Da	te:	January 21, 2	2022			
Yo	ur Name:		gyue Tian			
	Manuscript Title:Evidence-based summary for the safety of multiple medication in elderly patients with					
	_ ischemic stroke					
Ma	nuscript number (if known)	:				
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to me	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items,			
	e time frame for disclosure i	• •	•			
		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 initia	I planning of the work			
	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				
		Time frame: past	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
}	Royalties or licenses	None				
1	Consulting fees	None				

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
	,		
7	Support for attending	None	
	meetings and/or travel		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy		
11	group, paid or unpaid	Nene	
11	Stock or stock options	None	
12	Receipt of equipment,	None	
12	materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	llowing box:

I have no conflicts of interest to declare.		

Da	te:	January 21,	2022			
Yo	our Name:Manchi YuManchi Yu					
M	Nanuscript Title:Evidence-based summary for the safety of multiple medication in elderly patients with					
	_ ischemic str					
M	anuscript number (if known):	-			
rel pa to rel	ated to the content of your rties whose interests may b transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so.			
	anuscript only.					
to mo	the epidemiology of hypertedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items			
		T., , , , , ,				
		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 initia	al planning of the work			
	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				
		Time frame: pas	t 36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None				
3	Royalties or licenses	None				
	C h: C	N.				
ŀ	Consulting fees	None				

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	te:	January 21, 2	2022			
Yo	ur Name:	Yifei S	un			
	Nanuscript Title:Evidence-based summary for the safety of multiple medication in elderly patients with					
	_ ischemic stroke					
Ma	anuscript number (if known)):				
rel to rel Th ma	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply anuscript only.	manuscript. "Related" me e affected by the content onecessarily indicate a bias. it is preferable that you do to the author's relationshi ivities/interests should be	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive			
me In	edication, even if that medic	cation is not mentioned in propertion properties.				
		Name all entities with	Considerations (Comments			
		whom you have this relationship or indicate none (add rows as	Specifications/Comments (e.g., if payments were made to you or to your institution)			
		needed)				
		Time frame: Since the initia	I planning of the work			
L	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				
		Time frame: past	2.36 months			
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	so months			
3	Royalties or licenses	None				
1	Consulting fees	None				

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	ite:	January 21,	2022		
Yo	ur Name:	Hoi	ngyun Yan		
	Nanuscript Title:Evidence-based summary for the safety of multiple medication in elderly patients with				
	_ ischemic str				
M	anuscript number (if known)):	-		
re pa to re	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment . If you are in doubt about whether to list a o so.		
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to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items		
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		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 initia	al planning of the work		
	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			
		T' 6	1.25 m miles		
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pasNone	t 36 months		
3	Royalties or licenses	None			
1	Consulting fees	None			

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	te:	January 21, 2	2022
Yo	ur Name:	Huiqi	ing Ma
Ma	anuscript Title:Evidence-	based summary for the sa	fety of multiple medication in elderly patients with
	_ ischemic str	oke	
Ma	anuscript number (if known)	:	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of the graph of the profit of the manuscript. Disclosure represents a commitment of the graph of the graph of the manuscript. Disclosure represents a commitment of the graph
	anuscript only.		ps, activities, interests as they relate to the <u>earrens</u>
to me	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. Ed in this manuscript without time limit. For all other items,
		Name all entities with	Specifications/Comments
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	I planning of the work
	All support for the present	None	
•	manuscript (e.g., funding,		
	provision of study materials,		
	medical writing, article		
	processing charges, etc.)		
	No time limit for this item.		
		Time frame: past	26 months
)	Grants or contracts from	None	. So months
-	any entity (if not indicated	None	
	in item #1 above).		
}	Royalties or licenses	None	
ļ	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	te:	January 21, 2	2022
Yo	ur Name:		_Ling Jiang
Ma	anuscript Title:Evidence-	based summary for the sa	fety of multiple medication in elderly patients with
	_ ischemic str	oke	
Ma	anuscript number (if known)):	
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest, e following questions apply	manuscript. "Related" me e affected by the content on necessarily indicate a bias. it is preferable that you do	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a poso. ips/activities/interests as they relate to the current
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to me	the epidemiology of hypertedication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items.
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		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)
		Time frame: Since the initia	I planning of the work
	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	
		Time frame: past	t 36 months
	Grants or contracts from any entity (if not indicated in item #1 above).	None	
,	Royalties or licenses	None	
	Consulting for	Nana	
ŀ	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	ite:	January 21,	2022
Yo			
		based summary for the sa	afety of multiple medication in elderly patients with
	_ ischemic str	oke	
M	anuscript number (if known)	:	
re pa to re	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment i. If you are in doubt about whether to list a o so.
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		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 initia	al planning of the work
	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	
		Time frame: nac	t 26 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Time frame: pasNone	at 36 months
3	Royalties or licenses	None	
1	Consulting fees	None	
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5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	te:	January 21, 2	2022	
Υοι	ur Name:	Linfe	ng Wang	
Ma			fety of multiple medication in elderly patients with	
	_ ischemic str			
Ma	nuscript number (if known)):	-	
related to the related The	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content on necessarily indicate a bias it is preferable that you do	I relationships/activities/interests listed below that are cans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment. If you are in doubt about whether to list a o so. ips/activities/interests as they relate to the current	
to t	the epidemiology of hypertodication, even if that medic	ension, you should declare cation is not mentioned in	·	
	tem #1 below, report all su time frame for disclosure i	· ·	ed in this manuscript without time limit. For all other item	IS,
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as needed)	(e.g., if payments were made to you or to your institution)	
		Time frame: Since the initia	l planning of the work	
1	All support for the present	None		
_	manuscript (e.g., funding,			
	provision of study materials,			
	medical writing, article			
	processing charges, etc.)			
	No time limit for this item.			
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,	Grants or contracts from	Time frame: past	t 36 months	
_	any entity (if not indicated	None		
	in item #1 above).			
3	Royalties or licenses	None		
		_		
4	Consulting fees	None		

5	Payment or honoraria for	None	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment,	None	
	materials, drugs, medical		
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ase summarize the above co	onflict of interest in the fo	lowing box:

I have no conflicts of interest to declare.		

Da	te:	January 21, 2	2022	
Υοι	our Name: Qi Ding			
Ma	nuscript Title:Evidence-	based summary for the sa	fety of multiple medication in elderly patients with	
	_ ischemic str	oke		
Ma	nuscript number (if known)):		
rela pai to	ated to the content of your rties whose interests may b	manuscript. "Related" me e affected by the content on necessarily indicate a bias.	I relationships/activities/interests listed below that are ans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment of If you are in doubt about whether to list a poso.	
	e following questions apply nuscript only.	to the author's relationshi	ips/activities/interests as they relate to the <u>current</u>	
to i me	the epidemiology of hypert dication, even if that medic	ension, you should declare cation is not mentioned in pport for the work reporte	defined broadly. For example, if your manuscript pertains all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items	
		Name all entities with	Specifications/Comments	
		whom you have this relationship or indicate none (add rows as	(e.g., if payments were made to you or to your institution)	
		needed)	I planning of the graph	
	***	Time frame: Since the initia	n planning of the work	
	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		
		Time frame: past	36 months	
	Grants or contracts from any entity (if not indicated in item #1 above).	None		
,	Royalties or licenses	None		
	,			
ŀ	Consulting fees	None		

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	

Da	te:	January 21,	2022
Yo	our Name:Aixia Liu		
M	<u> </u>	-	afety of multiple medication in elderly patients with
	_ ischemic str		
M	anuscript number (if known)):	-
rel pa to rel	ated to the content of your rties whose interests may be transparency and does not ationship/activity/interest,	manuscript. "Related" me e affected by the content necessarily indicate a bias it is preferable that you d	Il relationships/activities/interests listed below that are eans any relation with for-profit or not-for-profit third of the manuscript. Disclosure represents a commitment is. If you are in doubt about whether to list a o so.
	anuscript only.		
to mo	the epidemiology of hypertoedication, even if that medic	ension, you should declare ation is not mentioned in pport for the work reporte	e <u>defined broadly</u> . For example, if your manuscript pertains e all relationships with manufacturers of antihypertensive the manuscript. ed in this manuscript without time limit. For all other items
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		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 initia	al planning of the work
	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	
		Time frame: pas	t 36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	None	
3	Royalties or licenses	None	
	C Iv. C	N.	
ŀ	Consulting fees	None	

5	Payment or honoraria for lectures, presentations,	None	
	speakers bureaus, manuscript writing or educational events		
6	Payment for expert	None	
	testimony		
7	Support for attending meetings and/or travel	None	
	g ,		
8	Patents planned, issued or	None	
	pending		
9	Participation on a Data	None	
9	Safety Monitoring Board or	None	
	Advisory Board		
10	Leadership or fiduciary role	None	
	in other board, society,		
	committee or advocacy group, paid or unpaid		
11	Stock or stock options	None	
12	Receipt of equipment, materials, drugs, medical	None	
	writing, gifts or other		
	services		
13	Other financial or non-	None	
	financial interests		
Ple	ease summarize the above co	onflict of interest in the fo	ollowing box:

I have no conflicts of interest to declare.	