

## ICMJE DISCLOSURE FORM

**Date:** 4/27/2025

**Your Name:** Slim Benloucif

**Manuscript Title:** Regional variation in diagnostic intensity of dementia among older U.S. adults: an observational study

**Manuscript Number (if known):** ADJ-D-23-01610

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)  |   |  |  |  |  |   |
|---|--|--|--|---|--|--|--|--|---|
| <b>Time frame: Since the initial planning of the work</b>                     |  |  |  |   |  |  |  |  |   |
| <b>1</b>  | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">This study was funded by the National Institute on Aging (Grant P01 AG019783)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td style="text-align: center; font-size: small;">Click the tab key to add additional rows.</td> </tr> </table> | This study was funded by the National Institute on Aging (Grant P01 AG019783) |  |  |  |  | Click the tab key to add additional rows. |
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| <b>Time frame: past 36 months</b>   |  |  |  |   |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">This study was funded by the National Institute on Aging (Grant P01 AG019783)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  | This study was funded by the National Institute on Aging (Grant P01 AG019783) |  |  |  |  |   |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>   |   |  |  |  |  |   |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| <b>12</b> | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> <b>None</b>  |   |
|           |  |  |   |
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| <b>13</b> | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> <b>None</b>  |   |
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**Please place an "X" next to the following statement to indicate your agreement:**

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/27/2025

**Your Name:** Julie Bynum

**Manuscript Title:** Regional variation in diagnostic intensity of dementia among older U.S. adults: an observational study

**Manuscript Number (if known):** ADJ-D-23-01610

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.

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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None<br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None   |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None   |   |
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|    |  | <input type="text"/>   | <input type="text"/>  |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None   |   |
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## ICMJE DISCLOSURE FORM

**Date:** 4/27/2025

**Your Name:** Matthew Davis

**Manuscript Title:** Regional variation in diagnostic intensity of dementia among older U.S. adults: an observational study

**Manuscript Number (if known):** ADJ-D-23-01610

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|----|--|--|---|
| 4  | Consulting fees  | <input type="checkbox"/> None  |   |
|    |  | Regional Anesthesia & Pain Medicine  | Consultant, statistical review of scientific manuscripts                            |
|    |  |  |   |
|    |  |  |   |
| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> None   |   |
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**Please place an "X" next to the following statement to indicate your agreement:**

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## ICMJE DISCLOSURE FORM

**Date:** 4/27/2025

**Your Name:** Jonathan Martindale

**Manuscript Title:** Regional variation in diagnostic intensity of dementia among older U.S. adults: an observational study

**Manuscript Number (if known):** ADJ-D-23-01610

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| <b>Time frame: past 36 months</b>   |  |  |  |   |  |  |  |  |   |
| <b>2</b>  | Grants or contracts from any entity (if not indicated in item #1 above).   | <input type="checkbox"/> <b>None</b>   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">This study was funded by the National Institute on Aging (Grant P01 AG019783)</td> <td style="width: 30%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>  | This study was funded by the National Institute on Aging (Grant P01 AG019783) |  |  |  |  |   |
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| <b>3</b>  | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 20px;"></td> <td style="width: 30%;"></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table>   |   |  |  |  |  |   |
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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) |  |  |  |  |  |  |  |  |
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| 4  | Consulting fees  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table> |   |  |  |  |  |  |  |  |  |
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| 5  | Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 6  | Payment for expert testimony   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 7  | Support for attending meetings and/or travel   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> <b>None</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 15px;"></td><td style="width: 50%;"></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> <tr><td style="height: 15px;"></td><td></td></tr> </table>   |   |  |  |  |  |  |  |  |  |
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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) |
|----|--|--|---|
| 11 | Stock or stock options   | <input checked="" type="checkbox"/> None   |   |
|    |  | <input type="text"/>   | <input type="text"/>  |
|    |  | <input type="text"/>   | <input type="text"/>  |
|    |  | <input type="text"/>   | <input type="text"/>  |
| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None   |   |
|    |  | <input type="text"/>   | <input type="text"/>  |
|    |  | <input type="text"/>   | <input type="text"/>  |
|    |  | <input type="text"/>   | <input type="text"/>  |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None   |   |
|    |  | <input type="text"/>   | <input type="text"/>  |
|    |  | <input type="text"/>   | <input type="text"/>  |
|    |  | <input type="text"/>   | <input type="text"/>  |

Please place an "X" next to the following statement to indicate your agreement:

I certify that I have answered every question and have not altered the wording of any of the questions on this form.

## ICMJE DISCLOSURE FORM

**Date:** 4/27/2025

**Your Name:** A James O'Malley

**Manuscript Title:** Regional variation in diagnostic intensity of dementia among older U.S. adults: an observational study

**Manuscript Number (if known):** ADJ-D-23-01610

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 |  |  |  |
| <b>1</b>   | All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)<br><b>No time limit for this item.</b> | <input type="checkbox"/> <b>None</b>   |  |
|  |  | This study was funded by the National Institute on Aging (Grant P01 AG019783)                | Payments were made to Dartmouth College that then were used to partially support my salary |
|  |  | Click the tab key to add additional rows.  |  |
| Time frame: past 36 months                         |  |  |  |
| <b>2</b>   | Grants or contracts from any entity (if not indicated in item #1 above).   | <input checked="" type="checkbox"/> <b>None</b>  |  |
|  |  |  |  |
|  |  |  |  |
| <b>3</b>   | Royalties or licenses  | <input checked="" type="checkbox"/> <b>None</b>  |  |
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| 7  | Support for attending meetings and/or travel   | <input type="checkbox"/> None  |   |
|    |  |  |   |
|    |  | [My expenses for attending the annual retreat in the White Mountains at the lodge in Waterville Valley, where research presentations were made and discussions took place, were covered by the P01 grant.] |   |
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| 8  | Patents planned, issued or pending   | <input checked="" type="checkbox"/> None   |   |
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| 9  | Participation on a Data Safety Monitoring Board or Advisory Board  | <input checked="" type="checkbox"/> None   |   |
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| 10 | Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid            | <input checked="" type="checkbox"/> None   |   |
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| 12 | Receipt of equipment, materials, drugs, medical writing, gifts or other services | <input checked="" type="checkbox"/> None   |   |
|    |  |  |   |
|    |  |  |   |
|    |  |  |   |
| 13 | Other financial or non-financial interests                                       | <input checked="" type="checkbox"/> None   |   |
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Please place an "X" next to the following statement to indicate your agreement:

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