Table S4. Description of outcome according to hospital type as scenario analysis

Variable	With polypharmacy	Without polypharmacy	p-value[a)]
Overall	178	56	Polypharmacy (0.021)
FILS at baseline	7.0 (7.0–8.0)	7.0 (6.0–7.0)	Times (<0.001)
FILS at follow-up	8.0 (7.0–8.0)	8.0 (7.0–8.0)	Time×Polypharmacy (0.507)
Acute care hospital	67	28	Polypharmacy (0.582)
FILS at baseline	7.0 (3.0–7.0)	7.0 (3.25–7.0)	Times (<0.001)
FILS at follow-up	8.0 (7.0–8.0)	7.0 (7.0–8.0)	Time×Polypharmacy (0.740)
Rehabilitation hospital	95	17	Polypharmacy (0.009)
FILS at baseline	7.0 (7.0–8.0)	8.0 (7.0–8.0)	Times (0.016)
FILS at follow-up	8.0 (7.0–8.0)	8.0 (7.0–8.0)	Time×Polypharmacy (0.995)
Long-term care hospital	16	11	Polypharmacy (0.850)
FILS at baseline	8.0 (7.0–8.0)	7.0 (7.0–8.0)	Times (0.227)
FILS at follow-up	7.5 (7.0–8.0)	8.0 (7.5–8.5)	Time×Polypharmacy (0.196)

Values are presented as number or median (interquartile range). We defined ≥5 medication usage as polypharmacy.

FILS, Food intake level scale.

[a)]Using a two-way ANOVA for Times×Polypharmacy excluded a common condition leading dysphagia as scenario analysis.

We excluded patients with esophageal cancer (ICD-10 codes: C15x; n=1), laryngeal cancer (C32x; n=1), pharyngeal cancer (C14x; n=0), stroke (I630, I631–I636, I638, I639, I600–I611, I613–I616, I619, I629, and G459; n=102), Alzheimer disease (G20; n=2), head injury (S00x–S19x; n=11), Parkinson disease (G20x; n=5), and pneumonia (J15x, J18x, J690; n=37).