

**Appendix 1** to Feldker K, Heitmann C, Neumeister P, et al. Cardiorespiratory concerns shape brain responses during automatic panic-related scene processing in patients with panic disorder. *J Psychiatry Neurosci* 2017.

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For valence, arousal and anxiety ratings, a significant main effect of *Group* emerged (valence:  $F(1,50) = 14.78$ ,  $p < .001$ ; arousal:  $F(1,50) = 12.731$ ,  $p < .001$ ; anxiety:  $F(1,50) = 16.169$ ,  $p < .001$ ), indicating that PD patients as compared to HC rated scenes as more unpleasant, more arousing and more anxiety-inducing (see Supplement Figure 1). Moreover, there was a significant main effect of *Scene Type* for valence, arousal and anxiety ratings (valence:  $F(1,50) = 222.29$ ,  $p < .001$ ; arousal:  $F(1,50) = 202.849$ ,  $p < .001$ ; anxiety:  $F(1,50) = 130.847$ ,  $p < .001$ ), with disorder-related stimuli rated as more unpleasant, more arousing and more anxiety-inducing as compared to neutral scenes. A significant *Group* x *Scene Type* interaction for arousal ratings ( $F(1,50) = 8.721$ ;  $p = .005$ ) arose from higher levels of arousal in the PD as compared to HC disorder-related scenes ( $t(50) = 3.712$ ,  $p = .001$ ). Post-hoc tests of the significant *Group* x *Scene Type* interaction for anxiety ratings ( $F(1,50) = 21.964$ ;  $p < .001$ ) revealed that this interaction resulted from significantly greater anxiety levels in PD than in HC for disorder-related but not for neutral scenes ( $PD_{\text{disorder-related}} > HC_{\text{disorder-related}}$   $t(50)=4.379$ ,  $p < .001$ ,  $PD_{\text{neutral}}$  vs.  $HC_{\text{neutral}}$ ,  $t(50)=1.839$ ,  $p = .072$ ).