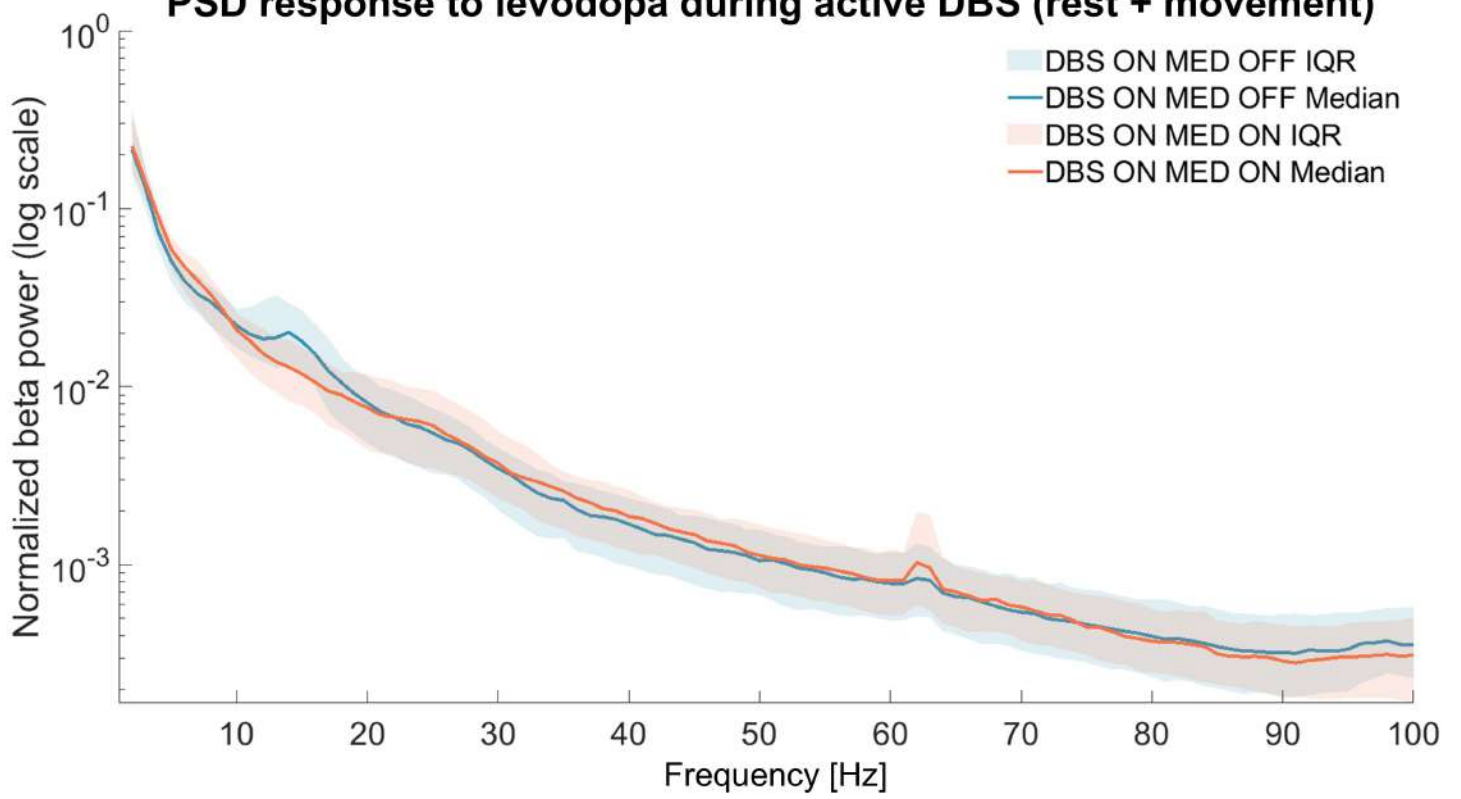
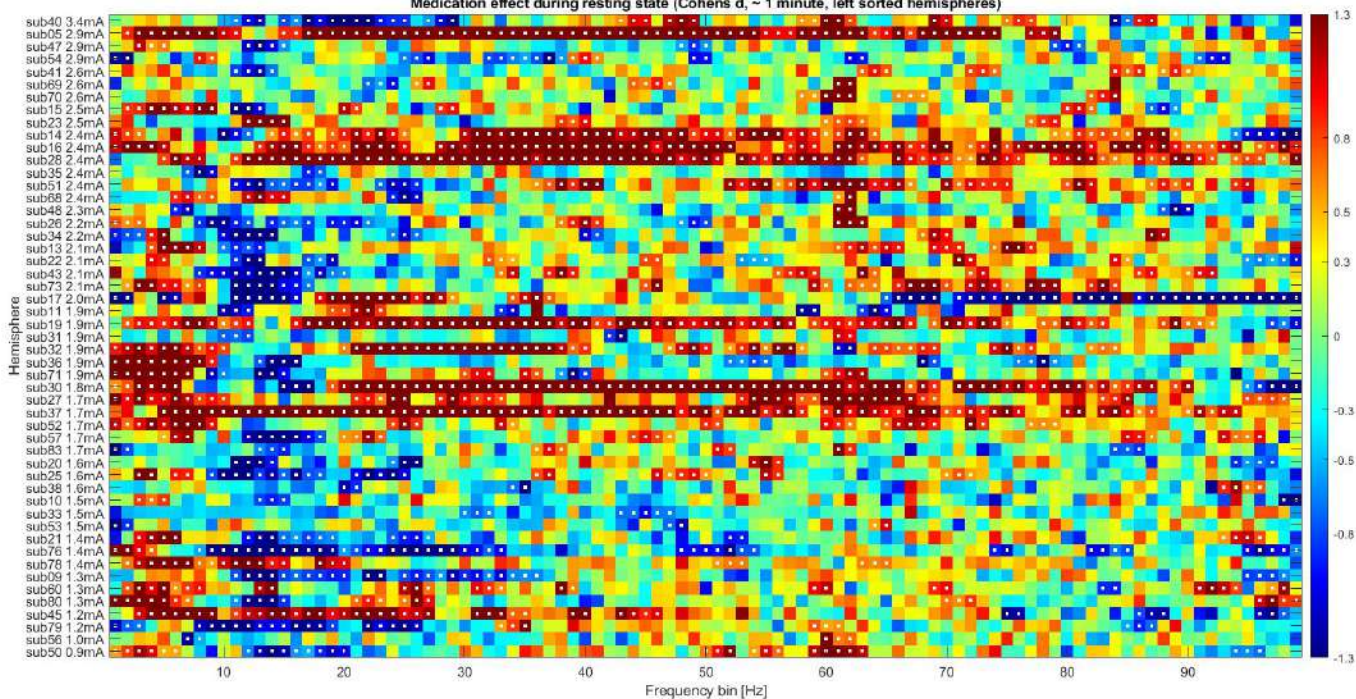


### PSD response to levodopa during active DBS (rest + movement)



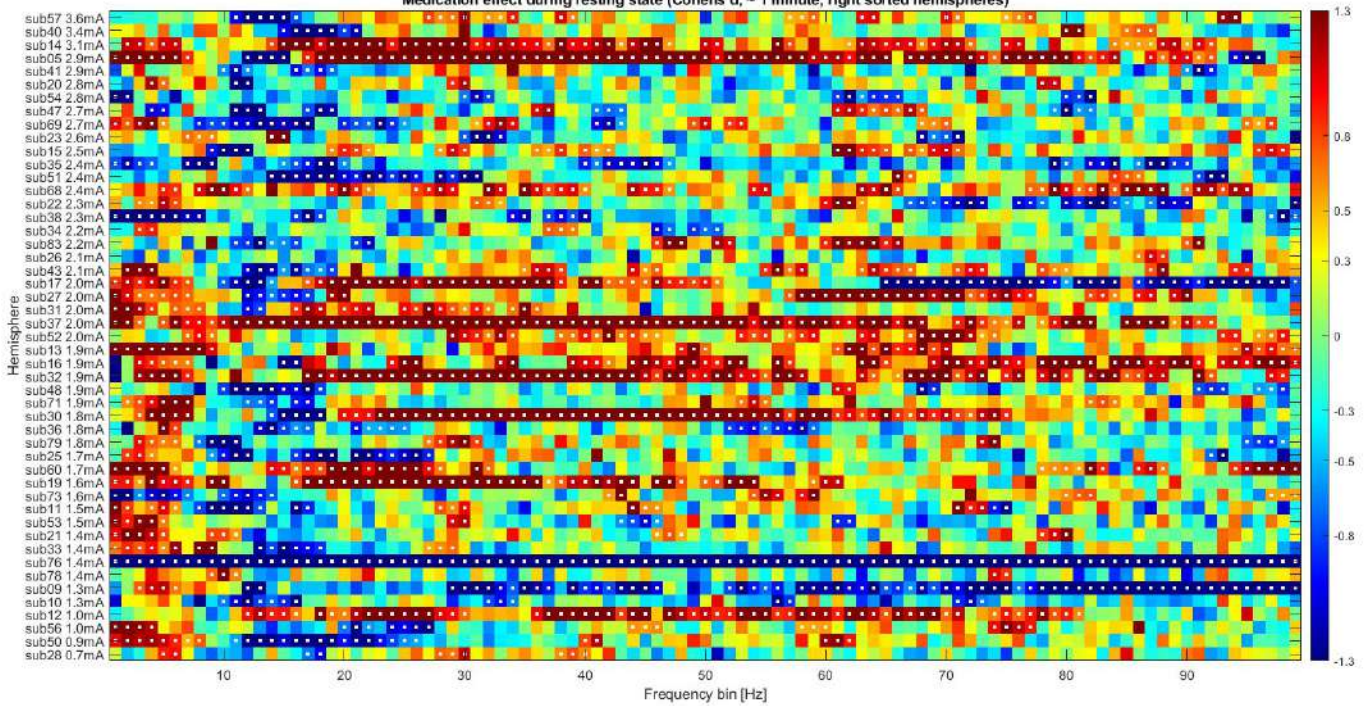
**Supplementary Figure S1 – Power response to levodopa across hemispheres.** Effect of levodopa intake on the power spectral density (PSD) of local field potential recordings obtained during deep brain stimulation after optimising stimulation amperage and medication schedule. Per hemisphere (n = 100) one PSD was computed for each medication state (MED OFF and MED ON) based on the total segment of available data (4 – 8 minutes). Shown are the median PSD and interquartile range (IQR) across hemispheres.

Medication effect during resting state (Cohens d, ~ 1 minute, left sorted hemispheres)



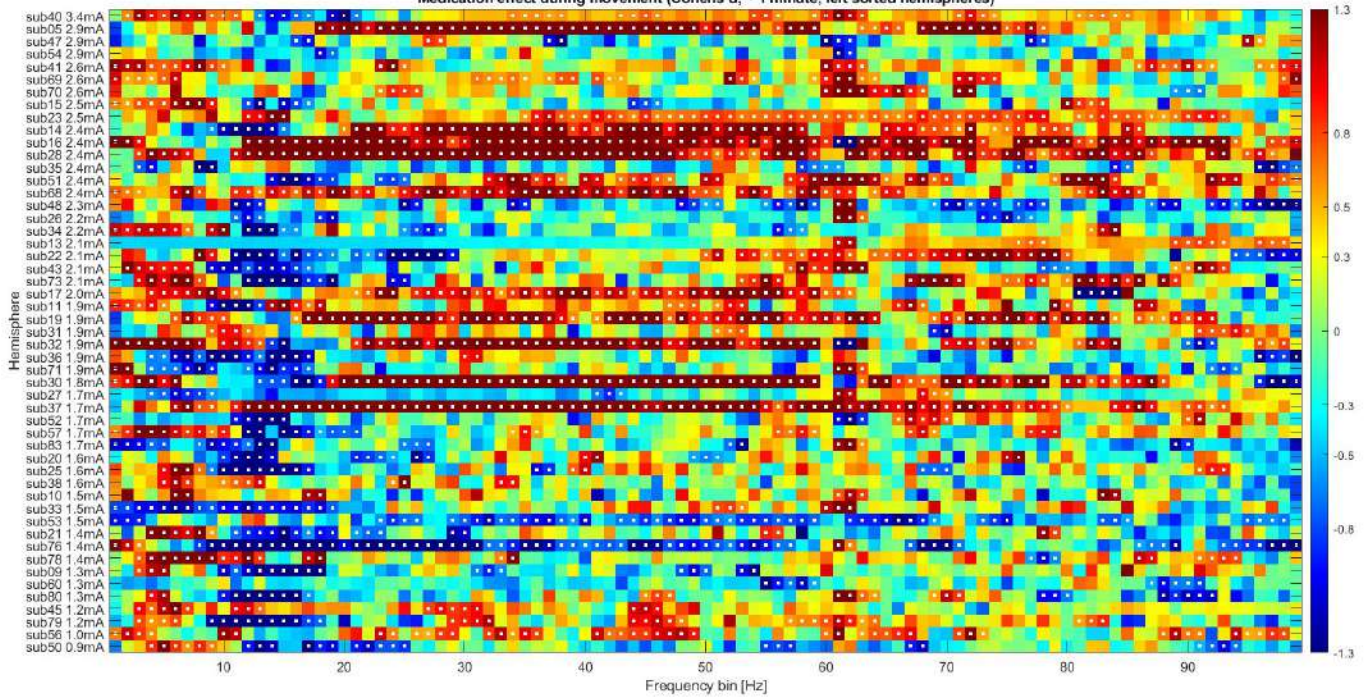
**Supplementary Figure S2 A – Effect sizes of medication-induced changes in LFP power of resting state recordings from left hemispheres.** For each of 51 hemispheres, effect sizes were calculated as Cohen's  $d$  (MED OFF > MED ON) for the full LFP spectrum as described in the methods and statistically tested with cluster-based permutation testing. White dots indicate frequency bins that are part of a significant cluster ( $p < 0.05$ ). For visualisation, hemispheres were sorted based upon stimulation amplitude. SEG physiometers (~62,5 Hz) appeared at higher stimulation amplitudes, while alpha/low-beta (9-20 Hz) physiometers were spread across stimulation amplitudes. Some hemispheres showed strong broadband effects in the high beta and low gamma band without clear modulation of alpha/low-beta or SEG bands.

Medication effect during resting state (Cohens d, ~ 1 minute, right sorted hemispheres)



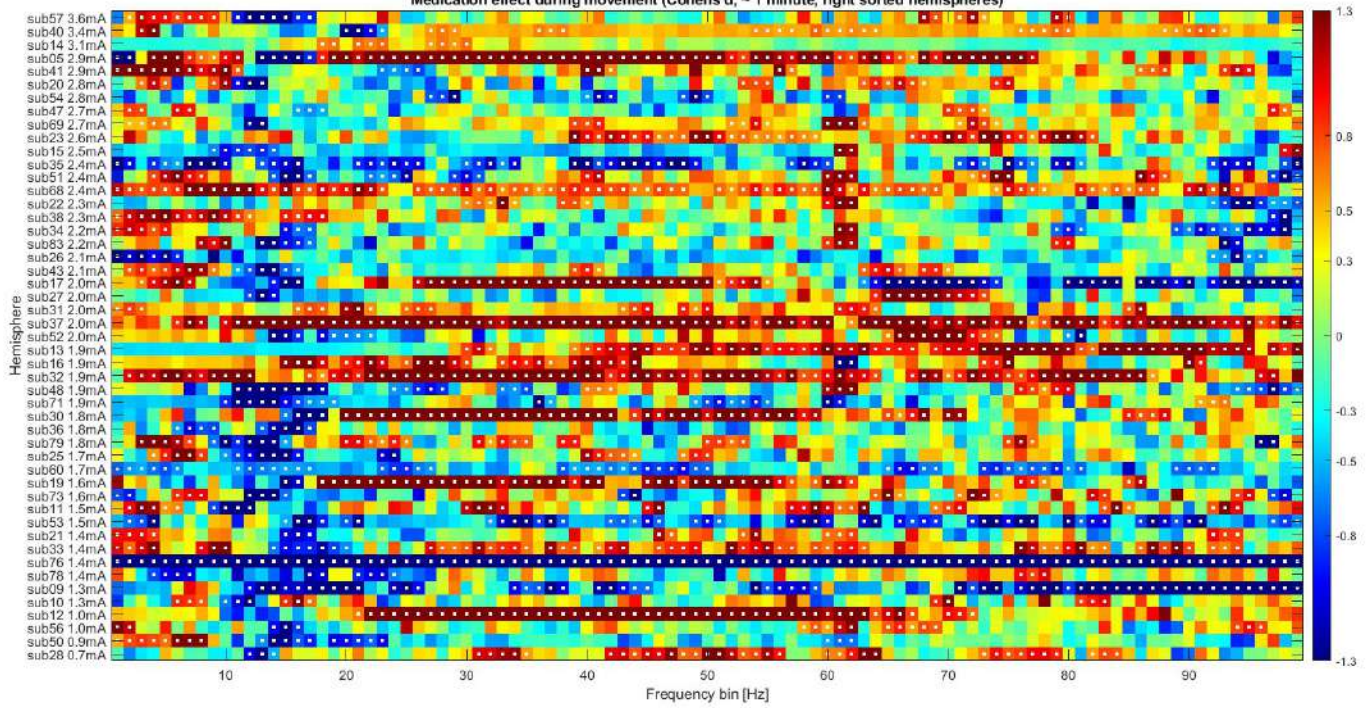
**Supplementary Figure S2 B – Effect sizes of medication-induced changes in LFP power of resting state recordings from right hemispheres.** For each of 49 hemispheres, effect sizes were calculated as Cohen's  $d$  (MED OFF > MED ON) for the full LFP spectrum as described in the methods and statistically tested with cluster-based permutation testing. White dots indicate frequency bins that are part of a significant cluster ( $p < 0.05$ ). For visualisation, hemispheres were sorted based upon stimulation amplitude. No clear pattern for SEG (~62,5 Hz) effects was observed and alpha/low-beta effects were spread across stimulation amplitudes. Again, some hemispheres showed strong broadband effects in the high-beta/low-gamma band.

Medication effect during movement (Cohens d, ~ 1 minute, left sorted hemispheres)



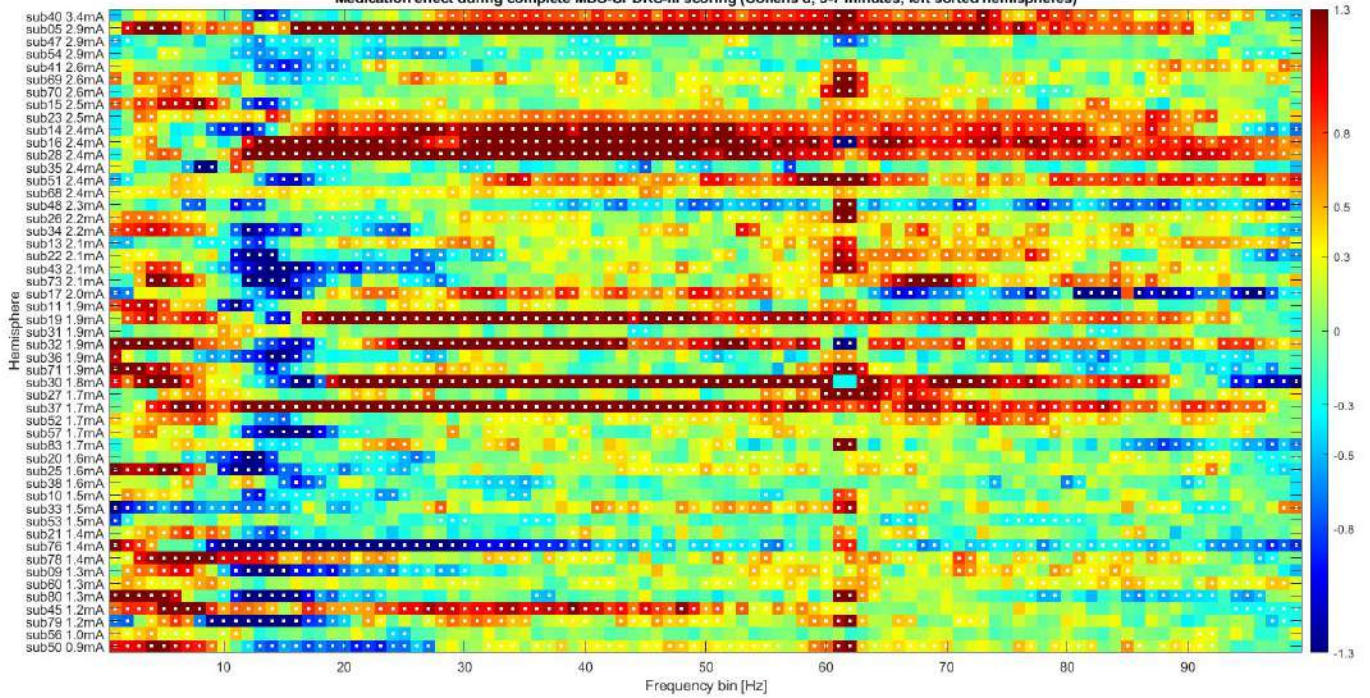
**Supplementary Figure S3 A – Effect sizes of medication-induced changes in LFP power of movement state recordings from left hemispheres.** For each of 51 hemispheres, effect sizes were calculated as Cohen's  $d$  (MED OFF > MED ON) for the full LFP spectrum as described in the methods and statistically tested with cluster-based permutation testing. White dots indicate frequency bins that are part of a significant cluster ( $p < 0.05$ ). For visualisation, hemispheres were sorted based upon stimulation amplitude. No clear pattern was observed regarding the SEG (~62,5 Hz) effects, except their increased occurrence compared to the resting state, while alpha/low-beta (9-20 Hz) effects were spread across stimulation amplitudes. Some hemispheres showed strong broadband effects in the high beta/ low gamma band with only some showing modulation of low beta activity.

Medication effect during movement (Cohens d, ~1 minute, right sorted hemispheres)



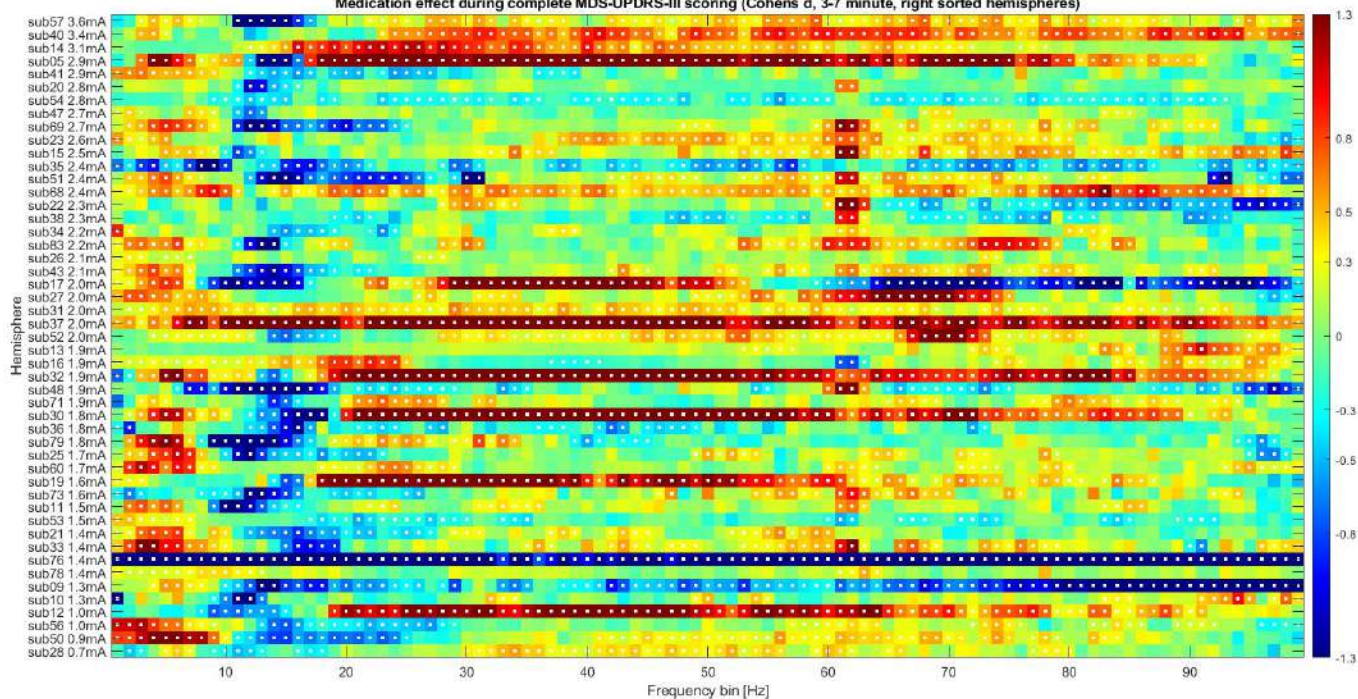
**Supplementary Figure S3 B – Effect sizes of medication-induced changes in LFP power of movement state recordings from right hemispheres.** For each of 49 hemispheres, effect sizes were calculated as Cohen's  $d$  (MED OFF > MED ON) for the full LFP spectrum as described in the methods and statistically tested with cluster-based permutation testing. White dots indicate frequency bins that are part of a significant cluster ( $p < 0.05$ ). For visualisation, hemispheres were sorted based upon stimulation amplitude. No clear pattern was observed regarding the SEG effects ( $\sim 62.5$  Hz), except their increased occurrence compared to the resting state, while alpha/low-beta (9-20 Hz) effects were spread across stimulation amplitudes. Some hemispheres showed strong broadband effects in the high beta/ low gamma band.

Medication effect during complete MDS-UPDRS-III scoring (Cohens d, 3-7 minutes, left sorted hemispheres)

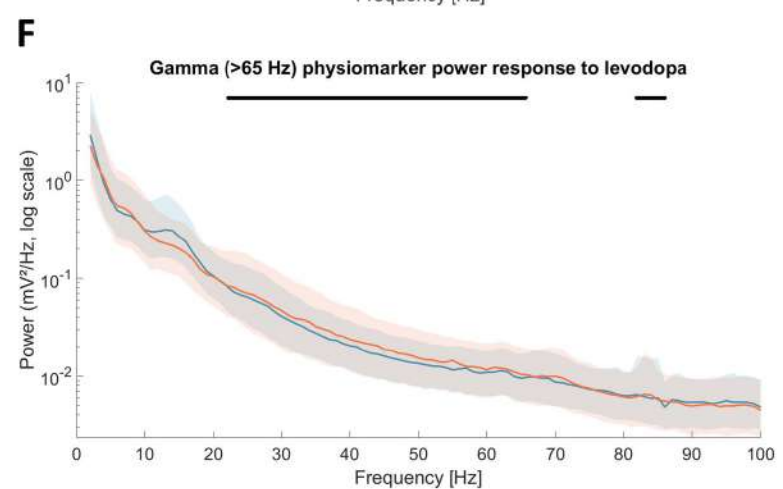
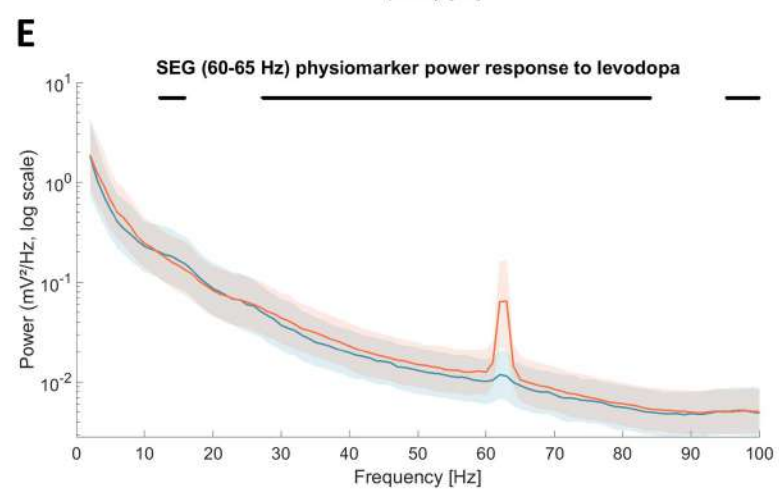
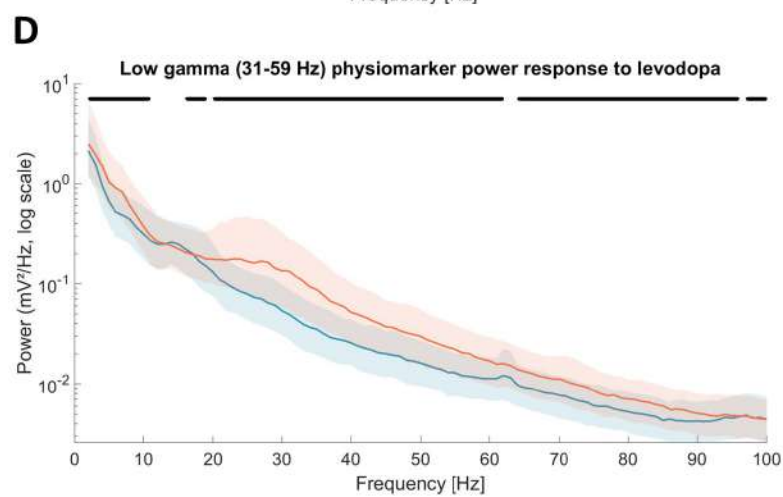
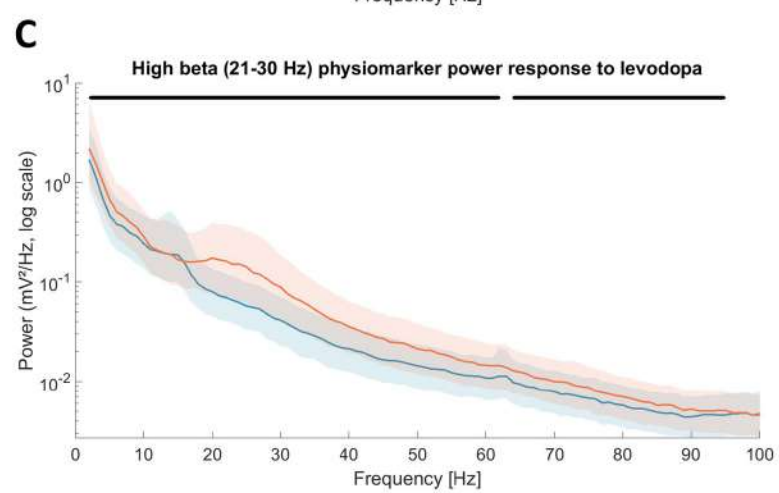
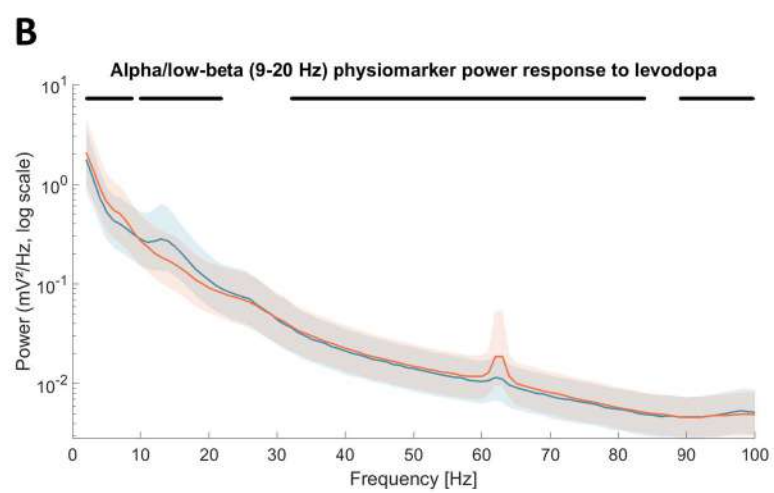
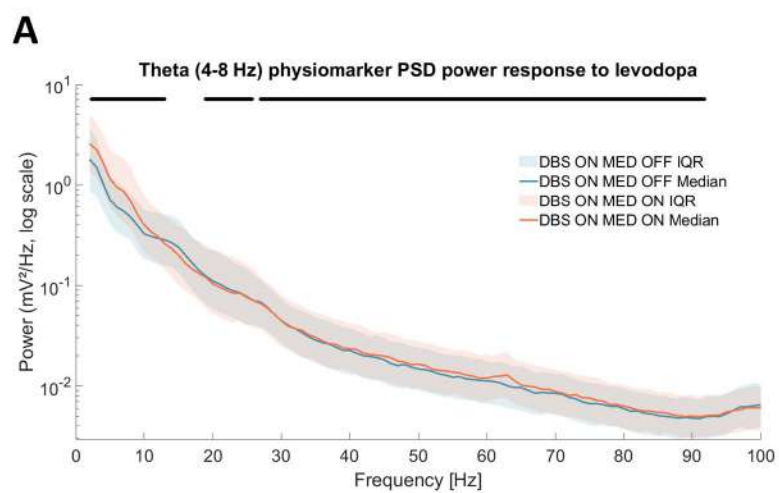


**Supplementary Figure S4 A – Effect sizes of medication-induced changes in LFP power of full MDS-UPDRS-III recordings from left hemispheres.** For each of 51 hemispheres, effect sizes were calculated as Cohen's  $d$  (MED OFF > MED ON) for the full LFP spectrum as described in the methods and statistically tested with cluster-based permutation testing. White dots indicate frequency bins that are part of a significant cluster ( $p < 0.05$ ). For visualisation, hemispheres were sorted based upon stimulation amplitude. Alpha/low-beta and SEG physiomarkers appeared across stimulation amplitudes. Some hemispheres showed strong broadband effects in the high beta/ low gamma band with only some showing modulation of low beta activity. Finally, some hemispheres showed both SEG and alpha/low-beta modulation.

Medication effect during complete MDS-UPDRS-III scoring (Cohens d, 3-7 minute, right sorted hemispheres)

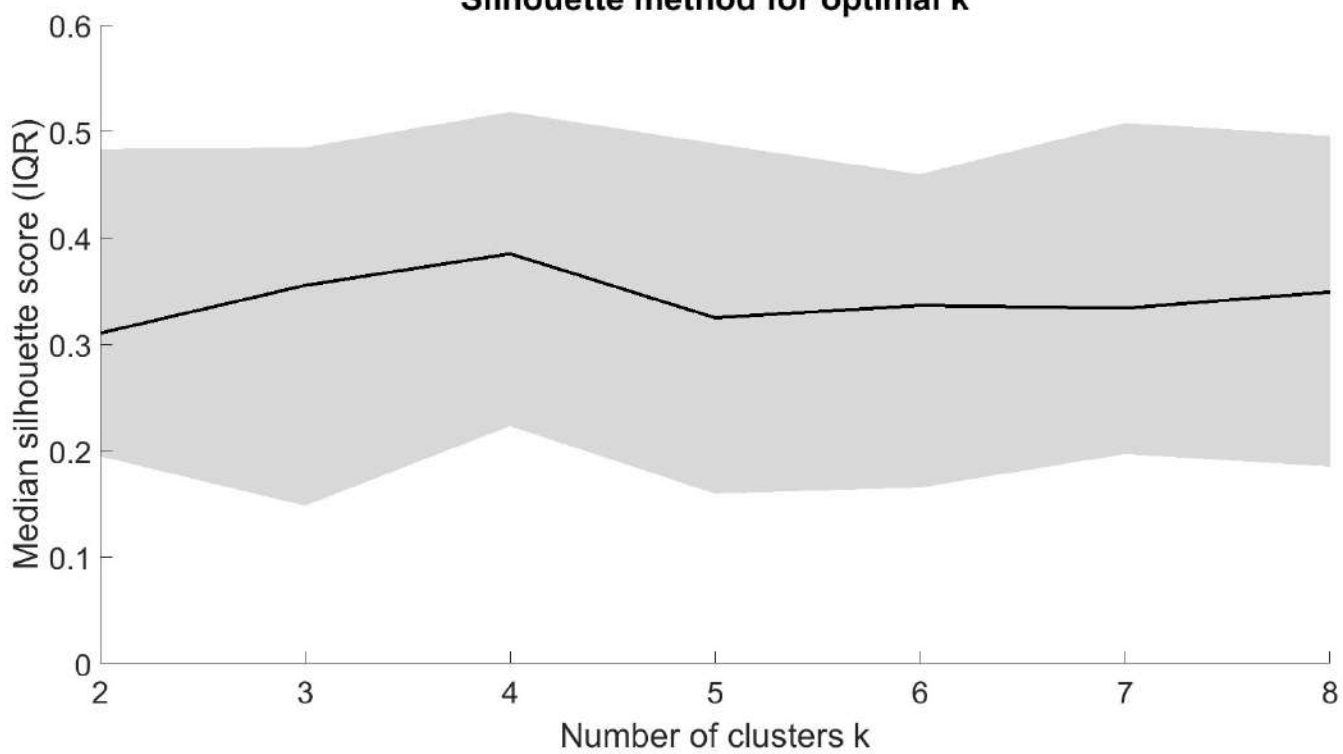


**Supplementary Figure S4 B – Effect sizes of medication-induced changes in LFP power of full MDS-UPDRS-III recordings from right hemispheres.** For each of 49 hemispheres, effect sizes were calculated as Cohen's  $d$  (MED OFF > MED ON) for the full LFP spectrum as described in the methods and statistically tested with cluster-based permutation testing. White dots indicate frequency bins that are part of a significant cluster ( $p < 0.05$ ). For visualisation, hemispheres were sorted based upon stimulation amplitude. Alpha/low-beta and SEG physiometers did not show a distinct pattern but appeared across stimulation amplitudes. Some hemispheres showed strong broadband effects in the high beta/ low gamma band with only some showing modulation of low beta activity. Finally, some hemispheres showed both SEG and alpha/low-beta modulation.



**Supplementary Figure S5 – Medication-induced changes in LFP power for hemispheres with different physiomarker frequencies.** PSDs from individual hemispheres were grouped based on the frequency band of the detected physiomarker: theta (4-8 Hz), alpha/low-beta (9-20 Hz), high beta (21-30 Hz), low gamma (31-59 Hz), SEG (60-65 Hz) and high gamma (66-100 Hz) band. Each panel presents the median and interquartile range of the PSD across hemispheres in the medication ON and OFF state. Differences in power between medication states were statistically tested with cluster-based permutation testing; significant clusters are marked with black lines at the top of each panel. **(A)** Hemispheres with a MED ON>MED OFF physiomarker in the theta band (number of hemispheres (n) = 8, number of PSDs ('PSDs') = 1865). **(B)** Hemispheres with a MED OFF>MED ON physiomarker in the alpha/low-beta band (n = 35, PSDs = 6821). **(C)** Hemispheres with a physiomarker in the high beta band in both directions (n = 9, PSDs = 1898) **(D)** Hemispheres with a physiomarker in the low gamma band in both directions (n = 9, PSDs = 1796). **(E)** Hemispheres with a MED ON>MED OFF physiomarker in the SEG band (n = 19, PSDs = 3493). **(F)** Hemispheres with a physiomarker in both directions in the high gamma band (n = 12, PSDs = 2482).

**Silhouette method for optimal k**



**Supplementary Figure S6 – Silhouette score of clustering analysis.** Median (IQR is shaded) silhouette score as a function of the number of clusters used for the cluster analysis. Clustering was repeated 100 times per number of clusters (k). This metric is highest with four clusters, indicating the optimal number. The silhouette score with four clusters has a median of 0.38, indicating moderate structure of the clusters.