Dat	e: 12. april 2021			
Your name: Steen Bønløkke Pedersen				
Mai	Manuscript title: Håndtering af metaboliske bivirkninger til antipsykotika			
Mai	nuscript number (if known)			
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 following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u>				
mai	nuscript only.			
pert	tains to the epidemiology of	f hypertension, you should	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot 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)	
	e frame: Since the initial plant			
1	All support for the present manuscript (e.g., funding,	None     Non		
	provision of study			
	materials, medical writing, article processing charges,			
	etc.)			
	No time limit for this item.			
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Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	□ <b>None</b> NovoNordisk	PI on phase 2 Clinical trial on weight loss medication. The payment for the study is made to and managed by Aarhus University Hospital.	
3	Royalties or licenses	None     Non		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None None
6	Payment for expert testimony	None
7	Support for attending meetings and/or travel	None
8	Patents planned, issued or pending	None None
9	Participation on a Data Safety Monitoring Board or Advisory Board	None None
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	None None
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

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Dat	<b>e</b> : 9. april 2021		
You	r name: Sune Straszek		
Mai	nuscript title: Håndte	ering af metaboliske bivirknir	nger til antipsykotika
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perta antih In ite	ins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all months.
		Name all entities with whom you have this	Specifications/Comments
		relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)
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_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing,	relationship or indicate none (add rows as needed) ning of the work	
_	All support for the present manuscript (e.g., funding, provision of study	relationship or indicate none (add rows as needed) ning of the work	
_	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	relationship or indicate none (add rows as needed) ning of the work	
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Time	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.  Grants or contracts from any entity (if not indicated in item #1 above).	relationship or indicate none (add rows as needed) ning of the work  None	institution)

4	Consulting fees	⊠ None	
	consum grees	Z NOTE	
5	Payment or honoraria for	<b>⊠</b> None	
	lectures, presentations,	2019	Lecture sponsored by Lundbeck Pharma
	speakers bureaus,	2018	Wrote booklet on depression for Lundbeck Pharma
	manuscript writing or		
	educational events		
_	Decima and familiaria	N	
6	Payment for expert	<b>⊠</b> None	
	testimony		
7	Support for attending	<b>⊠</b> None	
,	meetings and/or travel	M None	
	meetings and, or traver		
8	Patents planned, issued or	⊠ None	
	pending		
0	5 5 .	<b></b>	
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board or Advisory Board		
	Of Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or		
	advocacy group, paid or		
	unpaid		
11	Stock or stock options	⊠ None	
	Stock of Stock Options	Z None	
12	Receipt of equipment,	⊠ None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
		_	
13	Other financial or non-	None	
	financial interests		

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#### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Date	e: 12. april 2021			
You	r name: Lars Peter Niels	en		
Mar	nuscript title: Hånd	tering af metaboliske biv	irkninger til antipsykotika	
Mar	nuscript number (if known)	):		
are re third comr list a	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 following questions apply to the author's relationships/activities/interests as they relate to the current			
perta antih In ite	The author's relationships/activities/interests should be <u>defined broadly</u> . 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)	
Time	e frame: Since the initial plan	ning of the work		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	None		
	item.			
			Click TAB in last row to add extra rows	
Time	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None		
3	Royalties or licenses	None     Non		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None
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

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### IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Dat	<b>e</b> : 13. april 2021		
You	r name: Jonathan Mathi	as Baier	
Mai	nuscript title: Håndte	ering af metaboliske bivirknir	nger til antipsykotika
Mai	nuscript number (if known	):	
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perta antih In ite	ins to the epidemiology of ypertensive medication, e	hypertension, you should ven if that medication is n port for the work reported	d declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all
		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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	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges,	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
Time	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.	whom you have this relationship or indicate none (add rows as needed) nning of the work  None	(e.g., if payments were made to you or to your institution)
1	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.	whom you have this relationship or indicate none (add rows as needed) nning of the work	(e.g., if payments were made to you or to your institution)
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4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations,	⊠ None	
	speakers bureaus,		
	manuscript writing or educational events		
	eddedional events		
6	Payment for expert	⊠ None	
	testimony		
7	Support for attending	<b>⊠</b> None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
9	Participation on a Data	<b>⊠</b> None	
	Safety Monitoring Board or Advisory Board		
	or Advisory Board		
10	Leadership or fiduciary	⊠ None	
	role in other board,		
	society, committee or advocacy group, paid or		
	unpaid		
11	Stock or stock options	<b>⊠</b> None	
12	Receipt of equipment,	<b>⊠</b> None	
	materials, drugs, medical writing, gifts or other		
	services		
13	Other financial or non-	<b>⊠</b> None	
	financial interests		

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Date	e: 13. april 2021		
You	r name: Simon Bøggild F	Hansen	
Mar	nuscript title: Håndte	ering af metaboliske bivirknir	nger til antipsykotika
Mar	nuscript number (if known)	):	
are re third comr list a The f	elated to the content of you parties whose interests ma nitment to transparency ar relationship/activity/intere	ur manuscript. "Related" ay be affected by the cont nd does not necessarily in est, it is preferable that yo	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.  Discreptions of the content o
perta antih In ite	nins to the epidemiology of ypertensive medication, ev	hypertension, you should yen if that medication is n port for the work reported	defined broadly. For example, if your manuscript declare all relationships with manufacturers of ot mentioned in the manuscript.  d in this manuscript without time limit. For all 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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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)  No time limit for this	⊠ None	
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Time	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses		

4	Consulting fees	⊠ None
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	None 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 None
11	Stock or stock options	None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	None None
13	Other financial or non-financial interests	None

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