Supplement 2

Results for the sample excluding severe disabilities

(VP/VLBW: *n* = 210; term-born: *n* = 225)

Do VP/VLBW Individuals Have More Attention Problems from Childhood to Adulthood?

Consistent with the results reported for the whole sample, the subsample of VP/VLBW individuals excluding severe disabilities had higher parent-rated attention problem scores in childhood and adulthood (*6y*: $F(1, 410)=18.26$, $p<.001$; *8y*: $F(1, 406)=9.67$, $p=.001$; *26y*: $F(1, 378)=21.21$, $p<.001$) than their term-born counterparts. Similarly, VP/VLBW individuals had lower observer-rated attention span scores in childhood (*6y*: $F(1, 390)=21.61$, $p<.001$; *8y*: $F(1, 406)=23.78$, $p<.001$) and adulthood (*26y*: $F(1, 359)=5.92$, $p=.008$) than term-born individuals. In addition, our results showed that the prevalence of ADHD was higher in VP/VLBW than term-born individuals in childhood (RR=1.81, $p<.001$, 95%CI=1.27-2.59), but not in adulthood (RR=1.94, $p=.095$, 95%CI=0.72-5.21).

Do Attention Problems Reduce over Time?

The results regarding the development of attention in the subsample excluding disabilities were similar to the sample as a whole. Specifically, for parent-rated attention problems, both a small linear ($F(1,353)=19.50$, $p<.001$, $\eta_p^2=0.05$) as well as a small quadratic time trend ($F(1,353)=42.43$, $p<.001$, $\eta_p^2=0.11$) was found. In general, attention problem scores decreased, yet more from 6 to 8 years as they increased again from 8 to 26 years. In addition, we found a small main effect of group ($F(1,353)=8.68$, $p=.002$, $\eta_p^2=0.02$): individuals born VP/VLBW had higher attention problem scores than their term-born counterparts across time. We did not find a linear ($F(1,353)=1.08$, $p=.150$), but a small quadratic interaction of time and group ($F(1,353)=6.09$, $p=.007$, $\eta_p^2=0.02$): attention problem scores increased more from 8 to 26 years in VP/VLBW than term-born individuals.

For observer-rated attention span, a large linear ($F(1,329)=294.26$, $p<.001$, $\eta_p^2=0.47$) as well as a small quadratic time trend ($F(1,329)=7.88$, $p=.003$, $\eta_p^2=0.02$) was found. Attention span scores increased between 6 and 26 years, yet this increase was larger from 8 to 26 years. In addition, we found a small main effect of group ($F(1,329)=7.91$, $p=.003$, $\eta_p^2=0.02$): individuals born VP/VLBW had lower attention span scores than term-born individuals across time. Finally, a small linear interaction

of time and group ($F(1,329)=4.66$, $p=.016$ $\eta_p^2=0.01$) was found with VP/VLBW individuals showing accelerated attention score increases over time compared to their term-born counterparts.

Are Attention Problems More Stable in VP/VLBW Individuals?

The results regarding the stability of parent-rated attention problems from childhood to adulthood for the subsample excluding severe disabilities were similar to the sample as a whole, but the stability outcomes differed for observer-rated attention span. Specifically, correlations between attention problem scores from childhood to adulthood were larger for VP/VLBW (*6-26y*: $r=.42$; *8-26y*: $r=.38$) than term-born individuals (*6-26y*: $r=.12$, $z=2.99$, $p=.001$; *8-26y*: $r=.20$, $z=1.89$, $p=.029$), with effect sizes (ES_{zr}) in the medium range (CBCL: 0.20-0.33). For observer-rated attention span, stability was similar for VP/VLBW (*6-26y*: $r=.31$; *8-26y*: $r=.14$) and term-born individuals (*6-26y*: $r=.25$, $z=0.58$, $p=.281$; *8-26y*: $r=.10$, $z=0.39$, $p=.348$).

Finally, stability results changed when individuals with severe disabilities were excluded. Relative risk analyses showed that both VP/VLBW and term-born individuals diagnosed with ADHD in childhood were not more likely to still have an ADHD diagnosis in adulthood, than individuals who did not have an ADHD diagnosis in childhood to develop ADHD in adulthood (VP/VLBW: RR=1.50, $p=.251$, 95%CI=0.46-4.86; term-born: RR=2.53, $p=.136$, 95%CI=0.48-13.29).