal gray matter; PGM, the parietal gray matter. Metabolites: NAA, N-acetyl aspartate; Cho, choline; mI, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln). Cognitive status: CI, cognitively impaired; CN, cognitively normal.

A

NAA

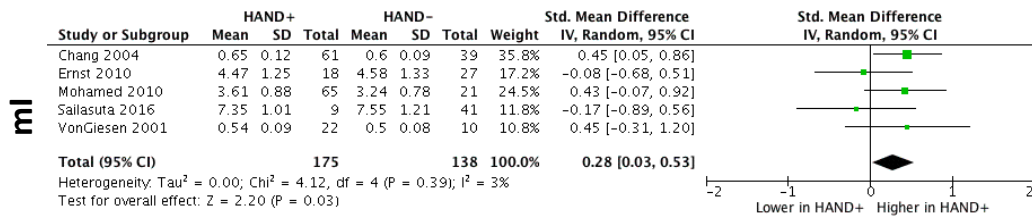


ml

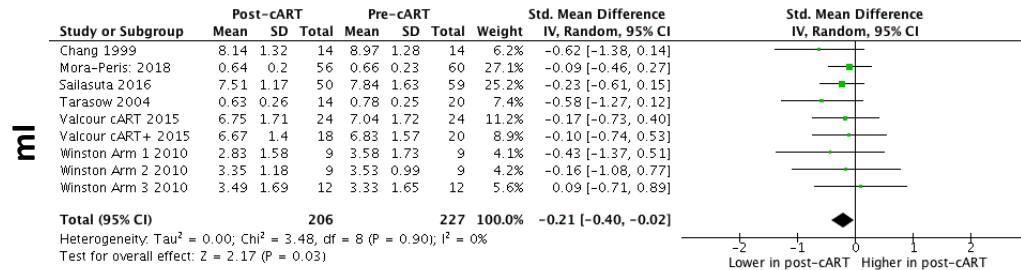




**B**

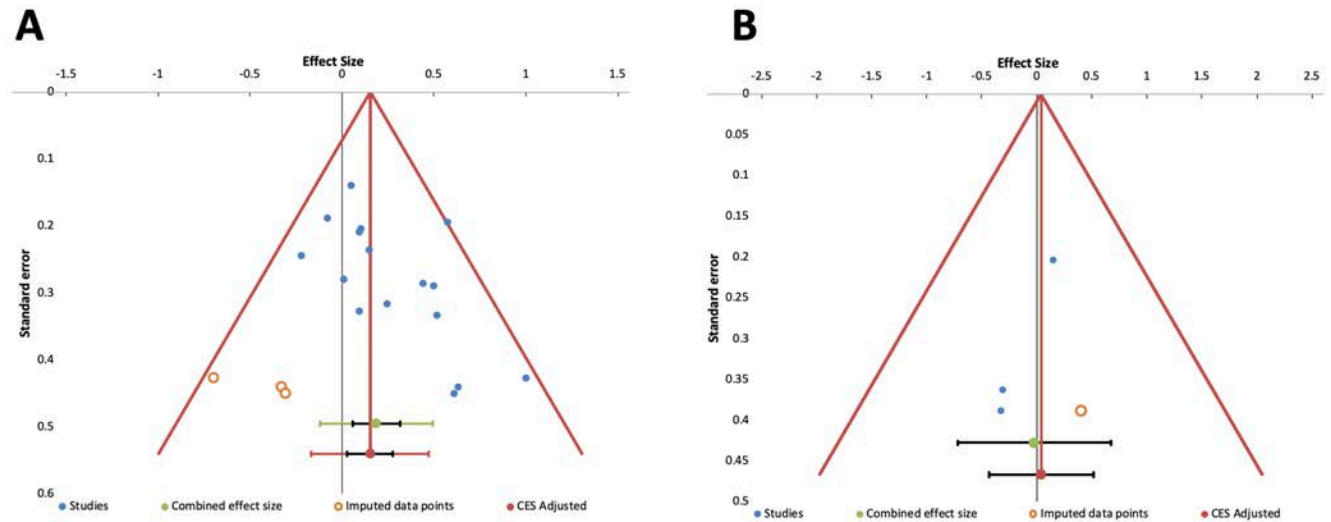


**C**



**Figure e-6.** Study effect sizes of brain metabolites from the tertiary meta-analysis that reached significance (Table e-7).

In the tertiary meta-analysis, the data of each metabolite was first averaged across regions within each study. As metabolites may differ between brain regions, we calculated the average using the same weights for each brain region. The calculated means were then entered into the tertiary meta-analysis.<sup>2,3</sup> Together with the secondary meta-analysis, the tertiary meta-analysis was conducted to examine “global” metabolite alterations. We conducted the tertiary meta-analysis for each of the four comparisons (Figures e-1 to e-4), and found significant alterations in metabolites in three comparisons: **(A)** Chronic PWH versus controls; **(B)** Cognitively impaired versus cognitively normal PWH; **(C)** After cART versus before cART in cART-naïve PWH. Again, there was no significant difference for the comparison of acute/early infection PWH versus controls. The complete results are listed in Table e-7. Metabolites: NAA, N-acetyl aspartate; Cho, choline; ml, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln).



**Figure e-7.** Funnel plots

Using the Eggers test,<sup>4</sup> publication bias was identified in two metabolites in two comparisons (one in each comparison): choline (Cho) in the frontal white matter (FWM) in the comparison of chronic PWH versus controls ( $p=0.031$ ); myo-Inositol (ml) in the parietal gray matter (PGM) in the comparison of cognitively impaired versus cognitively normal PWH ( $p=0.041$ ). The funnel plots of the two comparisons are presented here. **(A)** FWM Cho in the comparison of chronic PWH versus controls; **(B)** PGM ml in the comparison of cognitively impaired versus cognitively normal PWH.

**Table e-1.** The MRS protocol of all studies included in the quantitative meta-analyses

The quantitative meta-analyses consisted of four comparisons: i) twenty-one studies for chronic PWH versus controls;<sup>5–25</sup> ii) six studies for cognitively impaired PWH versus cognitively normal PWH;<sup>8,11,17,23,26,27</sup> iii) four studies for acute/early HIV infection patients versus controls;<sup>15,18,22,28</sup> and iv) six studies for the impact of antiretroviral treatment in cART-naïve patients.<sup>20,22,27,29–31</sup>

Brain regions: BG, the basal ganglia; FWM, the frontal white matter; PWM, the parietal white matter; FGM, the frontal gray matter; PGM, the parietal gray matter. Metabolites: NAA, N-acetyl aspartate; Cho, choline; ml, myo-Inositol; Glx, glutamate (Glu), or a combination of Glu and glutamine (Gln). Cognitive status: CI, cognitively impaired; CN, cognitively normal. ms, millisecond.

	Study and Year	Cases	Controls	Brain Region	Metabolites	Field Strength	Acquisition Sequence	Voxel Size (cm <sup>3</sup> )	Echo Time (ms)
Chronic PWH vs Controls	Bairwa 2016	20	30	FWM, BG	NAA, Cho, Glx, Cr	3	PRESS	4.096 (FWM), 1.728-2.744 (BG)	35
	Bladowska 2013	41	18	FWM, FGM, PWM, PGM, BG	NAA, Cho, ml	1.5	PRESS	8	35
	Boban 2017	31	41	FWM, FGM, PWM, PGM	NAA, Cho, ml	3	PRESS	1	30, 135
	Chang 2004	100	37	FWM, PGM, BG	NAA, Cho, ml	1.5	PRESS	6	35
	Cysique 2018 BL	84	42	FWM, PGM, BG	NAA, Cho, ml, Glx, Cr	3	PRESS	2 (FWM, PGM), 1.5 (BG)	31
	Cysique 2018 FU	73	35	FWM, PGM, BG	NAA, Cho, ml, Glx, Cr	3	PRESS	2 (FWM, PGM), 1.5 (BG)	31
	Ernst 2000	24	37	FGM, PWM, PGM, BG	NAA, Cho, ml, Cr	1.5	STEAM	3--8	30
	Ernst 2010	45	46	FWM, FGM, PGM, BG	NAA, Cho, ml, Glu, Cr	3	PRESS	8	35 to 190
	Kallianpur 2013	35	12	FWM, PGM, BG	NAA, Cho, ml, Glu	3	PRESS	NA	35 to 196
	Koltowska 2010	25	14	FWM, FGM, PWM, PGM, BG	NAA, Cho, ml	1.5	PRESS	8	35
	Lee 2003	38	18	FWM, PGM, BG	NAA, Cho, ml	1.5	PRESS	6	35
	Lentz 2009	10	9	FWM, FGM	NAA, Cho, ml, Glx, Cr	1.5	PRESS	6	35
	Pulliam 2011	35	8	FWM, FGM, BG	NAA, Cho, ml, Glu	4	STEAM	7.5 (FWM), 8 (FGM), 9 (BG)	12
	Roc 2007	45	10	BG	NAA, Cho	30	PRESS	3.125	30, 135
	Sailasuta 2012	26	10	PGM, BG	NAA, Cho, ml, Glx	1.5	PRESS	8 (PGM), 12 (BG)	35
	Salvan 1997	23	16	PWM	NAA, Cho	1.5	PRESS	8	135

	Tarasow 2004	14	32	FWM	NAA, Cho, ml, Cr	1.5	PRESS	8	35
	Taylor 2007	106	99	FWM, FGM, BG	NAA, Cho, ml, Cr	1.5	PRESS	8 (FWM, FGM), 3.375 (BG)	35
	Valcour 2015	42	28	FWM, FGM, PGM, BG	NAA, Cho, ml, Glx, Cr	1.5	PRESS	8 (FWM, FGM, PGM), 12 (BG)	35
	VonGiesen 2001	32	14	BG	NAA, Cho, ml, Glx	1.5	STEAM	8	20
	Wilkinson 1997	84	77	PWM	NAA, Cho	1.5	PRESS	8	20, 135
	Winston 2010	10	10	FWM, FGM, BG	NAA, Cho, ml	1.5	PRESS	NA	36
CI PWH vs CN PWH	Chang 2004	61	39	FWM, PGM, BG	NAA, Cho, ml	1.5	PRESS	6	35
	Ernst 2010	18	27	FWM, PGM, BG	NAA, Cho, ml, Glu, Cr	3	PRESS	8	35 to 190
	Mohamed 2010	65	21	FWM, BG	NAA, Cho, ml, Glx, Cr	3	PRESS	10.648	45
	Roc 2007	30	15	BG	NAA, Cho	30	PRESS	3.125	30, 135
	Sailasuta 2016	9	41	FWM, FGM, PGM, BG	NAA, Cho, ml, Glu, Cr	1.5	PRESS	NA	35
	VonGiesen 2001	22	10	BG	NAA, Cho, ml, Glx	1.5	STEAM	8	20
Acute/Early Infection PWH vs Controls	Chang 2002	45	25	FWM, FGM, BG	NAA, Cho, ml, Cr	1.5	PRESS	NA	30
	Lentz 2009	8	9	FWM, FGM	NAA, Cho, ml, Glx	1.5	PRESS	6	35
	Sailasuta 2012	31	10	PGM, BG	NAA, Cho, ml, Glx	1.5	PRESS	8 (PGM), 12 (BG)	35
	Valcour 2015	62	29	FWM, FGM, PGM, BG	NAA, Cho, ml, Glx, Cr	1.5	PRESS	8 (FWM, FGM, PGM), 12 (BG)	35
After vs Before cART	Chang 1999	14	14	FWM, FGM, BG	NAA, Cho, ml, Cr	1.5	PRESS	3--5	30
	Mora-Peris 2018	60	56	FWM, FGM, BG	NAA, Cho, ml	1.5	PRESS	5.5	36
	Sailasuta 2016	59	50	FWM, FGM, PGM, BG	NAA, Cho, ml, Glu, Cr	1.5	PRESS	NA	35
	Tarasow 2004	20	14	FWM	NAA, Cho, ml, Cr	1.5	PRESS	8	35
	Valcour 2015 cART	24	24	FWM, FGM, PGM, BG	NAA, Cho, ml, Glx, Cr	1.5	PRESS	8 (FWM, FGM, PGM), 12 (BG)	35
	Valcour 2015 cART+	20	18	FWM, FGM, PGM, BG	NAA, Cho, ml, Glx, Cr	1.5	PRESS	8 (FWM, FGM, PGM), 12 (BG)	35
	Winston 2010 Arm 1	9	9	FWM, FGM, BG	NAA, Cho, ml	1.5	PRESS	NA	36
	Winston 2010 Arm 2	9	9	FWM, FGM, BG	NAA, Cho, ml	1.5	PRESS	NA	36

	Winston 2010 Arm 3	12	12	FWM, FGM, BG	NAA, Cho, ml	1.5	PRESS	NA	36
--	-----------------------	----	----	--------------	--------------	-----	-------	----	----

<sup>a</sup> Studies reported both absolute concentration (CSF-correction) or ratio relative to Cr concentration (Cr-scaling). For these studies, the absolute concentration was used in the data analysis.



**Table e-2.** List of studies included in the chronic PWH versus controls meta-analysis

The demographic and clinical characteristics of chronic PWH (n= 943) include: mean age = 43.1 years, 87.7% male, mean disease duration = 13.2 years, 82.0% on cART, 65.8% with suppressed viral load, CD4 = 439.7 count/ $\mu$ L, and nadir CD4 = 288.3 count/ $\mu$ L. The demographic and clinical characteristics of healthy controls (n= 643) include: mean age = 39.5 years and 81.2% male. NA, data is not available.

Study and Year	Total		Chronic PWH								Controls		
	n	Age (years)	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	% suppressed VL	Most Recent CD4 count/ $\mu$ L	Nadir CD4 count/ $\mu$ L	n	Age (years)	% Male
Bairwa 2016	50	35.4	20	37.0	55.0	NA	100.0	NA	257.4	NA	30	34.3	63.3
Bladowska 2013	59	35.7	41	36.1	70.7	NA	48.8 <sup>b</sup>	48.8	547.8	307.9	18	34.7	66.7
Boban 2017	72	39.8	31	41.4	90.3	6.4	100.0	100.0	620.3	199.3	41	38.6	90.2
Chang 2004	137	40.0	100	41.3	88.0	NA	93.0	27.0	332.5	NA	37	34.0	49.0
Cysique 2018 BL	126	54.3	84	54.7	100.0	19.0	100.0	97.6	533.4	349.4	42	53.6	100.0
Cysique 2018 FU	108	54.7	73	55.1	100.0	18.6	100.0	97.0	560.0	374.0	35	54.0	100.0
Ernst 2000	61	38.8	24	39.5	87.5	NA	NA	NA	NA	NA	37	38.3	91.9
Ernst 2010	91	44.7	45	46.1	91.1	11.8	NA	NA	409.1	< 500	46	43.3	80.4
Kallianpur 2013	47	53.8	35	53.9	91.4	15.4	100.0	97.1	529.6	163.4	12	53.5	100.0
Koltowska 2010	39	35.1	25	35.4	40.0	NA	NA	NA	NA	NA	14	34.5	64.3
Lee 2003	56	NA	38	NA	NA	NA	NA	NA	NA	NA	18	NA	NA
Lentz 2009	19	NA	10	NA	NA	>4	100.0	NA	453.0	NA	9	32.0	NA
Pulliam 2011	43	50.2	35	NA	100.0	17.0	100.0	54.3	NA	NA	8	NA	100.0
Roc 2007	55	42.7	45	42.0	71.1	NA	71.1	NA	380.2 <sup>a</sup>	< 500	10	46.0	60.0
Sailasuta 2012	36	34.6	26	34.0	50.0	NA	NA	NA	215.0	NA	10	36.0	60.0
Salvan 1997	39	35.0 <sup>a</sup>	23	NA	NA	NA	NA	NA	NA	NA	16	NA	NA
Tarasow 2004	46	35.4	14	35.4	85.7	NA	100.0	NA	172.6	NA	32	35.4	87.5
Taylor 2007	205	37.6	106	38.2	87.7	NA	62.3	43.2	429.6	246.3	99	36.9	70.7
Valcour 2015	70	31.2	42	29.0 <sup>a</sup>	90.5	0.5	100.0	85.7	445.1 <sup>a</sup>	NA	28	34.4 <sup>a</sup>	53.6
VonGiesen 2001	46	39.4	32	42.0	100.0	6.9	90.6	50.0	472.0	NA	14	33.6	100.0
Wilkinson 1997	161	37.0	84	38.0	100.0	NA	41.7	NA	390.6	NA	77	36.0	100.0
Winston 2010	20	35.5	10	39.0	NA	5.8	60.0	60.0	392.0	228.0	10	32.0	NA

<sup>a</sup> Median

<sup>b</sup> cART naïve patients with no need for cART according to European AIDS Clinical Society (EACS) recommendations were included

**Table e-3.** List of studies included in the cognitively impaired PWH versus cognitively normal PWH meta-analysis

The demographic and clinical characteristics of cognitively impaired (CI) PWH (n= 205) include: mean age = 44.4 years, 80.8% male, mean disease duration = 8.3 years, 94.1% on cART, 40.7% with suppressed viral load, and CD4 = 385.7 count/ $\mu$ L. The demographic and clinical characteristics of cognitively normal (CN) PWH (n= 153) include: mean age = 42.5 years; 84.5% male, mean disease duration = 11.4 years, 90.5% on cART; 18.4% with suppressed viral load, and CD4 = 371 count/ $\mu$ L. NA, data is not available.

Study and Year	CI PLWH							CN PLWH						
	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/ $\mu$ L	Nadir CD4 count/ $\mu$ L	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/ $\mu$ L	Nadir CD4 count/ $\mu$ L
Chang 2004	61	44.0	89.0	NA	98.4	343.0	NA	39	37.0	87.0	NA	84.6	316.0	NA
Ernst 2010	18	45.0	89.0	10.4	NA	439.8	< 500	27	46.8	96.0	12.8	NA	388.7	< 500
Mohamed 2010	65	47.2	69.2	NA	100	394.0	NA	21	46.1	66.0	NA	100.0	364.0	NA
Roc 2007	30	41.0	70.0	NA	76.7	383.8 <sup>a</sup>	< 500	15	44.0	73.0	NA	60.0	373.0 <sup>a</sup>	< 500
Sailasuta 2016	9	NA	NA	NA	100	NA	< 350	41	NA	NA	NA	100.0	NA	< 350
VonGiesen 2001	22	41.5	100.0	6.5	86.4	435	NA	10	43.1	100.0	7.8	100.0	553.0	NA

<sup>a</sup> Median

**Table e-4.** List of studies included in the PWH with acute/early infection versus controls meta-analysis

The demographic and clinical characteristics of acute PWH (n= 146) include: mean age = 33.9 years, 89.1% male, mean disease duration = 0.76 years, 0% on cART, and CD4 =220.4 count/ $\mu$ L. The demographic and clinical characteristics of healthy controls include: mean age = 33.5 years and 54.6% male. NA, data is not available.

Study and Year	Total		Acute/Early PWH							Controls		
	n	Age (years)	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	% suppressed VL	Most Recent CD4 count/ $\mu$ L	n	Age (years)	% Male
Chang 2002	70	34.5	45	35.7	84.4	1.9	0.0	NA	184.4	25	32.2	52.0
Lentz 2009	17	35.3	8	39.0	100.0	0.2	0.0	0.0	423.0	9	32.0	NA
Sailasuta 2012	41	31.5	31	30.0	84.0	0.04 <sup>a</sup>	0.0	NA	428.0 <sup>a</sup>	10	36.0	60.0
Valcour 2015	91	NA	62	27.5 <sup>a</sup>	93.5	0.05	0.0	NA	380.4 <sup>a</sup>	29	35.0 <sup>a</sup>	55.0

<sup>a</sup> Median

**Table e-5.** List of studies included in the after versus before cART meta-analysis

The demographic and clinical characteristics of pre-cART PWH with acute infection (n= 227) include: mean age = 35.0 years, 78.7% male; 0% on cART, 5.2% with suppressed viral load, CD4 = 283 count/μL, and nadir CD4 = 185.1 count/μL. The demographic and clinical characteristics of post-cART PWH (n= 206) with acute infection include: mean age = 37.4 years, 91.4% male, 100% on cART, 84.9% with suppressed viral load, CD4 = 438.5 count/μL, and nadir CD4 = 185.1 count/μL. NA, data is not available.

Study and Year	Time Delay (weeks)	Pre-cART							Post-cART						
		n	Age	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/μL	Nadir CD4 count/μL	n	Age	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/μL	Nadir CD4 count/μL
Chang 1999	43	14	44.9	100.0	6.0	0.0 <sup>b</sup>	165.9	< 200	14	45	100	6.0	100.0	299.3	< 200
Mora-Peris 2018	48	60	33.0	96.7	NA	0.0	441.0	NA	56	NA	NA	NA	100.0	615.0	NA
Sailasuta 2016	52	59	35.0	42.4	NA	0.0	233.0	< 350	50	NA	NA	NA	100.0	412.0	< 350
Tarasow 2004	26	20	34.6	90.0	NA	0.0	137.8	NA	14	35.4	85.7	NA	100	173	NA
Valcour 2015 cART <sup>c</sup>	24	24	28.5 <sup>a</sup>	91.7	< 0.1	0.0	439.4 <sup>a</sup>	NA	24	28.5 <sup>a</sup>	91.7	< 0.1	100	660.7 <sup>a</sup>	NA
Valcour 2015 cART+ <sup>c</sup>	24	20	32.3 <sup>a</sup>	90.0	< 0.1	0.0	454.2 <sup>a</sup>	NA	18	30.4 <sup>a</sup>	88.9	< 0.1	100	626.4 <sup>a</sup>	NA
Winston 2010 Arm 1 <sup>c</sup>	48	9	35.0	NA	NA	0.0	235.0	170.0	9	35.0	NA	NA	100.0	299.0	170.0
Winston 2010 Arm 2 <sup>c</sup>	48	9	37.0	NA	NA	0	194.0	171.0	9	37.0	NA	NA	100.0	400.0	171.0
Winston 2010 Arm 3 <sup>c</sup>	48	12	33.0	NA	NA	0	222.0	207.0	12	33.0	NA	NA	100.0	331.0	207.0

<sup>a</sup> Median

<sup>b</sup> 78.6% of subjects were taking 1-2 antiretroviral medications at baseline. No subjects had been treated with cART prior to start of study.

<sup>c</sup> PWH were randomized into different groups to receive different antiretroviral treatment plans, including two groups in Valcour et al. (2015), and three groups in Winston et al. (2010).

**Table e-6.** List of studies included in the additional qualitative analysis for the associations between cognitive impairment/performance and metabolite alterations

In addition to the quantitative analysis, we conducted an additional qualitative data analysis to further evaluate the associations between metabolite alterations and cognitive impairment in PWH. In this qualitative analysis, we first identified all HIV MRS studies that investigated the impact of cognitive impairment/performance on brain metabolites and excluded publications that were based on the same subject cohort. In the end, 17 studies were selected for the qualitative analysis, which included 11 additional studies that were not included in the quantitative meta-analysis due to a lack of available data (i.e., only bar graphs or regression analysis without mean and SD)<sup>8,9,11,16,26,28,32–42</sup>. Then for each metabolite, we summarized the number of studies (out of 17) that examined this metabolite (at any region) and the number of studies that identified a significant effect of cognitive impairment on the metabolite signal (at one or more brain regions). This qualitative analysis was more inclusive than the quantitative meta-analysis (17 versus 6 studies, and 1585 versus 358 PWH), and provided additional support for an important role of NAA reduction in cognitive impairment in PWH.

The demographic and clinical characteristics of cognitively impaired (CI) PWH (n= 723) include: mean age = 45.3 years, 81.8% male, mean disease duration = 10.5 years, 88.1% on cART, 59.9% with suppressed viral load, and CD4 = 370.7 count/μL. The demographic and clinical characteristics of cognitively normal (CN) PWH (n= 755) include: mean age = 45.0 years, 83.3% male, mean disease duration = 9.6 years, 85.5% on cART, 68.6% with suppressed viral load, and CD4 = 397 count/μL. NA, data is not available.

Study and Year	Total		CI PLWH							CN PLWH						
	n	Age (years)	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/uL	Nadir CD4 count/μL	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/uL	Nadir CD4 count/μL
Alakkas 2019	253	44.1	101	NA	NA	NA	NA	NA	NA	152	NA	NA	NA	NA	NA	NA
Campbell 2020	241	45.0	97	43.6	76.3	13.1 <sup>a</sup>	83.5	481.0 <sup>a</sup>	150.0 <sup>a</sup>	144	46.0	83.3	11.0 <sup>a</sup>	74.3	442.0 <sup>a</sup>	150.6 <sup>a</sup>
Chang 2002	45	35.7	35	NA	NA	NA	0.0	NA	NA	10	NA	NA	NA	0.0	NA	NA
Chang 2004	100	41.3	61	44.0	89.0	NA	98.0	343.0	NA	39	37.0	87.0	NA	82.0	316.0	NA
Chang 2005	68	37.3	NA	NA	NA	NA	NA	< 500	NA	NA	NA	NA	NA	NA	NA	NA
Cysique 2013	92	55.7	21	NA	NA	NA	100.0	NA	< 350	71	NA	NA	NA	100.0	NA	< 350
Cysique 2018	73	45+	41	45+	NA	NA	NA	NA	NA	32	45+	NA	NA	NA	NA	NA
Ernst 2010	45	46.1	18	45.0	89.0	0.3	NA	439.8	< 500	27	46.8	96.0	0.4	NA	388.7	< 500

Study and Year	Total		CI PLWH							CN PLWH						
	n	Age (years)	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/uL	Nadir CD4 count/μL	n	Age (years)	% Male	Mean Disease Duration (years)	% taking cART	Most Recent CD4 count/uL	Nadir CD4 count/μL
Harezlak 2011	240	47.0	116	47.9 <sup>a</sup>	87.1	12.1 <sup>a</sup>	92.2	303.7 <sup>a</sup>	37.4 <sup>a</sup>	124	44.5 <sup>a</sup>	83.0	12.0 <sup>a</sup>	90.0	312.0 <sup>a</sup>	31.0 <sup>a</sup>
Ignjatovic 2018	39	42.2	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Mohamed_Pomper 2010	74	41.1	34	41.2	59.0	NA	100.0	151.0	NA	40	41.0	75.0	NA	100.0	169.0	NA
Mohamed_Sacktor 2010	86	46.9	65	47.2	69.2	NA	100.0	394.0	NA	21	46.1	66.0	NA	100.0	364.0	NA
Mohamed 2018	45	58.9	21	58.2	76.0	19.2	100.0	676.0	NA	24	59.6	71.0	19.9	100.0	674.0	NA
Patel 2003	15	39.1	7	45.0	85.7	NA	NA	NA	NA	8	34.0	75.0	NA	NA	NA	NA
Paul 2007	114	41.9	75	43.4 <sup>a</sup>	90.7	NA	96.0	302.3 <sup>a</sup>	NA	39	37.0 <sup>a</sup>	89.0	NA	78.0	284.0 <sup>a</sup>	NA
Pulliam 2011	35	50.2	16	NA	100.0	NA	NA	NA	NA	19	NA	100.0	NA	NA	NA	NA
Sacktor 2005	20	42.9	15	44.1 <sup>a</sup>	87.1	NA	100.0	151.1 <sup>a</sup>	NA	5	39.0 <sup>a</sup>	100.0	NA	100.0	178.0 <sup>a</sup>	NA

<sup>a</sup> Median

**Table e-7.** The tertiary meta-analysis results summary

CI, cognitively impaired; CN, cognitively normal.

	Metabolites	Studies	Cases	Controls	Effect Size			Heterogeneity	
					95% CI	P	P-FDR	I <sup>2</sup> , %	P
Chronic PWH vs Controls	NAA	22	951	643	-0.23 (-0.35 to -0.11)	<b>0.0002</b>	<b>0.001</b>	18.00	0.230
	Cho	22	951	643	0.10 (-0.01 to 0.20)	0.070	0.093	0.00	0.960
	ml	18	779	510	0.13 (0.01 to 0.24)	<b>0.030</b>	0.060	0.00	0.490
	Glx	10	410	234	0.03 (-0.14 to 0.19)	0.760	0.760	0.00	0.880
CI PWH vs CN PWH	NAA	6	205	153	-0.21 (-0.44 to 0.02)	0.070	0.140	0.00	0.620
	Cho	6	205	153	-0.26 (-0.80 to 0.29)	0.360	0.480	80.00	0.0001
	ml	5	175	138	0.28 (0.03 to 0.53)	<b>0.030</b>	0.120	3.00	0.390
	Glx	4	114	99	-0.08 (-0.45 to 0.29)	0.680	0.680	29.00	0.240
Acute/Early Infection PWH vs Controls	NAA	4	128	72	-0.04 (-0.42 to 0.35)	0.850	0.990	35.00	0.200
	Cho	4	128	72	0.25 (-0.28 to 0.79)	0.360	0.990	65.00	0.040
	ml	4	128	72	0.00 (-0.43 to 0.43)	0.990	0.990	48.00	0.120
	Glx	4	128	72	0.07 (-0.22 to 0.37)	0.630	0.990	0.00	0.610
After vs Before cART	NAA	9	227	206	-0.02 (-0.21 to 0.17)	0.810	0.810	0.00	0.990
	Cho	9	227	206	0.09 (-0.10 to 0.28)	0.370	0.740	0.00	0.820
	ml	9	227	206	0.21 (0.02 to 0.40)	<b>0.030</b>	0.120	0.00	0.900
	Glx	3	103	92	-0.10 (-0.83 to 0.63)	0.790	0.810	83.00	0.003



**Table e-8.** The results summary of the two sensitivity analyses

For the first sensitivity analysis, each study was temporarily removed one-at-a-time in order to assess how this change affected the significance of each comparison. For the second sensitivity analysis, all studies from the same research group were temporarily removed altogether in order to assess how this change impacted the significance of each comparison. Both sensitivity analyses showed that all significant results that survived correction for multiple comparison were robust and remained significant. The results that changed from  $p < 0.05$  to  $p > 0.05$  (uncorrected) or  $p > 0.05$  to  $p < 0.05$  (uncorrected) were listed below.

Analysis	Brain Region	Metabolite	Stud(ies) Removed Which Affected Significance	Original P	New P
Chronic PWH vs Controls <sup>b</sup>	FWM	Glx	Cysique 2018 BL, Cysique 2018 FU	0.02	0.07
Chronic PWH vs Controls <sup>b</sup>	BG	ml	Ernst 2000, Ernst 2010, Chang 2004	0.03	0.28
CI PWH vs CN PWH <sup>a</sup>	FWM	NAA	Ernst 2010	0.14	0.0006
CI PWH vs CN PWH <sup>a</sup>	FWM	ml	Chang 2004	0.04	0.3
CI PWH vs CN PWH <sup>a</sup>	FWM	ml	Ernst 2010	0.04	0.1
CI PWH vs CN PWH <sup>a</sup>	FWM	ml	Mohamed 2010	0.04	0.19
CI PWH vs CN PWH <sup>a</sup>	BG	ml	Ernst 2010	0.07	0.02
After vs Before cART <sup>a</sup>	FGM	NAA	Chang 1999	0.07	0.03
After vs Before cART <sup>a</sup>	FGM	NAA	Mora-Peris 2018	0.07	0.02
After vs Before cART <sup>b</sup>	BG	Cho	Valcour 2015 cART, Valcour 2015 cART+	0.02	0.11

<sup>a</sup>Leave-one-study-out sensitivity analysis

<sup>b</sup>Leave-one-team-out sensitivity analysis

## e-References

1. Aoki Y, Kasai K, Yamasue H. Age-related change in brain metabolite abnormalities in autism: a meta-analysis of proton magnetic resonance spectroscopy studies. *Transl Psychiatry*. 2012;2:e69.
2. Schür RR, Draisma LWR, Wijnen JP, et al. Brain GABA levels across psychiatric disorders: A systematic literature review and meta-analysis of (1) H-MRS studies. *Hum Brain Mapp*. 2016;37:3337–3352.
3. Luykx JJ, Laban KG, van den Heuvel MP, et al. Region and state specific glutamate downregulation in major depressive disorder: a meta-analysis of (1)H-MRS findings. *Neurosci Biobehav Rev*. 2012;36:198–205.
4. Egger M, Davey Smith G, Schneider M, Minder C. Bias in meta-analysis detected by a simple, graphical test. *BMJ*. 1997;315:629–634.
5. Bairwa D, Kumar V, Vyas S, et al. Case control study: magnetic resonance spectroscopy of brain in HIV infected patients. *BMC Neurology*. 2016;16:99.
6. Bladowska J, Zimny A, Kołtowska A, et al. Evaluation of metabolic changes within the normal appearing gray and white matters in neurologically asymptomatic HIV-1-positive and HCV-positive patients: magnetic resonance spectroscopy and immunologic correlation. *Eur J Radiol*. 2013;82:686–692.
7. Boban J, Kozic D, Turkulov V, et al. Proton Chemical Shift Imaging Study of the Combined Antiretroviral Therapy Impact on Neurometabolic Parameters in Chronic HIV Infection. *AJNR Am J Neuroradiol*. 2017;38:1122–1129.
8. Chang L, Lee PL, Yiannoutsos CT, et al. A multicenter in vivo proton-MRS study of HIV-associated dementia and its relationship to age. *Neuroimage*. 2004;23:1336–1347.
9. Cysique LA, Juge L, Gates T, et al. Covertly active and progressing neurochemical abnormalities in suppressed HIV infection. *Neurol Neuroimmunol Neuroinflamm*. 2018;5:e430.
10. Ernst T, Itti E, Itti L, Chang L. Changes in cerebral metabolism are detected prior to perfusion changes in early HIV-CMC: A coregistered 1H MRS and SPECT study. *Journal of Magnetic Resonance Imaging*. 2000;12:859–865.

11. Ernst T, Jiang CS, Nakama H, Buchthal S, Chang L. Lower brain glutamate is associated with cognitive deficits in HIV patients: a new mechanism for HIV-associated neurocognitive disorder. *J Magn Reson Imaging*. 2010;32:1045–1053.
12. Kallianpur KJ, Shikuma C, Kirk GR, et al. Peripheral blood HIV DNA is associated with atrophy of cerebellar and subcortical gray matter. *Neurology*. 2013;80:1792–1799.
13. Kołtowska A, Hendrich B, Knysz B, et al. Analysis of metabolic changes of brain in HIV-1 seropositive patients with proton magnetic resonance spectroscopy. *Pol J Radiol*. 2010;75:27–32.
14. Lee PL, Yiannoutsos CT, Ernst T, et al. A multi-center <sup>1</sup>H MRS study of the AIDS dementia complex: validation and preliminary analysis. *J Magn Reson Imaging*. 2003;17:625–633.
15. Lentz MR, Kim WK, Lee V, et al. Changes in MRS neuronal markers and T cell phenotypes observed during early HIV infection. *Neurology*. 2009;72:1465–1472.
16. Pulliam L, Rempel H, Sun B, Abadjian L, Calosing C, Meyerhoff DJ. A peripheral monocyte interferon phenotype in HIV infection correlates with a decrease in magnetic resonance spectroscopy metabolite concentrations. *AIDS*. 2011;25:1721–1726.
17. Roc AC, Ances BM, Chawla S, et al. Detection of human immunodeficiency virus induced inflammation and oxidative stress in lenticular nuclei with magnetic resonance spectroscopy despite antiretroviral therapy. *Arch Neurol*. 2007;64:1249–1257.
18. Sailasuta N, Ross W, Ananworanich J, et al. Change in brain magnetic resonance spectroscopy after treatment during acute HIV infection. *PLoS One*. 2012;7:e49272.
19. Salvan AM, Vion-Dury J, Confort-Gouny S, Nicoli F, Lamoureux S, Cozzzone PJ. Brain proton magnetic resonance spectroscopy in HIV-related encephalopathy: identification of evolving metabolic patterns in relation to dementia and therapy. *AIDS Res Hum Retroviruses*. 1997;13:1055–1066.
20. Tarasów E, Wiercińska-Drapało A, Jaroszewicz J, et al. Antiretroviral therapy and its influence on the stage of brain damage in patients with HIV - <sup>1</sup>H MRS evaluation. *Med Sci Monit*. 2004;10 Suppl 3:101–106.

21. Taylor MJ, Schweinsburg BC, Alhassoon OM, et al. Effects of human immunodeficiency virus and methamphetamine on cerebral metabolites measured with magnetic resonance spectroscopy. *J Neurovirol.* 2007;13:150–159.
22. Valcour VG, Spudich SS, Sailasuta N, et al. Neurological Response to cART vs. cART plus Integrase Inhibitor and CCR5 Antagonist Initiated during Acute HIV. *PLoS One.* 2015;10:e0142600.
23. von Giesen H-J, Wittsack H-J, Wenserski F, Köller H, Heftner H, Arendt G. Basal Ganglia Metabolite Abnormalities in Minor Motor Disorders Associated With Human Immunodeficiency Virus Type 1. *Arch Neurol.* 2001;58:1281.
24. Wilkinson ID, Miller RF, Mischke KA, et al. Cerebral proton magnetic resonance spectroscopy in asymptomatic HIV infection. *AIDS.* 1997;11:289–295.
25. Winston A, Garvey L, Scotney E, et al. Does acute hepatitis C infection affect the central nervous system in HIV-1 infected individuals? *Journal of Viral Hepatitis.* 2010;17:419–426.
26. Mohamed MA, Barker PB, Skolasky RL, et al. Brain metabolism and cognitive impairment in HIV infection: a 3-T magnetic resonance spectroscopy study. *Magn Reson Imaging.* 2010;28:1251–1257.
27. Sailasuta N, Ananworanich J, Lerdum S, et al. Neuronal-glia markers by Magnetic Resonance Spectroscopy in HIV Before and After Combination Antiretroviral Therapy. *J Acquir Immune Defic Syndr.* 2016;71:24–30.
28. Chang L, Ernst T, Witt MD, Ames N, Gaefsky M, Miller E. Relationships among brain metabolites, cognitive function, and viral loads in antiretroviral-naïve HIV patients. *Neuroimage.* 2002;17:1638–1648.
29. Chang L, Ernst T, Leonido-Yee M, et al. Highly active antiretroviral therapy reverses brain metabolite abnormalities in mild HIV dementia. *Neurology.* 1999;53:782–789.
30. Mora-Peris B, Bouliotis G, Ranjababu K, et al. Changes in cerebral function parameters with maraviroc-intensified antiretroviral therapy in treatment naïve HIV-positive individuals. *AIDS.* 2018;32:1007–1015.
31. Winston A, Duncombe C, Li PCK, et al. Does choice of combination antiretroviral therapy (cART) alter changes in cerebral function testing after 48 weeks in treatment-naïve, HIV-1-infected individuals commencing cART? A randomized, controlled study. *Clin Infect Dis.* 2010;50:920–929.

32. Alakkas A, Ellis RJ, Watson CW-M, et al. White matter damage, neuroinflammation, and neuronal integrity in HAND. *J Neurovirol.* 2019;25:32–41.
33. Campbell LM, Fennema-Notestine C, Saloner R, et al. Use of neuroimaging to inform optimal neurocognitive criteria for detecting HIV-associated brain abnormalities. *J Int Neuropsychol Soc.* 2020;26:147–162.
34. Chang L, Ernst T, Speck O, Grob CS. Additive Effects of HIV and Chronic Methamphetamine Use on Brain Metabolite Abnormalities. *Am J Psychiatry.* 2005;162:361–369.
35. Cysique LA, Moffat K, Moore DM, et al. HIV, Vascular and Aging Injuries in the Brain of Clinically Stable HIV-Infected Adults: A 1H MRS Study. *PLoS One* [online serial]. 2013;8. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3631163/>. Accessed August 20, 2020.
36. Harezlak J, Buchthal S, Taylor M, et al. Persistence of HIV- Associated Cognitive Impairment, Inflammation and Neuronal Injury in era of Highly Active Antiretroviral Treatment. *AIDS.* 2011;25:625–633.
37. Bugarski Ignjatovic V, Mitrovic J, Kozic D, Boban J, Maric D, Brkic S. Executive Functions Rating Scale and Neurobiochemical Profile in HIV-Positive Individuals. *Front Psychol* [online serial]. 2018;9. Accessed at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6060670/>. Accessed November 1, 2020.
38. Mohamed MA, Lentz MR, Lee V, et al. Factor analysis of proton MR spectroscopic imaging data in HIV infection: metabolite-derived factors help identify infection and dementia. *Radiology.* 2010;254:577–586.
39. Mohamed M, Barker PB, Skolasky RL, Sacktor N. 7T Brain MRS in HIV Infection: Correlation with Cognitive Impairment and Performance on Neuropsychological Tests. *AJNR Am J Neuroradiol.* 2018;39:704–712.
40. Patel SH, Inglese M, Glosser G, Kolson DL, Grossman RI, Gonen O. Whole-brain N-acetylaspartate level and cognitive performance in HIV infection. *AJNR Am J Neuroradiol.* 2003;24:1587–1591.
41. Paul RH, Yiannoutsos CT, Miller EN, et al. Proton MRS and neuropsychological correlates in AIDS dementia complex: evidence of subcortical specificity. *J Neuropsychiatry Clin Neurosci.* 2007;19:283–292.
42. Sacktor N, Skolasky RL, Ernst T, et al. A multicenter study of two magnetic resonance spectroscopy techniques in individuals with HIV dementia. *Journal of Magnetic Resonance Imaging.* 2005;21:325–333.