ICMJE DISCLOSURE FORM

Date: 9/19/2025

Your Name: Erika Nyman

Manuscript Title: **When pain persists - Long-term use of opioids and neuropathic medication after diaphyseal humerus fractures with or without nerve injury in a cross-sectional cohort study**

Manuscript Number (if known): Click or tap here to enter text.

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)
Time frame: Since the initial planning 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 item.**	☒ None	
		This work was supported by grants from Region Östergötland, Sweden (register number RÖ978765, RÖ985138, and RÖ1005512).	
			Click the tab key to add additional rows.
Time frame: past 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	☒ **None**	
3	Royalties or licenses	☒ **None**	

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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**	

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Date: 9/19/2025

Your Name: MZ

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Date: 9/19/2025

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Date: 9/19/2025

Your Name: Malin Zimmerman

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		The Swedish Research Foundation (grant number 2017-01321), Lund University	
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		This research was funded by the Swedish Research Council (#2021-01942 PI LBD), the Regional Agreement on Medical Training and Clinical Research (ALF; PI Dahlin) between Region Skåne and Lund University (#2022-Projekt 0129; PI Dahlin) and Funds from Skåne University Hospital (#2022-974; PI Dahlin), and Elly Olsson's Foundation for scientific research).	
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10	Leadership or fiduciary role in other board,	☒ **None**	

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