

# ICMJE DISCLOSURE FORM

**Date:** 4/20/2022

**Your Name:** Mari Imamura

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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.

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

# ICMJE DISCLOSURE FORM

**Date:** 10/6/2023

**Your Name:** Clare Robertson

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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# ICMJE DISCLOSURE FORM

**Date:** 4/26/2023

**Your Name:** Jemma Hudson

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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**Date:** 4/20/2023

**Your Name:** Daniel Whibley

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

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**Your Name:** Lorna Aucott

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8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>NIHR PHR - Research Funding Board 2017-2023 - Member</td> <td>Unpaid</td> </tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	NIHR PHR - Research Funding Board 2017-2023 - Member	Unpaid							
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<b>11</b>	Stock or stock options	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 359"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 476 1516 577"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 690 1516 791"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
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# ICMJE DISCLOSURE FORM

**Date:** 4/21/2023

**Your Name:** Dr Katie Gillies

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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.

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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 258 1516 394"> <tr> <td>Boehringer &amp; Ingelheim</td> <td>Made to Institution – not related to this work</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>		Boehringer & Ingelheim	Made to Institution – not related to this work						
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7	Support for attending meetings and/or travel	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1041 1516 1144"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
8	Patents planned, issued or pending	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1260 1516 1362"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
9	Participation on a Data Safety Monitoring Board or Advisory Board	<input checked="" type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1476 1516 1579"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	<input type="checkbox"/> <b>None</b> <table border="1" data-bbox="386 1665 1516 1829"> <tr> <td>Boehringer &amp; Ingelheim Global Clinical Trials Expert Panel</td> <td>Made to Institution</td> </tr> <tr> <td>NIHR HTA Clinical Evaluation and Trials Committee 2020-2025 - Member</td> <td>Unpaid</td> </tr> <tr><td> </td><td> </td></tr> </table>		Boehringer & Ingelheim Global Clinical Trials Expert Panel	Made to Institution	NIHR HTA Clinical Evaluation and Trials Committee 2020-2025 - Member	Unpaid				
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# ICMJE DISCLOSURE FORM

**Date:** 4/20/2022

**Your Name:** Marcus Beasley

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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.

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# ICMJE DISCLOSURE FORM

**Date:** 4/21/2023

**Your Name:** Martin J Stevens

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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# ICMJE DISCLOSURE FORM

**Date:** 4/21/2023

**Your Name:** Paul Manson

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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<b>12</b>	Receipt of equipment, materials, drugs, medical writing, gifts or other services	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							
<b>13</b>	Other financial or non-financial interests	<input checked="" type="checkbox"/> <b>None</b> <table border="1" style="width: 100%; margin-top: 10px;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>							

**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.

# ICMJE DISCLOSURE FORM

**Date:** 4/21/2023

**Your Name:** Debra Louise Dulake

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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.

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<b>2</b>	Grants or contracts from any entity (if not indicated in item #1 above).	<input checked="" type="checkbox"/> <b>None</b> <table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>							
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## ICMJE DISCLOSURE FORM

**Date:** 4/26/2023

**Your Name:** Professor Abhishek Abhishek

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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<b>Time frame: Since the initial planning of the work</b>									
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4	Consulting fees	<input type="checkbox"/> <b>None</b> <table border="1"> <tr> <td>NGM Biopharmaceuticals</td> <td>Payment to self</td> </tr> <tr> <td>Limbic</td> <td>Payment to self</td> </tr> <tr> <td>Inflazome</td> <td>Payment to self</td> </tr> <tr> <td></td> <td></td> </tr> </table>		NGM Biopharmaceuticals	Payment to self	Limbic	Payment to self	Inflazome	Payment to self		
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# ICMJE DISCLOSURE FORM

**Date:** 4/21/2023

**Your Name:** Nicole Tang

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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# ICMJE DISCLOSURE FORM

Date: 20<sup>th</sup> April 2023

4/20/2023

Your Name:

Gary Macfarlane

Manuscript Title:

Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

Manuscript Number (if known):

NIHR 132999

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# ICMJE DISCLOSURE FORM

**Date:** 4/20/2023

**Your Name:** Miriam Brazzelli

**Manuscript Title:** Effects of pharmacological and non-pharmacological interventions for the management of sleep problems in people with fibromyalgia. A comprehensive evidence synthesis of quantitative and qualitative evidence and network meta-analysis

**Manuscript Number (if known):** NIHR 132999

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.

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