Supplementary material

Supplementary Method 1. *Polygenic liability scores calculation*

Polygenic liability scores were calculated using PRS-CS [1], which leverages linkage disequilibrium (LD) structure from GWAS summary statistics to estimate posterior effect size for each variant in a Bayesian framework. Specifically, PRS-CS uses a continuous shrinkage prior to regularize noisy SNP effects, thereby improving estimation accuracy compared to traditional (P + T) approaches.

We applied a maximum of 1500 Markov Chain Monte Carlo (MCMC) iterations and set the seed of the random number generator to 42. The remaining settings were the default settings. As a reference we used the 1KG panel provided by PRS-CS. We evaluated PRS-CS performance using both the automatic shrinkage parameter estimation (PRS-CSauto) and fixed shrinkage paramters ($\varphi = 1e^{-2}, 1e^{-4}, 1e^{-6}$). Note that this parameter comparison was conducted within the same sample used for PRS calculation (NeuroIMAGE), which represents a form of overfitting. This analysis was performed solely to identify optimal parameter settings rather than to assess true predictive validity, which would require independent validation samples.

Based on this comparison, we found that PRS-CSauto performed best, albeit with a slim margin ($R^2_{auto} = 0.096$; $R^2_{1e\text{-}2} = 0.090$; $R^2_{1e\text{-}4} = 0.090$; $R^2_{1e\text{-}6} = 0.046$). Therefore, PRS-CSauto derived PRS were used as predictors in the present analysis.

Table S1.

Comparison of successfully retained participants with childhood ADHD to the initial baseline sample

	Retained (n = 133)	Initial sample (n = 510)	Retained versus initial sample
Age in years	11.09 (2.79)	10.95 (2.80)	Wald $\chi^2 = 0.26$
Male, n (%)	100 (75%)	400 (78%)	Wald $\chi^2 = 0.75$
Estimated TIQ	100.74 (12.41)	98.88 (11.99)	Wald $\chi^2 = 1.67$
Parental education level	5.24 (0.81)	5.19 (0.74)	Wald $\chi^2 = 0.13$
ADHD symptoms	77.25 (9.26)	75.29 (9.80)	Wald $\chi^2 = 4.72^*$
ODD symptoms	65.05 (12.30)	66.09 (12.37)	Wald $\chi^2 = 0.01$
Anxious/shy behavior	57.09 (13.43)	58.01 (13.74)	Wald $\chi^2 = 0.47$
Behavioral and emotional difficulties	18.85 (5.71)	18.92 (6.18)	Wald $\chi^2 = 0.04$

Note. ADHD = attention-deficit/hyperactivity disorder, ODD = oppositional defiance disorder, TIQ = total intelligence quotient.

$^*p<.05$.

Table S2.

Description of predictors and their measurement

Predictor	Measure	Dependent variable and range of possible scores	Description
Domain: ADHD symptoms and treatment			
DSM-4 hyperactive/impulsive symptoms (*parent-report*)	Hyperactive and impulsive module of PACS [2]	Number of DSM-4 hyperactive/impulsive symptoms of ADHD (range = 0 – 9)	Structured interview based on parent report assessing presence of symptoms of DSM-4 ADHD
DSM-4 inattentive symptoms (*parent-report*)	Inattentive and disorganization module of PACS [2]	Number of DSM-4 inattentive symptoms of ADHD (range = 0 – 9)	Structured interview based on parent report assessing presence of symptoms of DSM-4 ADHD
DSM-4 hyperactive/impulsive symptoms (*teacher-report*)	CTRS (Long Version) [3]	Severity of DSM-4 hyperactive/impulsive symptoms (range = 0 - 27)	Teacher-report questionnaire assessing DSM-related ADHD symptoms
DSM-4 inattentive symptoms (*teacher-report*)	CTRS (Long Version) [3]	Severity of DSM-4 inattentive symptoms (range = 0 - 27)	Teacher-report questionnaire assessing DSM-related ADHD symptoms
Stimulant medication	Custom made question	Presence of stimulant medication use	Parent-report question assessing use of methylphenidate, Ritalin or Concerta
Domain: Other psychopathology			
DSM-4 emotional problems	Emotional problems module of PACS [2]	Severity of DSM-4 depression and anxiety disorder symptoms (range = 0 – 48)	Structured interview based on parent report assessing presence of DSM-4 mood/anxiety symptoms
Anxiety symptoms	MASC [4]	Severity of anxiety symptoms (range = 0 – 117)	Self-reported questionnaire assessing anxiety
DSM-4 CD symptoms	CD module of PACS [2]	Number of DSM-4 CD symptoms of ADHD (range = 0 – 14)	Structured interview based on parent report assessing presence of symptoms of DSM-4 CD
DSM-4 ODD symptoms	ODD module of PACS [2]	Number of DSM-4 ODD symptoms of ADHD (range = 0 – 8)	Structured interview based on parent report assessing presence of symptoms of DSM-4 ODD
Autistic traits	CSBQ [5]	Severity of autistic traits (range = 0 – 98)	Parent-rated questionnaire assessing autistic traits
Domain: Somatic characteristics			
Birth weight	Custom made question	Birth weight (< 5 pounds - > 7 pounds)	Parent report question assessing birth weight
CNS burden	Custom made questions	Presence of a CNS burden	Parent report questions assessing past presence of meningitis, hospitalization due to trauma to the

			skull/concussion, and presence of epilepsy
Domain: Cognition			
Estimated TIQ	WISC-III or WAIS-III [6, 7]	Estimated Total IQ (range = 50 - 135)	Four-subtest short form to estimate total IQ.
Domain: ADHD PRS			
ADHD PRS	PRS	Genetic risk of ADHD	Genetic risk score based on risk alleles identified in the most recent ADHD GWAS[8]
Domain: Parental demographics and psychopathology			
Parental age at birth child	Custom made question	Mean age of parents at birth of child	Parental age at time of birth of child
Parental educational level[a]	Dutch Verhage scale [9]	Dutch Verhage score (range = 1 – 7)	Classification of highest level of completed education level based on the Dutch Verhage categories.
Maternal ADHD	Custom made questions	Severity of maternal DSM-4 ADHD symptoms in adulthood (range = 0 – 69)	Maternal-report questionnaire assessing their own DSM-4 ADHD symptoms in adulthood
Paternal ADHD	Custom made questions	Severity of parental DSM-4 ADHD symptoms in adulthood (range = 0 – 69)	Paternal-report questionnaire assessing their own DSM-4 ADHD symptoms in adulthood
Parental substance use	Custom made questions	Presence of parental substance use	Parental-report questions assessing their own use of cigarettes (> 5 per day), alcohol (> 5 units per day), cocaine, ecstasy, or heroin

[a] Parental educational level based on the was based on the assessment in wave II as this was not assessed at wave I, assuming these levels did not differ between waves I and II (wave II was 5.60 years after wave I).

ADHD = attention-deficit/hyperactivity disorder, CD = conduct disorder, CNS = central nervous system, CSBQ = children's social behavior questionnaire, CTRS = conners' parent rating scale, DCDQ = developmental coordination disorder questionnaire, DSM = diagnostic and statistical manual of mental disorders, MASC = multidimensional anxiety scale for children, ODD = oppositional defiant disorder, PACS = parental account of children's symptoms, PRS = polygenic risk score, TIQ = total intelligence quotient, WAIS = Wechsler adult intelligence scale, WISC = Wechsler intelligence scale for children.

Table S3.

Description of outcomes, measures, and dependent variables

Outcome	Measure	Dependent variable and range of possible scores	Description[a]	Assessment part
Outcome domain: Psychiatric status				
DSM-5 ADHD	ADHD module of SCID-5 Disorders [10, 11]	Presence of DSM-5 ADHD	Structured interview assessing number of symptoms and presence of DSM 5 ADHD	Video call 1
DSM-5 MDD	Depression module of SCID-5 Disorders [10, 11]	Presence of DSM-5 depression	Structured interview assessing number of symptoms and presence of DSM 5 depression	Video call 1
DSM-5 anxiety disorder	Anxiety module of SCID-5 Disorders [10, 11]	Presence of any of the DSM-5 anxiety disorders (i.e., either panic disorder, agoraphobia, social anxiety disorder, specific disorder, and/or GAD)	Structured interview assessing number of symptoms and presence of any of the DSM-5 anxiety disorders (i.e., either panic disorder, agoraphobia, social anxiety disorder, specific disorder, and/or GAD)	Video call 1
DSM-5 ASPD	ASPD module of SCID-5 Disorders [10, 11]	Presence of DSM-5 ASPD	Structured interview assessing number of symptoms and presence of DSM 5 ASPD	Video call 1
DSM-5 any SUD	SUD module of SCID-5 Disorders [10, 11]	Presence of any of the DSM-5 AUD and/or drug use disorders	Structured interview assessing number of symptoms and presence of any of the DSM-5 AUD and/or drug use disorders	Video call 1
Outcome domain: Behavioral and Emotional problems				
Severity of ADHD symptoms - self report	CAARS [12]	ADHD index score (range: 0 – 36)	Self-report questionnaire assessing severity of DSM-related ADHD symptoms	Online questionnaire
Severity of ADHD symptoms - other report[b]	CAARS [12]	Other-reported ADHD index score (range: 0 – 36)	Other-report questionnaire assessing severity of DSM-related ADHD symptoms	Online questionnaire
Externalizing problems	Externalizing problems subscale of ASEBA-ASR [13]	Externalizing problems score (range = 0 – 70)	Self-report questionnaire assessing aggressive, rule-breaking behavior, and intrusive behavior/problems	Online questionnaire

Internalizing problems	Internalizing problems subscale of ASBEA-ASR [13]	Internalizing problems score (range = 0 – 78)	Self-report questionnaire assessing somatic complaints, anxious/depressed and withdrawn behavior/problems	Online questionnaire
Autistic traits[b]	ASBQ [14]	Other-reported autistic traits total score (range = 0 – 98)	Other-report questionnaire assessing autistic traits	Online questionnaire
Mood dysregulation	ARI [15]	Mood dysregulation total score (range = 0 – 12)	Self-report questionnaire assessing irritability as a measure of mood dysregulation	Online questionnaire
Callous and unemotional traits	ICU [16]	Callous and unemotional traits total score (range = 0 – 72)	Self-report questionnaire assessing callous and unemotional traits	Online questionnaire
Rule-breaking	Rule-breaking subscale of STAB [17]	Rule-breaking score (range = 0 – 44)	Self-report questionnaire assessing rule breaking behavior	Online questionnaire
Physical aggression	Physical aggression subscale of STAB [17]	Physical aggression score (range = 0 – 40)	Self-report questionnaire assessing direct/physical aggressive behavior	Online questionnaire
Social aggression	Social aggression subscale of STAB [17]	Social aggression score (range = 0 – 44)	Self-report questionnaire assessing indirect/social aggressive behavior	Online questionnaire
Tobacco use severity	Tobacco use items of the ASSIST-Lite [18]	Tobacco use severity score (range = 0 – 30)	Self-report questionnaire assessing tobacco use problems	Video call 2
Alcohol use severity	Alcohol use items of the ASSIST-Lite [18]	Alcohol use severity score (range = 0 – 36)	Self-report questionnaire assessing alcohol use problems	Video call 2
Drug use severity	Drug use items of the ASSIST-Lite [18]	Drug use severity score (range = 0 – 36)	Self-report questionnaire assessing drug use problems	Video call 2
Game addiction scale	GAS [19]	Game addiction scale total score (range = 0 – 21)	Self-report questionnaire assessing for addictive game use	Video call 2
Outcome domain: Academic and Professional functioning				
Educational level	Dutch Verhage scale [9]	Dutch Verhage score (range = 1 – 7)	Classification of highest level of completed education level based on the Dutch Verhage categories. Higher scores	Online questionnaire

			indicate a higher level of completed education	
Repeated grade	Custom made question	Ever repeated a grade (yes/no)	Self-report question assessing if a school year ever was repeated	Online questionnaire
Employed	Custom made question	Currently employed (yes/no)	Self-report question assessing current (un)employment	Online questionnaire
Number of times switched jobs	Custom made question	Number of times switched jobs	Self-report question assessing how often jobs were switched	Online questionnaire
Outcome domain: Adaptive functioning				
Perceived stress	PSS [20]	Perceived stress total score (range 0 – 40)	Self-report questionnaire assessing perception of stress during the last month	Video call 2
Risk-taking	Risk-taking subscale of DOSPERT [21, 22]	Risk-taking total score (range = 30 – 210)	Self-report questionnaire assessing general and domain-specific risk preference	Online questionnaire
Risk perception	Risk-perception subscale of DOSPERT [21, 22]	Risk perception total score (range = 30 – 210)	Self-report questionnaire assessing perception of general and domain-specific risk	Online questionnaire
Emotional wellbeing	Emotional wellbeing subscale of SF-36 [23, 24]	Emotional wellbeing scale score (range = 0 – 100)	Self-report questionnaire assessing general mental health. Higher scores indicate a more favorable health state	Online questionnaire
Social functioning	Social functioning subscale of SF-36 [23, 24]	Social functioning scale score (range = 0 – 100)	Self-report questionnaire assessing limitations in social activities because of physical or emotional problems. Higher scores indicate a more favorable health state	Online questionnaire
Quality of life - relationships	Relationships subscale of AAQoL [25]	Quality of life - relationships scale score (range = 0 – 100)	Self-report questionnaire assessing quality of life regarding relationships. Higher scores indicate a more favorable level of quality of life	Online questionnaire
Quality of life - life outlook	Life outlook subscale of AAQoL [25]	Quality of life - life outlook scale	Self-report questionnaire assessing quality of	Online questionnaire

		score (range = 0 – 100)	life regarding life outlook. Higher scores indicate a more favorable level of quality of life	
Outcome domain: Neurocognitive functioning				
Estimated Total IQ	WAIS-IV [26-28]	Estimated Total IQ (range = 50 - 135)	Two-subtest short form to estimate total IQ. Higher scores indicate a higher total IQ	Video call 2
Outcome domain: Physical health				
BMI	Height and weight	BMI (range = 0 – ∞)	Height (in cm) and weight (in kg) based calculation of BMI	Online questionnaire
MET minutes per week	IPAQ [29]	MET minutes per week (range = 0 – 19278)	Self-report questionnaire assessing physical activity of the last week based on length, frequency, and intensity of physical activity. Higher scores indicate more physical activity	Video call 2
General health perceptions	General health perceptions subscale of SF-36 [23, 24]	General health perceptions scale score (range = 0 – 100)	Self-report questionnaire assessing general health perceptions. Higher scores indicate a more favorable health state	Online questionnaire
Physical functioning	Physical functioning subscale of SF-36 [23, 24]	Physical functioning scale score (range = 0 – 100)	Self-report questionnaire assessing limitations in physical activities because of health problems. Higher scores indicate a more favorable health state	Online questionnaire
Pain	Pain subscale of SF-36 [23, 24]	Pain scale score (range = 0 – 100)	Self-report questionnaire assessing bodily pain. Higher scores indicate a more favorable health state	Online questionnaire
Energy/vitality	Energy/vitality subscale of SF-36 [23, 24]	Energy/vitality scale score (range = 0 – 100)	Self-report questionnaire assessing vitality, energy, and fatigue. Higher scores indicate a more	Online questionnaire

			favorable health state	
Sleep quality	PSQI [30]	Sleep quality score (range = 0 – 21)	Self-report questionnaire assessing sleep quality during the last month	Video call 2
Diet	Diet	Healthy diet score (range = 0 – 10)	Two self-report questions assessing diet healthiness and diet adherence based on the recommendations of The Netherlands Nutrition Centre on a visual analogue scale. Higher scores indicate a healthier diet	Online questionnaire
Outcome domain: Healthcare service use				
Healthcare service use - health and safety doctors and/or the employee insurance agency	Number of visits to health and safety doctors and/or the employee insurance agency last year	Number of visits to health and safety doctors and/or the employee insurance agency last year (range = 0 - ∞)	Questionnaire assessing number of visits to health and safety service and/or employee insurance agency institutes during the last year	Online questionnaire
Healthcare service use - mental healthcare institutes	Number of visits to mental health institutes last year	Number of visits to mental healthcare institutes last year (range = 0 - ∞)	Questionnaire assessing number of visits to mental healthcare institutes	Online questionnaire
Healthcare service use - physical healthcare institutes	Number of visits to physical healthcare institutes last year	Number of visits to physical healthcare institutes last year (range = 0 - ∞)	Questionnaire assessing number of visits to 41 various physical health institutes	Online questionnaire

Note. This Table was adapted from van der Plas et al.[31].

[a] The description includes score interpretation only when a higher score does not reflect worse functioning.

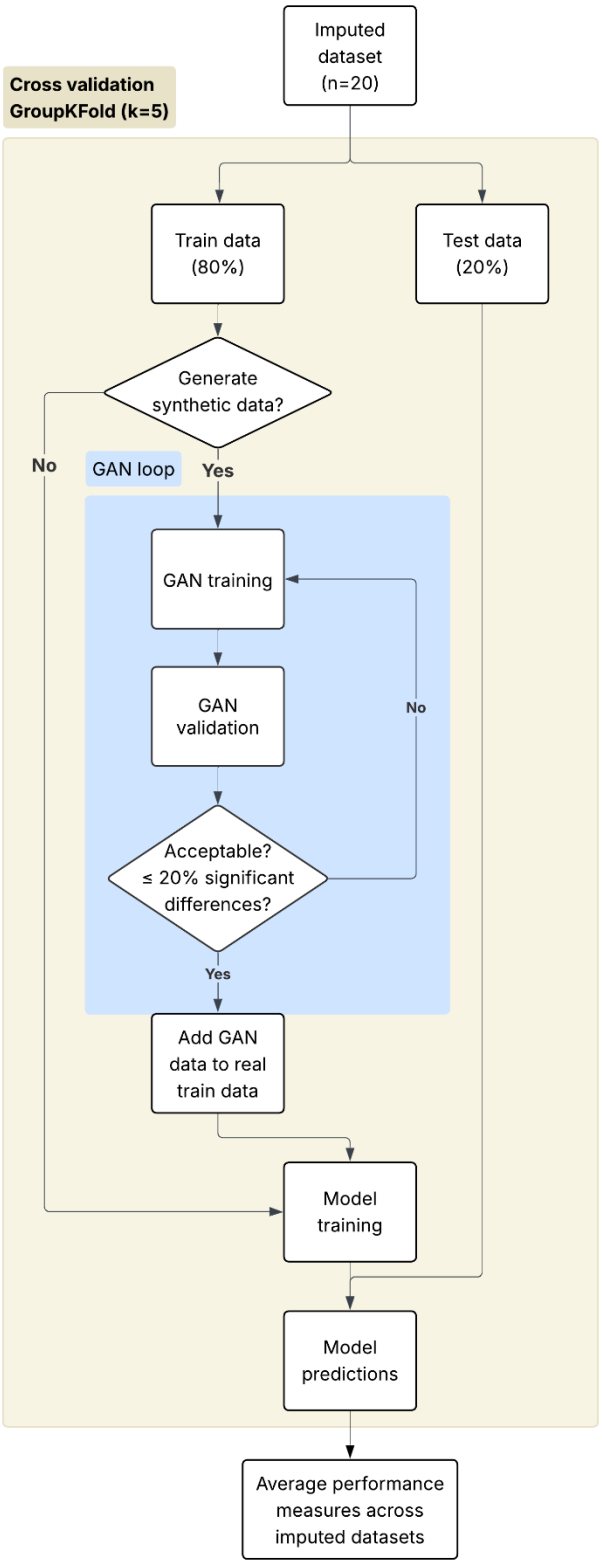
[b] Other-reporter preferably was the partner, otherwise someone else who knew them well (e.g., parents or siblings).

AAQoL= adult ADHD quality of life questionnaire, ADHD = attention-deficit/hyperactivity disorder, ASBQ = adult social behavior questionnaire, ASEBA-ASR = Achenbach system of empirically based assessment adult self report, ASPD = antisocial personality disorder, ARI = affective reactivity index, ASSIST-lite = alcohol, smoking and substance involvement screening tool – lite, AUD = alcohol use disorder, BMI = body mass index, CAARS = conners adult ADHD rating scale, DOSPERT = domain specific risk-taking questionnaire, DSM-5 = diagnostic and statistical manual of mental disorders fifth edition, GAD = generalized anxiety disorder, GAS = game addiction scale, ICU = inventory of callous and unemotional traits, IPAQ = international physical activity questionnaire, IQ = intelligence quotient, MDD = major depressive disorder, MET = metabolic equivalent, PSS

= perceived stress scale, PSQI = Pittsburgh sleep quality index, SCID-5 = structured clinical interview for DSM-5, SF-36 = short form health survey, STAB = subtypes of antisocial behavior questionnaire, SUD = substance use disorder, WAIS-IV = Wechsler adult intelligence scale.

Fig S1.

Overview of the pipeline within the cross-validation folds

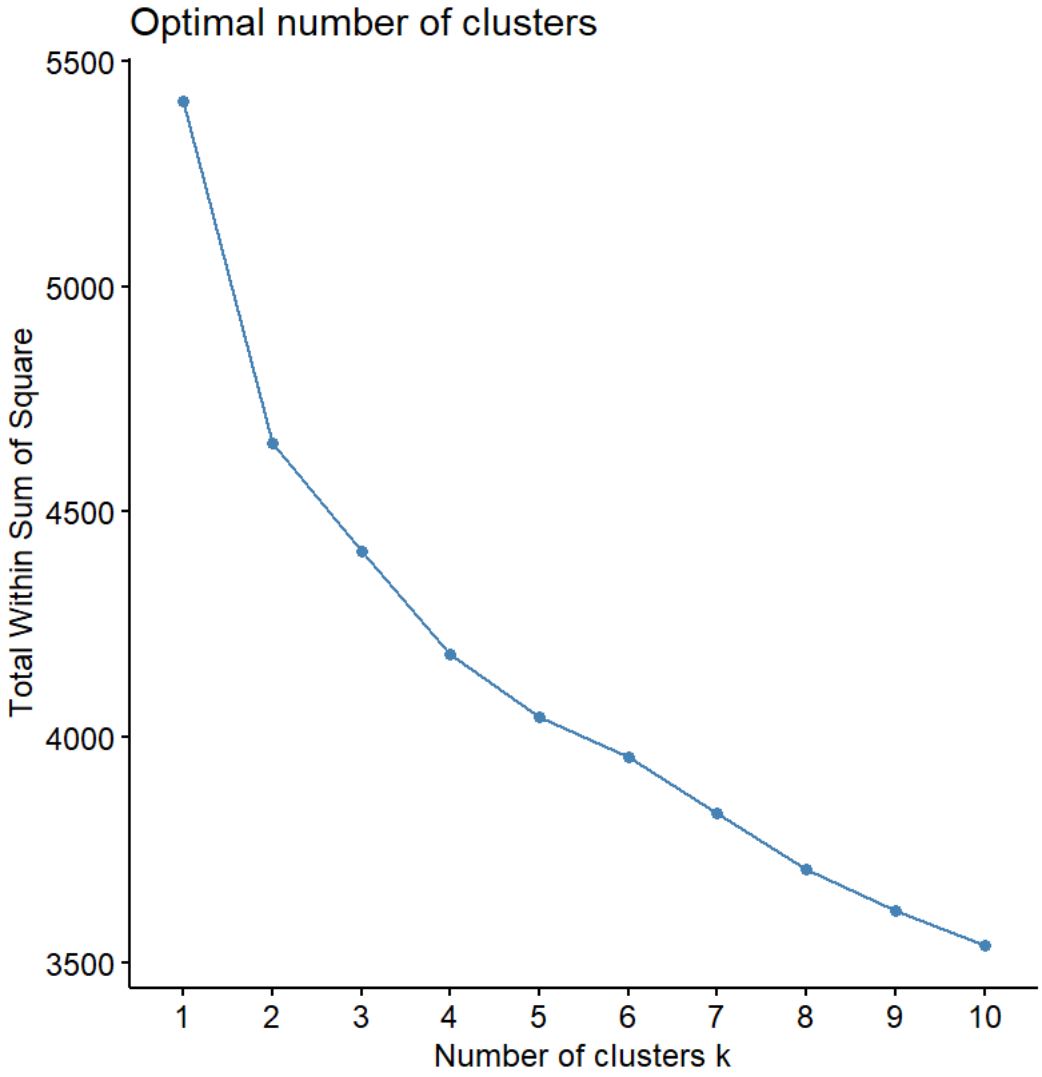


Note. All models were trained both on a dataset including only real data and on a dataset including real and synthetic (GAN) data.

GAN = generative adversarial network.

Fig S2.

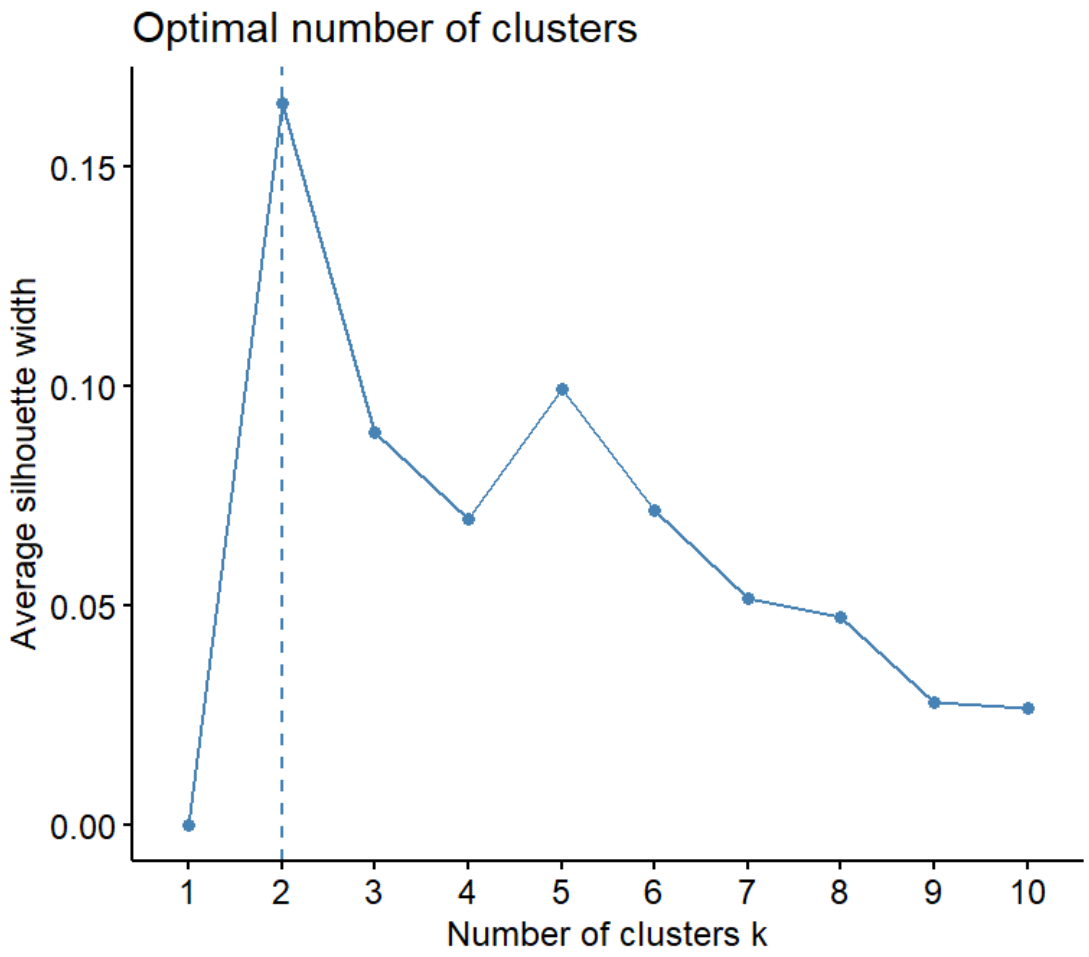
Elbow plot for identification of number of clusters of functioning using K-means clustering



Note. The elbow plot identified k = 2 as optimal number of clusters of functioning based on 41 outcome measures.

Fig S3.

Plot of the silhouette score for identification of number of clusters of functioning using K-means



Note. The silhouette score identified k = 2 as optimal number of clusters of functioning based on 41 outcome measures.

Table S4.

Hyperparameter tuning

Model	Hyperparameters grid search
Logistic regression with ridge regularization	C (0.001, 0.01, 0.1, 1, 10, 100) solver (lbfgs)
Support vector machine	C = (0.1, 1.0, 10) kernel = (rbf, linear)
Random forest	n_estimators = (100, 200, 300} max_depth = (5, 10, 15}
Extreme gradient boosting	n_estimators = (50, 100) max_depth = (3, 6, 10) learning_rate = (0.01, 0.1, 0.3)

Table S5.

Description of outcomes excluded from K-means clustering to identify groups with similar adult functioning

Outcome	Measure	Description	Reason for exclusion
Demographics			
Age	Age	Self-reported question	No long-term outcome of ADHD
Family status	Family status	Self-reported question	Measure is dependent on age (e.g., single at age 20 is not a negative outcome, whereas it might indicate a negative outcome at age 35)
Number of children	Number of children	Self-reported question	Measure is dependent on age
Gender	TMF [32]	Self-report questionnaire assessing self perceived masculinity/femineity	No long-term outcome of ADHD, but a stable or predictive measure
Adaptive functioning			
Number of significant life events after age 16	Long-term Difficulties Questionnaire [33]	Self-report questionnaire assessing number of significant life events after age 16	No long-term outcome of ADHD, but a stable or predictive measure
Creativity	CAQ [34]	Self-report questionnaire assessing presence of 10 domains of creative achievements	No long-term outcome of ADHD, but a stable or predictive measure
Neurocognitive functioning			
Short-term memory – digits	WAIS-IV [26, 35]	Total raw score of the Digit Span Forwards subtask from the Digit Span module. Higher scores indicate a better short-term memory	No long-term outcome of ADHD, but a stable or predictive measure
Short-term memory – verbal	15WT [36]	Test assessing short-term memory, based on total number of correct short-term retention with 15 auditory presented words 5 times. Higher scores indicate a better short-term memory	No long-term outcome of ADHD, but a stable or predictive measure
Working memory	WAIS-IV [26, 35]	Raw score of the Digit Backwards and Digit Span Sequencing subtask from the Digit Span module. Higher scores indicate a better working memory	No long-term outcome of ADHD, but a stable or predictive measure
Long-term memory	15WT [36]	Test assessing long-term memory, based on total number of correct words retained after 20	No long-term outcome of ADHD, but a stable or predictive measure

		minutes. Higher scores indicate a better long-term memory	
Cognitive fluency	Dutch version of the COWAT [37]	Test assessing letter fluency, based on total number of correct words produced across 3 letters (D, A, T). Higher scores indicate better letter fluency	No long-term outcome of ADHD, but a stable or predictive measure
Physical health			
Role limitation due to physical problems	Role limitation due to physical problems subscale of SF-36 [23, 24]	Self-report questionnaire assessing limitations in usual role activities because of physical health problems. Higher scores indicate a more favorable health state	No variance in the responses
Role limitation due to emotional problems	Role limitation due to emotional problems subscale of SF-36 [23, 24]	Self-report questionnaire assessing limitations in usual role activities because of emotional problems. Higher scores indicate a more favorable health state	No variance in the responses
Healthcare service use			
Current ADHD medication use	Pharmacy dispending records	Based on the presence of at least one prescription of dexamphetamine, methylphenidate, or atomoxetine in the previous year	Missing for > 20% of participants
Current general medication use	Pharmacy dispending records	Based on summing the total number of different ATC codes prescribed in the previous year	Missing for > 20% of participants
Other			
Coping through religion	Coping through religion	Self-report questionnaire assessing perceived support from religion and religious communities.	Missing data, as it was assessed in a subset of participants: those who belong to a religious group
Use of effective disciplinary practices	PPI [38-40]	Self-report questionnaire for parents assessing parents' use of effective disciplinary practices.	Missing data, as it was assessed in a subset of participants: participants with children.
Use of positive parenting	PPI [38-40]	Self-report questionnaire for parents assessing parents' use of positive disciplinary practices.	Missing data, as it was assessed in a subset of participants: participants with children.

Use of harsh discipline	PPI [38-40]	Self-report questionnaire for parents assessing parents' use of harsh disciplinary practices	Missing data, as it was assessed in a subset of participants: participants with children.

ATC = anatomical therapeutic chemical, CAQ = creative achievement questionnaire, COWAT = controlled oral word association test, PPI = parenting practice interview, SF-36 = short form health survey, WAIS-IV = Wechsler adult intelligence scale, 15T = Dutch verbal learning test.

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