

Supplemental Table 2: Overview of impairment details, key findings and limitations of the studies included (alphabetical order).

| Author, year of publication | Impairment details | | | Key findings | Limitations | Quality rating summary score |
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| | Impairment | Impairment types | Cause of impairment | | | |
| Abeyasinghe <i>et al.</i> 2012 | Physical | Extremity amputation Spinal cord injury (SCI) | Trauma | <ol style="list-style-type: none"> Overall diagnosis of PTSD: 41.7%. Diagnosis of PTSD among lower limb amputees: 42.5%. Diagnosis of PTSD among upper limb amputees: 33.3%. Diagnosis of PTSD among SCI participants: 45.7%. | <ol style="list-style-type: none"> Cross-sectional design. Convenience sampling. PTSD measure not validated for use in Sri Lanka. Small sample size. | 1 |
| Abrams <i>et al.</i> 2006 | Hearing | Hearing loss Tinnitus | Not reported | <ol style="list-style-type: none"> Diagnosis of depression: 29.3% of the hearing impaired (HI) participants compared to 6.5% of those without HI#. Participants with HI were older, more likely to be depressed and less independent. | <ol style="list-style-type: none"> Only univariate analysis for association HI and depression Identification depression and HI using physician-generated problem lists and ICD codes. Response rate not reported. | 2 |
| Boakye <i>et al.</i> 2013 | Physical | SCI | Not reported | <ol style="list-style-type: none"> Self-reported depression: 46.4%. Self-reported PTSD: 25.6%. Self-reported alcoholism or IV drug use: 26.2%. BDI scores increased with decreased age and increased pain. | <ol style="list-style-type: none"> Data retrieved from routinely collected survey data. Missing data on other factors e.g. social support, coping strategies, time since impairment. | 2 |
| Delimar <i>et al.</i> 1998 Sivik <i>et al.</i> 2000 | Physical | Extremity amputation | Trauma | <p><i>Delimar et al. 1998</i></p> <ol style="list-style-type: none"> Diagnosis of PTSD among soldiers with non-disabling injury 52.9%; permanent disabling injury 29.4%; active soldiers without an impairment: 17.7%. <p><i>Sivik et al. 2000</i></p> <ol style="list-style-type: none"> Active soldiers and soldiers with non-disabling injuries scored substantially higher on hysteria and depression than soldiers with permanently disabling injuries and active soldiers without an impairment. | <ol style="list-style-type: none"> Small sample size. Response rate not reported. | 3 3 |
| Desmond <i>et al.</i> 2006, Desmond 2007 | Physical | Extremity amputation | Trauma | <p><i>Desmond 2007 (upper limb amputations)</i></p> <ol style="list-style-type: none"> Diagnosis of possible clinical depression: 28.3% Diagnosis of possible clinical anxiety: 35.5%. <p><i>Desmond 2006 (upper and lower limb amputations)</i></p> <ol style="list-style-type: none"> Diagnosis of possible clinical depression: 32.0%. Diagnosis of possible clinical anxiety: 34.0%. Diagnosis of possible PTSD: 24.6% | <ol style="list-style-type: none"> Cross-sectional design. Low response rate. Limited generalizability; members of a charity organisation. | 2 2 |

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| Doukas et al., 2013 | Physical | Lower limb amputation | Trauma | <ol style="list-style-type: none"> 1. Probable major depression among those with an unilateral lower limb amputation: 13.3% 2. Probable major depression among those with a bilateral amputation: 10.3% 3. Screened positive PTSD among those with an unilateral lower limb amputation: 14.8% 4. Screened positive PTSD among those with a bilateral amputation: 10.3% | <ol style="list-style-type: none"> 1. Cross-sectional design. 2. Consecutive sampling. | 2 |
| Ebrahimzadeh et al. 2009 | Physical | Above knee amputation | Trauma | <ol style="list-style-type: none"> 1. Self-reported diagnosis of PTSD: 32.3%. 2. Self-reported diagnosis of depression: 9.7%. 3. Self-reported diagnosis of anxiety disorders: 16.1%. | <ol style="list-style-type: none"> 1. Cross-sectional design. 2. Small sample size. 3. Consecutive sampling. 4. Response rate not reported. | 1 |
| Fagelson et al. 2007 | Hearing | Tinnitus Hearing loss | Not reported | <ol style="list-style-type: none"> 1. Diagnosis of both PTSD and tinnitus: 34% | <ol style="list-style-type: none"> 1. Data retrieved from hospital charts. 2. Only crude analysis for associations between PTSD, tinnitus, sleep disruption, concentration etc. | 2 |
| Gregurek et al. 1996 | Physical | SCI | Trauma | <ol style="list-style-type: none"> 1. Diagnosis of PTSD: 18.9% 2. Anxiety levels were substantially higher in participants with PTSD compared to those without PTSD. | <ol style="list-style-type: none"> 1. Cross-sectional design. 2. Small sample size. 3. Convenience sampling. 4. Response rate not reported. | 3 |
| Gunawardena et al. 2007 | Physical | Extremity amputation | Trauma | <ol style="list-style-type: none"> 1. 36.0% of the soldiers with an amputation had psychological symptoms of psychological distress, compared to 8.9% of the non-amputee controls#. 2. 13.4% had somatic symptoms of psychological distress compared to 2.8% of the non-amputee controls#. 3. Substance abuse was higher among amputees (2.2%) than non-amputee controls (0.7%)#. | <ol style="list-style-type: none"> 1. No information about the timing of psychological distress symptoms or their duration. 2. Recall bias due to long duration since injury. 3. Response rate not reported. | 3 |
| Hume et al. 1994 | Physical Vision | Bullet/ Shrapnel wound Head injury Extremity amputation Eye injury SCI | Trauma | <ol style="list-style-type: none"> 1. Diagnosis of psychological distress among war wounded personnel (GHQ): 33.3%. 2. Diagnosis of psychological distress among non-war wounded personnel (controls): 9.8%. 3. Diagnosis of PTSD among war wounded personnel: 18.0%. 4. Diagnosis of PTSD among ex-contra's (all with severe disabilities): 20.0% Ω 5. Alcoholic problems among war-wounded: 5.6%. | <ol style="list-style-type: none"> 1. Moderate sample size. 2. Response rate not reported. | 2 |
| Kasturiaratchi, et al. 2004 | Physical Hearing Vision | Extremity amputation SCI | Not reported | <ol style="list-style-type: none"> 1. 49.3% scored positive for psychological symptoms of psychological distress. 2. 29.2% scored positive for somatic symptoms of psychological distress. 3. Increased alcohol consumption was also substantially associated with positive GHQ status*. | <ol style="list-style-type: none"> 1. Cross-sectional design. 2. Only univariate analysis for associations between positive GHQ and positive BSI status. 3. Response rate not reported. | 3 |
| Kim et al. 2006 | Physical | Lumbar disc herniation (LDH) | Not reported | <ol style="list-style-type: none"> 1. Depression was more common among LDH conscripts compared to healthy conscripts as well | <ol style="list-style-type: none"> 1. Moderate sample size. 2. Consecutive sampling. | 2 |

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| | | | | <p>as state anxiety and trait anxiety.</p> <p>2. Diagnosis of clinical depression LDH conscripts: 40.8%.</p> | <p>3. No information on factors that may be important in multivariate analysis e.g. social support.</p> <p>4. Response rate not reported.</p> | |
| Martz <i>et al.</i> 2001 | Physical | SCI Amputation (Extensive burns, major chest trauma, heart failure/ shock, cardiac arrest) | Not reported | <p>1. Participants who were diagnosed with PTSD were more likely to experience a physical impairment, spinal disorder, burns or an amputation.</p> | <p>1. Only univariate analysis</p> <p>2. Missing data on important factors; chart review</p> <p>3. PTSD diagnosis based on hospital records.</p> | 3 |
| Melcer <i>et al.</i> 2010, Melcer <i>et al.</i> 2013 | Physical | Major limb amputations Serious extremity injuries without amputation | Trauma | <p><i>Melcer et al. 2010</i></p> <p>1. Diagnosis of PTSD: 18.1%.</p> <p>2. Diagnosis of anxiety disorder: 25.4%.</p> <p>3. Diagnosis of mood disorder: 20.4%.</p> <p>4. Depressive disorder accounted for more than 75% of the mood disorders.</p> <p>5. Diagnosis of substance abuse: 6.0%.</p> <p><i>Melcer et al. 2013</i></p> <p>1. Amputees were less often diagnosed with PTSD compared to non-amputees with serious extremity injuries (18.1% vs. 32.1%).</p> <p>2. No differences were identified between the prevalence of anxiety (25.4% vs. 23.0%), mood disorder (20.4 vs. 14.2) and substance abuse (6.0 vs. 8.4%) between the amputees and non-amputees with serious extremity injuries.</p> | <p>1. Not all information on important factors available; chart review</p> <p>2. Reliance on ICD-9 codes for identification of mental health diagnoses.</p> <p>3. Consecutive sampling.</p> | 2 2 |
| Radnitz <i>et al.</i> 1998, Radnitz <i>et al.</i> 1998 | Physical | SCI Other traumatic injuries | Trauma Accidents | <p><i>Radnitz et al. 1998</i></p> <p>1. 12% diagnosed with current PTSD and 29% with lifetime PTSD.</p> <p><i>Radnitz et al. 1998</i></p> <p>1. Diagnosis of current PTSD in participants with paraplegia: 22%.</p> <p>2. Diagnosis of current PTSD in those with quadriplegia: 2%.</p> <p>3. Diagnosis of current PTSD in controls who experienced traumatic injuries other than SCI: 21%.</p> <p>4. Diagnosis of lifetime PTSD in participants with paraplegia: 44%.</p> <p>5. Diagnosis of lifetime PTSD in those with quadriplegia: 13%.</p> <p>6. Diagnosis of lifetime PTSD in controls who experienced traumatic injuries other than SCI: 26%.</p> | <p>1. Convenience sampling.</p> <p>2. Moderate sample size.</p> <p>3. Response rate not reported.</p> | 2 2 |

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| Reiber <i>et al.</i> 2010, Epstein <i>et al.</i> 2010, Dougherty <i>et al.</i> 2010, Dougherty <i>et al.</i> 2012, Katon <i>et al.</i> 2013 | Physical Vision Hearing | Extremity amputation Head injury Eye injury Hearing loss Chest/Abdominal injury | Trauma | <p><i>Reiber et al. 2010</i></p> <ol style="list-style-type: none"> 1. Self-reported diagnosis of depression Vietnam War participants: 24.5%. 2. Self-reported diagnosis of depression OIF/OEF participants: 24.0%. 3. Self-reported diagnosis of PTSD Vietnam War participants: 37.6%. 4. Self-reported diagnosis of PTSD OIF/OEF participants: 58.7%. | <ol style="list-style-type: none"> 1. Cross-sectional design. 2. Recall bias. 3. Self-reported presence of PTSD, depression, TBI etc. | 2 |
| | | | | <p><i>Dougherty et al. 2010 (multiple limb loss)</i></p> <ol style="list-style-type: none"> 1. Diagnosis of depression Vietnam War participants: 24.7%. 2. Diagnosis of depression OIF/OEF participants: 19.7%. 3. Diagnosis of PTSD Vietnam War participants: 24.7%. 4. Diagnosis of PTSD OIF/OEF participants: 37.7%. | | 3 |
| | | | | <p><i>Dougherty et al. 2012 (bilateral transfemoral limb loss)</i></p> <ol style="list-style-type: none"> 1. Diagnosis of depression Vietnam War participants: 21.7%. 2. Diagnosis of depression OIF/OEF participants: 20.0%. 3. Diagnosis of PTSD Vietnam War participants: 26.1%. 4. Diagnosis of PTSD OIF/OEF participants: 10.0%. | | 3 |
| | | | | <p><i>Epstein et al. 2010</i></p> <ol style="list-style-type: none"> 1. Worse QOL was substantially associated with PTSD and depression in the Vietnam and OIF/OEF group (42.9% & 52.0% and 21.7% & 35.3% respectively)*. | | 3 |
| | | | | <p><i>Katon et al., 2013 (traumatic limb loss)</i></p> <ol style="list-style-type: none"> 1. Self-reported depression: 24%. 2. Self-reported PTSD: 59%. | | 2 |

Ω Ex-contras guerrillas refer to soldiers who fought against the Nicaraguan government (and their government soldiers).

BSI: Bradford Somatic Inventory; GHQ: General Health Questionnaire; HI: Hearing Impairment; HRQOL: Health-related quality of life; ICD: International Classification of Diseases; IV: intravenous; LDH: Lumbar Disc Herniation; OIF: Operation Iraqi Freedom; OEF: Operation Enduring Freedom; PTSD: Post-Traumatic Stress Disorder; QOL: Quality of Life; SCI: Spinal Cord Injury; State Anxiety: anxiety felt at present (during filling in the questionnaire); Trait Anxiety: anxiety felt in general; TBI: Traumatic Brain Injury.

*Univariate analysis

Statistically significant p<0.05