ICMJE DISCLOSURE FORM

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Dat	e: 13. februar 2025		
You	ır name: Louise Eggers F	Rasmussen	-
Ma	nuscript title: Anstre	ngelsesudløst hedeslag	
Ma	nuscript number (if known	n): UFL-11-24-0791	
are r third comi	elated to the content of your parties whose interests m	our manuscript. "Related" ay be affected by the con nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply t uscript only.	o the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you should ven if that medication is r port for the work reporte	defined broadly. For example, if your manuscript d declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Tim	e frame: Since the initial plar		
1	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	
	· · · · · · · · · · · · · · · · · · ·		Click TAB in last row to add extra row
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
111	1, 1, 1, 1		

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

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

 $oxed{\boxtimes}$ I certify that I have answered every question and have not altered the wording of any of the questions on this form.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

ICMJE DISCLOSURE FORM

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.

Dat	te: 13. februar 2025		
You	ur name: Tintin Svenssor	· ·	
Ma	nuscript title: Anstre	engelsesudløst hedeslag	
Ma	nuscript number (if known	n): UFL-11-24-0791	
are r third com	related to the content of yo I parties whose interests m	our manuscript. "Related" lay be affected by the con nd does not necessarily in	relationships/activities/interests listed below that means any relation with for-profit or not-for-profit tent of the manuscript. Disclosure represents a dicate a bias. If you are in doubt about whether to bu do so.
	following questions apply t uscript only.	to the author's relationshi	ps/activities/interests as they relate to the <u>current</u>
perta antih In ite	ains to the epidemiology of hypertensive medication, e	f hypertension, you should ven if that medication is no port for the work reporte	defined broadly. For example, if your manuscript declare all relationships with manufacturers of not mentioned in the manuscript. d in this manuscript without time limit. For all 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)
Tim	e frame: Since the initial plar		
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.)	⊠ None	
	No time limit for this item.		
			Click TAB in last row to add extra row
Tim	e frame: past 36 months		
2	Grants or contracts from any entity (if not indicated in item #1 above).	⊠ None	
3	Royalties or licenses	⊠ None	
1.			

4	Consulting fees	⊠ None
5	Payment or honoraria for	⊠ None
	lectures, presentations, speakers bureaus,	
	manuscript writing or	
	educational events	
6	Payment for expert testimony	⊠ None
7	Support for attending	☑ None
	meetings and/or travel	
	D-4411 :1	52.01
8	Patents planned, issued or pending	⊠ None
	pending	
9	Participation on a Data Safety Monitoring Board or Advisory Board	⊠ None
:		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or	⊠ None
	unpaid	
		53.4
11	Stock or stock options	⊠ None
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	⊠ None
13	Other financial or non- financial interests	⊠ None
.: :		

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.

IMPORTANT for Ugeskrift for Læger & Danish Medical Journal

Please save/export the filled in form as PDF before submitting it to Ugeskrift for Læger or Danish Medical Journal.