

Supplementary Material 1: Scoping review search terms

Search terms used in the databases Ovid (PsycINFO MEDLINE EMBASE); CINAHL Plus (EBSCOhost); SCOPUS (Elsevier); Web of Science (Clarivate) to identify relevant papers

1 Data linkage terms

linked data OR linkage OR medical record* OR administrative data OR routinely collected OR database* OR data base OR data set OR dataset* OR data-set OR data collection* OR register* OR registr* OR statutory OR population data* OR population based OR population-based OR population level OR population-level OR population sample OR national regist* OR nation-wide OR nationwide OR national survey* OR birth cohort* OR prospective cohort

2 Neurodevelopmental conditions terms

neurodevelopment* OR developmental disabilit* OR development* disorder OR development* delay OR intellectual disabilit* OR intellectually disabled OR mental retard* OR mentally retard* OR mental handicap* OR mentally handicapped OR mental disabilit* OR mentally disabled OR learning disorder* OR learning disabilit* OR autis* OR ASD OR Asperger* OR cerebral palsy OR Down* syndrome OR trisomy 21 OR CDKL5 OR Rett syndrome OR Williams syndrome OR Angelman syndrome OR Prader-Willi syndrome OR Cornelia de Lange syndrome OR Phelan#McDermid syndrome OR velocardiofacial syndrome OR 22q13* OR DiGeorge syndrome OR Fragile X OR f#etal alcohol spectrum disorder OR FASD OR attention deficit OR ADHD

3 Sibling terms

sibling* OR brother* OR sister* OR twin* OR family member* OR first-degree OR familial coaggregation OR kin

4 Health outcomes terms

morbidity* OR hospital* OR emergency OR accident* OR ambulance OR admission* OR diagnos* OR DSM* OR ICD* OR health OR risk of OR cancer* OR disease* OR disorder* OR condition* OR chronic illness* OR mortality OR death* OR suicid* OR self harm OR self-harm OR psychiatr* OR psychological OR mental illness* OR anxi* OR depress* OR PTSD OR oppositional OR ODD OR obsessive* OR OCD OR schizophren* OR bipolar OR anorex* OR bulimi*

Running searches 1,2,3 & 4; .ab,ti. (abstract and title search); limiting to years 2000-current (October 2024), peer reviewed.

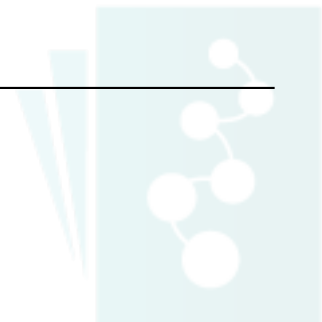
Supplementary Material 2: Data extraction template

Evidence source characteristics

Authorship
Publication year
Geographic location
Paper aim/focus in relation to siblings

Results extracted from source of evidence

Neurodevelopmental condition of index children
Sibling outcome
Birth year
Age groups
Follow up time
Number and type of registries used
Simplified datasets
Study design
Population size
Paper findings in relation to siblings



Supplementary Material 3: Data extraction table

Authorship year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented)	Follow up time (max years)	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[1]	Ahlberg (2022) Sweden https://doi.org/10.1111/jcpp.13538	Risk of obesity among siblings of individuals with autism spectrum disorder (ASD), with/without intellectual disability (ID), and siblings of individuals without ASD.	ASD [+/-ID]	Obesity	1973-2006	0-33* 0-36*	<33* <36*	9: MBR [1973-2006]; TPR; CDR; MGR [1961]; NPR [1987-2006]; PDR [2005]; Census [1970-1984]; RAMS [1985-1989]; LISA [1990-2006].	Births, Census, Deaths, Family connections, Hospital, Insurance, Labour, Medication, Total population.	Whole population.	T: 3,141,696 C: 35,461 F: 3,514,560 M: 779,948 P: 735,112	Siblings of individuals with ASD have an increased risk of obesity compared with siblings of individuals without ASD. Greater risk for siblings among ASD-ID subgroup.
[2]	Butwicka (2017) Sweden https://doi.org/10.1007/s10803-016-2914-2	Patterns of substance use-related problems among unaffected siblings of individuals with ASD, with/without ID, with/without attention deficit hyperactivity disorder (ADHD).	ASD [+/-ID] [+/-ADHD]	Substance use related problem	1973-2009	C: 0-36* S: 16, 10-22 (med, IQR)	<36*	11: NPR [1973-2006]; Pastill; HAB; PDR [2005]; CDR; NCR; Register of education; Census [1960-1990]; LISA; TPR; MGR.	Census, Crime, Deaths, Education, Family connections, Habilitation, Hospital, Labour, Medication, Total population.	Matched 1:50 Sex, birth year, country of birth.	C: 26,986 Co: 1,349,300 F: 30,456 H: 15,946	Siblings of individuals with ASD had weakly but significantly increased risk for any substance-related problem compared to controls. With increased risk in the ASD +ADHD & +ID subgroups.
[3]	Chang (2019) Taiwan https://doi.org/10.1159/000500831	Risk of developing atopic diseases among unaffected siblings of individuals with ADHD.	ADHD	Atopic disease	1980-2000	C: 14 (4) S: 15 (6) (mean, SD)	<15*	3: NHIRD; Demographic details; Claim information; Recorded family kinships.	Births, Census, Family connections, Hospital, Insurance, Medication, Total population.	Matched 1:4 Age, birth time, residence.	C: 15,122 Co: 80,680 F: 20,170	Siblings of individuals with ADHD had a higher frequency of asthma, atopic dermatitis, allergic rhinitis, and allergic conjunctivitis than the controls.
[4]	Chen, M. H. (2019) Taiwan https://doi.org/10.4088/jcp.18m12371	Familial coaggregation of ADHD with other major psychiatric disorders specifically schizophrenia, bipolar, major depressive and ASD.	ADHD	Major psychiatric disorder	Not stated	Not stated	Not stated	3: NHIRD; Demographic details; Claim information; Recorded family kinships.	Births, Census, Family connections, Hospital, Insurance, Medication, Total population.	Matched 1:4 Age, sex, familial relationship.	T: 23,258,175 Co: 1,605,204 S: 174,460	Siblings of individuals with ADHD had a higher relative risk of psychiatric disorder (schizophrenia, bipolar disorder, major depressive disorder, and ASD) than controls.

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Supplementary Material 3: Continued

Authorship year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented) *estimated	Follow up time (max years) *estimated	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[5]	Chen, Q. (2019) Sweden https://doi.org/10.1017/S0033291718002532	Association and familial aggregation of ADHD and clinical obesity in adolescence.	ADHD	Obesity	1973-2000	C: 22 (7) Co/S: 26 (7) (mean, SD)	<40*	6: MBR [1973-2013]; NPR [1973-2013]; TPR [1973-2013]; LISA; MGR [1932-2013]; PDR [2005-2013].	Births, Family connections, Hospital, Labour, Medication, Total population.	Whole population.	T: 2,538,127 C: 80,009 F: 664,721 M: 68,347 P: 69,350	Siblings of individuals with ADHD showed excess risk for clinical obesity compared to siblings of individuals without ADHD.
[6]	Christensen (2016) Denmark https://doi.org/10.1111/epi.13595	Risk of ASD and epilepsy among younger siblings of individuals with ASD and epilepsy.	ASD [+ID]	Epilepsy	1980-2006	6-32*	<32*	4: Danish medical birth registry; Danish civil registration system; Danish psychiatric central research register; Danish hospital register.	Births, Family connections, Hospital, Psychiatric.	Whole population.	T: 1,663,302	Siblings of individuals with ASD had an increased risk of epilepsy.
[7]	Dai (2019) Taiwan https://doi.org/10.1007/s10803-019-04184-w	Risk of developing atopic diseases, including atopic dermatitis, allergic rhinitis, allergic conjunctivitis, and asthma, among the siblings of individuals with ASD.	ASD	Atopic disease	1980-2010	Co/S: 12 (4) (mean, SD)	<15*	3: NHIRD; Demographic details; Claim information; Recorded family kinships.	Births, Census, Family connections, Hospital, Insurance, Medication, Total population.	Matched 1:4 Age, sex, residence.	Co: 11,048S: 2,762	Siblings of individuals with ASD had higher cumulative incidence of asthma, atopic dermatitis, allergic rhinitis, and allergic conjunctivitis than the control group.
[8]	Farone (2017) Sweden https://doi.org/10.1016/j.jaac.2016.11.011	Risk for ADHD in siblings of individuals with ID.	ID [ID severity]	ADHD	1987-2006	0-19*	<19*	6: MBR [1987-2006]; NPR; TPR; MGR; CDR; PDR.	Births, Deaths, Family connections, Hospital, Medication, Total population.	Whole population.	T: 1,899,654 C: 16,158F: 914,848M: 136,962P: 134,502Mt: 4,180Dt: 12,655	Siblings of individuals with ID had an increased risk of ADHD, as compared to siblings of individuals without ID. Greatest risk for siblings seen among the mild ID group.
[9]	Ghirardi (2018) Sweden https://doi.org/10.1038/mp.2017.17	Coaggregation of ASD and ADHD in families	ASD [+ID]	ADHD	1987-2006	Not stated	Not stated	6: MBR [1987-2006]; NPR; TPR; MGR; CDR; PDR.	Births, Deaths, Family connections, Hospital, Medication, Total population.	Whole population.	T: 1,899,654C: 28,468F: 914,848M: 136,962P: 134,502Mt: 4,180Dt: 12,655	Siblings of individuals with ASD were at increased risk of ADHD than siblings of individuals without ASD. Greatest risk for siblings in the ASD-ID subgroup.

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Supplementary Material 3: Continued

Authorship Publication year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented)	Follow up time (max years)	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[10]	Ghirardi (2021) Sweden https://doi.org/10.1111/jcpp.13508	Familial and genetic associations between ASD and other neurodevelopmental and psychiatric disorders.	ASD	Neurodevelopmental disorder, Psychiatric disorder	1985-2009	Not stated	Not stated	2: NPR; TPR.	Hospital, Total population.	Whole population.	T: 2,398,608 C: 33,014	Neurodevelopmental and psychiatric disorders were more common among siblings of individuals with ASD than among siblings of individuals without ASD.
[11]	Hegvik (2022) Sweden https://doi.org/10.1093/ije/dyab151	Familial co-aggregation between ADHD and autoimmune diseases.	ADHD	Auto-immune disease	1960/1980-2010	Not stated	Not stated	5: TPR [1960-2010]; CDR; MGR [>1931]; NPR [>1964]; PDR [2005-2013];	Deaths, Family connections, Hospital, Medication, Total population.	Whole population.	T: 5,178,225C: 118,927F: 4,289,186	ADHD was associated with an increased odds of any autoimmune disorders in siblings.
[12]	Hirvikoski (2020) Sweden https://doi.org/10.1017/s0033291719001405	Shared familial risk factors for the association between ASD and suicidal behaviour.	ASD [+/- ID] [+/- ADHD]	Suicide attempt	Not stated	Not stated	Not stated	8: NPR [>1973]; CDR [>1952]; PDR [>2005]; MGR [>1961]; TPR; Census [1970-1984]; RAMS [1985-1989]; LISA [1990-2013].	Census, Deaths, Family connections, Hospital, Insurance, Labour, Medication, Total population.	Matched1:5Sex, year of birth, residence.	C: 54,168Co: 270,840F: 65,994M: 15,915 P: 17,736	The risk of suicide attempts was significantly increased in siblings of individuals with ASD compared to siblings of matched controls. The risk of death by suicide was increased in siblings of individuals with ASD as compared to siblings of the control participants.
[13]	Jokiranta-Olkoniemi (2019) Finland https://doi.org/10.1017/s0033291718000521	Psychiatric and neurodevelopmental disorders among siblings of individuals diagnosed with ADHD.	ADHD	Psychiatric disorder, Neurodevelopmental disorder	C: 1991-2005 S: 1981-2007	C: 6-20* S: 6-32*	<32*	3: FCPR; FHDR [>1969]; FMBR [>1987].	Births, Hospital, Total population.	Matched1:4Sex, date and place of birth.	T: 900,603C: 7,369Co: 23,181F: 12,565	Siblings of individuals with ADHD had increased risk for all psychiatric and neurodevelopmental conditions than controls, except eating disorders.
[14]	Jokiranta-Olkoniemi (2016) Finland https://doi.org/10.1001/jamapsychiatry.2016.0495	Risk for psychiatric and neurodevelopmental disorders among siblings of individuals with ASD.	ASD [+/- ID]	Psychiatric disorder, Neurodevelopmental disorder	C: 1987-2005S: 1977-2005	C: 2-20*S: 4-32*	<32*	3: FCPR; FHDR [>1969]; FMBR [>1987].	Births, Hospital, Total population.	Matched 1:4 Sex, date and place of birth.	C: 3,578 Co: 11,775 F: 6,022	The rates of all investigated psychiatric and neurodevelopmental disorders (except alcohol and drug addiction or abuse) were elevated among the siblings of individuals with ASD compared with the siblings of controls. For ASD + ID greatest risk differences seen for schizophrenia, learning and conduct disorders.

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Supplementary Material 3: Continued

Authorship year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented) *estimated	Follow up time (max years) *estimated	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[15]	Kuja-Halkola (2021) Sweden https://doi.org/10.1038/s41380-018-0248-5	Co-occurrence and familial co-aggregation between clinically diagnosed ADHD and borderline personality disorder (BPD).	ADHD	BPD	1979-2001	12-34*	<34*	7: MBR [1979-2001]; CDR; TPR; MGR; Twin register; NPR [2001-2013]; PDR [2005-2014].	Births, Deaths, Family connections, Hospital, Medication, Total population, Twins.	Whole population.	T: 2,113,902 C: 82,593 F: 2,211,396 M: 332,486 P: 331,080	Siblings of individuals with ADHD had increased odds of having BPD.
[16]	Larsson (2013) Sweden https://doi.org/10.1192/bjp.bp.112.120808	Occurrence of bipolar disorder and schizophrenia in relatives of individuals with ADHD.	ADHD	Bipolar disorder, Schizophrenia	C: 1932-2009	Not stated	<77 *	6: NPR [>1973]; PDR [>2005]; TPR [<2009]; CDR [1952-2009]; MGR; Twin register.	Deaths, Family connections, Hospital, Medication, Total population, Twins.	Matched 1:10 Sex, birth year.	C: 61,187	Siblings of individuals with ADHD were at increased risk of both bipolar disorder and schizophrenia.
[17]	Lin (2022) Taiwan https://doi.org/10.1007/s00787-021-01784-9	Developmental and ASD mental disorders among unaffected siblings of individuals with ASD.	ASD	Developmental disorder, Mental disorder	Co/S: 1980-2010	Co/S: 1-31* Co/S: 14 (7) (mean, SD)	<15	3: NHIRD; Demographic details; Claim information; Recorded family kinships.	Births, Census, Family connections, Hospital, Insurance, Medication, Total population.	Matched 1:10 Age, sex, birth year, family structure.	Co: 13,040; S: 1,304	Siblings of individuals with ASD had a higher prevalence of any developmental disorder and any mental disorder (except for bipolar) compared with the controls.
[18]	Liu (2022) Sweden https://doi.org/10.1016/j.annonc.2022.04.006	Sibling comparison to address familial confounding between ASD and cancer.	ASD [+ID]	Cancer	1973-2013	3-30	<30	5: MBR [1973-2013]; NPR [1973-2016]; MGR [1932-2016]; Cancer register [1958-2016]; LISA [1990-2016].	Births, Cancer, Family connections, Hospital, Insurance.	Whole population.	T: 2,354,594 C: 40,334 Co: 2,278,100 F: 36,160	We found a statistically significant increased risk of any cancer among siblings of individuals with ASD compared with controls.
[19]	Liu (2021) Sweden https://doi.org/10.1371/journal.pmed.1003840	Association between ID and risk of cancer, using a sibling comparison to adjust for potential familial confounding.	ID [ID severity]	Cancer	1974-2013	3-43*	<43	5: MBR [1973-2013]; MGR [1932-2016]; NPR [1987-2016]; Cancer register [1958-2016]; LISA [<2016].	Births, Cancer, Family connections, Hospital, Insurance.	Whole population.	T: 3,531,305 C: 27,956 F: 29,641	Siblings of individuals with ID, compared with the reference group, had a higher risk of subsequent cancer.

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Supplementary Material 3: Continued

Authorship Publication year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented)	Follow up time (max years)	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[20]	Ljung (2014) Sweden https://doi.org/10.1001/jamapsychiatry.2014.363	Risk of suicide in individuals with ADHD and the familial risk for siblings.	ADHD	Suicide attempt, Completed suicide	Not stated	Not stated	Not stated	5: NPR [1987-2009]; PDR [2005-2009]; MGR [1932-2009]; TPR [1969-2009]; CDR [1952-2009].	Deaths, Family connections, Hospital, Medication, Total population.	Matched 1:5 Sex, birth year.	C: 51,707 Co: 258,535 F: 58,589 M: 20,246 P 21,631	Siblings of individuals with ADHD were more likely to attempt suicide and had an increased risk of completed suicide compared with siblings of control participants.
[21]	Marquis (2019) Canada https://doi.org/10.1016/j.ssmph.2019.100441	Differences in the mental health of siblings of individuals with a developmental disability and siblings with no developmental disability in the family.	Developmental disability	Depression, Mental health problem	S: 1990-1995 2000-2005	S: 0-19	<24	3: Population data B.C. Central consolidation file: demographics [1990-2014]; Medical services plan: Fee for service care [1990-2014]; Hospital separation file: hospitalisations [1990-2014].	Hospital, Physician care, Total population.	Whole population.	Co: 880,972 S:18,295	Siblings of individuals with a developmental disability had greater odds of a diagnosis of depression or of another mental health problem (excluding depression) compared to siblings of individuals without a developmental disability.
[22]	Nimmo-Smith (2020) Sweden https://doi.org/10.1007/s10803-019-04234-3	Risk for diagnosis of anxiety disorders across ASD cases; their full siblings; their half-siblings; and a reference population.	ASD [+ID]	Anxiety disorder	Not stated	18-27	Not stated	4: SYC [2001-2011]; NPR [>1973]; Stockholm adult psychiatric outpatient register [>1997]; Pastill [>1999].	Hospital, Psychiatric (adolescent/adult), Total population.	Whole population.	T: 221,694 C: 4,049	Comparing the ASD cases with their non-autistic siblings, risk of anxiety disorder was highest amongst the ASD cases than their siblings, and risks were raised in siblings compared with the general population. Sibling risks were highest for subgroup ASD (-ID).
[23]	Pahlsson-Notini (2024) Sweden https://doi.org/10.002/jcv2.12225	Substance use-related problems among siblings of individuals with mild ID.	Mild ID	Substance use-related problem, Anxiety disorder, Major depressive disorder, Bipolar disorder, Psychotic disorder, ADHD, ASD	1973-2003	10-40*	<40*	11: NPR [1973-2013]; Pastill [2001-2013]; HAB [1997-2013]; HURPID [2001-2013]; CDR [1973-2013]; LISA [1990-2013]; MGR [1973-2013]; NCR [1973-2013]; PDR [2005-2013]; MBR [1973-2003]; TPR [1973-2013].	Births, Crime, Deaths, Education, Family connections, Habilitation, Hospital, Insurance, Medication, Psychiatric (adolescent), Total population.	Matched 1:50 Age, sex, birth region.	T: 2,980,565 C: 18,307 Co: 915,350 C: 12,005 F: 18,996	Siblings of individuals with mild ID had an increased risk for substance use-related problems.

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Supplementary Material 3: Continued

Authorship year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented) *estimated	Follow up time (max represented) years *estimated	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[24] Rai (2018) https://doi.org/10.1001/jamanetworkopen.2018.1465	Sweden	Risk of individuals with ASD to be diagnosed with depression compared to the general population and their non-autistic siblings.	ASD [+/-ID]	Depression	Not stated	18-27	Not stated	5: SYC [2001-2011]; NPR [>1973]; Stockholm adult psychiatric outpatient register [>1997]; Pastill [>1999]; MGR.	Family connections, Hospital, Psychiatric (adolescent/adult), Total population.	Whole population.	T: 223,842 C: 4,073	Siblings of individuals with ASD had a higher risk of depression compared with population controls. Sibling risks were highest for subgroup ASD (-ID).
[25] Seltén (2015) https://doi.org/10.1001/jamapsychiatry.2014.3059	Sweden	Risks for non-affective psychotic disorder (NAPD), and bipolar disorder in individuals with ASD compared to individuals without ASD and their non-affected siblings.	ASD [+/-ID]	NAPD, Bipolar disorder	1984->	C/Co: 15 (6) (mean, SD)	Not stated	3: SYC [2001-2011]; NPR [>1973]; Stockholm adult psychiatric outpatient register [>1997].	Hospital, Psychiatric, Total population.	Matched 1:10 Age, sex.	T: 689,333 C: 19,788 Co: 197,880 F: 23,905	Siblings of individuals with ASD showed greater risks for NAPD and bipolar disorder than controls. Sibling risks were similar for ASD+ID subgroups.
[26] Stark (2022) https://doi.org/10.1111/acps.13479	Sweden	Family level confounding and the link between ASD and self-harm.	ASD [+/-ID]	Self-harm	Not stated	10-27 C: 17 (4) 18 (5) (mean, SD)	<17*	5: SYC [2001-2011]; NPR [>1973]; Stockholm adult psychiatric outpatient register [>1997]; Pastill [>1999]; MGR.	Family connections, Hospital, Psychiatric (adolescent/adult), Total population.	Whole population.	T: 410,732 C: 9,070	Siblings of individuals with ASD had a higher risk of self-harm as compared with population controls. Sibling risks were highest for subgroup ASD (-ID).
[27] Sundquist (2015) https://doi.org/10.1017/S0033291714001986	Sweden	Causal relationship between ADHD and drug use disorder by using a co-relative design.	ADHD	Drug use disorder	1991-1995	6-20*	<20*	9: TPR; MGR; Hospital discharge register [1964-2010]; PDR [2005-2010]; Outpatient care register [2001-2010]; NCR [1973-2011]; Suspicion register [1998-2011]; Mortality register; LISA.	Crime, Deaths, Family connections, Hospital, Insurance, Medication, Outpatient, Suspicion, Total population.	Whole population.	T: 551,164 F: 3,410 H: 610	Siblings of individuals with ADHD had an increased risk for future drug use disorders.

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Supplementary Material 3: Continued

Authorship year	Publication Geographic location	Paper aim/focus (in relation to siblings)	Neuro-developmental condition (of index children)	Sibling outcome	Birth year	Age groups ¹ (years represented) *estimated	Follow up time (max years) *estimated	Number and type of registries ²	Simplified datasets	Study design	Population ³ size	Paper findings (in relation to siblings)
[28]	Taylor (2022) Sweden https://doi.org/10.1111/jcpp.13473	Links between ASD and difficulties initiating and maintaining sleep within the same families.	ASD	Insomnia	1973-2013	1-40*	<40*	6: MBR [1973-2013]; MGR; CATSS [≥ 1992]; NPR [1973-2013]; TPR; PDR [2005-2013].	Births, Family connections, Hospital, Medication, Total population, Twins.	Matched 1:50 Sex, year and place of birth.	C: 50,097 F: 55,967 M: 15,027 P: 16,642 Mt: 60 Dt: 340	Siblings of individuals with ASD were more likely to have difficulties initiating and maintaining sleep than controls.
[29]	Tollanes (2016) Norway https://doi.org/10.1542/peds.2016-0269	Underlying causes of cerebral palsy (CP) and other neurodevelopmental disorders in siblings of individuals with CP.	CP	Neurodevelopmental disorder	1967-2006	5-44*	<44*	3: Medical birth registry of Norway [1967-2006]; Norwegian national insurance scheme [< 2007]; Norwegian patient registry [2008-2011].	Births, Hospital, Insurance.	Whole population.	C: 5,707 F: 1,381,347 Tw: 26,485	Siblings of individuals with CP are at increased risk of other neurodevelopmental disorders.
[30]	Wang (2022) Taiwan https://doi.org/10.1017/s0033291720003207	Genetic influence on ASD and major psychiatric disorders by examining all first-degree relative types.	ASD	Psychiatric disorder	Not stated	Not stated	Not stated	3: NHIRD; Demographic details; Claim information; Recorded family kinships.	Births, Census, Family connections, Hospital, Insurance, Medication, Total population.	Matched 1:4 Age, sex, familial relationship.	T: 23,258,175 C: 26,667	Siblings of individuals with ASD had a higher risk for all major psychiatric disorders when compared to controls.
[31]	Wei (2019) Taiwan https://doi.org/10.1016/j.jad.2018.11.057	Mental and physical health risks among the unaffected siblings of individuals with ADHD.	ADHD	Mental health risk, Physical health risk	1980-2000	C 15 (4) Co: 17 (5) S: 17 (4) (mean, SD)	<15	3: NHIRD; Demographic details; Claim information; Recorded family kinships.	Births, Census, Family connections, Hospital, Insurance, Medication, Total population.	Matched 1:4 Age, sex, birth time.	C: 5,253 Co: 20,512 S: 5,128	Siblings of individuals with ADHD were more likely than controls to have mental and physical health risks (including unipolar depression, bipolar disorder, and traumatic brain injury).

¹The full list of population groups is provided at the end of the table.²The full list of registries is provided at the end of the table.³The full list of population groups is provided at the end of the table.

Registries: Sweden: Medical Birth Register (MBR); Total Population Register (TPR); Cause of Death Register (CDR); Multi Generation Register (MGR); National Patient Register (NPR); Cancer register; Prescribed Drug Register (PDR); Clinical database for child and adolescent psychiatry; Habilitation register (HAB); Outpatient care register; National Crime Register (NCR); Suspicion register; Mortality register; Register of education; Census (population and housing census); Register-based labor market statistics (RAMS); Longitudinal integration database for health insurance and Labour market studies (LISA); Stockholm Youth Cohort (SYC); Stockholm adult psychiatric outpatient register; Stockholm child and adolescent mental health register (Pastill); Halmstad University Register on Pupils with Intellectual Disability (HURPID). Taiwan: National Health Insurance Research Database (NHIRD); Demographic details (date of birth, sex, monthly premium, and residential location); Claim information (outpatient and inpatient care, medical diagnoses, prescriptions, and operations); Recorded family kinships. Finland: Finnish Central Population Register (FCPR); Finnish Hospital Discharge Register (FHDR); Finnish Medical Birth Register (FMBR). Denmark: Danish medical birth registry; Danish civil registration system; Danish psychiatric central research register; Danish hospital register. Norway: Medical Birth Registry of Norway (MBRN); Norwegian national insurance scheme; Norwegian patient registry. Canada: Population data B.C (PopData); Central consolidation file; Medical Services Plan (MSP); Hospital separation file.

Populations: Total eligible (T); Cases/exposure (C); Controls (Co); Siblings (S); Full siblings (F); Half siblings (H); Maternal siblings (M); Paternal siblings (P); Twins (T); Monozygotic twins (Mt); Dizygotic twins (Dt).

References

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