## ICMJE DISCLOSURE FORM

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

D	ate: 30. oktober 2024			1
Y	our name: Erik Simonsen			
M	anuscript title: ADHD	og personlighedsforstyrrels	er	
M	anuscript number (if know	n):		
are thir	related to the content of your parties whose interests m	our manuscript. "Related' nay be affected by the cou and does not necessarily i	Il relationships/activities/interests li " means any relation with for-profit ntent of the manuscript. Disclosure i ndicate a bias. If you are in doubt a you do so.	or not-for-profi represents a
	following questions apply t nuscript only.	to the author's relationsh	ips/activities/interests as they relate	e to the <u>current</u>
per ant In It	tains to the epidemiology o ihypertensive medication, e	f hypertension, you shoul wen if that medication is. oport for the work reports	defined broadly. For example, if you declare all relationships with man not mentioned in the manuscript. ad in this manuscript without time li months.	ufacturers of
		Name all entitles with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you institution)	or to your
Tin	ne frame: Since the initial plan	nning of the work	<b>自然的主义的</b> 化阿克克斯	
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.	⊠ None		
ted days			Click TAB in last row t	to add extra rows
Tin	ne frame: past 36 months	<b>《1964年》中,</b>		为古教的性别
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None		
3	Royalties or licenses	⊠ None		
				4 10/5524

4	Consulting fees	⊠ None	
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	The state of the s
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	1 1000000000000000000000000000000000000
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ 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	1 1 1

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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

## ICMJE DISCLOSURE FORM

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

You	ur name: Mickey To	ftkjær Kongerslev	
Ma	Wanuscript title: ADHD og Personlighedsforstyrrelser		
Ma	nuscript number (if kr	nown):	
third com	related to the content d parties whose interes mitment to transpares	of your manuscript. "Related" sts may be affected by the cor	Il relationships/activities/interests listed below that means any relation with for-profit or not-for-profit ntent of the manuscript. Disclosure represents a ndicate a bias. If you are in doubt about whether to you do so.
	following questions ap uscript only.	ply to the author's relationsh	ips/activitles/interests as they relate to the current
perti antil In ite	ains to the epidemiolo hypertensive medication em #1 below, report al	gy of hypertension, you shou on, even if that medication is	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript.  ed 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)
Tim	e frame: Since the initia	I planning of the work	
1	All support for the pre- manuscript (e.g., fundi provision of study materials, medical writ article processing char- etc.)  No time limit for this	ing,	
	item.		
			Click TAB in last row to add extra rows
Tim	e frame: past 36 month		A STATE OF THE PARTY OF THE PAR
2	Grants or contracts fro any entity (if not indica in item #1 above).	Mar (40)10	
3	Royalties or licenses	⊠ None	
•		20 None	

	Consulting force	9		
4	Consulting fees	⊠ None		
5	Payment or honoraria for	⊠ None		
. 3	lectures, presentations,	⊠ None		
	speakers bureaus,			
	manuscript writing or educational events			
	educational events			
6	Payment for expert testimony	⊠ None		
		M Mone		
7	Support for attending meetings and/or travel	⊠ None		
	transfer of the second			
8	Patents planned, issued or	☑ None		
	pending			
9	Cartisination on a Data	57.11		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None		
	or Advisory Board			
10	Leadership or fiduciary	□ None		
	role in other board, society, committee or advocacy group, paid or unpaid	European Society for the	Unpaid boardmember	
		Study of Personality	Onpaid doardmentber	
		Disorders		
		Institut for	President (unpaid/ a non-profit organization)	
		PersonlighedsTeori og	(arrange a non-pront organization)	
		Psykopatologi		
11	Stock or stock options	☑ None X		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None		
		ES NOTE		
	The state of the s			
13	Other financial or non- financial interests	⊠ None		

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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

## ICMJE DISCLOSURE FORM

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Da	te: 30. oktober 2024			-
Yo	ur name: <u>£d Simums</u> a	Janne Wa	Mar Vilman	
Ma	anuscript title: ADHD	og personlighedsforstyrrels		
Ma	anuscript number (if know	n):	WHITE AND IN THE PROPERTY OF THE PARTY OF TH	
In th	ne interest of transparency	. we ask you to disclose a	II relationships/activities/interests lis	ted below that
are third com	related to the content of your parties whose interests in	our manuscript. "Related hay be affected by the co- and does not necessarily i	means any relation with for-profit on tent of the manuscript. Disclosure in indicate a bias. If you are in doubt ab	or not-for-profi epresents a
	following questions apply	to the author's relationsh	ips/activities/interests as they relate	to the current
17/10/	In and the second of the secon			
pert anti In it	ains to the epidemiology of hypertensive medication, e	f hypertension, you shou even if that medication is. opart for the work report	defined broadly. For example, if you id declare all relationships with many not mentioned in the manuscript. ad in this manuscript without time lin months.	ufacturers of
		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 institution)	or to your
Tim	e frame: Since the initial plan		在10年20岁A个年间,2019年1月20日	BERTHAN
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None		
		2 - 2 agril 10 a constant military		
				-
	No time limit for this item.			
			Click TAB in last row to	o add extra rows
Tim	e frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ Noné		
3	Royaltles or licenses	⊠ None		7701 2
10,190		The state of the s		

4	Consulting fees	⊠ None	
			6.1
_			
5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	⊠ None	
			- 1
			1 7 1 1.1.
6	Payment for expert testimony	⊠ None	
_			·
7	Support for attending	⊠ None	
	meetings and/or travel		
8	Patents planned, issued or	⊠ None	
	pending		
	L		
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None	
		77.5.5	
_	Of Advisory Board	Lance to the control of the control	
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	⊠ None	
		·	
100			
13.	Stock or stock options	Ed vi	
17.	Stock of stock options	⊠ None	
12	Receipt of equipment, materials, drugs, medical writing, gifts or other.	⊠ None	
		LI HORS	
	services		
(3	Other financial or non- financial interests	⊠ None	11.7
5077			
			1 4

Please place an "X" next to the following statement to indicate your agreement:

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

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal
Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish
Medical Journal