

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_{neutral} vs. HC_{neutral} , $t(50)=1.839$, $p = .072$).