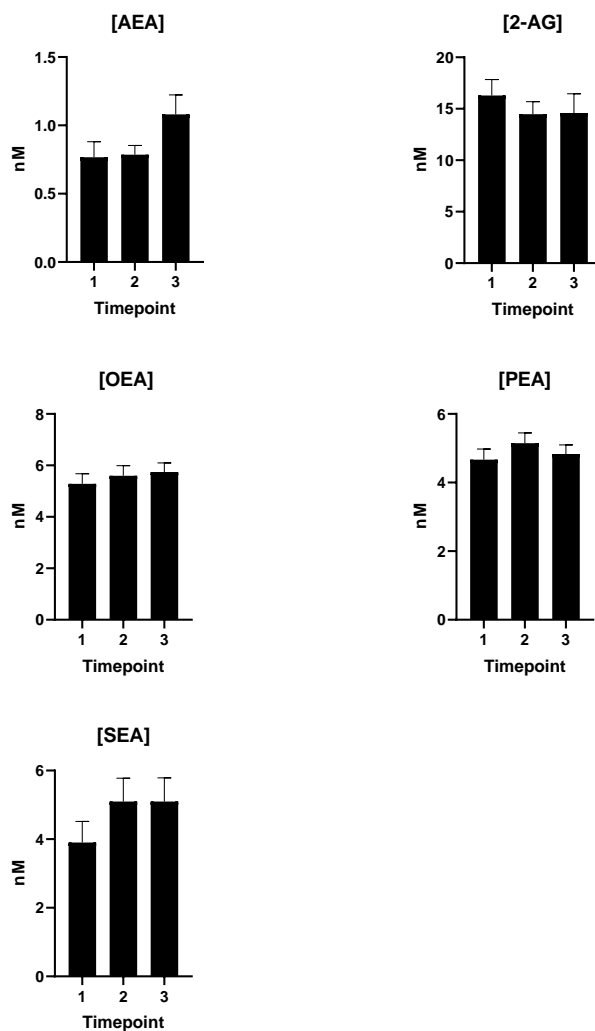
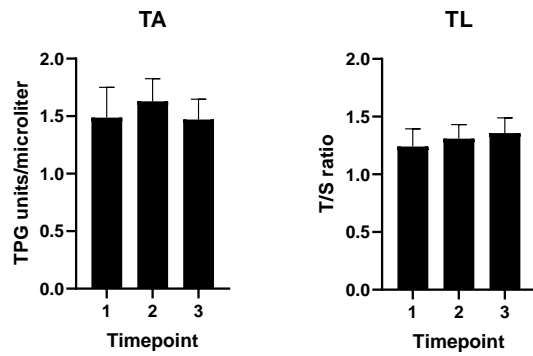


## Supplementary file S2

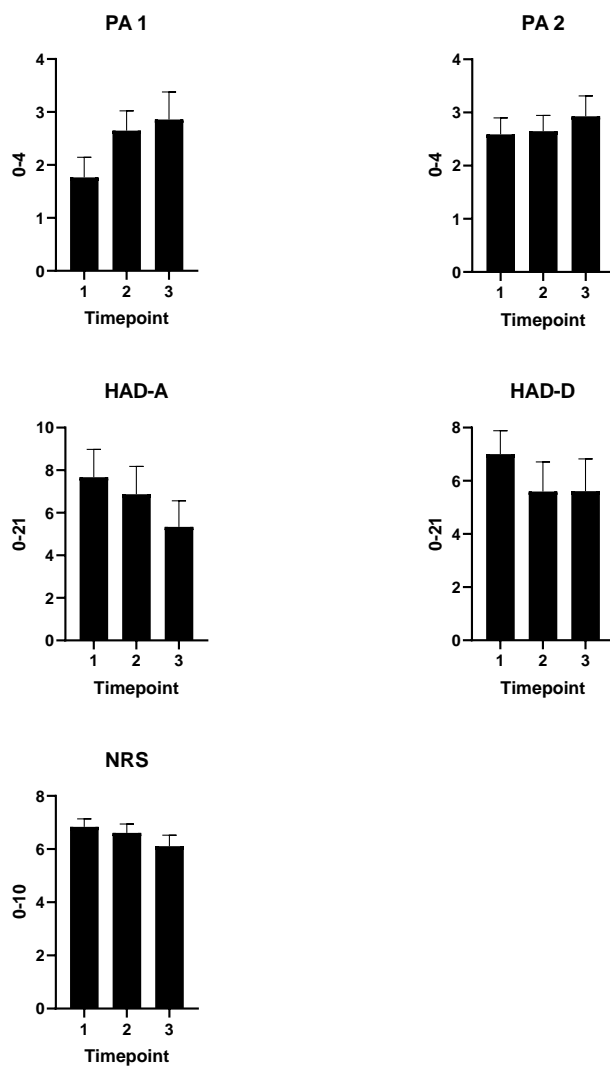
Data from the investigated chronic pain subjects is presented from three different occasions where timepoint 1 = before the interdisciplinary multimodal rehabilitation program (IPRP), timepoint 2 = immediately after IPRP, and timepoint 3 = six-month follow-up. Levels of the bioactive lipids arachidonylethanolamide (AEA) and 2-arachidonoylglycerol (2-AG), palmitoylethanolamide (PEA), oleoylethanolamide (OEA), stearoylethanolamide (SEA), are presented in **figure S1**. Telomere length (TL) telomerase activity (TA) are shown in **figure S2**. In **figure S3** self-reports of physical activity (PA) 1 and 2, psychological distress (HAD-A, HAD-D), and pain intensity (NRS) are presented.



**Figure S1.** Mean levels with error bars in SEM of arachidonylethanolamide (AEA) and 2-arachidonoylglycerol (2-AG), palmitoylethanolamide (PEA), oleoylethanolamide (OEA), stearoylethanolamide (SEA) are presented in nano molar (nM). Timepoint 1=before IPRP, 2=immediately after IPRP, 3= six months follow-up.



**Figure S2.** Mean levels of telomerase activity (TA) and Telomere length (TL). Timepoint 1=before IPRP, 2 =immediately after IPRP, 3= six months follow-up.



**Figure S3.** Mean levels of self-reports of physical activity (PA 1= exercise that makes you breathless), (PA 2= easier exercise such as walking and gardening. psychological distress (HAD-A =hospital anxiety scale, HAD-D =hospital depression scale), and pain intensity (NRS). Timepoint 1=before IPRP, 2 =immediately after IPRP, 3= six months follow-up.