| ICMJE DISCLOSURE FORM | | | | |
|---|---|--|--|--|
| Date: 10/21/2022 | | | | |
| Your Name: | Your Name: Martha Anna Schalla | | | |
| Manuscript Title: | Manuscript Title: [Risk factors for anxiety and depression in patients with gastrointestinal disorders – The role of the gut-brain axis.] | | | |
| Manuscript Number (if known): APM-22-1190 | | | | |
| In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so. The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript. In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months. | | | | |
| | Name all entities with whom you have this relationship or indicate none (add rows as needed) Specifications/Comments (e.g., if payments were made to you or to your institution) | | | |
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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
|---|---|--|---|--|
| | | Time frame: Since the initial planning of the work | | |
| | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item. | German Research Foundation (No. STE 1765/3-2) | Click the tab key to add additional rows. | |
| | | Time frame: past 36 month | s | |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | [⊠] None | | |
| 3 | Royalties or licenses | None | | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|--|--|---|
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | [⊠] None | |
| 7 | Support for attending meetings and/or travel | [⊠ None | |
| 8 | Patents planned, issued or pending | [⊠] None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | [⊠] None | |
| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid | None | |

| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) | |
|---|--|--|---|--|
| 11 | Stock or stock options | [⊠] None | | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | [⊠] None | | |
| 13 | Other financial or non-financial interests | [⊠] None | | |
| This work was supported by funding of the German Research Foundation (No. STE 1765/3-2). Please place an "X" next to the following statement to indicate your agreement: | | | | |
| | □ I certify that I have answered every question and have not altered the wording of any of the questions on this form. | | | |

3 12/13/2021 ICMJE Disclosure Form

ICMJE DISCLOSURE FORM

| Date: | 10/21/2022 |
|-------------------------------|---|
| Your Name: | Andreas Stengel |
| Manuscript Title: | Risk factors for anxiety and depression in patients with gastrointestinal disorders – |
| | The role of the gut-brain axis |
| Manuscript Number (if known): | APM-22-1190 |

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The author's relationships/activities/interests should be defined broadly. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

In item #1 below, report all support for the work reported in this manuscript without time limit. For all other items, the time frame for disclosure is the past 36 months.

| | | | ne all entities with whom you have this tionship or indicate none (add rows as ded) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|---|---|----------|---|---|
| | | | Time frame: Since the initial plann | ing of the work |
| 1 | All support for the present | X | None | |
| | manuscript (e.g., funding, | | | |
| | provision of study materials, | | | Click the tab key to add additional rows. |
| | medical writing, article processing charges, etc.) No time limit for this item. | | | |
| | | | Time frame: past 36 mo | nths |
| 2 | Grants or contracts from any entity (if not indicated in item #1 above). | X | None | |
| | | | | |

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| | | Name all entities with whom you have this relationship or indicate none (add rows as needed) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|----|---|--|---|
| 3 | Royalties or licenses | None ■ | |
| 4 | Consulting fees | None | |
| 5 | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | None | |
| 6 | Payment for expert testimony | None | |
| 7 | Support for attending meetings and/or travel | None | |
| 8 | Patents planned, issued or pending | None | |
| 9 | Participation on a Data Safety Monitoring Board or Advisory Board | None | |
| 10 | Leadership or fiduciary role in | ✓ None | |

| | | | ne all entities with whom you have this cionship or indicate none (add rows as ded) | Specifications/Comments (e.g., if payments were made to you or to your institution) |
|------|--|---|---|---|
| | other board, society, committee or advocacy group, paid or unpaid | | | |
| 11 | Stock or stock options | X | None | |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | X | None | |
| 13 | Other financial or non-financial interests | X | None | |
| Plea | Please place an "X" next to the following statement to indicate your agreement: | | | |

I certify that I have answered every question and have not altered the wording of any of the questions on this form.