

# BMJ Open Periodontitis in patients with diabetes and its association with diabetes-related complications. A register-based cohort study

Anna Trullenque-Eriksson <sup>1</sup>, Cristiano Tomasi <sup>1</sup>, Katarina Eeg-Olofsson,<sup>2</sup> Tord Berglundh <sup>1</sup>, Max Petzold <sup>3</sup>, Jan Derks <sup>1</sup>

**To cite:** Trullenque-Eriksson A, Tomasi C, Eeg-Olofsson K, *et al.* Periodontitis in patients with diabetes and its association with diabetes-related complications. A register-based cohort study. *BMJ Open* 2024;**14**:e087557. doi:10.1136/bmjopen-2024-087557

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (<https://doi.org/10.1136/bmjopen-2024-087557>).

Received 15 April 2024  
Accepted 14 June 2024



© Author(s) (or their employer(s)) 2024. Re-use permitted under CC BY-NC. No commercial re-use. See rights and permissions. Published by BMJ.

<sup>1</sup>Department of Periodontology, Institute of Odontology, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

<sup>2</sup>Swedish National Diabetes Register, Gothenburg, Sweden

<sup>3</sup>Institute of Medicine, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

## Correspondence to

Dr Anna Trullenque-Eriksson; [anna.trullenque.eriksson@gu.se](mailto:anna.trullenque.eriksson@gu.se)

## ABSTRACT

**Objective** To evaluate the association between type 1 diabetes (T1D)/type 2 diabetes (T2D) and periodontitis and assess the influence of periodontitis on diabetes-related complications.

**Design** Observational study; longitudinal analysis of register data.

**Setting** Swedish primary care centres, hospitals and dental clinics reporting to nationwide healthcare registers (2010–2020).

**Participants** 28 801 individuals with T1D (13 022 women; mean age 42 years) and 57 839 individuals without diabetes (non-T1D; 26 271 women; mean age 43 years). 251 645 individuals with T2D (110 627 women; mean age 61 years) and 539 805 individuals without diabetes (non-T2D; 235 533 women; mean age 60 years). Diabetes and non-diabetes groups were matched for age, gender and county of residence.

**Main outcome measures** Prevalent periodontitis, diabetes-related complications (retinopathy, albuminuria, stroke and ischaemic heart disease) and mortality.

**Results** Periodontitis was more common among T2D (22%) than non-T2D (17%). Differences were larger in younger age groups (adjusted RR at age 30–39 years 1.92; 95% CI 1.81 to 2.03) and exacerbated by poor glycaemic control. Periodontitis prevalence was 13% in T1D and 11% in non-T1D; only the subgroup with poor glycaemic control was at higher risk for periodontitis. Periodontitis was associated with a higher incidence of retinopathy (T1D: HR 1.08, 95% CI 1.02 to 1.14; T2D: HR 1.08, 95% CI 1.06 to 1.10) and albuminuria (T1D: HR 1.14, 95% CI 1.06 to 1.23; T2D: HR 1.09, 95% CI 1.07 to 1.11). Periodontitis was not associated with a higher risk for stroke, cardiovascular disease or higher mortality in T1D/T2D.

**Conclusions** The association between T2D and periodontitis was strong and exacerbated by poor glycaemic control. For T1D, the association to periodontitis was limited to subgroups with poor glycaemic control. Periodontitis contributed to an increased risk for retinopathy and albuminuria in T1D and T2D.

## INTRODUCTION

Periodontitis is a highly prevalent oral disorder characterised by soft tissue inflammation, loss of periodontal attachment and,

## STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The population-wide approach, including over 800 000 individuals, allowed for solid estimates from real-world data.
- ⇒ The longitudinal register data covered a 10-year period.
- ⇒ By matching several registers, we were able to adjust for socioeconomic parameters.
- ⇒ The periodontitis case definition was based exclusively on clinical recordings of periodontal probing depth.
- ⇒ Information on tobacco smoking and body mass index were not available for the control group.

ultimately, tooth loss. The typical age of onset lies between 20 and 30 years, and, in its severe forms, periodontitis affects roughly 10% of adults worldwide.<sup>1–3</sup> Observational data suggest that periodontitis is associated with type 2 diabetes (T2D) and contributes to diabetes-related complications.<sup>4,5</sup> This association was highlighted in a recent statement by WHO.<sup>6</sup> However, corresponding data on the association between type 1 diabetes (T1D) and periodontitis are highly limited.<sup>4,7,8</sup>

Register-based research offers the possibility for longitudinal evaluations of population data. There are numerous, well-established healthcare registers in Sweden and their completeness in terms of target populations is generally high.<sup>9</sup> The Swedish National Diabetes Register (NDR) includes 85% of all Swedish adults diagnosed with T2D, while the completeness for T1D is >90%.<sup>10</sup> From 2010 and onwards, the Swedish Quality Registry for Caries and Periodontal Disease (SKaPa) administers data with a high level of completeness based on the daily, automated retrieval of information from electronic patient dental records. To exemplify, during the period 2020–2022, findings from routine dental examinations were recorded for 3.3

million adults.<sup>11</sup> Access to additional population registries, providing medical and socioeconomic data, allows for robust and detailed descriptions of populations with or without diabetes.

The aim of the present register-based study was to evaluate the association between diabetes (T1D and T2D) and periodontitis on a population level. A further aim was to assess the influence of periodontitis on diabetes-related complications.

## METHODS

### Study design and participants

This retrospective study was based on longitudinal data obtained from multiple Swedish national registers. Using the Swedish NDR, we identified one cohort of individuals with T1D (diagnosis by 2020 and  $\geq 1$  prescription of insulin, National Prescribed Drug Registry) and a second cohort with T2D (diagnosis by 2020). Individuals aged  $\geq 18$  years in 2010 were considered (online supplemental appendix p. 5). For each cohort, a control sample was randomly selected from a non-diabetes population identified in the Swedish Total Population Register (control/case ratio 2:1; matched for age, gender and county of residence). From these four cohorts, individuals without at least one entry in the national dental registry SKaPa (ie, no dental examination during the period 2010–2020) were excluded (online supplemental tables A1–A6).

### Patient and public involvement

There was no direct patient involvement in this study. No funds or time were allocated to patient and public involvement.

### Data sources and outcome measures

The occurrence of periodontitis and tooth loss (registered tooth extractions, regardless of the reason for extraction) was assessed annually over the 10-year study period in the SKaPa register. A periodontitis case was defined by the presence of  $\geq 3$  teeth with probing depths of  $\geq 6$  mm, assessed by a dental professional during a routine clinical examination any time between 2010 and 2020 (online supplemental appendix p 6). Third molars were not considered for either outcome.

We used blood haemoglobin A1c (HbA1c) levels to describe glycaemic control (NDR), which was categorised as good (HbA1c  $< 52$  mmol/mol for  $\geq 75\%$  of their observation period) or poor (HbA1c  $> 62$  mmol/mol for  $\geq 75\%$  of their observation period) based on longitudinal readings (at least 5 years). We also explored median glycaemic control as a continuous parameter (online supplemental appendix p 7).

Data on diabetes-related complications were obtained from the NDR (retinopathy and albuminuria) and the National Patient Register (stroke and ischaemic heart disease). Information on mortality was extracted from the Cause of Death Register and socioeconomic parameters were retrieved from the Longitudinal Integrated

Database for Health Insurance and Labour Market Studies (online supplemental appendix pp 5–7). Datasets from the different registers were merged using unique national personal identity numbers as identifiers.

The study was approved by the Swedish Ethical Review Authority (Dnr: 2019–04140).

### Statistical analysis

Probability estimates for prevalent periodontitis among individuals with T1D, T2D and their respective controls were obtained through multiple logistic regression models. Adjusted risk ratios (RR) were recalculated from ORs based on *margins*.<sup>12</sup> The annual incidence rates for tooth loss and their ratios (IRR) were estimated with Poisson regression models. The extent of tooth loss (no tooth extractions, 1–4 extractions or  $\geq 5$  extractions) over the 10-year period was analysed using multinomial logistic regression models (RR). Analyses were repeated, comparing subgroups of T1D and T2D by glycaemic control, using their matched control groups as references.

Within the T1D and T2D cohorts, the effect of periodontitis (at any time during the observation period) on diabetes-related complications and on mortality was described by HR obtained through Cox regression analyses. To account for age and cohort effects, we also used Poisson-based age-period-cohort (APC) modelling<sup>13</sup> (*poprisktime*<sup>14</sup> and *apcspline*<sup>15</sup> functions) to estimate IRRs.

Age categorisation was based on age in 2010 (the start of the observation period). Gender (referring to legal sex, as recorded in the registers) was accounted for, either as a covariate or by stratification. We adjusted for level of education and income due to observed socioeconomic imbalances (table 1). Hence, all models were adjusted for age (and its interaction with diabetes), gender, level of education and income.

All estimates were accompanied by 95% CIs. Full regression models are provided in online supplemental appendix. Multiple sensitivity analyses were carried out (online supplemental tables A7–A8; online supplemental appendix pp. 14–27) and we explored alternative case definitions for periodontitis. All analyses were performed in Stata/SE V.17.0.

## RESULTS

The number of individuals in each cohort in the final dataset was 28 801 (T1D), 57 839 (non-T1D controls), 251 645 (T2D) and 539 805 (non-T2D controls), respectively (figure 1; table 1; online supplemental appendix pp 8–13).

### Diabetes and periodontitis

Periodontitis was more common in T1D and T2D than in their respective control groups (T1D: 12.6%, 95% CI 12.2 to 13.0; non-T1D: 11.1%, 95% CI 10.9 to 11.4; T2D: 21.6%, 95% CI 21.5 to 21.8; non-T2D: 16.8%, 95% CI 16.7 to 16.9), with RRs of 1.13 (95% CI 1.09, 1.18) and 1.26 (95% CI 1.24, 1.27), respectively. The association

**Table 1** Individuals with type 1 and type 2 diabetes and their respective matched controls without diabetes

	Group			
	No diabetes		Type 1 diabetes	
Gender				
Female	26 271	45.4%	13 022	45.2%
Male	31 568	54.6%	15 779	54.8%
Age in 2010	42.9	(16.9)	42.4	(16.5)
Year of birth				
1981–1992	15 984	27.6%	8071	28.0%
1971–1980	10 066	17.4%	5134	17.8%
1961–1970	11 227	19.4%	5757	20.0%
1951–1960	9 253	16.0%	4635	16.1%
1941–1950	7 545	13.0%	3571	12.4%
≤1940	3 764	6.5%	1633	5.7%
Education (latest available)				
Up to lower secondary education	7818	13.6%	4083	14.2%
Upper secondary to post-secondary education <2 years	29 831	51.8%	15 214	53.1%
Post-secondary ≥2 years to tertiary education	19 965	34.7%	9362	32.7%
Annual income (SEK; latest available)	300 900	(275 600)	266 700	(271 600)
Years in lowest fifth percentile of income (2005–2019)	0.7	(1.9)	0.8	(2)
0	45 123	78.0%	22 128	76.8%
1–4 years	9923	17.2%	5081	17.6%
≥5 years	2793	4.8%	1589	5.5%
Systemic conditions (2005–2020)*				
Certain infectious and parasitic diseases (A00–B99)	1702	2.9%	10 768	37.4%
Neoplasms (C00–D48)	15 418	26.7%	10 423	36.2%
Cancer (C00–C97)	6079	10.5%	2684	9.3%
Endocrine, nutritional and metabolic diseases (E00–E90)	7910	13.7%	28 664	99.5%
Obesity (E66)	1761	3%	2205	7.7%
Diseases of the circulatory system (I00–I99)	14 314	24.7%	14 465	50.2%
Ischaemic heart diseases (I20–I25)	2648	4.6%	3000	10.4%
Stroke (I60, I61, I63, I64 and G45)	1298	2.2%	1186	4.1%
Diseases of the genitourinary system (N00–N99)	1	0.0%	9	0.0%
Nephritis, nephrotic syndrome and nephrosis (N00–N07, N17–N19, N25–N27)	1	0.0%	8	0.0%
	Group			
	No diabetes		Type 2 diabetes	
Gender				
Female	235 533	43.6%	110 627	44.0%
Male	304 272	56.4%	141 018	56%
Age in 2010	60.1	(13.3)	60.7	(13.1)
Year of birth				
1981–1992	10 348	1.9%	4 217	1.7%
1971–1980	28 120	5.2%	11 576	4.6%

Continued

**Table 1** Continued

	Group			
	No diabetes		Type 2 diabetes	
1961–1970	75 431	14.0%	33 536	13.3%
1951–1960	124 714	23.1%	58 104	23.1%
1941–1950	168 295	31.2%	80 540	32.0%
≤1940	132 897	24.6%	63 672	25.3%
Education (latest available)				
Up to lower secondary education	134 919	25.1%	80 780	32.4%
Upper secondary to post-secondary education <2 years	262 874	48.9%	124 894	50.2%
Post-secondary ≥2 years to tertiary education	139 526	26.0%	43 312	17.4%
Annual income (SEK; latest available)	197 400	(202 400)	168 500	(133 200)
Years in lowest fifth percentile of income (2005–2019)	0.5	(1.9)	0.8	(2.3)
0	464 008	86%	203 105	80.7%
1–4 years	53 916	10%	32 265	12.8%
≥5 years	21 880	4.1%	16 267	6.5%
Systemic conditions (2005–2020)*				
Certain infectious and parasitic diseases (A00–B99)	37 332	6.9%	35 971	14.3%
Neoplasms (C00–D48)	208 763	38.7%	104 478	41.5%
Cancer (C00–C97)	121 118	22.4%	57 907	23.0%
Endocrine, nutritional and metabolic diseases (E00–E90)	110 280	20.4%	186 300	74.0%
Obesity (E66)	11 641	2.2%	30 423	12.1%
Diseases of the circulatory system (I00–I99)	253 533	47%	170 748	67.9%
Ischaemic heart diseases (I20–I25)	64 083	11.9%	56 417	22.4%
Stroke (I60, I61, I63, I64 and G45)	31 514	5.8%	23 098	9.2%
Diseases of the genitourinary system (N00–N99)	18	0%	34	0%
Nephritis, nephrotic syndrome and nephrosis (N00–N07, N17–N19 and N25–N27)	12	0%	24	0%

Categorical data are presented as frequencies and percentages. The continuous variables age and number of years in the lowest fifth percentile of income are presented as mean (SD); income is presented as median (IQR).  
\*Systemic conditions exclude diagnoses only registered in primary care. International Classification of Diseases 10th revision codes provided in parentheses.

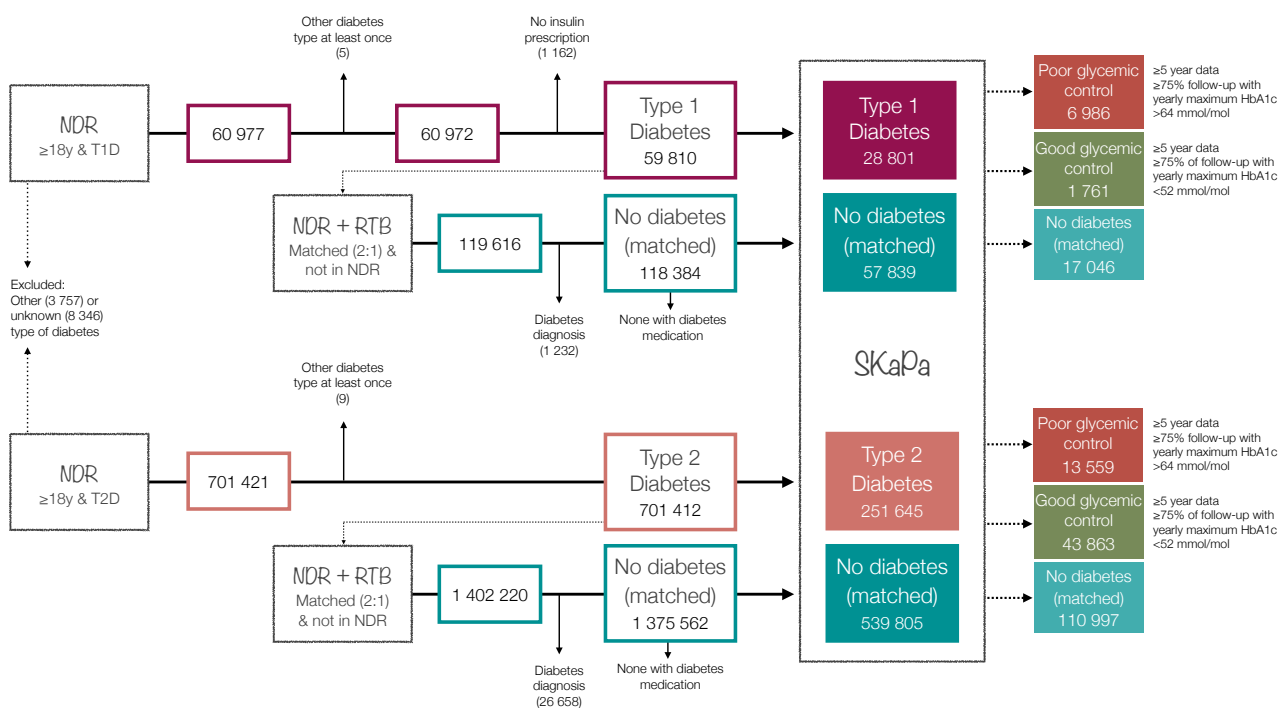
with periodontitis was stronger for T2D, as evidenced by risk differences of up to 8% (figure 2 and online supplemental figures A1–A4; online supplemental tables A9–A10; online supplemental appendix pp 28–33).

Glycaemic control had a decisive impact on associations with periodontitis. Poor glycaemic control was associated with an increased risk for periodontitis by up to 67% in T1D (overall RR 1.37, 95% CI 1.28 to 1.47; RR at 40–49 years 1.67, 95% CI 1.45 to 1.92) and up to 172% in T2D (overall RR 1.38, 95% CI 1.33 to 1.43; RR at age 30–39 years 2.72, 95% CI 2.29 to 3.23) compared with non-T1D and non-T2D, respectively (figure 2 and online supplemental figures A5–A8; online supplemental tables A11–A12; online supplemental appendix pp 34–39). Good glycaemic control was associated with a lower risk for

periodontitis in T1D (RR 0.71, 95% CI 0.60 to 0.84), but not in T2D (RR 1.23, 95% CI 1.20 to 1.26).

Prevalence and RRs by age category and gender are presented in online supplemental tables A9, A10. Differences in terms of the prevalence of periodontitis between the diabetes cohorts and matched controls were most prominent in younger age categories. Overall, periodontitis was more frequent among males than females. The relative effect of diabetes in young females was stronger than in young males, as illustrated by greater RRs for both T1D and T2D.

Tooth loss was more common in T1D and T2D than in their respective control groups (T1D: 33.9%, 95% CI 33.4 to 34.5; non-T1D: 29.0%, 95% CI 28.6 to 29.4; T2D: 46.2%, 95% CI 46.0 to 46.4; non-T2D: 37.8%, 95% CI 37.7 to 38).



**Figure 1** Sample description (number of individuals in the different cohorts and subgroups). For the period 2010–2020, mean follow-up time within SKaPa was  $6.1 \pm 3.6$  years for T1D,  $6.1 \pm 3.7$  years non-T1D,  $5.5 \pm 3.7$  years for T2D and  $5.7 \pm 3.7$  years for non-T2D; mean follow-up time within NDR was  $8.4 \pm 2.5$  years for T1D and  $5.7 \pm 3.5$  years for T2D. See also online supplemental appendix (pp 5, 8–13). NDR, National Diabetes Register; RTB, Swedish Total Population Register; SKaPa, Swedish Quality Registry for Caries and Periodontal Disease; T1D, type 1 diabetes; T2D, type 2 diabetes.

Incident tooth loss was greater in T1D (IRR 1.28; 95% CI 1.26, 1.30) and T2D (IRR 1.37; 95% CI 1.36 to 1.38) than in control groups (figure 3, online supplemental figures A9-A12; online supplemental appendix pp 40–45). Poor glycaemic control was associated with a higher risk for tooth loss in T1D and T2D compared with non-T1D/non-T2D. Well-controlled individuals were at higher risk only in T2D (figure 3 and online supplemental figures A1-A18; online supplemental appendix pp 46–51).

### Diabetes-related complications

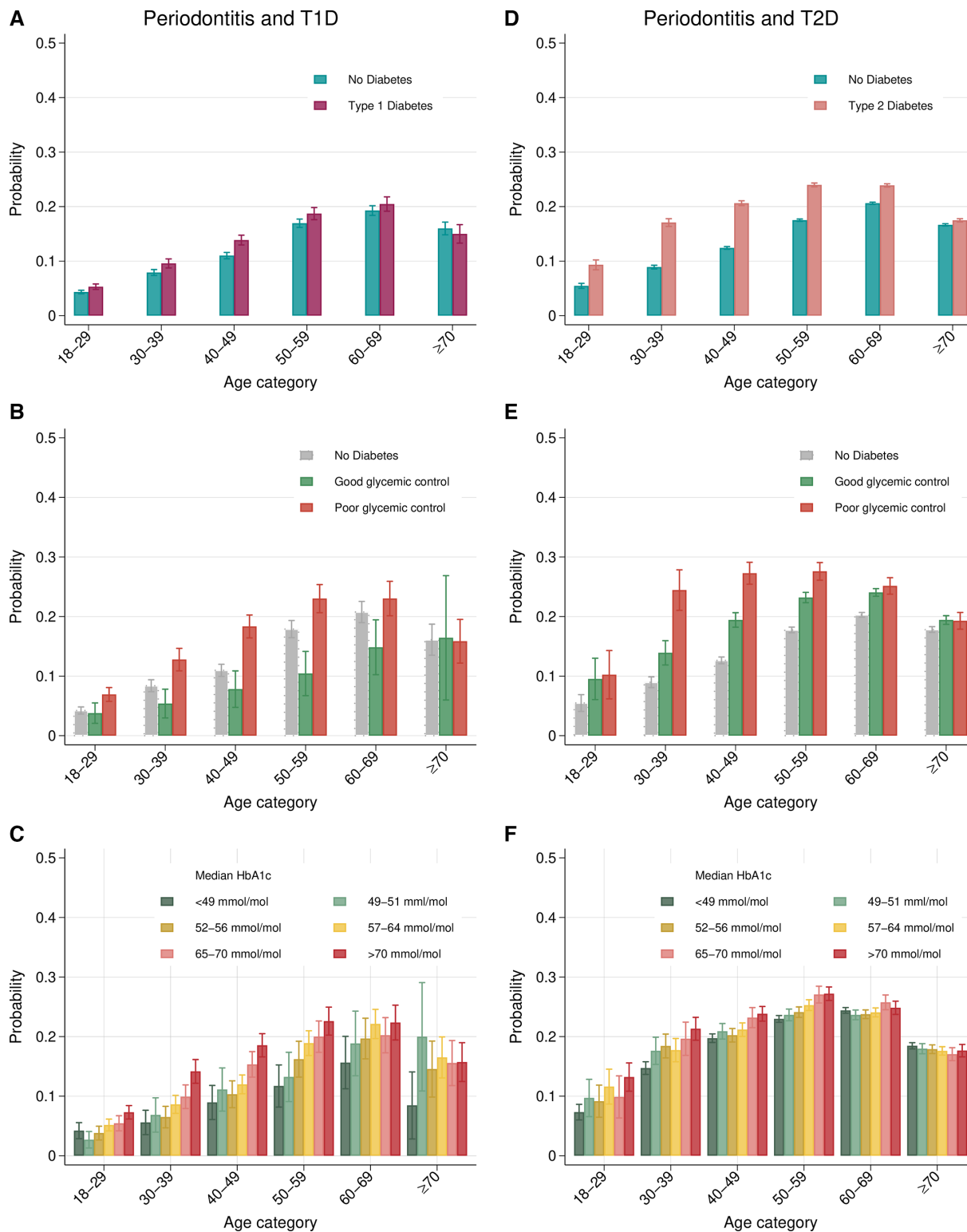
In both T1D and T2D, periodontitis was associated with a higher risk for retinopathy (T1D HR 1.08, 95% CI 1.02 to 1.14; T2D HR 1.08, 95% CI 1.06 to 1.10) and albuminuria (T1D HR 1.14, 95% CI 1.06 to 1.23; T2D HR 1.09, 95% CI 1.07 to 1.11), as confirmed by both adjusted Cox regression analyses and APC modelling (tables 2 and 3 and online supplemental tables A13-A14; online supplemental figures A19-A38; online supplemental appendix pp 52–63). Periodontitis was not associated with a higher risk for ischaemic heart disease, stroke or death in either T1D or T2D.

### DISCUSSION

In this large population-based register study, we demonstrated an association between T2D and periodontitis. The association was strongest in younger age categories

and exacerbated by poor glycaemic control. For T1D, only the subgroup with poor glycaemic control was at higher risk for periodontitis. Our results also indicated that periodontitis contributes to some diabetes-related complications, namely retinopathy and nephropathy (albuminuria). Periodontitis was not, however, associated with a higher risk for ischaemic heart disease, stroke or death in T1D/T2D.

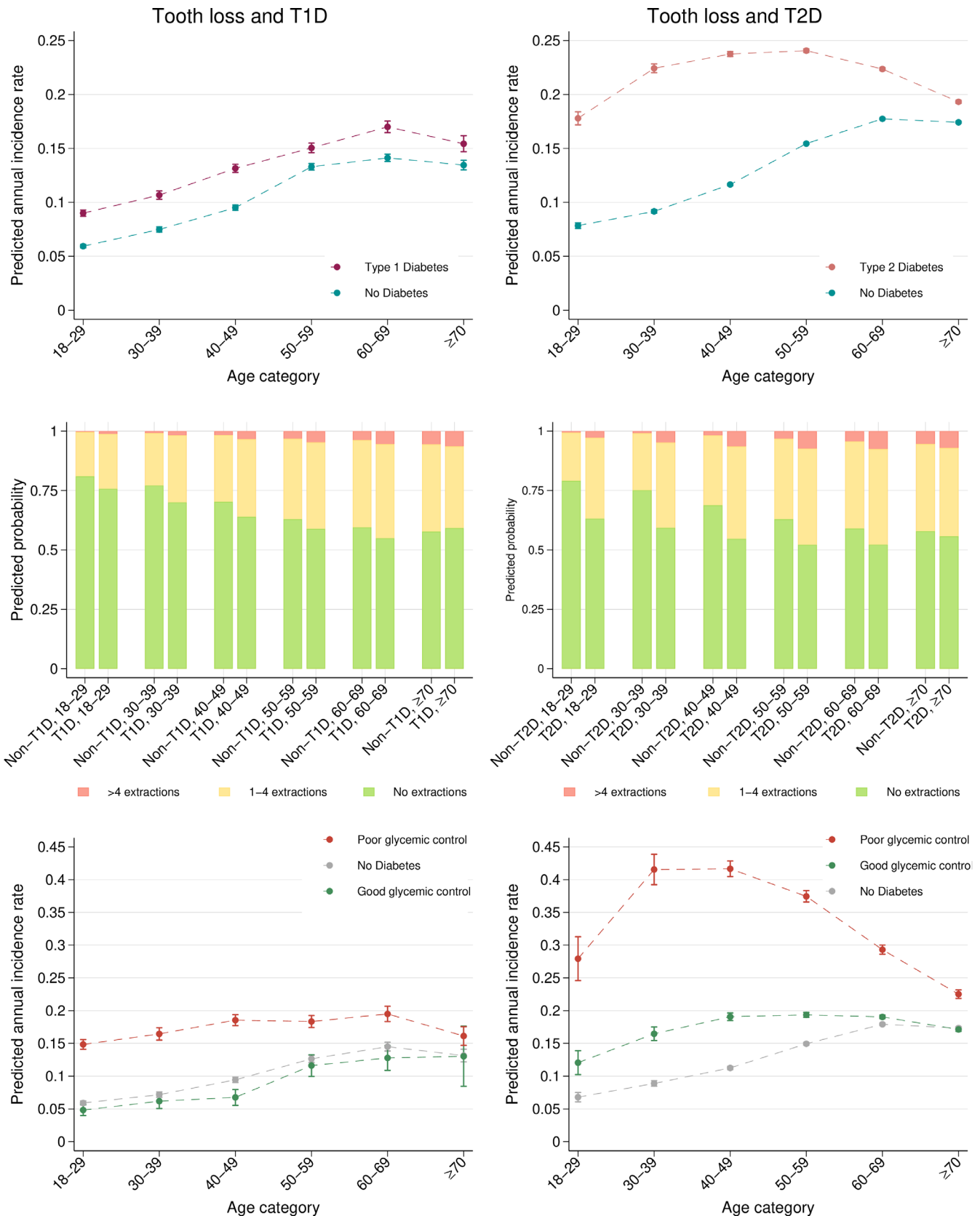
Our findings on the association between T2D and periodontitis are in line with previous evidence and position papers presented by dental and medical professional associations.<sup>16</sup> Evidence on the relationship between T1D and periodontitis is limited, as illustrated by study samples including no more than a few hundred patients.<sup>5 7 17–19</sup> In a study on 1114 cases and 7253 controls without diabetes, Sun *et al*<sup>20</sup> reported an adjusted HR of 1.7 for periodontitis in young individuals with T1D (20–40 years).<sup>20</sup> Our study not only included a considerably larger number of individuals but also covered a larger age span. In this sense, the new evidence from the present study suggests that the association between T1D and periodontitis was largely dependent on glycaemic control rather than the diagnosis per se. In addition, good glycaemic control in this group may reflect healthcare attitudes in general, extending to better compliance levels also in terms of oral care. Regardless of potential mechanisms, the present data confirm the relevance of glycaemic control for oral and periodontal health.<sup>21 22</sup>



**Figure 2** Probability estimates for periodontitis by age category. Periodontitis and T1D models are based on (A) 85 042 individuals (T1D 28 241 and non-T1D 56 801), (B) 25 302 individuals (good glycaemic control 1740, poor glycaemic control 6812, no diabetes 16 750) and (C) 28 130 individuals with T1D. Periodontitis and T2D models are based on (D) 770 672 individuals (T2D 243 900 and non-T2D 526 772), (E) 163 981 individuals (good glycaemic control 42 660, poor glycaemic control 13 038 and no diabetes 108 283) and (F) 240 307 individuals with T2D. Models were adjusted for age (categorical), gender, level of education and income.

The association between periodontitis and diabetes (T1D and T2D) in the present study was most prominent up to the age of 50 years, particularly among females.

Interestingly, other studies demonstrated that associations between periodontitis and cardiovascular diseases were also stronger in younger groups<sup>23</sup> and females.<sup>24</sup> We



**Figure 3** Estimated annual incidence rates of tooth loss and probability estimates for the extent of tooth loss during the 10-year observation period by age category. The tooth loss and T1D models are based on 86 273 individuals (T1D 28 659 and non-T1D 57 614) and 25 683 individuals (good glycaemic control 1756, poor glycaemic control 6947 and no diabetes 16 980). The tooth loss and T2D models are based on 786 305 individuals (T2D 248 986 and non-T2D 537 319) and 167 362 individuals (good glycaemic control 43 544, poor glycaemic control 13 321 and no diabetes 110 497). Models were adjusted for age (categorical), gender, level of education and income.

**Table 2** Diabetes-related complications in individuals with type 1 diabetes (comparing periodontitis to no periodontitis).

	Age						Overall	
	18–29	30–39	40–49	50–59	60–69	≥70		
Retinopathy (2010–2020)	No periodontitis	5342/7418 (72.0%)	3611/4528 (79.7%)	3935/4778 (82.4%)	2976/3613 (82.4%)	2273/2668 (85.2%)	981/1204 (81.5%)	19 118/24 209 (79.0%)
	Periodontitis	313/404 (77.5%)	366/456 (80.3%)	644/781 (82.5%)	766/868 (88.2%)	625/742 (84.2%)	209/255 (82.0%)	2923/3506 (83.4%)
Adjusted HR (95% CI): 1.08 (1.02 to 1.14)								
Albuminuria (2010–2020)	No periodontitis	1135/7426 (15.3%)	962/4531 (21.2%)	1353/4782 (28.3%)	1280/3617 (35.4%)	1202/2697 (44.6%)	660/1238 (53.3%)	6592/24 291 (27.1%)
	Periodontitis	91/403 (22.6%)	132/459 (28.8%)	276/783 (35.2%)	340/870 (39.1%)	314/748 (42.0%)	135/258 (52.3%)	1288/3521 (36.6%)
Adjusted HR (95% CI): 1.14 (1.06 to 1.23)								
Ischaemic heart disease (2010–2020)	No periodontitis	22/7594 (0.3%)	82/4595 (1.8%)	345/4855 (7.1%)	630/3673 (17.2%)	694/2748 (25.3%)	490/1342 (36.5%)	2263/24 807 (9.1%)
	Periodontitis	2/415 (0.5%)	13/465 (2.8%)	69/790 (8.7%)	141/880 (16.0%)	168/757 (22.2%)	97/268 (36.2%)	490/3575 (13.7%)
Adjusted HR (95% CI): 0.96 (0.86 to 1.08)								
Stroke (2010–2020)	No periodontitis	21/7594 (0.3%)	57/4595 (1.2%)	138/4855 (2.8%)	184/3673 (5.0%)	205/2748 (7.5%)	197/1342 (14.7%)	802/24 807 (3.2%)
	Periodontitis	3/415 (0.7%)	8/465 (1.7%)	28/790 (3.5%)	43/880 (4.9%)	59/757 (7.8%)	40/268 (14.9%)	181/3575 (5.1%)
Adjusted HR (95% CI): 1.05 (0.89 to 1.25)								
Mortality (2010–2020)	No periodontitis	67/7594 (0.9%)	63/4595 (1.4%)	163/4855 (3.4%)	251/3673 (6.8%)	466/2748 (17.0%)	638/1342 (47.5%)	1648/24 807 (6.6%)
	Periodontitis	3/415 (0.7%)	6/465 (1.3%)	24/790 (3.0%)	75/880 (8.5%)	117/757 (15.5%)	118/268 (44.0%)	343/3575 (9.6%)
Adjusted HR (95% CI): 0.91 (0.81 to 1.02)								

Prevalence is presented as frequency/h (%)

Adjusted HRs originate from Cox regression models, which included periodontitis, age category, gender, level of education and number of years in the fifth lowest percentile of income.



**Table 3** Diabetes-related complications in individuals with type 2 diabetes (comparing periodontitis to no periodontitis).

	Age						Overall
	18–29	30–39	40–49	50–59	60–69	≥70	
Retinopathy (2010–2020)	No periodontitis 688/2748 (25.0%)	2260/7520 (30.1%)	7315/22 012 (33.2%)	13 520/37 659 (35.9%)	21 636/53 201 (40.7%)	18 037/41 983 (43.0%)	63 456/165 123 (38.4%)
Periodontitis	89/299 (29.8%)	551/1561 (35.3%)	2272/5950 (38.2%)	4927/12 221 (40.3%)	7391/17 205 (43.0%)	4257/9438 (45.1%)	19 487/46 674 (41.8%)
	Adjusted HR (95% CI): 1.08 (1.06 to 1.10)						
Albuminuria (2010–2020)	No periodontitis 823/3096 (26.6%)	2207/8200 (26.9%)	6895/23 378 (29.5%)	12 793/39 270 (32.6%)	22 009/55 027 (40.0%)	22 212/44 491 (49.9%)	66 939/173 462 (38.6%)
Periodontitis	89/348 (25.6%)	545/1718 (31.7%)	2138/6296 (34.0%)	4852/12 826 (37.8%)	7859/17 860 (44.0%)	5214/9973 (52.3%)	20 697/49 021 (42.2%)
	Adjusted HR (95% CI): 1.09 (1.07 to 1.11)						
Ischaemic heart disease (2010–2020)	No periodontitis 26/3757 (0.7%)	284/9363 (3.0%)	2005/25 967 (7.7%)	6323/42 932 (14.7%)	13 444/59 634 (22.5%)	17 581/51 519 (34.1%)	39 663/193 172 (20.5%)
Periodontitis	6/390 (1.5%)	91/1930 (4.7%)	675/6884 (9.8%)	2351/13 851 (17.0%)	4504/19 182 (23.5%)	3554/11 080 (32.1%)	11 181/53 317 (21.0%)
	Adjusted HR (95% CI): 0.96 (0.94 to 0.99)						
Stroke (2010–2020)	No periodontitis 23/3757 (0.6%)	131/9363 (1.4%)	678/25 967 (2.6%)	1852/42 932 (4.3%)	4623/59 634 (7.8%)	7480/51 519 (14.5%)	14 787/193 172 (7.7%)
Periodontitis	2/390 (0.5%)	23/1930 (1.2%)	182/6884 (2.6%)	669/13 851 (4.8%)	1597/19 182 (8.3%)	1625/11 080 (14.7%)	4098/53 317 (7.7%)
	Adjusted HR (95% CI): 0.99 (0.95 to 1.03)						
Mortality (2010–2020)	No periodontitis 29/3757 (0.8%)	115/9363 (1.2%)	516/25 967 (2.0%)	1967/42 932 (4.6%)	6283/59 634 (10.5%)	20 617/51 519 (40.0%)	29 527/193 172 (15.3%)
Periodontitis	6/390 (1.5%)	19/1930 (1.0%)	134/6884 (1.9%)	619/13 851 (4.5%)	1989/19 182 (10.4%)	3606/11 080 (32.5%)	6373/53 317 (12.0%)
	Adjusted HR (95% CI): 0.81 (0.79 to 0.83)						
Prevalence is presented as frequency/n (%)							
Adjusted HRs originate from Cox regression models, which included periodontitis, age category, gender, level of education and number of years in the fifth lowest percentile of income.							

speculate that the interplay between the two conditions at a later stage in life may be masked by the accumulation of additional risk factors. The observed gender effect is not understood.

Previous evidence has linked periodontitis to an increase in incidence of micro- and macrovascular complications in patients with T2D (predominantly cross-sectional data)<sup>4</sup> and T1D (one cross-sectional and one case-control study).<sup>25 26</sup> In contrast, we noted an increased risk only for microvascular complications (retinopathy and albuminuria). Differences may be explained by characteristics of the study populations (eg, ethnicity), but potentially also by differences in access to healthcare.

The strengths of this study reside in the population-wide approach, facilitated by patient registers with high levels of coverage and the solid exposures and endpoints (diagnosis T1D/T2D, diabetes-related complications and mortality) captured by registered healthcare professionals. Also, matching to population registers through the unique national personal identity numbers allowed for adjustment for socioeconomic parameters. Some limitations need to be considered. The categorisation of a periodontitis case was extrapolated from the data available in SKaPa, that is, clinical recordings of periodontal probing depth, rather than a diagnostic code or detailed assessments of attachment levels. The direction of the associations was consistent when using alternative case definitions for periodontitis.

We had no information for the control group on tobacco smoking and body mass index, two well-established risk factors in the current context. However, smoking in T1D (13%) and T2D (14%) was not notably different from 2010 population estimates provided by the Swedish national public health survey (13% of 9933 respondents age 16–84 years were daily smokers).<sup>27</sup> And finally, while we do have data on ‘first’ recordings of diabetes and periodontitis diagnoses, these may not necessarily correspond to actual onset of disease. Therefore, we avoided making assumptions on directionality and rather focused on comorbidity over the study period.

### Implications for clinicians and policymakers

Our focus on periodontitis as a primary target of our analysis is motivated by its negative impact on quality of life<sup>28</sup> and the resulting economic burden on society and the individual.<sup>29</sup> Economic aspects are particularly relevant in light of the already disadvantaged socioeconomic status of the T2D group in our study. Cost may act as a barrier to adequate periodontal care, which may improve glycaemic control.<sup>30</sup> From a public health point of view, preventive strategies in risk groups should therefore consider including dental care.

### CONCLUSION

The present data demonstrate a strong association between T2D and periodontitis, exacerbated by poor glycaemic control. For T1D, the association to periodontitis was

limited to subgroups with poor glycaemic control. Periodontitis contributed to an increased risk for retinopathy and albuminuria in both T1D and T2D.

**Acknowledgements** This study was supported by grants from the Eklund Foundation (2018-132) and from TUA Research Funding (TUAGBG-919531 & TUAGBG-979382). We thank The Swedish Quality Registry for Caries and Periodontal Diseases (SKaPa) and the Swedish National Diabetes Register (NDR) for providing access to the register data.

**Contributors** JD and TB conceived and initiated the study. ATE and JD performed data acquisition and analyses. MP supervised all statistical analyses. JD, ATE, TB, MP, KEO and CT contributed to interpretation of results. ATE and JD wrote the manuscript, which was critically reviewed and edited by TB, MP, KEO and CT. All authors had access to the original data and approved the final version of the manuscript. JD is responsible for the integrity of the work and the decision to submit, and acts as guarantor. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

**Funding** This study was supported by grants from Eklund Foundation (2018-132) and TUA Research Funding (TUAGBG-919531 & TUAGBG-979382). The funders of the study had no role in study design, data collection, data analysis, data interpretation or authoring of the report.

**Competing interests** All authors have completed the ICMJE uniform disclosure form at <http://www.icmje.org/disclosure-of-interest/> and declare: ATE, CT, TB and JD had financial support from the Eklund Foundation (grant 2018-132) and TUA Research Funding (grants TUAGBG-919531 & TUAGBG-979382) for the submitted work; CT serves as a consultant for PreBiomics S.r.l (outside the present work); TB serves as an advisor for the Swedish Quality Registry for Caries and Periodontal Diseases (SKaPa); KEO serves as the director of the Swedish National Diabetes Register (NDR) and has received fees for lecturing and/or honoraria for consulting from Sanofi, Novo Nordisk, Eli Lilly and Abbot Diabetes Care (all outside the present work); no other relationships or activities that could appear to have influenced the submitted work.

**Patient and public involvement** Patients and/or the public were not involved in the design, or conduct, or reporting, or dissemination plans of this research.

**Patient consent for publication** Not applicable.

**Ethics approval** This study involves human participants and was approved by the Swedish Ethical Review Authority (Dnr: 2019-04140). The ethical approval covers use of register data without seeking specific informed consent from the participants. Swedish quality registers, such as SKaPa and NDR, are voluntary and regulated by the Swedish law (The Patient Data Act, Patientdatalag (2008:355)), which does not require specific consent from each individual for their data to be included in research projects.

**Provenance and peer review** Not commissioned; externally peer reviewed.

**Data availability statement** Data are available upon reasonable request. The de-identified participant data that underlie the results reported in this article, as well as the statistical code are available from the corresponding author upon reasonable request and upon a signed data access agreement.

**Supplemental material** This content has been supplied by the author(s). It has not been vetted by BMJ Publishing Group Limited (BMJ) and may not have been peer-reviewed. Any opinions or recommendations discussed are solely those of the author(s) and are not endorsed by BMJ. BMJ disclaims all liability and responsibility arising from any reliance placed on the content. Where the content includes any translated material, BMJ does not warrant the accuracy and reliability of the translations (including but not limited to local regulations, clinical guidelines, terminology, drug names and drug dosages), and is not responsible for any error and/or omissions arising from translation and adaptation or otherwise.

**Open access** This is an open access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited, appropriate credit is given, any changes made indicated, and the use is non-commercial. See: <http://creativecommons.org/licenses/by-nc/4.0/>.

### ORCID iDs

Anna Trullenque-Eriksson <http://orcid.org/0000-0001-5172-5165>  
Cristiano Tomasi <http://orcid.org/0000-0002-3610-6574>

Tord Berglundh <http://orcid.org/0000-0001-5864-6398>  
 Max Petzold <http://orcid.org/0000-0003-4908-2169>  
 Jan Derks <http://orcid.org/0000-0002-1133-6074>

## REFERENCES

- Eke PI, Dye BA, Wei L, *et al.* Cdc periodontal disease surveillance workgroup: james beck GDRP. Prevalence of periodontitis in adults in the United States: 2009 and 2010. *J Dent Res* 2012;91:914–20.
- Kassebaum NJ, Bernabé E, Dahiya M, *et al.* Global burden of severe Periodontitis in 1990–2010: a systematic review and meta-regression. *J Dent Res* 2014;93:1045–53.
- Thorbert-Mros S, Cassel B, Berglundh T. Age of onset of disease in subjects with severe periodontitis: A 9- to 34-year retrospective study. *J Clin Periodontol* 2017;44:778–83.
- Nguyen ATM, Akhter R, Garde S, *et al.* The Association of periodontal disease with the complications of diabetes mellitus. A systematic review. *Diabetes Res Clin Pract* 2020;165:108244.
- Graziani F, Gennai S, Solini A, *et al.* A systematic review and meta-analysis of epidemiologic observational evidence on the effect of periodontitis on diabetes an update of the EFP-AAP review. *J Clin Periodontol* 2018;45:167–87.
- WHO. Oral health, 2023. Available: <https://www.who.int/news-room/fact-sheets/detail/oral-health2024>
- Genco RJ, Borgnakke WS. Diabetes as a potential risk for periodontitis: association studies. *Periodontology* 2000 2020;83:40–5.
- Lalla E, Papapanou PN. Diabetes mellitus and periodontitis: a tale of two common interrelated diseases. *Nat Rev Endocrinol* 2011;7:738–48.
- Emilsson L, Lindahl B, Köster M, *et al.* Review of 103 Swedish healthcare quality registries. *J Intern Med* 2015;277:94–136.
- NDR. Swedish National diabetes register - annual report. Swedish National Diabetes Register; 2021.
- SKaPa. Swedish quality Registry for Caries and Periodontal disease - annual report. Swedish Quality Registry for Caries and Periodontal Disease; 2022.
- Cummings P. Estimating adjusted risk ratios for matched and unmatched data: an update. *The Stata Journal* 2011;11:290–8.
- Carstensen B. Age-period-cohort models for the Lexis diagram. *Stat Med* 2007;26:3018–45.
- Rutherford MJ, Lambert PC, Thompson JR. Age-period-cohort modeling. *The Stata Journal* 2010;10:606–27.
- Sasieni PD. Age-period-cohort models in STATA. *The Stata Journal* 2012;12:45–60.
- Herrera D, Sanz M, Shapira L, *et al.* Association between periodontal diseases and cardiovascular diseases, diabetes and respiratory diseases: consensus report of the joint workshop by the European federation of periodontology (EFP) and the European arm of the world organization of family doctors (WONCA Europe). *J Clin Periodontol* 2023;50:819–41.
- Hodge PJ, Robertson D, Paterson K, *et al.* Periodontitis in non-smoking type 1 diabetic adults: a cross-sectional study. *J Clin Periodontol* 2012;39:20–9.
- Popławska-Kita A, Siewko K, Szpak P, *et al.* Association between type 1 diabetes and periodontal health. *Adv Med Sci* 2014;59:126–31.
- Nascimento GG, Leite FRM, Vestergaard P, *et al.* Does diabetes increase the risk of periodontitis? a systematic review and meta-regression analysis of longitudinal prospective studies. *Acta Diabetol* 2018;55:653–67.
- Sun K-T, Chen S-C, Lin C-L, *et al.* The association between type 1 diabetes mellitus and periodontal diseases. *J Formos Med Assoc* 2019;118:1047–54.
- Tsai C, Hayes C, Taylor GW. Glycemic control of type 2 diabetes and severe periodontal disease in the US adult population. *Community Dent Oral Epidemiol* 2002;30:182–92.
- Demmer RT, Holtfrete B, Desvarieux M, *et al.* The influence of type 1 and type 2 diabetes on periodontal disease progression: prospective results from the study of health in Pomerania (SHIP). *Diabetes Care* 2012;35:2036–42.
- Dietrich T, Sharma P, Walter C, *et al.* The epidemiological evidence behind the association between periodontitis and incident atherosclerotic cardiovascular disease. *J Clin Periodontol* 2013;40 Suppl 14:S70–84.
- Nordendahl E, Gustafsson A, Norhammar A, *et al.* Severe periodontitis is associated with myocardial infarction in females. *J Dent Res* 2018;97:1114–21.
- Oliveira LS, Lira-Junior R, Figueredo CM, *et al.* Self-reported periodontitis and complications in type 1 diabetes patients: a Brazilian nationwide survey. *Braz Dent J* 2016;27:599–603.
- Thorstensson H, Kuylensstierna J, Hugoson A. Medical status and complications in relation to Periodontal disease experience in insulin-dependent diabetics. *J Clin Periodontol* 1996;23:194–202.
- Folkhälsomyndigheten. Tobacco and nicotine use (self-reported) by age, sex and year percentage. 2023. Available: [http://fohm-app.folkhalsomyndigheten.se/Folkhalsodata/pxweb/en/A\\_Folkhalsodata/A\\_Folkhalsodata\\_\\_B\\_HLV\\_aLevvanor\\_aagLevvanortobak/hlv1tobaald.px/2023](http://fohm-app.folkhalsomyndigheten.se/Folkhalsodata/pxweb/en/A_Folkhalsodata/A_Folkhalsodata__B_HLV_aLevvanor_aagLevvanortobak/hlv1tobaald.px/2023) [Accessed 22 Dec 2023].
- Fuller J, Donos N, Suvan J, *et al.* Association of oral health-related quality of life measures with aggressive and chronic Periodontitis. *J Periodontol Res* 2020;55:574–80.
- Chapple ILC. Time to take gum disease seriously. *Br Dent J* 2022;232:360–1.
- D’Aiuto F, Gkraniias N, Bhowruth D, *et al.* Systemic effects of Periodontitis treatment in patients with type 2 diabetes: a 12 month, single-centre, investigator-masked, randomised trial. *Lancet Diabetes Endocrinol* 2018;6:954–65.

# Periodontitis in patients with diabetes and its association with diabetes-related complications. A register-based cohort study.

## Appendix

### Table of Contents

<i>Data retrieval from national registries</i>	5
<i>Additional variable description</i>	6
<i>Table A1. Included individuals with T1D and matched controls without diabetes.</i>	8
<i>Table A2. Subgroups of included individuals with T1D according to glycemic control and their matched controls without diabetes.</i>	9
<i>Table A3. Excluded individuals with T1D and matched controls without diabetes, lacking entry in SKaPa (period: 2010-2020).</i>	9
<i>Table A4. Included individuals with T2D and matched controls without diabetes.</i>	11
<i>Table A5. Subgroups of included individuals with T2D according to glycemic control and their matched controls without diabetes.</i>	12
<i>Table A6. Excluded individuals with T2D and matched controls without diabetes, lacking entry in SKaPa (period: 2010-2020)</i>	13
<b>Sensitivity analyses: Periodontitis</b>	<b>14</b>
<b>Table A7. Summary of sensitivity analyses (outcome: periodontitis)</b>	<b>14</b>
<b>Alternative case definition for periodontitis: <math>\geq 1</math> tooth with PPD <math>\geq 6</math> mm</b>	<b>14</b>
Logistic regression model T1D versus matched controls without diabetes (outcome: periodontitis)	14
Logistic regression model T2D versus matched controls without diabetes (outcome: periodontitis)	14
<b>Number of teeth with PPD <math>\geq 6</math> mm</b>	<b>15</b>
Regression model T1D versus matched controls without diabetes (outcome: periodontitis extent)	15
Regression model T2D versus matched controls without diabetes (outcome: periodontitis extent)	15
<b>Sensitivity analyses: Complications</b>	<b>16</b>
<b>Table A8. Summary of sensitivity analyses (outcome: diabetes-related complications)</b>	<b>16</b>
<b>Alternative case definition for periodontitis: <math>\geq 1</math> tooth with PPD <math>\geq 6</math> mm</b>	<b>16</b>
Cox regression model T1D with and without periodontitis (outcome: retinopathy)	16
Cox regression model T1D with and without periodontitis (outcome: albuminuria)	16
Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)	17
Cox regression model T1D with and without periodontitis (outcome: stroke)	17
Cox regression model T1D with and without periodontitis (outcome: death)	18
Cox regression model T2D with and without periodontitis (outcome: retinopathy)	18
Cox regression model T2D with and without periodontitis (outcome: albuminuria)	18
Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)	19
Cox regression model T2D with and without periodontitis (outcome: stroke)	19
Cox regression model T2D with and without periodontitis (outcome: death)	19
<b>Number of teeth with PPD <math>\geq 6</math> mm</b>	<b>20</b>
Cox regression model T1D with and without periodontitis (outcome: retinopathy)	20
Cox regression model T1D with and without periodontitis (outcome: albuminuria)	20
Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)	20
Cox regression model T1D with and without periodontitis (outcome: stroke)	21
Cox regression model T1D with and without periodontitis (outcome: death)	21
Cox regression model T2D with and without periodontitis (outcome: retinopathy)	21

Cox regression model T2D with and without periodontitis (outcome: albuminuria)	22
Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)	22
Cox regression model T2D with and without periodontitis (outcome: stroke)	23
Cox regression model T2D with and without periodontitis (outcome: death)	23
<b>Number of teeth</b>	<b>23</b>
Cox regression model T1D with and without periodontitis (outcome: retinopathy)	23
Cox regression model T1D with and without periodontitis (outcome: albuminuria)	24
Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)	24
Cox regression model T1D with and without periodontitis (outcome: stroke)	24
Cox regression model T1D with and without periodontitis (outcome: death)	25
Cox regression model T2D with and without periodontitis (outcome: retinopathy)	25
Cox regression model T2D with and without periodontitis (outcome: albuminuria)	25
Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)	26
Cox regression model T2D with and without periodontitis (outcome: stroke)	26
Cox regression model T2D with and without periodontitis (outcome: death)	26
<b>Diabetes and periodontitis</b>	<b>28</b>
<b>Table A9. Prevalence of periodontitis by age category and gender (comparing T1D to no diabetes)</b>	<b>28</b>
<b>Figure A1. Prevalence of periodontitis (2010-2020) in subjects with T1D and matched controls without diabetes, females and males by age category.</b>	<b>29</b>
<b>Logistic regression model T1D versus matched controls without diabetes (outcome: periodontitis)</b>	<b>29</b>
Figure A2. Probability estimates for periodontitis and their contrasts (based on logistic regression, stratified by gender), females and males by age category.	30
<b>Table A10. Prevalence of periodontitis by age category and gender (comparing T2D to no diabetes)</b>	<b>31</b>
<b>Figure A3. Prevalence of periodontitis (2010-2020) in T2D and matched controls without diabetes, females and males by age category.</b>	<b>32</b>
<b>Logistic regression model T2D versus matched controls without diabetes (outcome: periodontitis)</b>	<b>32</b>
Figure A4. Probability estimates for periodontitis and their contrasts (based on logistic regression, stratified by gender), females and males by age category.	33
<b>Figure A5. Prevalence of periodontitis (2010-2020) in subjects with T1D with good/poor glycemic control and matched controls without diabetes, females and males by age category.</b>	<b>34</b>
<b>Logistic regression model T1D with good/poor glycemic control versus matched controls without diabetes (outcome: periodontitis)</b>	<b>34</b>
Table A11. Risk ratios (T1D with good/poor glycemic control versus matched controls without diabetes)	35
Figure A6. Probability estimates for periodontitis (based on logistic regression, stratified by gender), females and males by age category.	35
<b>Logistic regression model T1D according to median yearly HbA1c (outcome: periodontitis)</b>	<b>35</b>
<b>Figure A7. Prevalence of periodontitis (2010-2020) in T2D with good/poor glycemic control and matched controls without diabetes, females and males by age category.</b>	<b>37</b>
<b>Logistic regression model T2D with good/poor glycemic control versus matched controls without diabetes (outcome: periodontitis)</b>	<b>37</b>
Table A12. Risk ratios (T2D with good/poor glycemic control versus matched controls without diabetes)	38
Figure A8. Probability estimates for periodontitis (based on logistic regression, stratified by gender), females and males by age category.	38
<b>Logistic regression model T2D according to median yearly HbA1c (outcome: periodontitis)</b>	<b>38</b>
<b>Diabetes and tooth loss</b>	<b>40</b>
<b>Figure A9. Prevalence of tooth loss (2010-2020) in T1D and matched controls without diabetes, females and males by age category.</b>	<b>40</b>
<b>Poisson regression model T1D versus matched controls without diabetes (outcome: tooth loss)</b>	<b>40</b>
<b>Multinomial logistic regression model T1D versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, ≥5 extractions)</b>	<b>41</b>

Figure A10. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) and probability estimates for tooth loss (based on multinomial logistic regression, stratified by gender) in T1D and controls without diabetes, females and males by age category.	42
<b>Figure A11. Prevalence of tooth loss (2010-2020) in T2D and matched controls without diabetes, females and males by age category.</b>	<b>43</b>
<b>Poisson regression model T2D versus matched controls without diabetes (outcome: tooth loss)</b>	<b>43</b>
<b>Multinomial logistic regression model T2D versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, <math>\geq 5</math> extractions)</b>	<b>44</b>
Figure A12. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) and probability estimates for tooth loss (based on multinomial logistic regression, stratified by gender) in T2D and controls without diabetes, females and males by age category.	45
<b>Figure A13. Prevalence of tooth loss (2010-2020) in T1D with good/poor glycemic control and matched controls without diabetes, females and males by age category.</b>	<b>46</b>
<b>Poisson regression model T1D with good/poor glycemic control versus matched controls without diabetes (outcome: tooth loss)</b>	<b>46</b>
<b>Multinomial logistic regression model T1D with good/poor glycemic control versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, <math>\geq 5</math> extractions)</b>	<b>47</b>
Figure A14. Probability estimates for tooth loss (based on multinomial logistic regression) in T1D with good/poor glycemic control and matched controls without diabetes, by age category.	48
Figure A15. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) in T1D with good/poor glycemic control and matched controls without diabetes, females and males by age category.	48
<b>Figure A16. Prevalence of tooth loss (2010-2020) in T2D with good/poor glycemic control and matched controls without diabetes, females and males by age category.</b>	<b>49</b>
<b>Poisson regression model T2D with good/poor glycemic control versus matched controls without diabetes (outcome: tooth loss)</b>	<b>49</b>
<b>Multinomial logistic regression model T2D with good/poor glycemic control versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, <math>\geq 5</math> extractions)</b>	<b>50</b>
Figure A17. Probability estimates for tooth loss (based on multinomial logistic regression, stratified by gender) in T2D with good/poor glycemic control and matched controls without diabetes, by age category.	51
Figure A18. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) in T2D with good/poor glycemic control and matched controls without diabetes, females and males by age category.	51
<b>Diabetes-related complications in T1D</b>	<b>52</b>
<b>Table A13. Diabetes-related complications in individuals with Type 1 Diabetes (comparing periodontitis to no periodontitis).</b>	<b>52</b>
<b>Retinopathy</b>	<b>53</b>
Figure A19. Prevalence of retinopathy (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	53
Cox regression model T1D with and without periodontitis (outcome: retinopathy)	53
Figure A20. Retinopathy in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	53
<b>Albuminuria</b>	<b>54</b>
Figure A21. Prevalence of albuminuria (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	54
Cox regression model T1D with and without periodontitis (outcome: albuminuria)	54
Figure A22. Albuminuria in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	54
<b>Ischemic heart disease</b>	<b>55</b>
Figure A23. Prevalence of ischemic heart disease (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	55
Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)	55
Figure A24. Ischemic heart disease in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	55

<b>Stroke</b>	<b>56</b>
Figure A25. Prevalence of stroke (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	56
Cox regression model T1D with and without periodontitis (outcome: stroke)	56
Figure A26. Stroke in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	56
<b>Mortality</b>	<b>57</b>
Figure A27. Mortality (2010-2020) in T1D with and without periodontitis, females and males by age category.	57
Cox regression model T1D with and without periodontitis (outcome: death)	57
Figure A28. Mortality in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 50-70 years and period 2011-2019) (left). Main cause of mortality in T1D, females and males (right).	57
<b>Diabetes-related complications in T2D</b>	<b>58</b>
<b>Table A14. Diabetes-related complications in individuals with Type 2 Diabetes (comparing periodontitis to no periodontitis).</b>	<b>58</b>
<b>Retinopathy</b>	<b>59</b>
Figure A29. Prevalence of retinopathy (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	59
Cox regression model T2D with and without periodontitis (outcome: retinopathy)	59
Figure A30. Retinopathy in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	59
<b>Albuminuria</b>	<b>60</b>
Figure A31. Prevalence of albuminuria (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	60
Cox regression model T2D with and without periodontitis (outcome: albuminuria)	60
Figure A32. Albuminuria in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	60
<b>Ischemic heart disease</b>	<b>61</b>
Figure A33. Prevalence of ischemic heart disease (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	61
Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)	61
Figure A34. Ischemic heart disease in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	61
<b>Stroke</b>	<b>62</b>
Figure A35. Prevalence of stroke (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).	62
Cox regression model T2D with and without periodontitis (outcome: stroke)	62
Figure A36. Stroke in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).	62
<b>Mortality</b>	<b>63</b>
Figure A37. Mortality (2010-2020) in T2D with and without periodontitis, females and males by age category.	63
Cox regression model T2D with and without periodontitis (outcome: death)	63
Figure A38. Mortality in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 50-70 years and period 2011-2019) (left). Main cause of mortality in T2D, females and males (right).	63

## Data retrieval from national registries

Swedish Total Population Register <sup>1</sup>	National Prescribed Drug Register <sup>2</sup> (PDR)	Longitudinal Integrated Database for Health Insurance and Labour Market Studies <sup>1</sup>	National Patient Register <sup>2</sup> (NPR)	National Diabetes Register <sup>3</sup> (NDR)	Swedish Quality Registry for Caries and Periodontal Disease <sup>4</sup> (SKaPa)	Cause of Death Register <sup>2</sup> (CDR)
Demographic data	Data on anti-diabetic medication & antibiotics	Socioeconomic data	Data on systemic diseases	Diabetes-related parameters	Data on dental status & extractions	Cause of death
2005-2020	2005-2020	2005-2019	2005-2020	2005-2020	2010-2020	2010-2020

<b>Type 1 Diabetes</b>	≥18 years in 2010, diagnosis ≤2020 Exclusively type 1 diabetes according to NDR ≥1 insulin prescription according to PDR	<b>Periodontitis</b>	≥3 teeth with probing depth ≥6 mm (SKaPa)
<b>Type 2 Diabetes</b>	≥18 years in 2010, diagnosis ≤2020 Exclusively type 2 diabetes according to NDR	<b>Tooth loss</b>	From SKaPa Number of teeth not allowed to increase by >1 from one year to next (dropped observation if this was the case) If >28 extractions registered 2010-2020, recoded to 28
<b>No diabetes</b>	Matched (2:1) for gender, age and county of residence No prescription for diabetes medication in PDR No diabetes diagnosis registered in NPR	<b>Complications &amp; mortality</b>	Complications 2010-2020 (NDR & NPR) Death up to 2020 (CDR)

<sup>1</sup>Statistics Sweden; <sup>2</sup>Swedish National Board of Health and Welfare (authority responsible for matching the registries through the national personal identity number); <sup>3</sup>Region Västra Götaland; <sup>4</sup>Region Värmland



## Additional variable description

In the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions, a **periodontitis case** was defined by interdental clinical attachment loss at  $\geq 2$  non-adjacent teeth. The case definition for periodontitis in this study was based on periodontal probing depth (PPD) only, due to the low degree of completeness for data on clinical attachment levels in SKaPa. We chose a threshold of  $\geq 3$  teeth with PPD  $\geq 6$  mm in an attempt to approximate the definition from the World Workshop.

*Papapanou PN, Sanz M, et al. Periodontitis: Consensus report of Workgroup 2 of the 2017 World Workshop on the Classification of Periodontal and Peri-Implant Diseases and Conditions. J Periodontol. 2018; 89(Suppl 1): S173–S182.*

Many epidemiological studies have utilized case definitions based on “deep” PPD ( $\geq 6$  mm). For instance, 50 of 72 studies included in the widely cited systematic review by Kassebaum et al. (2014) on the global burden of severe periodontitis based their case definitions exclusively on PPD (CPI 4 or PPD  $\geq 6$  mm).

*Kassebaum NJ, Bernabé E, Dahiya M, Bhandari B, Murray CJL, Marcenes W. Global Burden of Severe Periodontitis in 1990-2010: A Systematic Review and Meta-regression. Journal of Dental Research. 2014;93(11):1045-1053.*

In this Appendix we provide sensitivity analysis based on an alternative case definition for periodontitis ( $\geq 1$  tooth with PPD  $\geq 6$  mm), as well as a continuous measure of the extent of periodontitis (number of teeth with PPD  $\geq 6$  mm).

**Age** (in 2010) was categorized as follows: 18-29 years (born 1981-1992), 30-39 years (born 1971-1980), 40-49 years (born 1961-1970), 50-59 years (born 1951-1960), 60-69 years (born 1941-1950), and  $\geq 70$  years (born before 1940).

Information on the **level of education** was obtained from the Longitudinal Integrated Database for Health Insurance and Labour Market Studies (LISA). Individuals were then classified according to the maximum level of education obtained by year 2019:

1. Up to Lower secondary education.
2. Upper secondary to Post-secondary education <2 years.
3. Post-secondary  $\geq 2$  years to Tertiary education.

Annual income included salary, pension and capital gain (obtained from LISA). For categorization purposes, we used a ratio calculated relative to a yearly national reference amount\*. Ranking was then performed by age for each year (2005-2019). The lowest income subgroup consisted of individuals who ranked within the lowest 5 percentile. Number of years within this lowest income subgroup was used as a measure of deprivation (“**income**”).

\* Information obtained from: Statistics Sweden (SCB) 2023, Priskasbelopp, last accessed 17<sup>th</sup> august 2023

<https://www.scb.se/hitta-statistik/statistik-efter-amne/priser-och-konsumtion/konsumentprisindex/konsumentprisindex-kpi/pong/tabell-och-diagram/priskasbelopp/priskasbelopp/>

Data on **systemic conditions** originate from the National Patient Register, including in-patient care and specialist care in Sweden. The register does not cover primary care.

Certain infectious and parasitic diseases (A00-B99)

Neoplasms (C00-D48)

Cancer (C00-C97)

Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism (D50-D89)

Endocrine, nutritional and metabolic diseases (E00-E90)

Obesity (E66)

Mental and behavioral disorders (F00-F99)

Diseases of the nervous system (G00-G99)

Diseases of the eye and adnexa (H00-H59)

Diseases of the ear and mastoid process (H60-H95)

Diseases of the circulatory system (I00-I99)

**Ischemic heart diseases (I20-I25)****Stroke (I60, I61, I63, I64, G45)**

Diseases of the respiratory system (J00-J99)

Diseases of the digestive system (K00-K93)

Diseases of the skin and subcutaneous tissue (L00-L99)

Diseases of the musculoskeletal system and connective tissue (M00-M99)

Diseases of the genitourinary system (N00-N99)

Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)

For individuals with **diabetes**, year of **onset** was retrieved from NDR. When missing, the first registration in NDR was used instead.

For both T1D and T2D, the yearly maximum **HbA1c** score was noted for the time period 2010-2020 (obtained from NDR). The median yearly HbA1c over the observation period was chosen to represent the individual. Within those individuals with HbA1c data for  $\geq 5$  years, subgroups by glycemic control were defined as follows:

- **Good glycemic control:** maximum yearly HbA1c  $< 52$  mmol/mol for  $\geq 75\%$  of their observation period.
- **Poor glycemic control:** maximum yearly HbA1c  $> 62$  mmol/mol for  $\geq 75\%$  of their observation period.

For these subgroups, information on **smoking** habits, **BMI** and **physical exercise** were obtained from NDR. An individual was classified as smoker if they had reported smoking daily at least once between 2005 and 2020. Non-smoking, non-daily smoking and previous smoking were classified as non-smoking. Maximum BMI and median physical exercise (dichotomized to  $<$  or  $\geq 3$  times/week; each occasion being the equivalent to a 30-minute walk) between 2005 and 2020 was chosen to represent the individual.

**Tooth loss** (extractions) was considered as both a continuous variable and categorized into 0, 1-4 or  $\geq 5$  extractions over the observation period (data obtained from SKaPa).

**Follow-up** represents number of years from the first to the last registration in SKaPa between 2010 and 2020. For the purpose of the Poisson regression analyses for tooth loss, individuals with data from one year only were given a follow-up period value of 0.1 years.

**Table A1. Included individuals with T1D and matched controls without diabetes.**

	Group			
	No Diabetes		Type 1 Diabetes	
<b>Gender</b>				
Female	26 271	45.4%	13 022	45.2%
Male	31 568	54.6%	15 779	54.8%
<b>Age in 2010</b>	42.9	(16.9)	42.4	(16.5)
<b>Year of birth</b>				
1981-1992	15 984	27.6%	8 071	28.0%
1971-1980	10 066	17.4%	5 134	17.8%
1961-1970	11 227	19.4%	5 757	20.0%
1951-1960	9 253	16.0%	4 635	16.1%
1941-1950	7 545	13.0%	3 571	12.4%
≤1940	3 764	6.5%	1 633	5.7%
<b>Birthplace</b>				
Sweden	51 397	88.9%	26 689	92.7%
Scandinavia (excl. Sweden)	1 405	2.4%	597	2.1%
Europe (excl. Scandinavia)	2 100	3.6%	589	2.0%
Other	2 937	5.1%	922	3.2%
Unknown	0	0.0%	1	0.0%
<b>National area according to NUTS 2</b>				
SE11 Stockholm	8 774	15.2%	4 495	15.6%
SE12 East Middle Sweden	10 718	18.5%	5 318	18.5%
SE21 Småland and the islands	5 989	10.4%	2 992	10.4%
SE22 South Sweden	7 832	13.5%	3 989	13.9%
SE23 West Sweden	11 901	20.6%	5 804	20.2%
SE31 North Middle Sweden	6 794	11.7%	3 254	11.3%
SE32 Middle Norrland	2 407	4.2%	1 242	4.3%
SE33 Upper Norrland	3 424	5.9%	1 707	5.9%
<b>Education</b> (latest available)				
Up to Lower secondary education	7 818	13.6%	4 083	14.2%
Upper secondary to Post-secondary education <2 years	29 831	51.8%	15 214	53.1%
Post-secondary ≥2 years to Tertiary education	19 965	34.7%	9 362	32.7%
<b>Annual Income</b> (SEK; latest available)	300 900	[275 600]	266 700	[271 600]
<b>Years in lowest 5<sup>th</sup> percentile of income</b> (2005-2019)	0.7	(1.9)	0.8	(2.0)
0	45 123	78.0%	22 128	76.8%
1-4 years	9 923	17.2%	5 081	17.6%
≥5 years	2 793	4.8%	1 589	5.5%
<b>Systemic conditions</b> (2005-2020)*				
Certain infectious and parasitic diseases (A00-B99)	1 702	2.9%	10 768	37.4%
Neoplasms (C00-D48)	15 418	26.7%	10 423	36.2%
Cancer (C00-C97)	6 079	10.5%	2 684	9.3%
Diseases of the blood and blood-forming organs [...] (D50-D89)	0	0.0%	1	0.0%
Endocrine, nutritional and metabolic diseases (E00-E90)	7 910	13.7%	28 664	99.5%
Obesity (E66)	1 761	3.0%	2 205	7.7%
Mental and behavioral disorders (F00-F99)	25	0.0%	300	1.0%
Diseases of the nervous system (G00-G99)	0	0.0%	3	0.0%
Diseases of the eye and adnexa (H00-H59)	0	0.0%	6	0.0%
Diseases of the ear and mastoid process (H60-H95)	0	0.0%	0	0.0%
Diseases of the circulatory system (I00-I99)	14 314	24.7%	14 465	50.2%
Ischemic heart diseases (I20-I25)	2 648	4.6%	3 000	10.4%
Stroke (I60, I61, I63, I64, G45)	1 298	2.2%	1 186	4.1%
Diseases of the respiratory system (J00-J99)	8	0.0%	11	0.0%
Diseases of the digestive system (K00-K93)	1	0.0%	10	0.0%
Diseases of the skin and subcutaneous tissue (L00-L99)	1	0.0%	5	0.0%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	5	0.0%	5	0.0%
Diseases of the genitourinary system (N00-N99)	1	0.0%	9	0.0%
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	1	0.0%	8	0.0%
<b>Glycemic control**</b>				
Good glycemic control	-	-	1 761	-
Poor glycemic control	-	-	6 986	-
<b>Smoking***</b>	-	-	3 703	13.0%

\* Systemic conditions exclude diagnoses only registered in primary care. ICD10 codes provided in parentheses.  
Categorical data is presented as frequencies and percentages. The continuous variables age and number of years in the lowest 5<sup>th</sup> percentile of income are presented as mean (standard deviation); income is presented as median [interquartile range].  
\*\*T1D with ≥5 years HbA1c data, only  
\*\*\* Smoking data extracted from NDR; information missing for 293 individuals in T1D

**Table A2. Subgroups of included individuals with T1D according to glycemic control and their matched controls without diabetes.**

	No Diabetes	Type 1 Diabetes Group	
		Good glycemic control No Diabetes	Poor glycemic control Type 1 Diabetes
<b>Gender</b>			
Female		25 477 42.1%	13 088 42.2%
Male		35 068 57.9%	17 921 57.8%
<b>Age in 2010 (mean (SD))</b>		51.3 (18.0)	52.0 (18.1)
<b>Year of birth</b>			
1981-1987	4 680 27.5%	24 447 54.5 30.9%	12 237 1 816 20.5 26.0%
1971-1980	3 145 18.5%	19 341 37.7 21.1%	9 684 1 211 16.2 17.3%
1961-1970	3 730 21.9%	19 341 36.3 17.3%	9 684 569 16.2 22.5%
1951-1960	2 748 16.1%	22 070 28.6 15.0%	11 080 1 210 18.5 17.3%
1941-1950	1 992 11.7%	19 753 26.7 12.9%	9 976 809 16.7 11.6%
≤1940	751 4.4%	18 851 15.9 2.7%	9 582 371 16.0 4.3%
<b>Birthplace</b>			
Sweden		49 309 81.5%	27 012 87.4%
Scandinavia (excl. Sweden)		2 398 4.0%	1 124 3.6%
Europe (excl. Scandinavia)		4 297 7.1%	1 297 4.2%
Unknown	0 0.0%	0 0.0%	0 0.0%
<b>National area according to NUTS 2</b>			
SE11 Stockholm	2 266 13.3%	302 17.1%	953 13.6%
SE12 East Middle Sweden	3 275 19.2%	246 14.0%	1 388 19.9%
SE21 Småland and the islands	1 889 11.1%	154 8.7%	824 11.8%
SE22 South Sweden	2 464 14.5%	277 15.7%	998 14.3%
SE23 West Sweden	3 394 19.9%	427 24.2%	1 247 17.8%
SE31 North Middle Sweden	1 997 11.7%	149 8.5%	856 12.3%
SE32 Middle Norrland	737 4.3%	97 5.5%	273 3.9%
SE33 Upper Norrland	1 024 6.0%	109 6.2%	447 6.4%
<b>Education (latest available)</b>			
Up to Lower secondary education	2 159 12.7%	147 8.4%	1 256 18.1%
Upper secondary to Post-secondary education <2 years	8 986 52.9%	769 43.8%	4 130 59.5%
Post-secondary ≥2 years to Tertiary education	5 835 34.4%	840 47.8%	1 561 22.5%
<b>Annual Income (SEK; latest available)</b>	311 900 [275 300]	342 200 [304 100]	219 550 [257 800]
<b>Years in lowest 5th percentile of income (2005-2019)</b>			
0	13 217 77.5%	1 453 82.5%	5 009 71.7%
1-4 years	2 978 17.5%	260 14.8%	1 396 20.0%
≥5 years	851 5.0%	48 2.7%	581 8.3%
<b>Systemic conditions (2005-2020)</b>			
Certain infectious and parasitic diseases (A00-B99)	442 2.6%	416 23.6%	3 308 47.4%
Neoplasms (C00-D48)	4 388 25.7%	569 32.3%	2 848 40.8%
Cancer (C00-C97)	1 586 9.3%	139 7.9%	614 8.8%
Diseases of the blood and blood-forming organs [...] (D50-D89)	0 0.0%	0 0.0%	0 0.0%
Endocrine, nutritional and metabolic diseases (E00-E90)	2 196 12.9%	1 750 99.4%	6 981 99.9%
Obesity (E66)	539 3.2%	44 2.5%	810 11.6%
Mental and behavioral disorders (F00-F99)	6 0.0%	12 0.7%	108 1.5%
Diseases of the nervous system (G00-G99)	0 0.0%	0 0.0%	2 0.0%
Diseases of the eye and adnexa (H00-H59)	0 0.0%	0 0.0%	4 0.1%
Diseases of the ear and mastoid process (H60-H95)	0 0.0%	0 0.0%	0 0.0%
Diseases of the circulatory system (I00-I99)	3 828 22.5%	686 39.0%	4 042 57.9%
Ischemic heart diseases (I20-I25)	647 3.8%	78 4.4%	961 13.8%
Stroke (I60, I61, I63, I64, G45)	331 1.9%	27 1.5%	380 5.4%
Diseases of the respiratory system (J00-J99)	1 0.0%	1 0.1%	5 0.1%
Diseases of the digestive system (K00-K93)	0 0.0%	0 0.0%	2 0.0%
Diseases of the skin and subcutaneous tissue (L00-L99)	0 0.0%	0 0.0%	0 0.0%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	0 0.0%	0 0.0%	0 0.0%
Diseases of the genitourinary system (N00-N99)	0 0.0%	1 0.1%	3 0.0%
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	0 0.0%	1 0.1%	2 0.0%
<b>Behavior</b>			
<b>Smoking</b>	- -	103 5.9%	1 472 21.1%
<b>Physical exercise</b>			
≤2 times/week	- -	538 30.6%	3 702 53.2%
≥3 times/week	- -	1 218 69.4%	3 259 46.8%
<b>Overweight/obesity</b>			
BMI <25	- -	781 44.3%	1 492 21.4%
BMI 25-29.9 (Overweight)	- -	712 40.4%	2 719 38.9%
BMI ≥30 (Obesity)	- -	268 15.2%	2 775 39.7%

**Table A3. Excluded individuals with T1D and matched controls without diabetes, lacking entry in SKA Pa (period: 2010-2020).**

Other	4 509	7.5%	1 479	4.8%
Unknown	5	0.0%	3	0.0%
<b>National area according to NUTS 2</b>				
SE11 Stockholm	23 277	19.7%	11 763	19.7%
SE12 East Middle Sweden	20 622	17.4%	10 408	17.4%
SE21 Småland and the islands	11 107	9.4%	5 614	9.4%
SE22 South Sweden	17 285	14.6%	8 763	14.7%
SE23 West Sweden	24 206	20.4%	12 204	20.4%
SE31 North Middle Sweden	11 756	9.9%	5 935	9.9%
SE32 Middle Norrland	4 524	3.8%	2 285	3.8%
SE33 Upper Norrland	5 607	4.7%	2 838	4.7%
<b>Education</b>				
Up to Lower secondary education	13 042	22.4%	7 029	23.6%
Upper secondary to Post-secondary education <2 years	28 477	48.9%	15 061	50.5%
Post-secondary ≥2 years to Tertiary education	16 736	28.7%	7 717	25.9%
<b>Annual Income (SEK; median [IQR])</b>	212 400 [267 400]		180 700 [243 900]	
<b>Years in lowest 5th percentile of income (2005-2019)</b>	0.8 (2.1)		0.8 (2.0)	
0	47 100	78.1%	24 131	78.1%
1-4 years	9 762	16.2%	4 997	16.2%
≥5 years	3 465	5.7%	1 782	5.8%
<b>Systemic conditions (2005-2020)</b>				
Certain infectious and parasitic diseases (A00-B99)	3 260	5.4%	11 841	38.2%
Neoplasms (C00-D48)	18 192	30.0%	12 477	40.2%
Cancer (C00-C97)	9 873	16.3%	4 772	15.4%
Diseases of the blood and blood-forming organs [...] (D50-D89)	0	0.0%	0	0.0%
Endocrine, nutritional and metabolic diseases (E00-E90)	9 858	16.3%	30 653	98.9%
Obesity (E66)	1 577	2.6%	1 991	6.4%
Mental and behavioral disorders (F00-F99)	61	0.1%	328	1.1%
Diseases of the nervous system (G00-G99)	1	0.0%	5	0.0%
Diseases of the eye and adnexa (H00-H59)	0	0.0%	2	0.0%
Diseases of the ear and mastoid process (H60-H95)	0	0.0%	0	0.0%
Diseases of the circulatory system (I00-I99)	20 609	34.0%	19 771	63.8%
Ischemic heart diseases (I20-I25)	4 694	7.8%	6 073	19.6%
Stroke (I60, I61, I63, I64, G45)	2 798	4.6%	2 684	8.7%
Diseases of the respiratory system (J00-J99)	24	0.0%	13	0.0%
Diseases of the digestive system (K00-K93)	0	0.0%	9	0.0%
Diseases of the skin and subcutaneous tissue (L00-L99)	15	0.0%	15	0.0%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	9	0.0%	11	0.0%
Diseases of the genitourinary system (N00-N99)	1	0.0%	3	0.0%
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	1	0.0%	3	0.0%
<b>Glycemic control (T1D with ≥5 years HbA1c data, only)</b>				
Good glycemic control	-	-	1 324	-
Poor glycemic control	-	-	6 849	-

**Table A4. Included individuals with T2D and matched controls without diabetes.**

	Group			
	No Diabetes		Type 2 Diabetes	
<b>Gender</b>				
Female	235 533	43.6%	110 627	44.0%
Male	304 272	56.4%	141 018	56.0%
<b>Age in 2010</b>	60.1	(13.3)	60.7	(13.1)
<b>Year of birth</b>				
1981-1992	10 348	1.9%	4 217	1.7%
1971-1980	28 120	5.2%	11 576	4.6%
1961-1970	75 431	14.0%	33 536	13.3%
1951-1960	124 714	23.1%	58 104	23.1%
1941-1950	168 295	31.2%	80 540	32.0%
<1940	132 897	24.6%	63 672	25.3%
<b>Birthplace</b>				
Sweden	478 632	88.7%	203 514	80.9%
Scandinavia (excl. Sweden)	21 928	4.1%	11 253	4.5%
Europe (excl. Scandinavia)	19 890	3.7%	13 279	5.3%
Other	19 334	3.6%	23 527	9.4%
Unknown	6	0.0%	12	0.0%
<b>National area according to NUTS 2</b>				
SE11 Stockholm	76 258	14.1%	35 020	13.9%
SE12 East Middle Sweden	100 629	18.6%	47 765	19.0%
SE21 Småland and the islands	55 450	10.3%	25 763	10.2%
SE22 South Sweden	66 992	12.4%	31 651	12.6%
SE23 West Sweden	104 103	19.3%	47 772	19.0%
SE31 North Middle Sweden	74 247	13.8%	34 396	13.7%
SE32 Middle Norrland	27 280	5.1%	12 669	5.0%
SE33 Upper Norrland	34 846	6.5%	16 609	6.6%
<b>Education (latest available)</b>				
Up to Lower secondary education	134 919	25.1%	80 780	32.4%
Upper secondary to Post-secondary education <2 years	262 874	48.9%	124 894	50.2%
Post-secondary ≥2 years to Tertiary education	139 526	26.0%	43 312	17.4%
<b>Annual Income (SEK; latest available)</b>	197 400	[202 400]	168 500	[133 200]
<b>Years in lowest 5<sup>th</sup> percentile of income (2005-2019)</b>				
0	0.5	(1.9)	0.8	(2.3)
1-4 years	464 008	86.0%	203 105	80.7%
≥5 years	53 916	10.0%	32 265	12.8%
	21 880	4.1%	16 267	6.5%
<b>Systemic conditions (2005-2020)*</b>				
Certain infectious and parasitic diseases (A00-B99)	37 332	6.9%	35 971	14.3%
Neoplasms (C00-D48)	208 763	38.7%	104 478	41.5%
Cancer (C00-C97)	121 118	22.4%	57 907	23.0%
Diseases of the blood and blood-forming organs [...] (D50-D89)	5	0.0%	5	0.0%
Endocrine, nutritional and metabolic diseases (E00-E90)	110 280	20.4%	186 300	74.0%
Obesity (E66)	11 641	2.2%	30 423	12.1%
Mental and behavioral disorders (F00-F99)	722	0.1%	853	0.3%
Diseases of the nervous system (G00-G99)	6	0.0%	14	0.0%
Diseases of the eye and adnexa (H00-H59)	11	0.0%	19	0.0%
Diseases of the ear and mastoid process (H60-H95)	0	0.0%	0	0.0%
Diseases of the circulatory system (I00-I99)	253 533	47.0%	170 748	67.9%
Ischemic heart diseases (I20-I25)	64 083	11.9%	56 417	22.4%
Stroke (I60, I61, I63, I64, G45)	31 514	5.8%	23 098	9.2%
Diseases of the respiratory system (J00-J99)	158	0.0%	108	0.0%
Diseases of the digestive system (K00-K93)	18	0.0%	11	0.0%
Diseases of the skin and subcutaneous tissue (L00-L99)	50	0.0%	34	0.0%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	90	0.0%	48	0.0%
Diseases of the genitourinary system (N00-N99)	18	0.0%	34	0.0%
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	12	0.0%	24	0.0%
<b>Glycemic control**</b>				
Good glycemic control	-	-	43 863	-
Poor glycemic control	-	-	13 559	-
<b>Smoking***</b>	-	-	34 708	14.3%

\* Systemic conditions exclude diagnoses only registered in primary care. ICD10 codes provided in parentheses. Categorical data is presented as frequencies and percentages. The continuous variables age and number of years in the lowest 5<sup>th</sup> percentile of income are presented as mean (standard deviation); income is presented as median [interquartile range].

\*\*T2D with ≥5 years HbA1c data, only

\*\*\* Smoking data extracted from NDR; information missing for 9 568 individuals in T2D

**Table A5. Subgroups of included individuals with T2D according to glycemic control and their matched controls without diabetes.**

	No Diabetes		Type 2 Diabetes			
			Good glycemic control		Poor glycemic control	
<b>Gender</b>						
Female	51 018	46.0%	20 906	47.7%	5 640	41.6%
Male	59 979	54.0%	22 957	52.3%	7 919	58.4%
<b>Age in 2010</b>	60.8	(11.7)	62.5	(11.2)	59.4	(13.0)
<b>Year of birth</b>						
1981-1992	1 114	1.0%	304	0.7%	217	1.6%
1971-1980	4 161	3.7%	1 191	2.7%	628	4.6%
1961-1970	13 590	12.2%	4 147	9.5%	2 264	16.7%
1951-1960	26 173	23.6%	9 254	21.1%	3 526	26.0%
1941-1950	40 511	36.5%	17 324	39.5%	3 833	28.3%
≤1940	25 448	22.9%	11 643	26.5%	3 091	22.8%
<b>Birthplace</b>						
Sweden	98 283	88.5%	36 478	83.2%	10 013	73.8%
Scandinavia (excl. Sweden)	4 809	4.3%	2 119	4.8%	654	4.8%
Europe (excl. Scandinavia)	4 164	3.8%	2 034	4.6%	964	7.1%
Other	3 740	3.4%	3 232	7.4%	1 928	14.2%
Unknown	1	0.0%	0	0.0%	0	0.0%
<b>National area according to NUTS 2</b>						
SE11 Stockholm	16 267	14.7%	6 317	14.4%	2 030	15.0%
SE12 East Middle Sweden	19 221	17.3%	7 946	18.1%	2 290	16.9%
SE21 Småland and the islands	11 140	10.0%	4 250	9.7%	1 379	10.2%
SE22 South Sweden	14 801	13.3%	5 911	13.5%	1 750	12.9%
SE23 West Sweden	23 199	20.9%	9 105	20.8%	2 632	19.4%
SE31 North Middle Sweden	15 800	14.2%	6 037	13.8%	2 130	15.7%
SE32 Middle Norrland	5 175	4.7%	2 117	4.8%	613	4.5%
SE33 Upper Norrland	5 394	4.9%	2 180	5.0%	735	5.4%
<b>Education (latest available)</b>						
Up to Lower secondary education	27 587	25.0%	13 889	31.9%	4 804	36.1%
Upper secondary to Post-secondary education <2 years	53 962	48.8%	21 450	49.3%	6 768	50.8%
Post-secondary ≥2 years to Tertiary education	28 948	26.2%	8 205	18.8%	1 749	13.1%
<b>Annual Income (SEK; latest available)</b>	193 000	[182 500]	170 600	[109 300]	149 800	[129 800]
<b>Years in lowest 5th percentile of income (2005-2019)</b>						
0	0.5	(1.9)	0.7	(2.2)	1.1	(2.6)
1-4 years	95 344	85.9%	36 327	82.8%	10 180	75.1%
≥5 years	11 139	10.0%	5 022	11.4%	2 151	15.9%
	4 514	4.1%	2 514	5.7%	1 228	9.1%
<b>Systemic conditions (2005-2020)</b>						
Certain infectious and parasitic diseases (A00-B99)	7 744	7.0%	4 908	11.2%	3 743	27.6%
Neoplasms (C00-D48)	44 217	39.8%	19 090	43.5%	5 671	41.8%
Cancer (C00-C97)	25 907	23.3%	10 667	24.3%	2 782	20.5%
Diseases of the blood and blood-forming organs [...] (D50-D89)	0	0.0%	0	0.0%	1	0.0%
Endocrine, nutritional and metabolic diseases (E00-E90)	23 224	20.9%	32 232	73.5%	12 486	92.1%
Obesity (E66)	2 467	2.2%	4 306	9.8%	2 872	21.2%
Mental and behavioral disorders (F00-F99)	153	0.1%	112	0.3%	119	0.9%
Diseases of the nervous system (G00-G99)	153	0.1%	112	0.3%	119	0.9%
Diseases of the eye and adnexa (H00-H59)	2	0.0%	2	0.0%	4	0.0%
Diseases of the ear and mastoid process (H60-H95)	0	0.0%	0	0.0%	0	0.0%
Diseases of the circulatory system (I00-I99)	53 013	47.8%	30 112	68.7%	10 347	76.3%
Ischemic heart diseases (I20-I25)	12 887	11.6%	8 857	20.2%	4 182	30.8%
Stroke (I60, I61, I63, I64, G45)	6 373	5.7%	3 565	8.1%	1 670	12.3%
Diseases of the respiratory system (J00-J99)	24	0.0%	24	0.1%	7	0.1%
Diseases of the digestive system (K00-K93)	3	0.0%	4	0.0%	0	0.0%
Diseases of the skin and subcutaneous tissue (L00-L99)	10	0.0%	3	0.0%	7	0.1%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	16	0.0%	7	0.0%	2	0.0%
Diseases of the genitourinary system (N00-N99)	5	0.0%	2	0.0%	6	0.0%
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	4	0.0%	2	0.0%	6	0.0%
<b>Behavior</b>						
<b>Smoking</b>	-	-	6 336	14.5%	2 542	18.8%
<b>Physical exercise</b>						
≤2 times/week	-	-	16 977	39.1%	8 364	62.4%
≥3 times/week	-	-	26 396	60.9%	5 050	37.6%
<b>Overweight/obesity</b>						
BMI <25	-	-	3 898	8.9%	547	4.0%
BMI 25-29.9 (Overweight)	-	-	15 924	36.3%	3 289	24.3%
BMI ≥30 (Obesity)	-	-	24 041	54.8%	9 723	71.7%

**Table A6. Excluded individuals with T2D and matched controls without diabetes, lacking entry in SKaPa (period: 2010-2020)**

	Group			
	No Diabetes		Type 2 Diabetes	
<b>Gender</b>				
Female	356 182	42.6%	190 662	42.4%
Male	479 575	57.4%	259 105	57.6%
<b>Age in 2010 (mean (SD))</b>	65.7	(14.0)	65.4	(14.2)
<b>Year of birth</b>				
1981-1992	18 047	1.3%	9 034	1.3%
1971-1980	55 295	4.0%	27 691	3.9%
1961-1970	151 557	11.0%	76 064	10.8%
1951-1960	269 090	19.6%	135 621	19.3%
1941-1950	409 963	29.8%	208 220	29.7%
≤1940	471 610	34.3%	244 782	34.9%
<b>Birthplace</b>				
Sweden	702 041	84.0%	345 345	76.9%
Scandinavia (excl. Sweden)	43 694	5.2%	24 436	5.4%
Europe (excl. Scandinavia)	51 977	6.2%	36 055	8.0%
Other	37 585	4.5%	42 976	9.6%
Unknown	82	0.0%	39	0.0%
<b>National area according to NUTS 2</b>				
SE11 Stockholm	258 179	18.8%	131 385	18.7%
SE12 East Middle Sweden	242 751	17.6%	123 691	17.6%
SE21 Småland and the islands	127 638	9.3%	65 289	9.3%
SE22 South Sweden	193 129	14.0%	99 007	14.1%
SE23 West Sweden	267 339	19.4%	135 620	19.3%
SE31 North Middle Sweden	151 878	11.0%	77 300	11.0%
SE32 Middle Norrland	61 215	4.5%	31 308	4.5%
SE33 Upper Norrland	73 433	5.3%	37 812	5.4%
<b>Education</b>				
Up to Lower secondary education	271 317	33.8%	176 121	41.0%
Upper secondary to Post-secondary education <2 years	351 243	43.7%	188 488	43.9%
Post-secondary ≥2 years to Tertiary education	180 578	22.5%	64 994	15.1%
<b>Annual Income (SEK; median [IQR])</b>	169 900	[132 600]	149 000	[113 200]
<b>Years in lowest 5th percentile of income (2005-2019)</b>	0.7	(2.1)	0.9	(2.4)
0	700 259	84.1%	358 206	79.9%
1-4 years	88 342	10.6%	57 384	12.8%
≥5 years	44 418	5.3%	32 938	7.3%
<b>Glycemic control (T2D with ≥5 years HbA1c data)</b>				
Good glycemic control	-	-	59 701	-
Poor glycemic control	-	-	23 648	-
<b>Systemic conditions (2005-2020)</b>				
Certain infectious and parasitic diseases (A00-B99)	80 605	9.6%	83 346	18.5%
Neoplasms (C00-D48)	333 452	39.9%	189 060	42.0%
Cancer (C00-C97)	220 372	26.4%	117 584	26.1%
Diseases of the blood and blood-forming organs [...] (D50-D89)	21	0.0%	26	0.0%
Endocrine, nutritional and metabolic diseases (E00-E90)	191 508	22.9%	352 924	78.5%
Obesity (E66)	15 883	1.9%	46 292	10.3%
Mental and behavioral disorders (F00-F99)	1 437	0.2%	1 721	0.4%
Diseases of the nervous system (G00-G99)	14	0.0%	35	0.0%
Diseases of the eye and adnexa (H00-H59)	25	0.0%	27	0.0%
Diseases of the ear and mastoid process (H60-H95)	0	0.0%	0	0.0%
Diseases of the circulatory system (I00-I99)	454 661	54.4%	331 195	73.6%
Ischemic heart diseases (I20-I25)	127 680	15.3%	122 541	27.2%
Stroke (I60, I61, I63, I64, G45)	73 365	8.8%	56 533	12.6%
Diseases of the respiratory system (J00-J99)	327	0.0%	195	0.0%
Diseases of the digestive system (K00-K93)	35	0.0%	17	0.0%
Diseases of the skin and subcutaneous tissue (L00-L99)	237	0.0%	145	0.0%
Diseases of the musculoskeletal system and connective tissue (M00-M99)	151	0.0%	106	0.0%
Diseases of the genitourinary system (N00-N99)	39	0.0%	67	0.0%
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	31	0.0%	54	0.0%



**Sensitivity analyses: Periodontitis**

**Table A7. Summary of sensitivity analyses (outcome: periodontitis)**

		T1D versus non-T1D	T2D versus non-T2D
		<b>Prevalent periodontitis</b> (risk ratio (95% CI))	≥3 teeth with PPD ≥6 mm
	≥1 tooth with PPD ≥6 mm	1.07 (1.05, 1.09)	1.12 (1.11, 1.12)
<b>Maximum extent of periodontitis</b> (mean difference (95% CI))	Number of teeth with PPD ≥6 mm	0.12 (0.08, 0.15)	0.36 (0.35, 0.38)

**Alternative case definition for periodontitis: ≥1 tooth with PPD ≥6 mm**

Logistic regression model T1D versus matched controls without diabetes (outcome: periodontitis)

everParod1	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
<i>cohort</i>					
18-29	1	(base)			
30-39	1.499471	.0492636	12.33	0.000	1.405959 1.599202
40-49	1.976131	.0608892	22.11	0.000	1.860322 2.099149
50-59	3.016299	.0942308	35.34	0.000	2.83715 3.206759
60-69	3.902143	.1275685	41.65	0.000	3.659955 4.160357
≥70	3.587603	.1476423	31.04	0.000	3.309592 3.888967
<i>Group</i>					
No Diabetes	1	(base)			
Type 1 Diabetes	1.13237	.0416591	3.38	0.001	1.053593 1.217036
<i>cohort#Group</i>					
30-39#Type 1 Diabetes	1.043754	.0572982	0.78	0.435	.9372825 1.162321
40-49#Type 1 Diabetes	1.038522	.0534301	0.73	0.463	.9389073 1.148704
50-59#Type 1 Diabetes	.9697944	.050968	-0.58	0.559	.8748716 1.075016
60-69#Type 1 Diabetes	.9352488	.0518582	-1.21	0.227	.8389368 1.042618
≥70#Type 1 Diabetes	.7379291	.0530133	-4.23	0.000	.6410084 .8495043
<i>Kon</i>					
Male	1	(base)			
Female	.7544315	.0120626	-17.62	0.000	.7311557 .7784482
<i>Education</i>					
Up to Lower secondary education	1.170412	.027066	6.80	0.000	1.118548 1.224681
Upper secondary to Post-secondary education <2 years	1	(base)			
Post-secondary ≥2 years to Tertiary education	.8215446	.0148662	-10.86	0.000	.792918 .8512047
No_5p_rank	1.006189	.0042374	1.47	0.143	.9979181 1.014529
_cons	.2256258	.0055071	-61.00	0.000	.2150862 .2366819

Note: \_cons estimates baseline odds.

Logistic regression model T2D versus matched controls without diabetes (outcome: periodontitis)

everParod1	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
<i>cohort</i>					
18-29	1	(base)			
30-39	1.445942	.0430251	12.39	0.000	1.364026 1.532777
40-49	1.827252	.0500713	22.00	0.000	1.731703 1.928073
50-59	2.665167	.0715235	36.53	0.000	2.528607 2.809103
60-69	3.457682	.0921707	46.54	0.000	3.281669 3.643136
≥70	2.941754	.0790108	40.17	0.000	2.790901 3.10076
<i>Group</i>					
No Diabetes	1	(base)			
Type 2 Diabetes	1.351781	.0621216	6.56	0.000	1.235348 1.479189
<i>cohort#Group</i>					
30-39#Type 2 Diabetes	1.129387	.0589159	2.33	0.020	1.019621 1.25097
40-49#Type 2 Diabetes	1.137365	.0546202	2.68	0.007	1.035195 1.249619
50-59#Type 2 Diabetes	.9899537	.0466182	-0.21	0.830	.9026735 1.085673
60-69#Type 2 Diabetes	.8420575	.0393789	-3.68	0.000	.7683079 .9228864

	>70#Type 2 Diabetes	.7349303	.0345607	-6.55	0.000	.6702205	.8058878
	Kon						
	Male	1	(base)				
	Female	.7826459	.0037675	-50.91	0.000	.7752963	.7900651
	Education						
	Up to Lower secondary education	1.046709	.0060137	7.95	0.000	1.034989	1.058563
	Upper secondary to Post-secondary education <2 years	1	(base)				
	Post-secondary ≥2 years to Tertiary education	.8490589	.0051623	-26.91	0.000	.839001	.8592373
	No_5p_rank	1.002782	.0012313	2.26	0.024	1.000372	1.005199
	_cons	.2538528	.0066969	-51.97	0.000	.2410607	.2673238

Note: \_cons estimates baseline odds.

## Number of teeth with PPD ≥6 mm

### Regression model T1D versus matched controls without diabetes (outcome: periodontitis extent)

Source	SS	df	MS	Number of obs	=	85,042
				F(15, 85026)	=	232.30
Model	19049.8111	15	1269.98741	Prob > F	=	0.0000
Residual	464843.119	85,026	5.46707029	R-squared	=	0.0394
				Adj R-squared	=	0.0392
Total	483892.93	85,041	5.69011336	Root MSE	=	2.3382

perio_numberTeeth	Coefficient	Std. err.	t	P> t	[95% conf. interval]
cohort					
18-29	0	(base)			
30-39	.2931772	.0300766	9.75	0.000	.2342273 .3521271
40-49	.5419772	.0292682	18.52	0.000	.4846118 .5993426
50-59	.9655693	.0311702	30.98	0.000	.904476 1.026663
60-69	1.042657	.0335753	31.05	0.000	.97685 1.108465
≥70	.732808	.0440258	16.64	0.000	.6465179 .8190981
Group					
No Diabetes	0	(base)			
Type 1 Diabetes	.1154013	.0322195	3.58	0.000	.0522514 .1785512
cohort#Group					
30-39#Type 1 Diabetes	.0304001	.0517101	0.59	0.557	-.0709512 .1317515
40-49#Type 1 Diabetes	.086738	.0500423	1.73	0.083	-.0113446 .1848206
50-59#Type 1 Diabetes	-.0128664	.0533327	-0.24	0.809	-.117398 .0916652
60-69#Type 1 Diabetes	-.0508365	.0578026	-0.88	0.379	-.1641291 .0624562
≥70#Type 1 Diabetes	-.226206	.0771316	-2.93	0.003	-.3773834 -.0750286
Kon					
Male	0	(base)			
Female	-.2111529	.0162748	-12.97	0.000	-.2430515 -.1792544
Education					
Up to Lower secondary education	.2981926	.0253997	11.74	0.000	.2484094 .3479757
Upper secondary to Post-secondary education <2 years	0	(base)			
Post-secondary ≥2 years to Tertiary education	-.2339976	.0180107	-12.99	0.000	-.2692984 -.1986969
No_5p_rank	.0184246	.0043752	4.21	0.000	.0098492 .027
_cons	.5320711	.0220034	24.18	0.000	.4889447 .5751975

### Regression model T2D versus matched controls without diabetes (outcome: periodontitis extent)

Source	SS	df	MS	Number of obs	=	770,672
				F(15, 770656)	=	1004.30
Model	114074.761	15	7604.98406	Prob > F	=	0.0000
Residual	5835739.3	770,656	7.57243089	R-squared	=	0.0192
				Adj R-squared	=	0.0192
Total	5949814.06	770,671	7.72030355	Root MSE	=	2.7518

perio_numberTeeth	Coefficient	Std. err.	t	P> t	[95% conf. interval]
cohort					
18-29	0	(base)			
30-39	.2615618	.0319508	8.19	0.000	.1989393 .3241844
40-49	.4963294	.0291544	17.02	0.000	.4391878 .553471
50-59	.8244596	.0284651	28.96	0.000	.7686689 .8802504
60-69	.9596533	.0282087	34.02	0.000	.9043653 1.014941
≥70	.6401186	.0285268	22.44	0.000	.5842069 .6960302
Group					
No Diabetes	0	(base)			
Type 2 Diabetes	.3255561	.0515371	6.32	0.000	.2245452 .4265671
cohort#Group					
30-39#Type 2 Diabetes	.3827225	.0600723	6.37	0.000	.2649827 .5004623
40-49#Type 2 Diabetes	.3785032	.0546583	6.92	0.000	.2713748 .4856316

50-59#Type 2 Diabetes		.210149	.0533788	3.94	0.000	.1055282	.3147698
60-69#Type 2 Diabetes		-.0557004	.0528814	-1.05	0.292	-.1593462	-.0479454
>70#Type 2 Diabetes		-.2575913	.0532505	-4.84	0.000	-.3619604	-.1532221
-----							
		Kon					
		Male					
		0	(base)				
		-.3675553	.0063701	-57.70	0.000	-.3800404	-.3550701
		Education					
		Up to Lower secondary education					
		.1187198	.0077342	15.35	0.000	.1035612	.1338785
		Upper secondary to Post-secondary education <2 years					
		0	(base)				
		-.2338523	.0079466	-29.43	0.000	-.2494274	-.2182772
		Post-secondary ≥2 years to Tertiary education					
		No_Sp_rank					
		.015198	.0016358	9.29	0.000	.0119919	.0184041
		.7215133	.0277463	26.00	0.000	.6671315	.7758951
		_cons					
-----							

## Sensitivity analyses: Complications

Table A8. Summary of sensitivity analyses (outcome: diabetes-related complications)

	Case definition for periodontitis		Number of teeth with PPD ≥6 mm (continuous)	Number of teeth at start of observation period (continuous)
	≥3 teeth with PPD ≥6 mm (categorical, as presented in main text)	≥1 tooth with PPD ≥6 mm (categorical)		
<b>Complications in T1D</b>				
Periodontitis versus no periodontitis; hazard ratio (95% CI)				
Retinopathy	1.08 (1.02, 1.14)	1.08 (1.04, 1.13)	1.01 (1.01, 1.02)	1.00 (1.00, 1.00)
Albuminuria	1.14 (1.06, 1.23)	1.10 (1.04, 1.17)	1.02 (1.01, 1.03)	0.99 (0.98, 0.99)
Ischemic heart disease	0.96 (0.86, 1.08)	0.95 (0.87, 1.04)	0.99 (0.98, 1.01)	0.98 (0.97, 0.99)
Stroke	1.05 (0.89, 1.25)	1.04 (0.91, 1.19)	1.02 (0.99, 1.04)	0.98 (0.97, 0.99)
Mortality	0.91 (0.81, 1.02)	0.77 (0.70, 0.85)	0.98 (0.97, 1.00)	0.97 (0.96, 0.97)
<b>Complications in T2D</b>				
Periodontitis versus no periodontitis; hazard ratio (95% CI)				
Retinopathy	1.08 (1.06, 1.10)	1.08 (1.06, 1.09)	1.01 (1.01, 1.01)	1.00 (1.00, 1.00)
Albuminuria	1.09 (1.07, 1.11)	1.06 (1.05, 1.08)	1.01 (1.01, 1.02)	0.99 (0.99, 0.99)
Ischemic heart disease	0.96 (0.94, 0.99)	0.93 (0.91, 0.95)	1.00 (0.99, 1.00)	0.98 (0.98, 0.98)
Stroke	0.99 (0.95, 1.03)	0.95 (0.91, 0.98)	1.00 (1.00, 1.01)	0.98 (0.98, 0.99)
Mortality	0.81 (0.79, 0.83)	0.77 (0.75, 0.79)	0.97 (0.97, 0.97)	0.97 (0.97, 0.97)

## Alternative case definition for periodontitis: ≥1 tooth with PPD ≥6 mm

### Cox regression model T1D with and without periodontitis (outcome: retinopathy)

Cox regression with Breslow method for ties

No. of subjects = 17,788  
No. of failures = 12,239  
Time at risk = 88,930

Number of obs = 17,788

LR chi2(10) = 97.35  
Prob > chi2 = 0.0000

Log likelihood = -113558.59

	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParod1		1.08084	.0222172	3.78	0.000	1.038161 1.125274
-----						
cohort						
30-39		1.117403	.0295336	4.20	0.000	1.060992 1.176813
40-49		1.133445	.0298741	4.75	0.000	1.07638 1.193536
50-59		1.139527	.0335238	4.44	0.000	1.07568 1.207164
60-69		1.1706	.0388417	4.75	0.000	1.096895 1.249259
>70		1.188631	.0564402	3.64	0.000	1.083002 1.304563
-----						
Kon						
Female						
		.9912268	.0182015	-0.48	0.631	.9561868 1.027551
-----						
Education						
Up to Lower secondary education						
		.9815376	.0286141	-0.64	0.523	.9270271 1.039253
Post-secondary ≥2 years to Tertiary education						
		.9404062	.0189643	-3.05	0.002	.9039617 .9783199
-----						
No_Sp_rank						
		1.012804	.0047089	2.74	0.006	1.003617 1.022076
-----						

### Cox regression model T1D with and without periodontitis (outcome: albuminuria)

Cox regression with Breslow method for ties

No. of subjects = 24,817  
 No. of failures = 5,083  
 Time at risk = 204,357

Number of obs = 24,817

LR chi2(10) = 1170.28  
 Prob > chi2 = 0.0000

Log likelihood = -50054.026

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl	1.099848	.0331982	3.15	0.002	1.036668 1.166878
cohort					
30-39	1.200659	.0597628	3.67	0.000	1.089058 1.323696
40-49	1.528273	.0697781	9.29	0.000	1.397451 1.671341
50-59	1.908756	.0887975	13.90	0.000	1.742415 2.090977
60-69	2.595247	.1232806	20.08	0.000	2.364528 2.848478
≥70	3.62339	.2081824	22.41	0.000	3.237496 4.055282
Kon					
Female	.9513001	.0271543	-1.75	0.080	.8995401 1.006038
Education					
Up to Lower secondary education	1.195327	.0459783	4.64	0.000	1.108524 1.288926
Post-secondary ≥2 years to Tertiary education	.7496298	.0257259	-8.40	0.000	.7008663 .8017861
No_5p_rank	1.045097	.0065456	7.04	0.000	1.032346 1.058005

## Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)

Cox regression with Breslow method for ties

No. of subjects = 27,290  
 No. of failures = 1,982  
 Time at risk = 243,289

Number of obs = 27,290

LR chi2(10) = 2573.82  
 Prob > chi2 = 0.0000

Log likelihood = -18755.837

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl	.9508762	.0442041	-1.08	0.279	.8680676 1.041584
cohort					
30-39	5.800826	1.393203	7.32	0.000	3.62288 9.288075
40-49	20.84	4.591744	13.78	0.000	13.53162 32.09561
50-59	46.31931	10.08966	17.61	0.000	30.2236 70.98685
60-69	69.34966	15.11117	19.45	0.000	45.24484 106.2967
≥70	114.8771	25.37307	21.48	0.000	74.51219 177.1086
Kon					
Female	.8264167	.0380096	-4.15	0.000	.7551784 .9043751
Education					
Up to Lower secondary education	1.18656	.0654212	3.10	0.002	1.065022 1.321968
Post-secondary ≥2 years to Tertiary education	.7920238	.0468965	-3.94	0.000	.7052413 .8894852
No_5p_rank	1.02836	.0109159	2.63	0.008	1.007187 1.049979

## Cox regression model T1D with and without periodontitis (outcome: stroke)

Cox regression with Breslow method for ties

No. of subjects = 27,938  
 No. of failures = 873  
 Time at risk = 253,965

Number of obs = 27,938

LR chi2(10) = 968.80  
 Prob > chi2 = 0.0000

Log likelihood = -8365.8013

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl	1.039454	.0726304	0.55	0.580	.9064182 1.192015
cohort					
30-39	4.369814	1.110932	5.80	0.000	2.654991 7.192216
40-49	9.547933	2.226244	9.68	0.000	6.045594 15.07925
50-59	15.50635	3.57449	11.89	0.000	9.86944 24.36277
60-69	24.93709	5.724279	14.01	0.000	15.90207 39.10552
≥70	57.74206	13.39809	17.48	0.000	36.6425 90.99121
Kon					
Female	.7736698	.0540637	-3.67	0.000	.6746431 .887232
Education					
Up to Lower secondary education	1.070732	.0894788	0.82	0.413	.9089665 1.261287
Post-secondary ≥2 years to Tertiary education	.7191097	.0654345	-3.62	0.000	.6016461 .8595065
No_5p_rank	1.060272	.0144739	4.29	0.000	1.032279 1.089023

## Cox regression model T1D with and without periodontitis (outcome: death)

Cox regression with Breslow method for ties

No. of subjects = 28,041  
 No. of failures = 1,942  
 Time at risk = 257,631

Number of obs = 28,041

LR chi2(10) = 3478.28  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl	.7744165	.0372397	-5.32	0.000	.704762 .8509552
cohort					
30-39	1.624549	.281958	2.80	0.005	1.156106 2.282801
40-49	3.653772	.5284121	8.96	0.000	2.751946 4.851132
50-59	7.916757	1.082656	15.13	0.000	6.055378 10.35031
60-69	18.63869	2.466815	22.10	0.000	14.38003 24.15857
≥70	59.69864	7.872017	31.01	0.000	46.10232 77.30473
Kon					
Female	.7937009	.0370559	-4.95	0.000	.7242965 .8697558
Education					
Up to Lower secondary education	1.289715	.0670992	4.89	0.000	1.164686 1.428166
Post-secondary ≥2 years to Tertiary education	.5791211	.0396644	-7.98	0.000	.5063723 .6623214
No_5p_rank	1.023645	.0105113	2.28	0.023	1.003249 1.044455

## Cox regression model T2D with and without periodontitis (outcome: retinopathy)

Cox regression with Breslow method for ties

No. of subjects = 187,388  
 No. of failures = 63,032  
 Time at risk = 1,100,711

Number of obs = 187,388

LR chi2(10) = 454.63  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl	1.077622	.0086716	9.29	0.000	1.060759 1.094752
cohort					
30-39	1.118431	.0505392	2.48	0.013	1.023636 1.222005
40-49	1.119879	.0466907	2.72	0.007	1.032006 1.215234
50-59	1.102734	.0451976	2.39	0.017	1.017613 1.194975
60-69	1.130943	.0460797	3.02	0.003	1.044141 1.224962
≥70	1.123552	.0460985	2.84	0.005	1.036738 1.217636
Kon					
Female	.881117	.0071929	-15.50	0.000	.8671313 .8953283
Education					
Up to Lower secondary education	1.071312	.0097544	7.57	0.000	1.052363 1.090602
Post-secondary ≥2 years to Tertiary education	.987202	.0111481	-1.14	0.254	.9655921 1.009296
No_5p_rank	1.005197	.0017968	2.90	0.004	1.001681 1.008725

## Cox regression model T2D with and without periodontitis (outcome: albuminuria)

Cox regression with Breslow method for ties

No. of subjects = 190,677  
 No. of failures = 62,289  
 Time at risk = 1,133,619

Number of obs = 190,677

LR chi2(10) = 2866.23  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl	1.063475	.008608	7.60	0.000	1.046737 1.080481
cohort					
30-39	.9473513	.0447314	-1.15	0.252	.8636138 1.039208
40-49	.956334	.0411102	-1.04	0.299	.8790606 1.0404
50-59	1.015592	.0427257	0.37	0.713	.9352101 1.102882
60-69	1.176229	.0490838	3.89	0.000	1.083855 1.276475
≥70	1.502256	.062882	9.72	0.000	1.383929 1.630699
Kon					
Female	.7728591	.0063967	-31.13	0.000	.7604229 .7854986

Up to Lower secondary education		1.05802	.0095958	6.22	0.000	1.039379	1.076995
Post-secondary ≥2 years to Tertiary education		.9247508	.0107353	-6.74	0.000	.9039475	.9460327
No_5p_rank		1.012124	.0017725	6.88	0.000	1.008655	1.015604

Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)

Cox regression with Breslow method for ties

No. of subjects = 214,426    Number of obs = 214,426  
 No. of failures = 29,867  
 Time at risk = 1,430,544  
 LR chi2(10) = 11346.77  
 Log likelihood = -351074.26    Prob > chi2 = 0.0000

_t		Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl		.933064	.0109432	-5.91	0.000	.9118604 .9547607
cohort						
30-39		2.819661	.6654262	4.39	0.000	1.775487 4.47792
40-49		6.579414	1.482194	8.36	0.000	4.23088 10.2316
50-59		12.21048	2.736781	11.16	0.000	7.869551 18.94593
60-69		19.12648	4.282106	13.18	0.000	12.33289 29.66232
≥70		34.99851	7.834611	15.88	0.000	22.56854 54.27449
Kon						
Female		.5652654	.0069854	-46.16	0.000	.5517388 .5791236
Education						
Up to Lower secondary education		1.110296	.0141886	8.19	0.000	1.082832 1.138456
Post-secondary ≥2 years to Tertiary education		.896951	.0158898	-6.14	0.000	.8663421 .9286413
No_5p_rank		1.023575	.0025446	9.37	0.000	1.0186 1.028575

Cox regression model T2D with and without periodontitis (outcome: stroke)

Cox regression with Breslow method for ties

No. of subjects = 228,866    Number of obs = 228,866  
 No. of failures = 13,561  
 Time at risk = 1,597,660  
 LR chi2(10) = 5853.82  
 Log likelihood = -159635.7    Prob > chi2 = 0.0000

_t		Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl		.9466764	.0165093	-3.14	0.002	.9148654 .9795935
cohort						
30-39		1.614247	.488706	1.58	0.114	.8918109 2.921914
40-49		3.41469	.9597446	4.37	0.000	1.968383 5.923698
50-59		5.524441	1.53915	6.13	0.000	3.199907 9.537605
60-69		10.33701	2.872412	8.41	0.000	5.996065 17.82066
≥70		22.64222	6.288785	11.23	0.000	13.13715 39.02445
Kon						
Female		.7823883	.0138862	-13.83	0.000	.7556397 .8100837
Education						
Up to Lower secondary education		1.069446	.0202128	3.55	0.000	1.030555 1.109806
Post-secondary ≥2 years to Tertiary education		.9180313	.0242636	-3.24	0.001	.8716863 .9668404
No_5p_rank		1.014328	.0037698	3.83	0.000	1.006966 1.021743

Cox regression model T2D with and without periodontitis (outcome: death)

Cox regression with Breslow method for ties

No. of subjects = 233,478    Number of obs = 233,478  
 No. of failures = 34,743  
 Time at risk = 1,661,307  
 LR chi2(10) = 29255.86  
 Log likelihood = -400399.56    Prob > chi2 = 0.0000

_t		Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
1.everParodl		.7711431	.0085884	-23.33	0.000	.7544926 .7881611
cohort						
30-39		1.251517	.2540876	1.11	0.269	.8406647 1.863163
40-49		1.733877	.3242397	2.94	0.003	1.201825 2.50147

50-59	3.529571	.6484719	6.86	0.000	2.462264	5.059519
60-69	7.158449	1.309903	10.76	0.000	5.001037	10.24655
≥70	26.50508	4.844722	17.93	0.000	18.52433	37.92414
-----						
Kon						
Female	.8044119	.0088723	-19.73	0.000	.7872091	.8219907
-----						
Education						
Up to Lower secondary education	1.216247	.0141676	16.81	0.000	1.188793	1.244334
Post-secondary ≥2 years to Tertiary education	.8250379	.0148608	-10.68	0.000	.7964195	.8546846
-----						
No_5p_rank	.9938541	.0024718	-2.48	0.013	.9890212	.9987106

### Number of teeth with PPD ≥6 mm

#### Cox regression model T1D with and without periodontitis (outcome: retinopathy)

Cox regression with Breslow method for ties

No. of subjects = 17,788  
 No. of failures = 12,239  
 Time at risk = 88,930

Number of obs = 17,788

LR chi2(10) = 96.23  
 Prob > chi2 = 0.0000

Log likelihood = -113559.15

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]	
perio_numberTeeth	1.013054	.0035551	3.70	0.000	1.00611 1.020046	
-----						
cohort						
30-39	1.117955	.0295451	4.22	0.000	1.061522 1.177388	
40-49	1.134646	.0298877	4.80	0.000	1.077553 1.194763	
50-59	1.14478	.0335197	4.62	0.000	1.080932 1.212399	
60-69	1.179904	.0387936	5.03	0.000	1.106268 1.258441	
≥70	1.198902	.0567402	3.83	0.000	1.092695 1.315432	
-----						
Kon						
Female	.9903381	.0181772	-0.53	0.597	.9553446 1.026613	
-----						
Education						
Up to Lower secondary education	.9802985	.0285926	-0.68	0.495	.9258298 1.037972	
Post-secondary ≥2 years to Tertiary education	.9411897	.0189899	-3.00	0.003	.9046965 .9791549	
-----						
No_5p_rank	1.012635	.0047094	2.70	0.007	1.003446 1.021907	

#### Cox regression model T1D with and without periodontitis (outcome: albuminuria)

Cox regression with Breslow method for ties

No. of subjects = 24,817  
 No. of failures = 5,083  
 Time at risk = 204,357

Number of obs = 24,817

LR chi2(10) = 1179.02  
 Prob > chi2 = 0.0000

Log likelihood = -50049.654

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]	
perio_numberTeeth	1.022029	.0049772	4.47	0.000	1.012321 1.031831	
-----						
cohort						
30-39	1.200549	.0597363	3.67	0.000	1.088996 1.323529	
40-49	1.52581	.0695885	9.26	0.000	1.395337 1.668482	
50-59	1.905609	.0883109	13.91	0.000	1.74015 2.086799	
60-69	2.606415	.1224479	20.39	0.000	2.377139 2.857805	
≥70	3.650006	.2086192	22.65	0.000	3.26319 4.082674	
-----						
Kon						
Female	.9523241	.0271806	-1.71	0.087	.9005138 1.007115	
-----						
Education						
Up to Lower secondary education	1.191329	.0458366	4.55	0.000	1.104794 1.284641	
Post-secondary ≥2 years to Tertiary education	.7519518	.0258213	-8.30	0.000	.7030085 .8043025	
-----						
No_5p_rank	1.044719	.0065488	6.98	0.000	1.031962 1.057634	

#### Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)

Cox regression with Breslow method for ties

No. of subjects = 27,290  
 No. of failures = 1,982  
 Time at risk = 243,289

Number of obs = 27,290

LR chi2(10) = 2573.28

Log likelihood = -18756.105                      Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	.9935326	.0081208	-0.79	0.427	.9777429 1.009577
cohort					
30-39	5.790759	1.390718	7.31	0.000	3.616675 9.271745
40-49	20.78236	4.578399	13.77	0.000	13.49501 32.0049
50-59	46.10706	10.03943	17.59	0.000	30.09023 70.64957
60-69	68.86806	14.99245	19.44	0.000	44.94825 105.5171
≥70	114.1397	25.1928	21.46	0.000	74.05598 175.9191
Kon					
Female	.8262206	.0380355	-4.15	0.000	.7549367 .9042355
Education					
Up to Lower secondary education	1.18659	.0654257	3.10	0.002	1.065044 1.322007
Post-secondary ≥2 years to Tertiary education	.7921507	.046918	-3.93	0.000	.7053299 .8896585
No_Sp_rank	1.028457	.0109153	2.64	0.008	1.007284 1.050075

### Cox regression model T1D with and without periodontitis (outcome: stroke)

Cox regression with Breslow method for ties

No. of subjects = 27,938                      Number of obs = 27,938  
 No. of failures = 873  
 Time at risk = 253,965  
 LR chi2(10) = 970.36  
 Log likelihood = -8365.0197                      Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	1.016182	.011643	1.40	0.161	.9936166 1.03926
cohort					
30-39	4.359409	1.108178	5.79	0.000	2.648799 7.174742
40-49	9.494074	2.213135	9.66	0.000	6.012175 14.99248
50-59	15.38392	3.543405	11.87	0.000	9.79509 24.16161
60-69	24.76856	5.673947	14.01	0.000	15.80916 38.80546
≥70	57.61747	13.34707	17.50	0.000	36.59094 90.72663
Kon					
Female	.7767747	.0543381	-3.61	0.000	.6772524 .8909218
Education					
Up to Lower secondary education	1.069294	.0893387	0.80	0.423	.9077785 1.259547
Post-secondary ≥2 years to Tertiary education	.7216985	.0657007	-3.58	0.000	.6037618 .8626726
No_Sp_rank	1.060114	.0144753	4.28	0.000	1.032119 1.088868

### Cox regression model T1D with and without periodontitis (outcome: death)

Cox regression with Breslow method for ties

No. of subjects = 28,041                      Number of obs = 28,041  
 No. of failures = 1,942  
 Time at risk = 257,631  
 LR chi2(10) = 3452.82  
 Log likelihood = -17964.927                      Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	.9836942	.0088997	-1.82	0.069	.9664049 1.001293
cohort					
30-39	1.602791	.2781665	2.72	0.007	1.140643 2.252185
40-49	3.567883	.5159224	8.80	0.000	2.687357 4.736919
50-59	7.620365	1.041572	14.86	0.000	5.829498 9.961399
60-69	17.70468	2.338839	21.75	0.000	13.66602 22.93688
≥70	57.21464	7.531548	30.74	0.000	44.20362 74.05537
Kon					
Female	.7941407	.037119	-4.93	0.000	.7246218 .8703291
Education					
Up to Lower secondary education	1.290631	.0670965	4.91	0.000	1.165602 1.429071
Post-secondary ≥2 years to Tertiary education	.5812027	.0398194	-7.92	0.000	.5081712 .6647299
No_Sp_rank	1.024305	.0105135	2.34	0.019	1.003905 1.04512

### Cox regression model T2D with and without periodontitis (outcome: retinopathy)

Cox regression with Breslow method for ties



No. of subjects = 187,388  
 No. of failures = 63,032  
 Time at risk = 1,100,711  
 Log likelihood = -739355.17  
 Number of obs = 187,388  
 LR chi2(10) = 445.34  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	1.010753	.0012132	8.91	0.000	1.008378 1.013133
cohort					
30-39	1.118563	.0505462	2.48	0.013	1.023755 1.222151
40-49	1.121759	.0467656	2.76	0.006	1.033745 1.217267
50-59	1.108062	.0453983	2.50	0.012	1.022562 1.200711
60-69	1.140419	.0464305	3.23	0.001	1.052953 1.23515
≥70	1.133936	.0464989	3.07	0.002	1.046366 1.228835
Kon					
Female	.8818343	.0072081	-15.38	0.000	.8678192 .8960758
Education					
Up to Lower secondary education	1.070588	.0097495	7.49	0.000	1.051649 1.089868
Post-secondary ≥2 years to Tertiary education	.9870097	.0111459	-1.16	0.247	.9654042 1.009099
No_5p_rank	1.005033	.0017969	2.81	0.005	1.001517 1.008561

### Cox regression model T2D with and without periodontitis (outcome: albuminuria)

Cox regression with Breslow method for ties

No. of subjects = 190,677  
 No. of failures = 62,289  
 Time at risk = 1,133,619  
 Log likelihood = -730118.12  
 Number of obs = 190,677  
 LR chi2(10) = 2929.32  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	1.013774	.0012358	11.22	0.000	1.011355 1.016199
cohort					
30-39	.9438327	.0445672	-1.22	0.221	.8604028 1.035352
40-49	.9537114	.0409939	-1.10	0.270	.8766562 1.037539
50-59	1.01491	.0426801	0.35	0.725	.9346134 1.102106
60-69	1.179912	.0491987	3.97	0.000	1.087319 1.280389
≥70	1.511186	.0632176	9.87	0.000	1.392225 1.640311
Kon					
Female	.775244	.0064238	-30.72	0.000	.7627553 .7879372
Education					
Up to Lower secondary education	1.056859	.009585	6.10	0.000	1.038239 1.075814
Post-secondary ≥2 years to Tertiary education	.9251649	.0107399	-6.70	0.000	.9043527 .9464561
No_5p_rank	1.011912	.0017727	6.76	0.000	1.008444 1.015393

### Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)

Cox regression with Breslow method for ties

No. of subjects = 214,426  
 No. of failures = 29,867  
 Time at risk = 1,430,544  
 Log likelihood = -351090.75  
 Number of obs = 214,426  
 LR chi2(10) = 11313.80  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	.9972616	.0019334	-1.41	0.157	.9934793 1.001058
cohort					
30-39	2.804704	.6618986	4.37	0.000	1.766066 4.454174
40-49	6.523594	1.469616	8.32	0.000	4.194987 10.14479
50-59	12.06568	2.704273	11.11	0.000	7.776293 18.72109
60-69	18.85524	4.221187	13.12	0.000	12.15823 29.24108
≥70	34.58766	7.742333	15.83	0.000	22.30399 53.63643
Kon					
Female	.5671999	.0070172	-45.83	0.000	.5536119 .5811214
Education					
Up to Lower secondary education	1.11077	.0141924	8.22	0.000	1.083299 1.138938
Post-secondary ≥2 years to Tertiary education	.8976175	.0159019	-6.10	0.000	.8669852 .9293322
No_5p_rank	1.023651	.0025445	9.40	0.000	1.018676 1.02865

## Cox regression model T2D with and without periodontitis (outcome: stroke)

Cox regression with Breslow method for ties

No. of subjects = 228,866                      Number of obs = 228,866  
 No. of failures = 13,561  
 Time at risk = 1,597,660  
 LR chi2(10) = 5845.19  
 Log likelihood = -159640.01                      Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	1.0033	.0029277	1.13	0.259	.9975784 1.009055
cohort					
30-39	1.601217	.4847648	1.55	0.120	.8846081 2.898342
40-49	3.374163	.9483577	4.33	0.000	1.945017 5.853406
50-59	5.441543	1.516019	6.08	0.000	3.15193 9.394369
60-69	10.17227	2.826458	8.35	0.000	5.900699 17.53606
≥70	22.38004	6.215626	11.19	0.000	12.98542 38.57142
Kon					
Female	.7868412	.0139859	-13.49	0.000	.7599013 .8147361
Education					
Up to Lower secondary education	1.06998	.0202184	3.58	0.000	1.031077 1.11035
Post-secondary ≥2 years to Tertiary education	.919094	.0242919	-3.19	0.001	.8726948 .9679601
No_5p_rank	1.014322	.0037696	3.83	0.000	1.006961 1.021738

## Cox regression model T2D with and without periodontitis (outcome: death)

Cox regression with Breslow method for ties

No. of subjects = 233,478                      Number of obs = 233,478  
 No. of failures = 34,743  
 Time at risk = 1,661,307  
 LR chi2(10) = 28917.92  
 Log likelihood = -400568.53                      Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
perio_numberTeeth	.969708	.0021067	-14.16	0.000	.9655878 .9738458
cohort					
30-39	1.243774	.2525168	1.07	0.283	.8354619 1.851639
40-49	1.710792	.319924	2.87	0.004	1.185822 2.468168
50-59	3.448823	.633629	6.74	0.000	2.405943 4.943749
60-69	6.929528	1.267967	10.58	0.000	4.841173 9.918744
≥70	25.68848	4.695292	17.76	0.000	17.95384 36.75525
Kon					
Female	.8076779	.0089182	-19.34	0.000	.7903863 .8253478
Education					
Up to Lower secondary education	1.219443	.0142017	17.04	0.000	1.191923 1.247598
Post-secondary ≥2 years to Tertiary education	.8255735	.0148705	-10.64	0.000	.7969362 .8552398
No_5p_rank	.9942871	.0024717	-2.30	0.021	.9894546 .9991433

## Number of teeth

## Cox regression model T1D with and without periodontitis (outcome: retinopathy)

Cox regression with Breslow method for ties

No. of subjects = 18,035                      Number of obs = 18,035  
 No. of failures = 12,414  
 Time at risk = 90,129  
 LR chi2(10) = 85.33  
 Log likelihood = -115359.55                      Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	1.000448	.0016928	0.26	0.791	.9971355 1.003771
cohort					
30-39	1.123103	.0294676	4.42	0.000	1.066807 1.182369
40-49	1.142784	.0298067	5.12	0.000	1.085832 1.202723
50-59	1.156058	.0336376	4.98	0.000	1.091974 1.223902
60-69	1.203416	.0396272	5.62	0.000	1.128202 1.283645
≥70	1.212586	.0583872	4.00	0.000	1.103383 1.332596

	Kon						
Female	.9874234	.0179921	-0.69	0.487	.9527818	1.023324	
Education							
Up to Lower secondary education	.9815353	.0285025	-0.64	0.521	.9272315	1.039019	
Post-secondary ≥2 years to Tertiary education	.9349322	.0187431	-3.36	0.001	.8989088	.9723992	
No_5p_rank	1.012638	.004662	2.73	0.006	1.003542	1.021817	

### Cox regression model T1D with and without periodontitis (outcome: albuminuria)

Cox regression with Breslow method for ties

No. of subjects = 25,190  
 No. of failures = 5,168  
 Time at risk = 207,422  
 Number of obs = 25,190  
 LR chi2(10) = 1206.81  
 Prob > chi2 = 0.0000  
 Log likelihood = -50959.636

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9860528	.0021266	-6.51	0.000	.9818935 .9902297
cohort					
30-39	1.204934	.0594879	3.78	0.000	1.093803 1.327356
40-49	1.522843	.0688805	9.30	0.000	1.393651 1.664011
50-59	1.889293	.08682	13.84	0.000	1.726567 2.067356
60-69	2.509461	.1186498	19.46	0.000	2.287362 2.753126
≥70	3.354264	.1975277	20.55	0.000	2.988624 3.764638
Kon					
Female	.934621	.0264624	-2.39	0.017	.8841685 .9879524
Education					
Up to Lower secondary education	1.17494	.0449728	4.21	0.000	1.09002 1.266476
Post-secondary ≥2 years to Tertiary education	.753338	.0256921	-8.31	0.000	.7046285 .8054146
No_5p_rank	1.042107	.0064912	6.62	0.000	1.029462 1.054907

### Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)

Cox regression with Breslow method for ties

No. of subjects = 27,697  
 No. of failures = 2,024  
 Time at risk = 246,890  
 Number of obs = 27,697  
 LR chi2(10) = 2647.02  
 Prob > chi2 = 0.0000  
 Log likelihood = -19173.856

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9808004	.002974	-6.39	0.000	.9749888 .9866467
cohort					
30-39	5.796203	1.388515	7.34	0.000	3.624375 9.269451
40-49	20.40805	4.492557	13.70	0.000	13.25626 31.41825
50-59	44.57033	9.699038	17.45	0.000	29.09472 68.27749
60-69	63.85931	13.911	19.08	0.000	41.66774 97.86974
≥70	99.92518	22.15475	20.77	0.000	64.70713 154.3113
Kon					
Female	.8295041	.037724	-4.11	0.000	.7587659 .9068372
Education					
Up to Lower secondary education	1.143256	.0627595	2.44	0.015	1.026636 1.273124
Post-secondary ≥2 years to Tertiary education	.8076512	.0473533	-3.64	0.000	.7199746 .9060049
No_5p_rank	1.025776	.0108083	2.42	0.016	1.00481 1.04718

### Cox regression model T1D with and without periodontitis (outcome: stroke)

Cox regression with Breslow method for ties

No. of subjects = 28,354  
 No. of failures = 887  
 Time at risk = 257,784  
 Number of obs = 28,354  
 LR chi2(10) = 1000.82  
 Prob > chi2 = 0.0000  
 Log likelihood = -8505.135

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9802701	.0044536	-4.39	0.000	.9715799 .989038
cohort					

30-39	4.289747	1.090463	5.73	0.000	2.60648	7.060071
40-49	9.396143	2.187399	9.62	0.000	5.953768	14.82884
50-59	15.06378	3.465448	11.79	0.000	9.596517	23.64582
60-69	23.18563	5.320482	13.70	0.000	14.78737	36.35356
≥70	50.58813	11.8318	16.78	0.000	31.9864	80.0077
-----						
Kon						
Female	.765518	.0530869	-3.85	0.000	.6682308	.8769691
-----						
Education						
Up to Lower secondary education	1.047542	.0871855	0.56	0.577	.8898709	1.233149
Post-secondary ≥2 years to Tertiary education	.7251791	.0657847	-3.54	0.000	.6070556	.8662875
-----						
No_5p_rank	1.055459	.0144349	3.95	0.000	1.027543	1.084133

**Cox regression model T1D with and without periodontitis (outcome: death)**

Cox regression with Breslow method for ties

No. of subjects = 28,459  
 No. of failures = 1,958  
 Time at risk = 261,529  
 Number of obs = 28,459  
 LR chi2(10) = 3582.47  
 Prob > chi2 = 0.0000  
 Log likelihood = -18091.619

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9692833	.0027148	-11.14	0.000	.9639769 .9746188
-----					
cohort					
30-39	1.589974	.2740163	2.69	0.007	1.134211 2.228877
40-49	3.345542	.4834353	8.36	0.000	2.520385 4.440852
50-59	6.972799	.9520126	14.22	0.000	5.33569 9.112209
60-69	15.1103	2.00172	20.50	0.000	11.65497 19.59003
≥70	45.21701	6.02971	28.58	0.000	34.81719 58.72323
-----					
Kon					
Female	.7856174	.0365653	-5.18	0.000	.7171224 .8606546
-----					
Education					
Up to Lower secondary education	1.208235	.0630475	3.63	0.000	1.090774 1.338346
Post-secondary ≥2 years to Tertiary education	.6015012	.0411528	-7.43	0.000	.5260172 .6878172
-----					
No_5p_rank	1.022077	.0103816	2.15	0.032	1.001931 1.042628

**Cox regression model T2D with and without periodontitis (outcome: retinopathy)**

Cox regression with Breslow method for ties

No. of subjects = 191,425  
 No. of failures = 64,261  
 Time at risk = 1,125,121  
 Number of obs = 191,425  
 LR chi2(10) = 397.45  
 Prob > chi2 = 0.0000  
 Log likelihood = -755175.07

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9972122	.0005452	-5.11	0.000	.9961442 .9982813
-----					
cohort					
30-39	1.125653	.0504856	2.64	0.008	1.030927 1.229082
40-49	1.127315	.0466921	2.89	0.004	1.039416 1.222647
50-59	1.114094	.0453643	2.65	0.008	1.028637 1.206651
60-69	1.141098	.0462346	3.26	0.001	1.053985 1.235412
≥70	1.119742	.0458535	2.76	0.006	1.033383 1.213318
-----					
Kon					
Female	.8765366	.0070724	-16.33	0.000	.862784 .8905085
-----					
Education					
Up to Lower secondary education	1.06704	.0096693	7.16	0.000	1.048256 1.086161
Post-secondary ≥2 years to Tertiary education	.9895169	.0110861	-0.94	0.347	.9680254 1.011486
-----					
No_5p_rank	1.004595	.001782	2.58	0.010	1.001108 1.008094

**Cox regression model T2D with and without periodontitis (outcome: albuminuria)**

Cox regression with Breslow method for ties

No. of subjects = 194,636  
 No. of failures = 63,478  
 Time at risk = 1,158,230  
 Number of obs = 194,636  
 LR chi2(10) = 3114.40  
 Prob > chi2 = 0.0000  
 Log likelihood = -745345.88

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9911666	.0005274	-16.67	0.000	.9901335 .9922009
cohort					
30-39	.9420343	.0441261	-1.27	0.202	.8594 1.032614
40-49	.9504828	.0405735	-1.19	0.234	.874196 1.033427
50-59	1.004797	.0419791	0.11	0.909	.9257982 1.090537
60-69	1.143982	.0474565	3.24	0.001	1.05465 1.240881
≥70	1.4212	.0593456	8.42	0.000	1.309518 1.542408
Kon					
Female	.7673043	.0062771	-32.38	0.000	.7550994 .7797065
Education					
Up to Lower secondary education	1.046385	.0094474	5.02	0.000	1.028031 1.065066
Post-secondary ≥2 years to Tertiary education	.9372047	.0107971	-5.63	0.000	.91628 .9586072
No_5p_rank	1.010607	.0017592	6.06	0.000	1.007165 1.014061

### Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)

Cox regression with Breslow method for ties

No. of subjects = 218,894  
 No. of failures = 30,500  
 Time at risk = 1,460,702

Number of obs = 218,894

LR chi2(10) = 12051.17  
 Prob > chi2 = 0.0000

Log likelihood = -358918.02

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9830805	.0007098	-23.63	0.000	.9816903 .9844727
cohort					
30-39	2.7891	.6572857	4.35	0.000	1.757389 4.426497
40-49	6.453572	1.453535	8.28	0.000	4.150348 10.03496
50-59	11.65989	2.613203	10.96	0.000	7.51491 18.09109
60-69	17.68353	3.959134	12.83	0.000	11.40237 27.42477
≥70	30.8158	6.900156	15.31	0.000	19.86898 47.79376
Kon					
Female	.5621629	.0068627	-47.18	0.000	.5488719 .5757757
Education					
Up to Lower secondary education	1.076098	.013682	5.77	0.000	1.049613 1.103251
Post-secondary ≥2 years to Tertiary education	.9254976	.0162466	-4.41	0.000	.8941964 .9578945
No_5p_rank	1.020962	.0025255	8.39	0.000	1.016024 1.025924

### Cox regression model T2D with and without periodontitis (outcome: stroke)

Cox regression with Breslow method for ties

No. of subjects = 233,625  
 No. of failures = 13,821  
 Time at risk = 1,631,469

Number of obs = 233,625

LR chi2(10) = 6123.16  
 Prob > chi2 = 0.0000

Log likelihood = -162907.98

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
maximum_AT	.9846575	.0010494	-14.51	0.000	.9826029 .9867165
cohort					
30-39	1.389533	.395415	1.16	0.248	.7955087 2.427127
40-49	2.920228	.765288	4.09	0.000	1.747218 4.880749
50-59	4.594836	1.192433	5.88	0.000	2.762929 7.641353
60-69	8.328333	2.15519	8.19	0.000	5.015172 13.83026
≥70	17.49221	4.525999	11.06	0.000	10.5342 29.04609
Kon					
Female	.7815262	.0137054	-14.06	0.000	.7551205 .8088553
Education					
Up to Lower secondary education	1.042235	.0196104	2.20	0.028	1.004499 1.081388
Post-secondary ≥2 years to Tertiary education	.944835	.0248071	-2.16	0.031	.8974437 .9947288
No_5p_rank	1.012082	.003742	3.25	0.001	1.004775 1.019443

### Cox regression model T2D with and without periodontitis (outcome: death)

Cox regression with Breslow method for ties

No. of subjects = 238,326  
 No. of failures = 35,217

Number of obs = 238,326

Time at risk = 1,696,385

LR chi2(10) = 30879.76

Log likelihood = -405980.73

Prob &gt; chi2 = 0.0000

	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
	maximum_AT	.9733441	.0006178	-42.57	0.000	.972134 .9745557
	cohort					
	30-39	1.09742	.2169289	0.47	0.638	.7449281 1.616707
	40-49	1.509957	.2736432	2.27	0.023	1.058534 2.153894
	50-59	2.905974	.5171075	5.99	0.000	2.050329 4.118698
	60-69	5.56341	.985909	9.68	0.000	3.930945 7.873813
	≥70	19.38888	3.433034	16.74	0.000	13.70368 27.43267
	Kon					
	Female	.8084089	.0088358	-19.46	0.000	.7912752 .8259135
	Education					
	Up to Lower secondary education	1.166461	.0135591	13.25	0.000	1.140186 1.193342
	Post-secondary ≥2 years to Tertiary education	.8767266	.015739	-7.33	0.000	.8464151 .9081237
	No_5p_rank	.9915055	.0024545	-3.45	0.001	.9867064 .996328

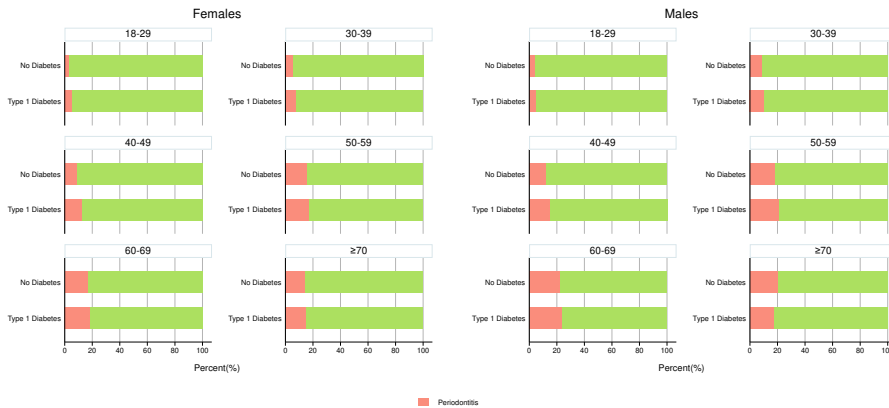
## Diabetes and periodontitis

**Table A9. Prevalence of periodontitis by age category and gender (comparing T1D to no diabetes)**

		No Diabetes	Type 1 Diabetes	Crude RR (95%CI)	Adjusted RRs* (95%CI)
18-29 years	Female	236 / 7 097 (3.3%)	183 / 3 585 (5.1%)	1.54 (1.27, 1.85)	<b>1.48</b> (1.22, 1.79)
	Male	422 / 8 755 (4.8%)	232 / 4 424 (5.2%)	1.09 (0.93, 1.27)	1.08 (0.92, 1.26)
	Total	658 / 15 852 (4.2%)	415 / 8 009 (5.2%)	1.25 (1.11, 1.41)	<b>1.23</b> (1.09, 1.38)
30-39 years	Female	245 / 4 426 (5.5%)	181 / 2 281 (7.9%)	1.43 (1.19, 1.73)	<b>1.41</b> (1.17, 1.69)
	Male	505 / 5 518 (9.2%)	284 / 2 779 (10.2%)	1.12 (0.97, 1.28)	1.11 (0.97, 1.28)
	Total	750 / 9 944 (7.5%)	465 / 5 060 (9.2%)	1.22 (1.09, 1.36)	<b>1.21</b> (1.08, 1.35)
40-49 years	Female	451 / 4 896 (9.2%)	314 / 2 478 (12.7%)	1.38 (1.20, 1.58)	<b>1.35</b> (1.18, 1.55)
	Male	761 / 6 141 (12.4%)	476 / 3 167 (15.0%)	1.21 (1.09, 1.35)	<b>1.20</b> (1.08, 1.34)
	Total	1 212 / 11 037 (11.0%)	790 / 5 645 (14.0%)	1.27 (1.17, 1.39)	<b>1.26</b> (1.16, 1.37)
50-59 years	Female	660 / 4 177 (15.8%)	357 / 2 050 (17.4%)	1.10 (0.98, 1.24)	1.08 (0.96, 1.22)
	Male	906 / 4 892 (18.5%)	523 / 2 503 (20.9%)	1.13 (1.02, 1.24)	<b>1.12</b> (1.02, 1.24)
	Total	1 566 / 9 069 (17.3%)	880 / 4 553 (19.3%)	1.12 (1.04, 1.21)	<b>1.10</b> (1.02, 1.19)
60-69 years	Female	583 / 3 383 (17.2%)	289 / 1 581 (18.3%)	1.06 (0.93, 1.21)	1.05 (0.92, 1.20)
	Male	914 / 4 023 (22.7%)	468 / 1 924 (24.3%)	1.07 (0.97, 1.18)	1.07 (0.97, 1.18)
	Total	1 497 / 7 406 (20.2%)	757 / 3 505 (21.6%)	1.07 (0.99, 1.15)	1.06 (0.98, 1.15)
≥70 years	Female	277 / 1 919 (14.4%)	131 / 846 (15.5%)	1.07 (0.89, 1.30)	1.03 (0.85, 1.26)
	Male	373 / 1 795 (20.8%)	137 / 764 (17.9%)	0.86 (0.72, 1.03)	0.86 (0.72, 1.03)
	Total	650 / 3 714 (17.5%)	268 / 1 610 (16.6%)	0.95 (0.84, 1.08)	0.94 (0.82, 1.07)
Overall	Female	2 452 / 25 898 (9.5%)	1 455 / 12 821 (11.3%)	1.20 (1.13, 1.27)	<b>1.19</b> (1.12, 1.27)
	Male	3 881 / 31 124 (12.5%)	2 120 / 15 561 (13.6%)	1.09 (1.04, 1.15)	<b>1.10</b> (1.04, 1.15)
	Total	6 333 / 57 022 (11.1%)	3 575 / 28 382 (12.6%)	1.13 (1.09, 1.18)	<b>1.13</b> (1.09, 1.18)

Prevalence is presented as frequency / n (%)  
 \*Adjusted RRs originate from logistic regression models, which included diabetes, age category (and its interaction with diabetes), gender, level of education and number of years in the 5<sup>th</sup> lowest level of income.  
 Statistically significant adjusted RRs are highlighted in **bold**

**Figure A1. Prevalence of periodontitis (2010-2020) in subjects with T1D and matched controls without diabetes, females and males by age category.**



**Logistic regression model T1D versus matched controls without diabetes (outcome: periodontitis)**

Logistic regression  
 Log likelihood = -28693.942

Number of obs = 85,042  
 LR chi2(15) = 3660.30  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0600

	everParod2	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
cohort						
18-29		1 (base)				
30-39	1.906142		.1057874	11.62	0.000	1.709681 2.125178
40-49	2.751468		.1393275	19.99	0.000	2.491505 3.038556
50-59	4.556775		.2242699	30.81	0.000	4.13775 5.018235
60-69	5.342634		.2683126	33.37	0.000	4.841804 5.895269
≥70	4.247262		.2572959	23.87	0.000	3.771758 4.782711
Group						
No Diabetes		1 (base)				
Type 1 Diabetes	1.239947		.0804209	3.32	0.001	1.091932 1.408026
cohort#Group						
30-39#Type 1 Diabetes		.995091	.0893285	-0.05	0.956	.8345477 1.186518
40-49#Type 1 Diabetes		1.05057	.0855291	0.61	0.545	.8956262 1.232318
50-59#Type 1 Diabetes		.9109861	.0729593	-1.16	0.244	.7786468 1.065818
60-69#Type 1 Diabetes		.8698582	.071534	-1.70	0.090	.7403698 1.021994
≥70#Type 1 Diabetes		.7469267	.077117	-2.83	0.005	.6100916 .9144521
Kon						
Male		1 (base)				
Female	.7728429		.0173834	-11.46	0.000	.7395121 .807676
Education						
Up to Lower secondary education	1.301469		.0382068	8.98	0.000	1.228699 1.378549
Upper secondary to Post-secondary ed..		1 (base)				
Post-secondary ≥2 years to Tertiary ..	.6977537		.0189023	-13.28	0.000	.6616722 .7358027
No_5p_rank						
_cons	1.017834		.0057163	3.15	0.002	1.006691 1.029099
	.0529482		.00226	-68.84	0.000	.048699 .0575682

Note: \_cons estimates baseline odds.

Goodness-of-fit test after logistic model  
 Variable: everParod2

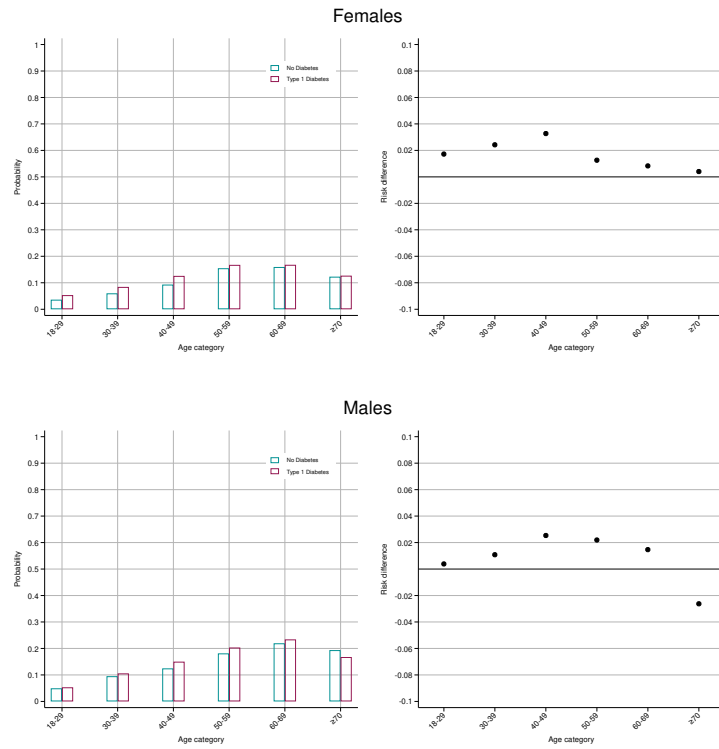
Table collapsed on quantiles of estimated probabilities

Group	Prob	Obs_1	Exp_1	Obs_0	Exp_0	Total
1	0.0388	262	274.8	8270	8257.2	8532
2	0.0503	389	400.3	8402	8390.7	8791
3	0.0645	421	469.8	7877	7828.2	8298
4	0.0878	629	640.1	8129	8117.9	8758
5	0.1012	837	799.0	7583	7621.0	8420
6	0.1272	1041	1030.1	7628	7638.9	8669
7	0.1572	1335	1253.5	7561	7642.5	8896
8	0.1794	1444	1352.6	6612	6703.4	8056
9	0.2172	1574	1608.3	6581	6546.7	8155
10	0.3215	1935	2038.4	6532	6428.6	8467



Number of observations = 85,042  
Number of groups = 10  
Hosmer-Lemeshow  $\chi^2(8) = 30.06$   
Prob >  $\chi^2 = 0.0002$

Figure A2. Probability estimates for periodontitis and their contrasts (based on logistic regression, stratified by gender), females and males by age category.

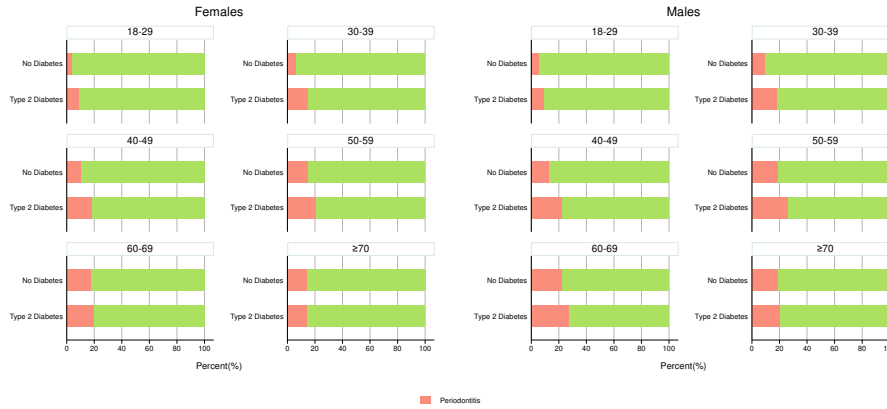


**Table A10. Prevalence of periodontitis by age category and gender (comparing T2D to no diabetes)**

		No Diabetes	Type 2 Diabetes	Crude RR (95%CI)	Adjusted RRs* (95%CI)
18-29 years	Female	201 / 5 056 (4.0%)	185 / 2 077 (8.9%)	2.24 (1.85, 2.72)	<b>2.00</b> (1.65, 2.44)
	Male	321 / 5 190 (6.2%)	205 / 2 070 (9.9%)	1.60 (1.35, 1.89)	<b>1.49</b> (1.25, 1.77)
	Total	522 / 10 246 (5.1%)	390 / 4 147 (9.4%)	1.85 (1.63, 2.09)	<b>1.71</b> (1.50, 1.94)
30-39 years	Female	818 / 12 162 (6.7%)	790 / 5 131 (15.4%)	2.29 (2.09, 2.51)	<b>2.06</b> (1.88, 2.26)
	Male	1 523 / 15 527 (9.8%)	1 140 / 6 162 (18.5%)	1.89 (1.76, 2.02)	<b>1.82</b> (1.70, 1.96)
	Total	2 341 / 27 689 (8.5%)	1 930 / 11 293 (17.1%)	2.02 (1.91, 2.14)	<b>1.92</b> (1.81, 2.03)
40-49 years	Female	3 138 / 29 796 (10.5%)	2 506 / 13 513 (18.5%)	1.76 (1.68, 1.85)	<b>1.66</b> (1.58, 1.74)
	Male	5 945 / 44 305 (13.4%)	4 378 / 19 338 (22.6%)	1.69 (1.63, 1.75)	<b>1.65</b> (1.60, 1.71)
	Total	9 083 / 74 101 (12.3%)	6 884 / 32 851 (21.0%)	1.71 (1.66, 1.76)	<b>1.66</b> (1.61, 1.71)
50-59 years	Female	7 351 / 48 542 (15.1%)	4 859 / 22 844 (21.3%)	1.40 (1.36, 1.45)	<b>1.34</b> (1.30, 1.38)
	Male	13 903 / 73 468 (18.9%)	8 992 / 33 939 (26.5%)	1.40 (1.37, 1.43)	<b>1.38</b> (1.35, 1.41)
	Total	21 254 / 122 010 (17.4%)	13 851 / 56 783 (24.4%)	1.40 (1.37, 1.43)	<b>1.37</b> (1.34, 1.40)
60-69 years	Female	12 024 / 68 957 (17.4%)	6 569 / 32 969 (19.9%)	1.14 (1.11, 1.17)	<b>1.11</b> (1.08, 1.14)
	Male	21 904 / 95 645 (22.9%)	12 613 / 45 847 (27.5%)	1.20 (1.18, 1.22)	<b>1.18</b> (1.16, 1.21)
	Total	33 928 / 164 602 (20.6%)	19 182 / 78 816 (24.3%)	1.18 (1.16, 1.20)	<b>1.16</b> (1.14, 1.18)
≥70 years	Female	9 420 / 66 445 (14.2%)	4 718 / 31 786 (14.8%)	1.05 (1.01, 1.08)	1.03 (0.99, 1.06)
	Male	12 343 / 64 112 (19.3%)	6 362 / 30 813 (20.6%)	1.07 (1.04, 1.10)	<b>1.07</b> (1.04, 1.10)
	Total	21 763 / 130 557 (16.7%)	11 080 / 62 599 (17.7%)	1.06 (1.04, 1.08)	<b>1.05</b> (1.03, 1.07)
Overall	Female	32 952 / 230 958 (14.3%)	19 627 / 108 320 (18.1%)	1.27 (1.25, 1.29)	<b>1.22</b> (1.20, 1.24)
	Male	55 939 / 298 247 (18.8%)	33 690 / 138 169 (24.4%)	1.30 (1.28, 1.32)	<b>1.27</b> (1.26, 1.29)
	Total	88 891 / 529 205 (16.8%)	53 317 / 246 489 (21.6%)	1.29 (1.28, 1.30)	<b>1.26</b> (1.24, 1.27)

Prevalence is presented as frequency / n (%)  
\*Adjusted RRs originate from logistic regression models, which included diabetes, age category (and its interaction with diabetes), gender, level of education and number of years in the 5<sup>th</sup> lowest level of income. Statistically significant adjusted RRs are highlighted in **bold**

**Figure A3. Prevalence of periodontitis (2010-2020) in T2D and matched controls without diabetes, females and males by age category.**



**Logistic regression model T2D versus matched controls without diabetes (outcome: periodontitis)**

Logistic regression Number of obs = 770,672  
 LR chi2(15) = 14615.94  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0199

Log likelihood = -359642.23

	everParod2	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
-----						
cohort		1	(base)			
18-29						
30-39	1.694295		.0849703	10.51	0.000	1.535679 1.869293
40-49	2.46151		.1146873	19.33	0.000	2.246685 2.696876
50-59	3.689637		.1691672	28.47	0.000	3.372536 4.036553
60-69	4.523635		.2064842	33.07	0.000	4.136508 4.946992
≥70	3.47321		.159431	27.12	0.000	3.174375 3.800177
Group		1	(base)			
No Diabetes						
Type 2 Diabetes	1.780343		.1265509	8.11	0.000	1.548811 2.046487
cohort#Group						
30-39#Type 2 Diabetes	1.187102		.093213	2.18	0.029	1.017772 1.384604
40-49#Type 2 Diabetes	1.032759		.0756357	0.44	0.660	.8946641 1.19217
50-59#Type 2 Diabetes	.8374202		.0604124	-2.46	0.014	.7270041 .9646061
60-69#Type 2 Diabetes	.6795849		.0488068	-5.38	0.000	.5903529 .7823043
≥70#Type 2 Diabetes	.59578		.0430404	-7.17	0.000	.5171224 .686402
Kon		1	(base)			
Male						
Female	.7201552		.0044327	-53.34	0.000	.7115196 .7288957
Education						
Up to Lower secondary education	1.083912		.0076531	11.41	0.000	1.069015 1.099016
Upper secondary to Post-secondary ed..	1		(base)			
Post-secondary ≥2 years to Tertiary ..	.79023		.0063003	-29.53	0.000	.7779775 .8026754
No_5p_rank	1.011269		.001527	7.42	0.000	1.008281 1.014267
_cons	.06719		.0030501	-59.48	0.000	.0614701 .0734421

Note: \_cons estimates baseline odds.

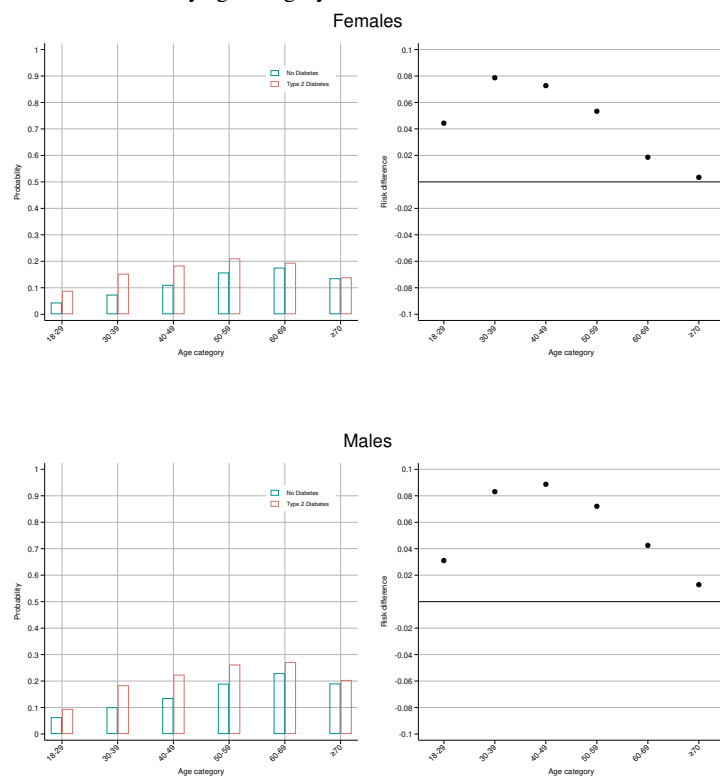
Goodness-of-fit test after logistic model  
 Variable: everParod2

Table collapsed on quantiles of estimated probabilities

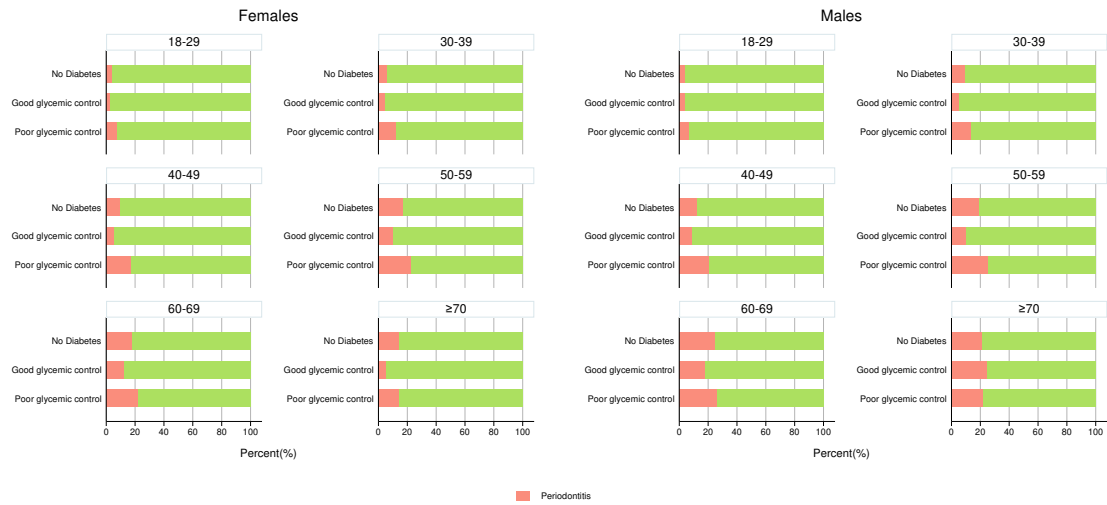
Group	Prob	Obs_1	Exp_1	Obs_0	Exp_0	Total
1	0.1156	7124	7164.3	72857	72816.7	79981
2	0.1439	10929	11079.6	71920	71769.4	82849
3	0.1541	13509	13648.4	76859	76719.6	90368
4	0.1638	10172	9607.8	49601	50165.2	59773
5	0.1892	15294	15110.6	68288	68471.4	83582
6	0.1987	18657	18423.2	75394	75627.8	94051
7	0.2096	9476	10024.6	39642	39093.4	49118
8	0.2331	25220	24971.6	86971	87219.4	112191
9	0.2478	10411	10768.8	34082	33724.2	44493
10	0.3216	20360	20353.0	53906	53913.0	74266

Number of observations = 770,672  
Number of groups = 10  
Hosmer-Lemeshow  $\chi^2(8) = 106.76$   
Prob >  $\chi^2 = 0.0000$

Figure A4. Probability estimates for periodontitis and their contrasts (based on logistic regression, stratified by gender), females and males by age category.



**Figure A5. Prevalence of periodontitis (2010-2020) in subjects with T1D with good/poor glycemic control and matched controls without diabetes, females and males by age category.**



**Logistic regression model T1D with good/poor glycemic control versus matched controls without diabetes (outcome: periodontitis)**

Logistic regression  
 Number of obs = 25,302  
 LR chi2(21) = 1220.09  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0648

Log likelihood = -8804.1101

everParod2	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
-----					
cohort					
18-29	1	(base)			
30-39	2.077607	.2086139	7.28	0.000	1.706451 2.529491
40-49	2.803505	.2583964	11.18	0.000	2.340168 3.358581
50-59	4.977558	.4519379	17.68	0.000	4.166117 5.947046
60-69	5.991909	.5632574	19.05	0.000	4.983675 7.204117
≥70	4.381787	.5487186	11.80	0.000	3.428133 5.600732
-----					
Diabetes_Control					
No Diabetes	1	(base)			
Good glycemic control	.8910273	.2241488	-0.46	0.646	.544203 1.458885
Poor glycemic control	1.68618	.2003936	4.40	0.000	1.335805 2.128456
-----					
cohort#Diabetes_Control					
30-39#Good glycemic control	.6976811	.2478233	-1.01	0.311	.3477777 1.399627
30-39#Poor glycemic control	.9515281	.1535588	-0.31	0.758	.6935115 1.305538
40-49#Good glycemic control	.7706925	.2594015	-0.77	0.439	.3984573 1.490667
40-49#Poor glycemic control	1.085081	.1581132	0.56	0.575	.8155095 1.443762
50-59#Good glycemic control	.5968739	.1955601	-1.58	0.115	.3140469 1.134412
50-59#Poor glycemic control	.8155658	.1189835	-1.40	0.162	.6127404 1.085529
60-69#Good glycemic control	.7439913	.2367735	-0.93	0.353	.3987263 1.388228
60-69#Poor glycemic control	.6779316	.1052371	-2.50	0.012	.500094 .9190097
≥70#Good glycemic control	1.148765	.5454753	0.29	0.770	.4529495 2.913484
≥70#Poor glycemic control	.581413	.1208858	-2.61	0.009	.3868167 .873905
-----					
Kon					
Male	1	(base)			
Female	.8120334	.0325718	-5.19	0.000	.7506387 .8784495
-----					
Education					
Up to Lower secondary education	1.29912	.0681355	4.99	0.000	1.172211 1.439768
Upper secondary to Post-secondary ed..	1	(base)			
Post-secondary ≥2 years to Tertiary ..	.7045188	.0350536	-7.04	0.000	.6390587 .7766841
-----					
No_5p_rank	1.018275	.0095895	1.92	0.054	.9996521 1.037244
_cons	.0503224	.0039796	-37.80	0.000	.043097 .0587593

Note: \_cons estimates baseline odds.

Goodness-of-fit test after logistic model  
 Variable: everParod2

Table collapsed on quantiles of estimated probabilities  
 +-----+  
 | Group | Prob | Obs\_1 | Exp\_1 | Obs\_0 | Exp\_0 | Total |

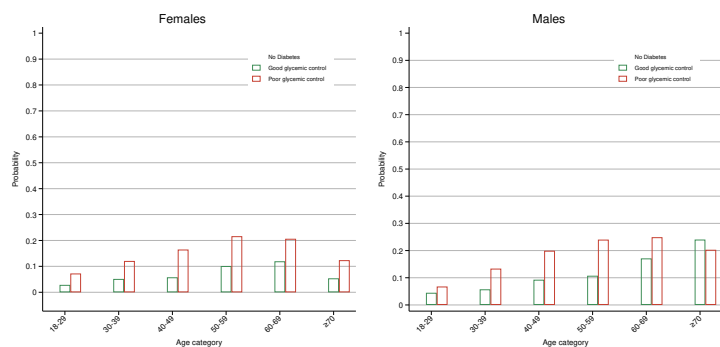
1	0.0393	99	91.9	2743	2750.1	2842
2	0.0505	101	105.5	2176	2171.5	2277
3	0.0686	133	151.4	2339	2320.6	2472
4	0.0893	178	199.3	2354	2332.7	2532
5	0.1028	263	250.1	2312	2324.9	2575
6	0.1253	330	306.9	2226	2249.1	2556
7	0.1647	368	362.6	2121	2126.4	2489
8	0.1967	479	467.1	2121	2132.9	2600
9	0.2298	502	509.1	1928	1920.9	2430
10	0.3574	649	658.2	1880	1870.8	2529

Number of observations = 25,302  
 Number of groups = 10  
 Hosmer-Lemeshow chi2(8) = 9.10  
 Prob > chi2 = 0.3341

Table A11. Risk ratios (T1D with good/poor glycemic control versus matched controls without diabetes)

	Poor glycemic control versus no diabetes	Good glycemic control versus no diabetes
Age 18-29 years	1.64 (1.31, 2.04)	0.90 (0.56, 1.44)
Age 30-39 years	1.52 (1.26, 1.84)	0.64 (0.40, 1.02)
Age 40-49 years	1.67 (1.45, 1.92)	0.71 (0.48, 1.06)
Age 50-59 years	1.29 (1.13, 1.46)	0.58 (0.40, 0.84)
Age 60-69 years	1.11 (0.95, 1.29)	0.71 (0.52, 0.99)
Age ≥70 years	0.98 (0.74, 1.30)	1.02 (0.53, 1.96)
Overall	1.37 (1.28, 1.47)	0.71 (0.60, 0.84)

Figure A6. Probability estimates for periodontitis (based on logistic regression, stratified by gender), females and males by age category.



**Logistic regression model T1D according to median yearly HbA1c (outcome: periodontitis)**

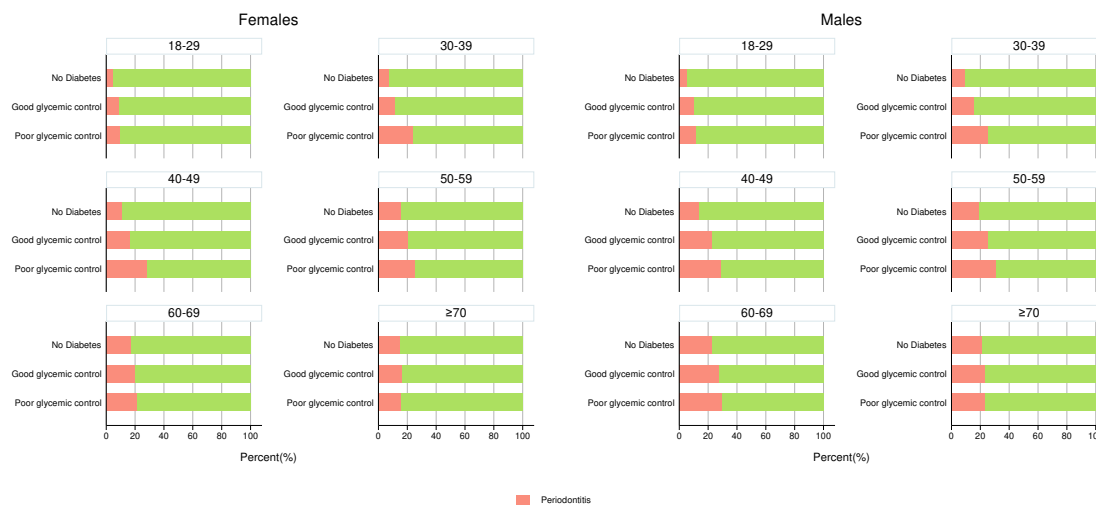
Logistic regression      Number of obs = 28,130  
 LR chi2(39) = 1300.37  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0610  
 Log likelihood = -10004.17

everParod2	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
cohort					
18-29	1 (base)				
30-39	1.347304	.3515783	1.14	0.253	.8078765 2.246913
40-49	2.238241	.5546257	3.25	0.001	1.377156 3.637732
50-59	3.025721	.7403349	4.52	0.000	1.87308 4.887663
60-69	4.237412	1.023362	5.98	0.000	2.639552 6.802542
≥70	2.101838	.86216	1.81	0.070	.9406804 4.696307

-----							
hbalc_cat							
1	1	(base)					
2	.6268012	.2004069	-1.46	0.144	.3349465	1.172963	
3	.8992921	.2107056	-0.45	0.651	.5681499	1.423438	
4	1.237589	.2463357	1.07	0.284	.8378169	1.828116	
5	1.312637	.2780011	1.28	0.199	.8667025	1.988012	
6	1.790957	.3417398	3.05	0.002	1.232151	2.603194	
-----							
cohort#hbalc_cat							
30-39#2	1.97987	.8740026	1.55	0.122	.8334482	4.703215	
30-39#3	1.304794	.4467174	0.78	0.437	.6669898	2.552493	
30-39#4	1.289706	.3834317	0.86	0.392	.7201565	2.309693	
30-39#5	1.417811	.4411117	1.12	0.262	.7705267	2.608848	
30-39#6	1.561617	.4479442	1.55	0.120	.8900414	2.739924	
40-49#2	2.033833	.8381166	1.72	0.085	.9068716	4.561257	
40-49#3	1.303966	.4180345	0.83	0.408	.6956362	2.444277	
40-49#4	1.121462	.3128591	0.41	0.681	.6491147	1.937528	
40-49#5	1.408848	.4089475	1.18	0.238	.7976003	2.488531	
40-49#6	1.299398	.3508807	0.97	0.332	.765402	2.205946	
50-59#2	1.83508	.7502632	1.48	0.138	.8234656	4.089446	
50-59#3	1.625424	.5102988	1.55	0.122	.8784835	3.007459	
50-59#4	1.424631	.3906296	1.29	0.197	.8323487	2.438368	
50-59#5	1.440485	.4141522	1.27	0.204	.8199372	2.530677	
50-59#6	1.234967	.330794	0.79	0.431	.7305592	2.087638	
60-69#2	2.002088	.812141	1.71	0.087	.9040573	4.433743	
60-69#3	1.471687	.456859	1.24	0.213	.8008943	2.704306	
60-69#4	1.241339	.3379624	0.79	0.427	.7280232	2.116583	
60-69#5	1.044195	.3004958	0.15	0.881	.5940525	1.835432	
60-69#6	.8694577	.2346676	-0.52	0.604	.5122809	1.475668	
>70#2	4.337202	2.476687	2.57	0.010	1.416267	13.28233	
>70#3	2.05831	.9889806	1.50	0.133	.8026454	5.278344	
>70#4	1.73783	.7662025	1.25	0.210	.7323455	4.123811	
>70#5	1.526618	.6913648	0.93	0.350	.6284111	3.708666	
>70#6	1.132499	.4943542	0.29	0.776	.4813649	2.66441	
-----							
Kon							
Male	1	(base)					
Female	.8095731	.0305403	-5.60	0.000	.7518745	.8716994	
-----							
Education							
Up to Lower secondary education	1.272783	.0629612	4.88	0.000	1.155175	1.402365	
Upper secondary to Post-secondary education <2 years	1	(base)					
Post-secondary ≥2 years to Tertiary education	.7786017	.0358293	-5.44	0.000	.7114514	.85209	
-----							
No_5p_rank							
_cons	1.00337	.0093442	0.36	0.718	.985222	1.021853	
	.0496615	.0085614	-17.42	0.000	.0354223	.0696247	
-----							

Note: \_cons estimates baseline odds.

**Figure A7. Prevalence of periodontitis (2010-2020) in T2D with good/poor glycemic control and matched controls without diabetes, females and males by age category.**



**Logistic regression model T2D with good/poor glycemic control versus matched controls without diabetes (outcome: periodontitis)**

Logistic regression

Number of obs = 163,981  
 LR chi2(21) = 3014.26  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0187

Log likelihood = -78940.853

	everParod2	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
-----						
cohort						
18-29		1 (base)				
30-39		1.702383	.2547548	3.56	0.000	1.269633 2.282633
40-49		2.502785	.3530183	6.50	0.000	1.898285 3.299785
50-59		3.742596	.522319	9.46	0.000	2.846943 4.920023
60-69		4.41784	.6148524	10.67	0.000	3.363134 5.803311
≥70		3.759718	.5251601	9.48	0.000	2.859294 4.943695
Diabetes_Control						
No Diabetes		1 (base)				
Good glycemic control		1.818708	.4517575	2.41	0.016	1.11771 2.959355
Poor glycemic control		1.969524	.5222958	2.56	0.011	1.171203 3.312001
cohort#Diabetes_Control						
30-39#Good glycemic control		.9029824	.2431458	-0.38	0.705	.5326924 1.530672
30-39#Poor glycemic control		1.677247	.4816164	1.80	0.072	.9553819 2.944537
40-49#Good glycemic control		.9188281	.2324033	-0.33	0.738	.5596753 1.508455
40-49#Poor glycemic control		1.323811	.3583087	1.04	0.300	.778818 2.250174
50-59#Good glycemic control		.7706369	.192798	-1.04	0.298	.4719502 1.258356
50-59#Poor glycemic control		.8994431	.241372	-0.39	0.693	.5315544 1.521948
60-69#Good glycemic control		.684664	.1707218	-1.52	0.129	.4199808 1.116158
60-69#Poor glycemic control		.6711535	.1799221	-1.49	0.137	.3968557 1.13504
≥70#Good glycemic control		.6113378	.15288	-1.97	0.049	.3744703 .9980334
≥70#Poor glycemic control		.5596064	.1509048	-2.15	0.031	.3298721 .9493353
Kon						
Male		1 (base)				
Female		.7093146	.0091818	-26.53	0.000	.691545 .7275407
Education						
Up to Lower secondary education		1.08593	.0161646	5.54	0.000	1.054706 1.118079
Upper secondary to Post-secondary ed..		1 (base)				
Post-secondary ≥2 years to Tertiary ..		.7836844	.013284	-14.38	0.000	.7580759 .810158
No_5p_rank						
_cons		1.005197	.0032256	1.62	0.106	.9988949 1.011539
		.0686563	.0095335	-19.29	0.000	.0522979 .0901314

Note: \_cons estimates baseline odds.

Goodness-of-fit test after logistic model  
 Variable: everParod2

Table collapsed on quantiles of estimated probabilities

Group	Prob	Obs_1	Exp_1	Obs_0	Exp_0	Total
-------	------	-------	-------	-------	-------	-------



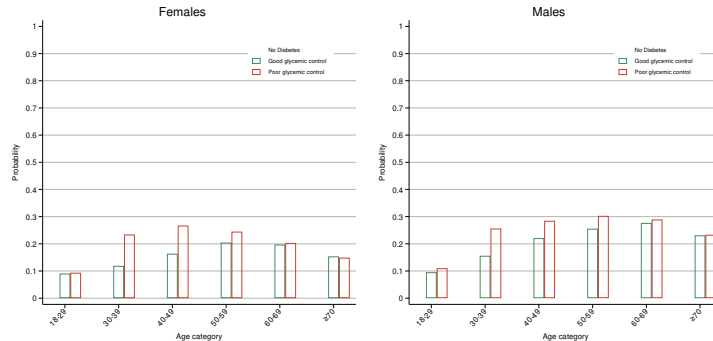
1	0.1250	1677	1731.1	15469	15414.9	17146
2	0.1542	2819	2791.9	16542	16569.1	19361
3	0.1659	2110	2046.2	10645	10708.8	12755
4	0.1771	3325	3465.2	16829	16688.8	20154
5	0.1921	2967	2868.7	12406	12504.3	15373
6	0.2052	3106	3065.0	11944	11985.0	15050
7	0.2214	3229	3294.5	12030	11964.5	15259
8	0.2327	4020	3983.1	13379	13415.9	17399
9	0.2648	4158	4149.4	12659	12667.6	16817
10	0.3470	4243	4258.8	10424	10408.2	14667

Number of observations = 163,981  
 Number of groups = 10  
 Hosmer-Lemeshow  $\chi^2(8)$  = 18.44  
 Prob >  $\chi^2$  = 0.0181

Table A12. Risk ratios (T2D with good/poor glycaemic control versus matched controls without diabetes)

	Poor glycaemic control versus no diabetes	Good glycaemic control versus no diabetes
Age 18-29 years	1.87 (1.16, 2.99)	1.74 (1.11, 2.71)
Age 30-39 years	2.72 (2.29, 3.23)	1.55 (1.30, 1.85)
Age 40-49 years	2.16 (1.99, 2.34)	1.54 (1.42, 1.66)
Age 50-59 years	1.55 (1.46, 1.65)	1.31 (1.25, 1.37)
Age 60-69 years	1.24 (1.17, 1.31)	1.18 (1.15, 1.22)
Age $\geq 70$ years	1.08 (1.00, 1.17)	1.09 (1.04, 1.14)
Overall	1.38 (1.33, 1.43)	1.23 (1.20, 1.26)

Figure A8. Probability estimates for periodontitis (based on logistic regression, stratified by gender), females and males by age category.



### Logistic regression model T2D according to median yearly HbA1c (outcome: periodontitis)

Logistic regression  
 Log likelihood = -124115.08  
 Number of obs = 240,307  
 LR  $\chi^2(39)$  = 3300.89  
 Prob >  $\chi^2$  = 0.0000  
 Pseudo R<sup>2</sup> = 0.0131

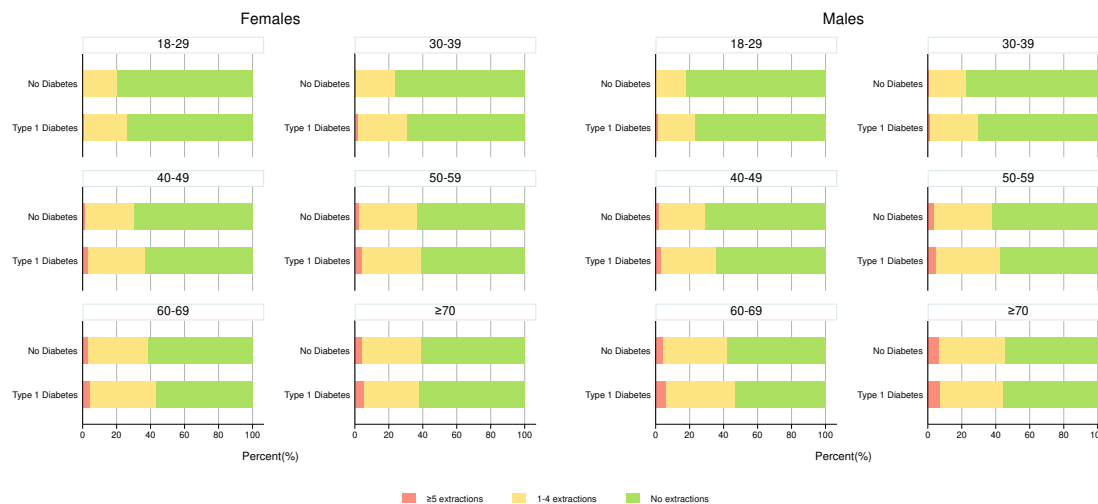
		everParod2	Odds ratio	Std. err.	z	P> z	[95% conf. interval]
-----							
cohort							
18-29   1 (base)							
30-39   2.191313 .2366705 7.26 0.000 1.773255 2.707931							
40-49   3.12743 .3180317 11.21 0.000 2.562288 3.81722							
50-59   3.797523 .3810246 13.30 0.000 3.119572 4.622807							
60-69   4.112625 .4107689 14.16 0.000 3.381436 5.001924							
$\geq 70$   2.878174 .2897382 10.50 0.000 2.36281 3.505947							
hba1c_cat							
1   1 (base)							
2   1.361426 .2833762 1.48 0.138 .9053563 2.047241							
3   1.277057 .2466087 1.27 0.205 .8746564 1.86459							
4   1.664921 .2939852 2.89 0.004 1.177855 2.353398							
5   1.389114 .31373 1.46 0.146 .8922673 2.162624							

6	1.931245	.2802244	4.54	0.000	1.453208	2.566534
cohort#hbalc_cat						
30-39#2	.9111096	.2071896	-0.41	0.682	.5834509	1.422777
30-39#3	1.026223	.2147926	0.12	0.902	.6808974	1.546684
30-39#4	.7509925	.1459219	-1.47	0.141	.5131479	1.099079
30-39#5	1.021556	.2525195	0.09	0.931	.6292928	1.658332
30-39#6	.8148126	.1323178	-1.26	0.207	.5926942	1.120172
40-49#2	.7894536	.1684166	-1.11	0.268	.5196814	1.199268
40-49#3	.8076952	.1597715	-1.08	0.280	.5481129	1.190214
40-49#4	.6563455	.1191153	-2.32	0.020	.4598902	.9367222
40-49#5	.8847942	.2054342	-0.53	0.598	.5613165	1.394687
40-49#6	.6598311	.09962	-2.75	0.006	.4908175	.8870447
50-59#2	.7628093	.1606973	-1.29	0.199	.5047746	1.152748
50-59#3	.8344131	.1629973	-0.93	0.354	.5689895	1.223652
50-59#4	.682295	.122144	-2.14	0.033	.4803864	.9690668
50-59#5	.8966097	.2056626	-0.48	0.634	.5719478	1.405563
50-59#6	.6497179	.0967614	-2.90	0.004	.4852402	.8699472
60-69#2	.7045081	.1478398	-1.67	0.095	.4669418	1.062941
60-69#3	.7557112	.1470993	-1.44	0.150	.5160233	1.106732
60-69#4	.5895348	.1051306	-2.96	0.003	.4156391	.8361852
60-69#5	.7738327	.1769478	-1.12	0.262	.4943196	1.211397
60-69#6	.5301904	.0789174	-4.26	0.000	.3960343	.7097918
>70#2	.7108733	.1499902	-1.62	0.106	.4701036	1.074956
>70#3	.7534346	.1473708	-1.45	0.148	.5135133	1.105451
>70#4	.5665932	.1015507	-3.17	0.002	.3987587	.8050678
>70#5	.6535014	.1502837	-1.85	0.064	.4163882	1.025639
>70#6	.4900729	.0738813	-4.73	0.000	.3647011	.6585433
Kon						
Male	1	(base)				
Female	.7079629	.0072989	-33.50	0.000	.6938009	.722414
Education						
Up to Lower secondary education	1.099737	.0125347	8.34	0.000	1.075441	1.124581
Upper secondary to Post-secondary education <2 years	1	(base)				
Post-secondary ≥2 years to Tertiary education	.8818745	.0126065	-8.79	0.000	.8575092	.9069322
No_5p_rank	1.005333	.0023074	2.32	0.020	1.00082	1.009865
_cons	.0892719	.008861	-24.34	0.000	.0734895	1.084437

Note: \_cons estimates baseline odds.

### Diabetes and tooth loss

**Figure A9. Prevalence of tooth loss (2010-2020) in T1D and matched controls without diabetes, females and males by age category.**



### Poisson regression model T1D versus matched controls without diabetes (outcome: tooth loss)

Poisson regression  
 Number of obs = 86,273  
 LR chi2(16) = 22796.97  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0952  
 Log likelihood = -108311.34

	total_ex_any	IRR	Std. err.	z	P> z	[95% conf. interval]	
cohort							
18-29		1	(base)				
30-39		1.26139	.0270857	10.81	0.000	1.209404	1.31561
40-49		1.602032	.0306066	24.67	0.000	1.543153	1.663157
50-59		2.240376	.0414724	43.58	0.000	2.160549	2.323153
60-69		2.379442	.0455687	45.26	0.000	2.291784	2.470452
≥70		2.266803	.0511388	36.28	0.000	2.168756	2.369282
Group							
No Diabetes		1	(base)				
Type 1 Diabetes		1.516422	.0325377	19.40	0.000	1.453972	1.581555
cohort#Group							
30-39#Type 1 Diabetes		.9399376	.0305802	-1.90	0.057	.8818725	1.001826
40-49#Type 1 Diabetes		.9119992	.0263441	-3.19	0.001	.8618002	.9651222
50-59#Type 1 Diabetes		.7462661	.0213745	-10.22	0.000	.705527	.7893577
60-69#Type 1 Diabetes		.7936694	.0232492	-7.89	0.000	.7493852	.8405706
≥70#Type 1 Diabetes		.7563702	.0271983	-7.77	0.000	.7048976	.8116015
Kon							
Male		1	(base)				
Female		.96253	.008354	-4.40	0.000	.946295	.9790435
Education							
Up to Lower secondary education		1.28227	.0142967	22.30	0.000	1.254553	1.3106
Upper secondary to Post-secondary education <2 years		1	(base)				
Post-secondary ≥2 years to Tertiary education		.673014	.0075058	-35.51	0.000	.6584625	.6878871
maximum_AT		.9495241	.0005248	-93.71	0.000	.948496	.9505533
No_5p_rank		1.048622	.0019705	25.27	0.000	1.044767	1.052491
_cons		.2125596	.004399	-74.83	0.000	.2041103	.2213586
ln(years_followup)		1	(exposure)				

Note: \_cons estimates baseline incidence rate.

### Multinomial logistic regression model T1D versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, ≥5 extractions)

Multinomial logistic regression

Number of obs = 86,273

LR chi2(34) = 10382.74

Prob &gt; chi2 = 0.0000

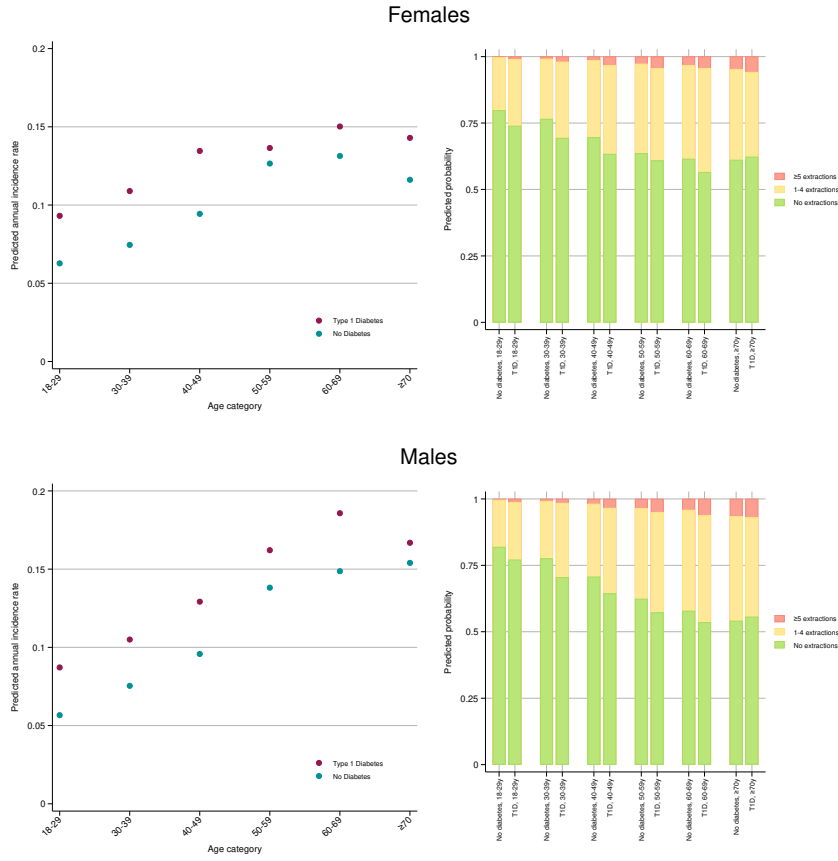
Log likelihood = -55087.187

Pseudo R2 = 0.0861

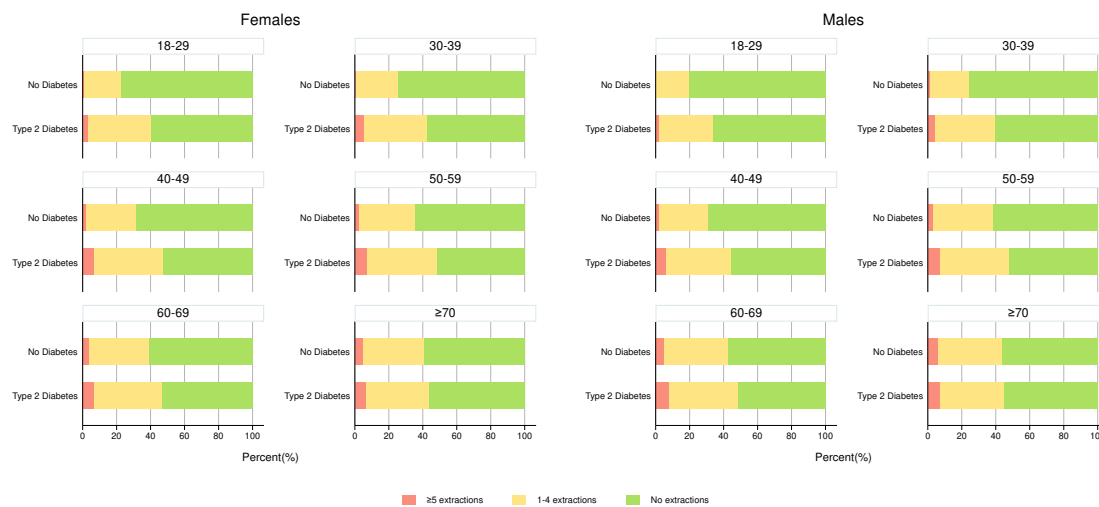
ex	RRR	Std. err.	z	P> z	[95% conf. interval]
-----					
0	(base outcome)				
-----					
1					
cohort					
18-29	1	(base)			
30-39	1.301534	.0422248	8.12	0.000	1.221351 1.386981
40-49	1.671736	.050689	16.95	0.000	1.575282 1.774096
50-59	2.266928	.0711586	26.07	0.000	2.131664 2.410776
60-69	2.649696	.0890743	28.99	0.000	2.480741 2.830159
≥70	2.500326	.1094496	20.94	0.000	2.294753 2.724314
Group					
No Diabetes	1	(base)			
Type 1 Diabetes	1.3219	.0453647	8.13	0.000	1.235911 1.413872
cohort#Group					
30-39#Type 1 Diabetes	1.05507	.0560363	1.01	0.313	.9507645 1.17082
40-49#Type 1 Diabetes	.9453756	.0473404	-1.12	0.262	.856998 1.042867
50-59#Type 1 Diabetes	.8588963	.0449838	-2.90	0.004	.775104 .9517471
60-69#Type 1 Diabetes	.884129	.0495536	-2.20	0.028	.7921502 .9867876
≥70#Type 1 Diabetes	.7268355	.053996	-4.29	0.000	.6283492 .8407583
Kon					
Male	1	(base)			
Female	1.03078	.0166276	1.88	0.060	.9987001 1.06389
Education					
Up to Lower secondary education	1.209385	.0289868	7.93	0.000	1.153886 1.267554
Upper secondary to Post-secondary education <2 years	1	(base)			
Post-secondary ≥2 years to Tertiary education	.6775641	.0124952	-21.11	0.000	.6535112 .7025022
maximum_AT	.9705566	.0013878	-20.90	0.000	.9678404 .9732804
No_5p_rank	1.051587	.004375	12.09	0.000	1.043047 1.060197
years_followup	1.160388	.0027748	62.21	0.000	1.154962 1.16584
_cons	.1990989	.0092145	-34.87	0.000	.1818337 .2180034
-----					
2					
cohort					
18-29	1	(base)			
30-39	2.547523	.4383782	5.43	0.000	1.818207 3.569382
40-49	4.469039	.6815012	9.82	0.000	3.314447 6.025834
50-59	9.077092	1.326862	15.09	0.000	6.81586 12.08851
60-69	9.303989	1.377228	15.07	0.000	6.960968 12.43566
≥70	9.197442	1.434235	14.23	0.000	6.775354 12.48539
Group					
No Diabetes	1	(base)			
Type 1 Diabetes	3.482451	.5878178	7.39	0.000	2.501538 4.848004
cohort#Group					
30-39#Type 1 Diabetes	.6289339	.1438846	-2.03	0.043	.4016715 .9847794
40-49#Type 1 Diabetes	.6201846	.1237597	-2.39	0.017	.4194316 .9170243
50-59#Type 1 Diabetes	.4203357	.0813704	-4.48	0.000	.2876186 .6142931
60-69#Type 1 Diabetes	.4214018	.0827304	-4.40	0.000	.286805 .6191644
≥70#Type 1 Diabetes	.3115711	.0666433	-5.45	0.000	.2048754 .4738322
Kon					
Male	1	(base)			
Female	.8638233	.0413851	-3.06	0.002	.7864018 .948867
Education					
Up to Lower secondary education	1.670877	.0937169	9.15	0.000	1.496931 1.865035
Upper secondary to Post-secondary education <2 years	1	(base)			
Post-secondary ≥2 years to Tertiary education	.4326162	.030539	-11.87	0.000	.376717 .4968101
maximum_AT	.9040575	.0024005	-37.99	0.000	.8993648 .9087747
No_5p_rank	1.086892	.0106627	8.49	0.000	1.066193 1.107993
years_followup	1.169838	.0084214	21.79	0.000	1.153448 1.186461
_cons	.0236564	.003619	-24.47	0.000	.0175278 .0319277

Note: \_cons estimates baseline relative risk for each outcome.

Figure A10. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) and probability estimates for tooth loss (based on multinomial logistic regression, stratified by gender) in T1D and controls without diabetes, females and males by age category.



**Figure A11. Prevalence of tooth loss (2010-2020) in T2D and matched controls without diabetes, females and males by age category.**



**Poisson regression model T2D versus matched controls without diabetes (outcome: tooth loss)**

Poisson regression  
 Log likelihood = -1321387.9

Number of obs = 786,305  
 LR chi2(16) = 195753.70  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0690

	total_ex_any	IRR	Std. err.	z	P> z	[95% conf. interval]
-----						
cohort		1	(base)			
18-29						
30-39		1.167662	.0221978	8.15	0.000	1.124955 1.211989
40-49		1.485801	.0257138	22.88	0.000	1.436248 1.537063
50-59		1.969596	.0333798	40.00	0.000	1.905248 2.036118
60-69		2.262443	.0381273	48.45	0.000	2.188935 2.338419
≥70		2.221351	.037609	47.14	0.000	2.148848 2.2963
-----						
Group		1	(base)			
No Diabetes						
Type 2 Diabetes		2.268554	.0545928	34.04	0.000	2.164038 2.378117
-----						
cohort#Group						
30-39#Type 2 Diabetes		1.079502	.0295356	2.80	0.005	1.023138 1.138971
40-49#Type 2 Diabetes		.8986358	.0224803	-4.27	0.000	.8556379 .9437944
50-59#Type 2 Diabetes		.6866333	.0168448	-15.32	0.000	.6543992 .7204551
60-69#Type 2 Diabetes		.5554402	.0135447	-24.11	0.000	.5295175 .582632
≥70#Type 2 Diabetes		.4888739	.0119711	-29.23	0.000	.4659651 .5129091
-----						
Kon		1	(base)			
Male						
Female		.89955	.0021068	-45.20	0.000	.8954303 .9036887
-----						
Education						
Up to Lower secondary education		1.091425	.0028975	32.95	0.000	1.085761 1.097119
Upper secondary to Post-secondary education <2 years		1	(base)			
Post-secondary ≥2 years to Tertiary education		.8248373	.0027077	-58.66	0.000	.8195474 .8301613
-----						
maximum_AT		.9534952	.0001343	-338.10	0.000	.953232 .9537585
No_5p_rank		1.031566	.000526	60.95	0.000	1.030535 1.032597
_cons		.2218592	.0037908	-88.12	0.000	.2145523 .2294149
ln(years_followup)		1	(exposure)			
-----						

Note: \_cons estimates baseline incidence rate.

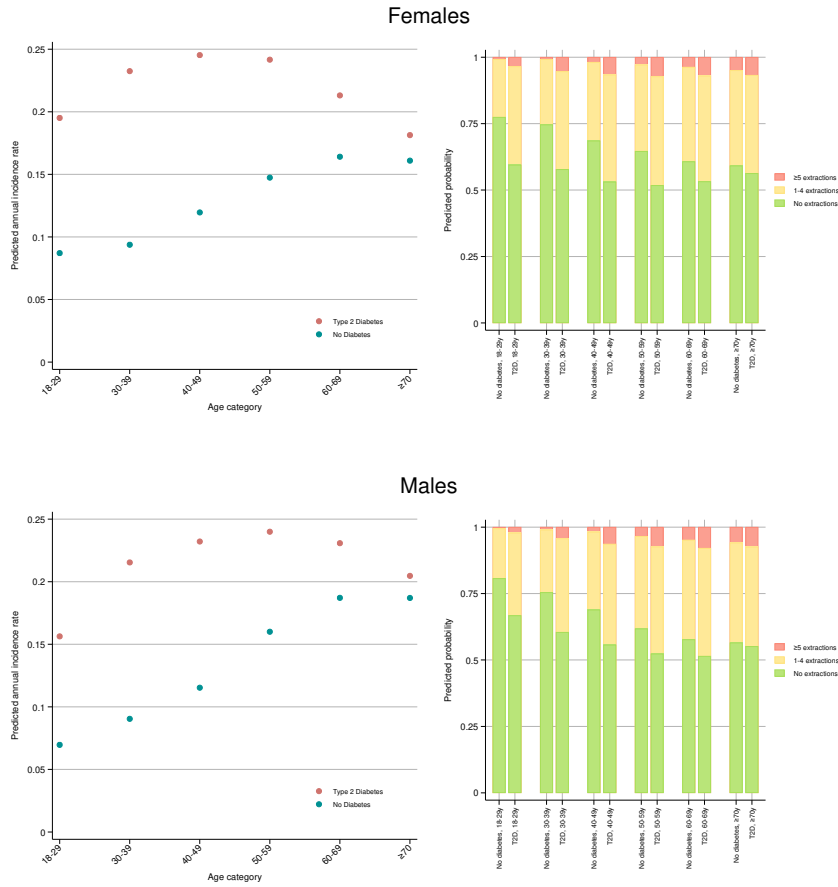
Multinomial logistic regression model T2D versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, ≥5 extractions)

Multinomial logistic regression Number of obs = 786,305
LR chi2(34) = 103807.63
Prob > chi2 = 0.0000
Pseudo R2 = 0.0803
Log likelihood = -594097.74

Table with columns: ex, RRR, Std. err., z, P>|z|, [95% conf. interval]. It lists coefficients for various demographic and clinical factors like cohort, Group, Kon, Education, and \_cons for two outcomes (1 and 2).

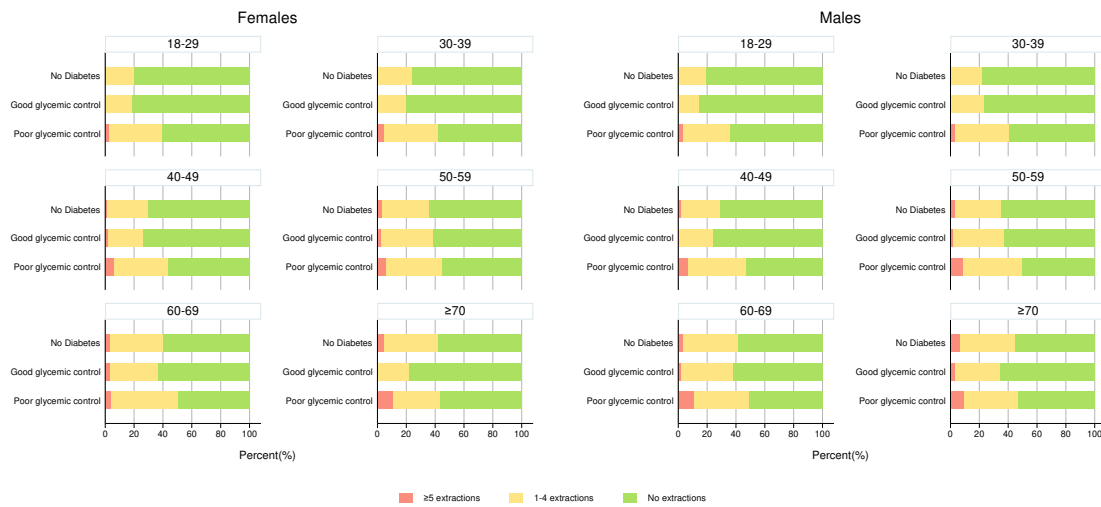
Note: \_cons estimates baseline relative risk for each outcome.

Figure A12. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) and probability estimates for tooth loss (based on multinomial logistic regression, stratified by gender) in T2D and controls without diabetes, females and males by age category.





**Figure A13. Prevalence of tooth loss (2010-2020) in T1D with good/poor glycemic control and matched controls without diabetes, females and males by age category.**



**Poisson regression model T1D with good/poor glycemic control versus matched controls without diabetes (outcome: tooth loss)**

Poisson regression  
 Number of obs = 25,683  
 LR chi2(22) = 8178.69  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.1073  
 Log likelihood = -34021.236

	total_ex_any	IRR	Std. err.	z	P> z	[95% conf. interval]
-----						
cohort						
18-29		1	(base)			
30-39		1.214734	.0474491	4.98	0.000	1.125206 1.311385
40-49		1.597012	.0548706	13.63	0.000	1.493009 1.70826
50-59		2.14045	.0733573	22.21	0.000	2.001395 2.289166
60-69		2.453886	.0878675	25.07	0.000	2.287573 2.63229
≥70		2.223956	.1035115	17.17	0.000	2.030056 2.436376
Diabetes_Control						
No Diabetes		1	(base)			
Good glycemic control		.8175985	.0748869	-2.20	0.028	.6832434 .9783737
Poor glycemic control		2.510705	.0917036	25.20	0.000	2.337252 2.697031
cohort#Diabetes_Control						
30-39#Good glycemic control		1.053379	.1406832	0.39	0.697	.8107801 1.368567
30-39#Poor glycemic control		.9130371	.0501537	-1.66	0.098	.8198443 1.016823
40-49#Good glycemic control		.8761499	.1151447	-1.01	0.314	.677193 1.13356
40-49#Poor glycemic control		.7828119	.0377901	-5.07	0.000	.7121408 .8604962
50-59#Good glycemic control		1.123144	.1337226	0.98	0.329	.8893867 1.41834
50-59#Poor glycemic control		.5775416	.0285144	-11.12	0.000	.5242733 .6362223
60-69#Good glycemic control		1.07822	.1308024	0.62	0.535	.8500518 1.367633
60-69#Poor glycemic control		.5355006	.0282457	-11.84	0.000	.4829056 .593824
≥70#Good glycemic control		1.212922	.2485858	0.94	0.346	.8116723 1.812528
≥70#Poor glycemic control		.4888312	.0331556	-10.55	0.000	.4279815 .5583323
Kon						
Male		1	(base)			
Female		.9758769	.0147643	-1.61	0.107	.9473642 1.005248
Education						
Up to Lower secondary education		1.259997	.024233	12.02	0.000	1.213385 1.308399
Upper secondary to Post-secondary education <2 years		1	(base)			
Post-secondary ≥2 years to Tertiary education		.672721	.0136437	-19.55	0.000	.6465043 .7000007
maximum_AT		.9521084	.0009116	-51.26	0.000	.9503234 .9538968
No_5p_rank		1.040695	.0032134	12.92	0.000	1.034416 1.047012
_cons		.1984573	.0073211	-43.84	0.000	.1846146 .2133379
ln(years_followup)		1	(exposure)			

Note: \_cons estimates baseline incidence rate.

### Multinomial logistic regression model T1D with good/poor glycaemic control versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, ≥5 extractions)

Multinomial logistic regression

Number of obs = 25,683

LR chi2(46) = 3479.58

Prob &gt; chi2 = 0.0000

Log likelihood = -16840.474

Pseudo R2 = 0.0936

	ex	RRR	Std. err.	z	P> z	[95% conf. interval]	
0	(base outcome)						
1							
	cohort						
	18-29	1	(base)				
	30-39	1.266244	.0738468	4.05	0.000	1.129472	1.419577
	40-49	1.575817	.0853031	8.40	0.000	1.417189	1.752199
	50-59	2.006312	.1161044	12.03	0.000	1.791182	2.24728
	60-69	2.609146	.1655708	15.11	0.000	2.304003	2.954703
	≥70	2.557975	.2350858	10.22	0.000	2.136329	3.06284
	Diabetes_Control						
	No Diabetes	1	(base)				
	Good glycaemic control	.8492123	.10621	-1.31	0.191	.6645956	1.085113
	Poor glycaemic control	2.172536	.1407825	11.97	0.000	1.913411	2.466753
	cohort#Diabetes_Control						
	30-39#Good glycaemic control	1.166842	.2159403	0.83	0.404	.8118675	1.677021
	30-39#Poor glycaemic control	.9815739	.0980355	-0.19	0.852	.807065	1.193816
	40-49#Good glycaemic control	.9688348	.183778	-0.17	0.867	.668014	1.405122
	40-49#Poor glycaemic control	.8090039	.0751418	-2.28	0.022	.6743562	.9705365
	50-59#Good glycaemic control	1.380647	.2604817	1.71	0.087	.9538707	1.998369
	50-59#Poor glycaemic control	.6673799	.0664819	-4.06	0.000	.5490092	.8127222
	60-69#Good glycaemic control	1.04791	.2072231	0.24	0.813	.7112131	1.544003
	60-69#Poor glycaemic control	.5954403	.0664688	-4.64	0.000	.4784305	.7410671
	≥70#Good glycaemic control	.8768436	.3240015	-0.36	0.722	.4250065	1.809042
	≥70#Poor glycaemic control	.3998611	.0622367	-5.89	0.000	.2947292	.5424942
	Kon						
	Male	1	(base)				
	Female	1.044006	.0306951	1.46	0.143	.9855457	1.105935
	Education						
	Up to Lower secondary education	1.187827	.0513745	3.98	0.000	1.091284	1.29291
	Upper secondary to Post-secondary education <2 years	1	(base)				
	Post-secondary ≥2 years to Tertiary education	.6807665	.0233056	-11.23	0.000	.6365872	.728012
	maximum_AT	.9714477	.0025184	-11.17	0.000	.9665243	.9763962
	No Sp_rank	1.046308	.0075347	6.29	0.000	1.031644	1.06118
	years_followup	1.160549	.0050675	34.10	0.000	1.150659	1.170524
	_cons	.200077	.0168114	-19.15	0.000	.1696974	.2358952
2							
	cohort						
	18-29	1	(base)				
	30-39	2.346646	.7920318	2.53	0.011	1.211024	4.54718
	40-49	5.200822	1.509589	5.68	0.000	2.944438	9.186319
	50-59	10.25389	2.901789	8.23	0.000	5.888489	17.85557
	60-69	10.35553	3.008838	8.05	0.000	5.859391	18.30173
	≥70	10.51542	3.338251	7.41	0.000	5.644197	19.59076
	Diabetes_Control						
	No Diabetes	1	(base)				
	Good glycaemic control	1.17e-06	.0009043	-0.02	0.986	0	.
	Poor glycaemic control	10.97976	3.235812	8.13	0.000	6.162233	19.56356
	cohort#Diabetes_Control						
	30-39#Good glycaemic control	769379.4	5.96e+08	0.02	0.986	0	.
	30-39#Poor glycaemic control	.6057881	.2388404	-1.27	0.204	.2797195	1.311954
	40-49#Good glycaemic control	506603.7	3.92e+08	0.02	0.986	0	.
	40-49#Poor glycaemic control	.3792475	.1288195	-2.85	0.004	.1948919	.7379917
	50-59#Good glycaemic control	625201.2	4.84e+08	0.02	0.986	0	.
	50-59#Poor glycaemic control	.202724	.0681051	-4.75	0.000	.1049408	.3916211
	60-69#Good glycaemic control	646829.2	5.01e+08	0.02	0.986	0	.
	60-69#Poor glycaemic control	.1821069	.0640142	-4.85	0.000	.0914349	.3626942
	≥70#Good glycaemic control	480722.2	3.72e+08	0.02	0.987	0	.
	≥70#Poor glycaemic control	.1564079	.060838	-4.77	0.000	.0729738	.3352361
	Kon						
	Male	1	(base)				
	Female	.8564325	.0695117	-1.91	0.056	.7304762	1.004108
	Education						
	Up to Lower secondary education	1.634085	.1547012	5.19	0.000	1.357345	1.967248
	Upper secondary to Post-secondary education <2 years	1	(base)				
	Post-secondary ≥2 years to Tertiary education	.3979255	.0511511	-7.17	0.000	.3093033	.5119398
	maximum_AT	.9108848	.0042162	-20.17	0.000	.9026585	.9191861
	No Sp_rank	1.072559	.0169635	4.43	0.000	1.039821	1.106327
	years_followup	1.171413	.0144879	12.79	0.000	1.143358	1.200155
	_cons	.017953	.0052453	-13.76	0.000	.0101261	.0318297

Note: `_cons` estimates baseline relative risk for each outcome.

Figure A14. Probability estimates for tooth loss (based on multinomial logistic regression) in T1D with good/poor glycaemic control and matched controls without diabetes, by age category.

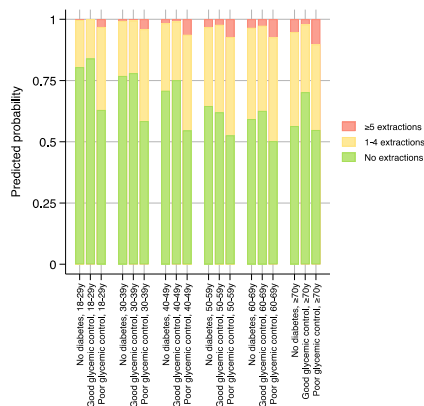
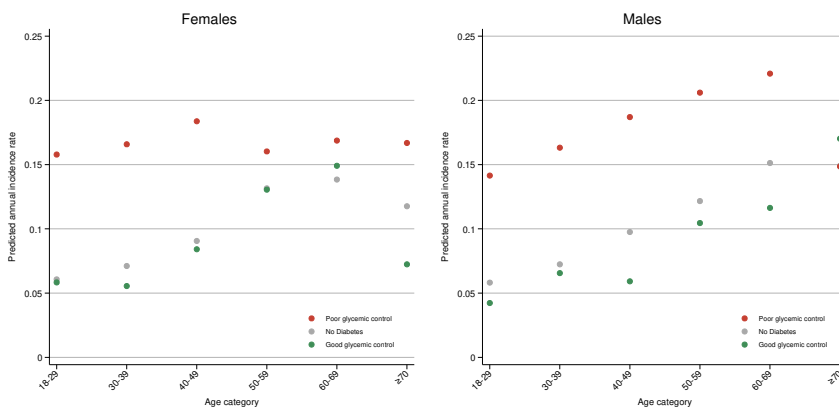
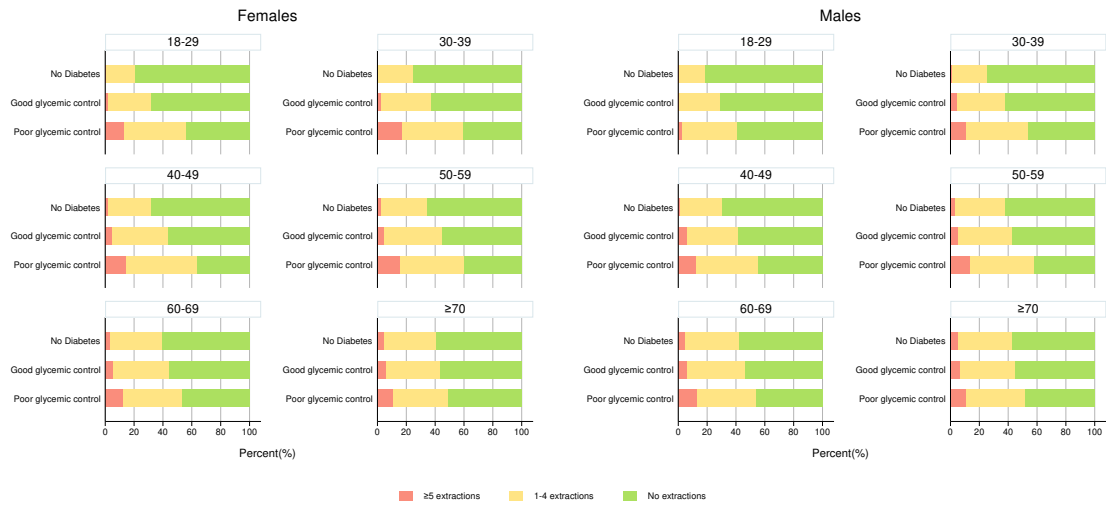


Figure A15. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) in T1D with good/poor glycaemic control and matched controls without diabetes, females and males by age category.



**Figure A16. Prevalence of tooth loss (2010-2020) in T2D with good/poor glycemic control and matched controls without diabetes, females and males by age category.**



**Poisson regression model T2D with good/poor glycemic control versus matched controls without diabetes (outcome: tooth loss)**

Poisson regression  
 Log likelihood = -281481.23  
 Number of obs = 167,362  
 LR chi2(22) = 46014.65  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0756

	total_ex_any	IRR	Std. err.	z	P> z	[95% conf. interval]
-----						
cohort						
18-29		1	(base)			
30-39		1.309136	.076325	4.62	0.000	1.167773 1.467613
40-49		1.65734	.0900619	9.30	0.000	1.489897 1.843601
50-59		2.200899	.1180298	14.71	0.000	1.981307 2.444828
60-69		2.639027	.1410083	18.16	0.000	2.376635 2.930388
≥70		2.554277	.1369385	17.49	0.000	2.299502 2.837279
Diabetes_Control						
No Diabetes		1	(base)			
Good glycemic control		1.775797	.1660569	6.14	0.000	1.478415 2.132996
Poor glycemic control		4.112478	.3335796	17.43	0.000	3.507997 4.821121
cohort#Diabetes_Control						
30-39#Good glycemic control		1.043508	.1061688	0.42	0.676	.8548555 1.273793
30-39#Poor glycemic control		1.136255	.1013559	1.43	0.152	.9539972 1.353332
40-49#Good glycemic control		.9541886	.0910499	-0.49	0.623	.7914281 1.150421
40-49#Poor glycemic control		.8999251	.0748191	-1.27	0.205	.7646067 1.059192
50-59#Good glycemic control		.7290541	.0687531	-3.35	0.001	.6060209 .8770651
50-59#Poor glycemic control		.6092117	.0501004	-6.03	0.000	.5185219 .7157632
60-69#Good glycemic control		.598434	.0562053	-5.47	0.000	.4978183 .7193855
60-69#Poor glycemic control		.3976949	.0326706	-11.22	0.000	.3385509 .4671712
≥70#Good glycemic control		.5563044	.0523649	-6.23	0.000	.4625822 .6690154
≥70#Poor glycemic control		.3156598	.026092	-13.95	0.000	.268448 .3711748
Kon						
Male		1	(base)			
Female		.8919428	.0044515	-22.91	0.000	.8832606 .9007104
Education						
Up to Lower secondary education		1.077024	.0060828	13.14	0.000	1.065168 1.089012
Upper secondary to Post-secondary education <2 years		1	(base)			
Post-secondary ≥2 years to Tertiary education		.8427826	.0059322	-24.30	0.000	.8312355 .8544901
maximum_AT		.9544066	.0002876	-154.88	0.000	.9538431 .9549704
No_5p_rank		1.035262	.0010944	32.78	0.000	1.03312 1.037409
_cons		.1891663	.0101728	-30.96	0.000	.1702428 .2101932
ln(years_followup)		1	(exposure)			

Note: \_cons estimates baseline incidence rate.

**Multinomial logistic regression model T2D with good/poor glycaemic control versus matched controls without diabetes (outcome: tooth loss, categorical - no extraction, 1-4 extractions, ≥5 extractions)**

Multinomial logistic regression  
 Log likelihood = -126462.81  
 Number of obs = 167,362  
 LR chi2(46) = 24109.49  
 Prob > chi2 = 0.0000  
 Pseudo R2 = 0.0870

	ex	RRR	Std. err.	z	P> z	[95% conf. interval]	
0	(base outcome)						
1							
	cohort						
	18-29	1	(base)				
	30-39	1.460426	.128547	4.30	0.000	1.229013	1.735411
	40-49	1.749323	.1436888	6.81	0.000	1.489199	2.054884
	50-59	2.319812	.1877886	10.40	0.000	1.979467	2.718677
	60-69	2.869114	.2312241	13.08	0.000	2.449902	3.360058
	≥70	2.89644	.235315	13.09	0.000	2.470077	3.396398
	Diabetes_Control						
	No Diabetes	1	(base)				
	Good glycaemic control	1.942406	.3026937	4.26	0.000	1.431178	2.63625
	Poor glycaemic control	3.685406	.6321375	7.60	0.000	2.633198	5.158071
	cohort#Diabetes_Control						
	30-39#Good glycaemic control	.8490337	.1468017	-0.95	0.344	.6049903	1.19152
	30-39#Poor glycaemic control	.9271084	.1831143	-0.38	0.702	.6295188	1.365376
	40-49#Good glycaemic control	.8055841	.1294998	-1.34	0.179	.5878655	1.103936
	40-49#Poor glycaemic control	.8471019	.1516159	-0.93	0.354	.5964664	1.203055
	50-59#Good glycaemic control	.6644168	.1050324	-2.59	0.010	.4873948	.9057332
	50-59#Poor glycaemic control	.5909294	.1041304	-2.99	0.003	.4183515	.8346988
	60-69#Good glycaemic control	.5592127	.0878569	-3.70	0.000	.4110042	.7608653
	60-69#Poor glycaemic control	.3777197	.0663496	-5.54	0.000	.2677004	.5329546
	≥70#Good glycaemic control	.5173066	.0816275	-4.18	0.000	.3796943	.7047936
	≥70#Poor glycaemic control	.3301097	.0583363	-6.27	0.000	.2334725	.4667463
	Kon						
	Male	1	(base)				
	Female	.9386101	.0103329	-5.75	0.000	.9185749	.9590823
	Education						
	Up to Lower secondary education	1.047035	.0139158	3.46	0.001	1.020112	1.074667
	Upper secondary to Post-secondary education <2 years	1	(base)				
	Post-secondary ≥2 years to Tertiary education	.8231902	.0115203	-13.90	0.000	.8009176	.8460822
	maximum_AT	.9758209	.0008217	-29.07	0.000	.9742118	.9774327
	No Sp_rank	1.02764	.0028959	9.68	0.000	1.02198	1.033332
	years_followup	1.193758	.0018672	113.23	0.000	1.190104	1.197423
	_cons	.1429248	.0119464	-23.27	0.000	.1213276	.1683664
2							
	cohort						
	18-29	1	(base)				
	30-39	1.175118	.4214759	0.45	0.653	.5818133	2.373446
	40-49	1.988471	.6516826	2.10	0.036	1.046055	3.779932
	50-59	3.655348	1.180903	4.01	0.000	1.940609	6.885245
	60-69	5.295101	1.70495	5.18	0.000	2.817079	9.952896
	≥70	4.903662	1.581848	4.93	0.000	2.605768	9.227952
	Diabetes_Control						
	No Diabetes	1	(base)				
	Good glycaemic control	1.757159	1.060454	0.93	0.350	.5384023	5.734761
	Poor glycaemic control	12.68289	5.428544	5.93	0.000	5.481327	29.3461
	cohort#Diabetes_Control						
	30-39#Good glycaemic control	2.312016	1.491553	1.30	0.194	.6529116	8.187045
	30-39#Poor glycaemic control	1.875612	.8921567	1.32	0.186	.7383445	4.764606
	40-49#Good glycaemic control	2.092873	1.279347	1.21	0.227	.6315588	6.935406
	40-49#Poor glycaemic control	1.030948	.4521737	0.07	0.945	.436415	2.435419
	50-59#Good glycaemic control	.9856135	.5979369	-0.02	0.981	.3001323	3.236686
	50-59#Poor glycaemic control	.4908538	.212539	-1.64	0.100	.2100793	1.146888
	60-69#Good glycaemic control	.6920849	.4187056	-0.61	0.543	.2114412	2.265318
	60-69#Poor glycaemic control	.2136246	.0923163	-3.57	0.000	.0915821	.4983011
	≥70#Good glycaemic control	.6083179	.3683955	-0.82	0.412	.1856289	1.993498
	≥70#Poor glycaemic control	.1418421	.0615486	-4.50	0.000	.0605967	.3320178
	Kon						
	Male	1	(base)				
	Female	.7940541	.0193155	-9.48	0.000	.7570848	.8328287
	Education						
	Up to Lower secondary education	1.191304	.0318404	6.55	0.000	1.130505	1.255374
	Upper secondary to Post-secondary education <2 years	1	(base)				
	Post-secondary ≥2 years to Tertiary education	.65336	.0239938	-11.59	0.000	.6079856	.7021207
	maximum_AT	.9123714	.0012799	-65.37	0.000	.9098662	.9148835
	No Sp_rank	1.071333	.0052444	14.08	0.000	1.061104	1.081662
	years_followup	1.225355	.0045031	55.30	0.000	1.216561	1.234213
	_cons	.0327817	.0106056	-10.56	0.000	.0173879	.0618037

Note: \_cons estimates baseline relative risk for each outcome.

Figure A17. Probability estimates for tooth loss (based on multinomial logistic regression, stratified by gender) in T2D with good/poor glycemic control and matched controls without diabetes, by age category.

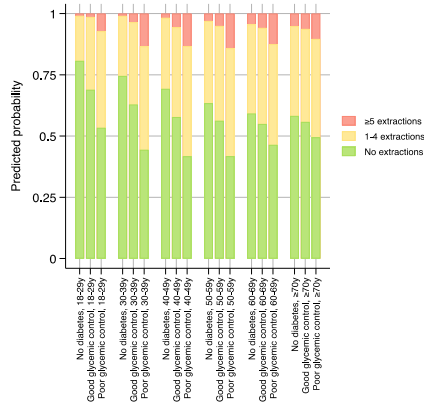
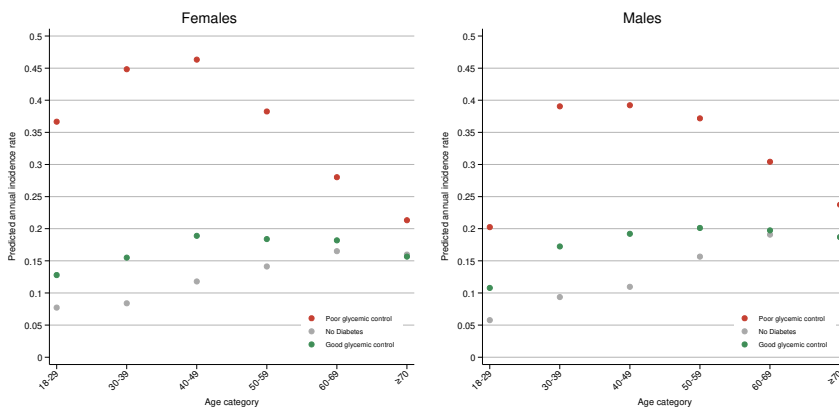


Figure A18. Estimated annual incidence rate of tooth loss (based on Poisson regression, stratified by gender) in T2D with good/poor glycemic control and matched controls without diabetes, females and males by age category.



## Diabetes-related complications in T1D

Table A13. Diabetes-related complications in individuals with Type 1 Diabetes (comparing periodontitis to no periodontitis).

Age Gender	Retinopathy (2010-2020)			Albuminuria (2010-2020)			Ischemic heart disease (2010-2020)			Stroke (2010-2020)			Mortality (2010-2020)						
	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)				
18-29	Female	2 471 / 3 325 (74.3%)	148 / 181 (81.8%)	<b>1.10</b> (1.02, 1.18)	584 / 3 328 (17.5%)	477 / 179 (26.3%)	<b>1.50</b> (1.16, 1.93)	10 / 3 402 (0.3%)	1 / 183 (0.5%)	1.86 (0.24, 14.44)	15 / 3 402 (0.4%)	1 / 183 (0.5%)	1.24 (0.16, 9.33)	19 / 3 402 (0.6%)	2 / 183 (1.1%)	1.96 (0.46, 8.34)			
	Male	2 871 / 4 093 (70.1%)	165 / 223 (74.0%)	1.05 (0.97, 1.14)	551 / 4 098 (13.4%)	44 / 224 (19.6%)	<b>1.46</b> (1.11, 1.93)	12 / 4 192 (0.3%)	1.51 (0.20, 11.53)	6.44 (0.1%)	64 / 4 192 (1.5%)	27 / 232 (11.6%)	<b>6.02</b> (1.1%)	48 / 4 192 (1.1%)	1 / 232 (0.4%)	1.232 (0.05, 2.72)			
	Total	5 342 / 7 418 (72.0%)	313 / 404 (77.5%)	<b>1.08</b> (1.02, 1.14)	1 135 / 7 426 (15.3%)	91 / 403 (22.6%)	<b>1.48</b> (1.12, 1.78)	22 / 7 594 (0.3%)	2 / 415 (0.5%)	1.66 (0.39, 7.05)	21 / 7 594 (0.3%)	3 / 415 (0.7%)	2.61 (0.78, 8.73)	67 / 7 594 (0.9%)	3 / 415 (0.7%)	0.82 (0.26, 2.59)			
30-39	Female	1 653 / 2 076 (79.6%)	134 / 176 (76.1%)	0.96 (0.88, 1.04)	441 / 2 074 (21.3%)	52 / 178 (29.2%)	<b>1.37</b> (1.08, 1.75)	40 / 2 100 (1.9%)	6 / 181 (3.3%)	1.74 (0.75, 4.05)	25 / 2 100 (1.2%)	4 / 181 (2.2%)	1.86 (0.65, 5.28)	28 / 2 100 (1.3%)	3 / 181 (1.7%)	1.24 (0.38, 4.05)			
	Male	1 958 / 2 452 (79.9%)	232 / 280 (82.9%)	1.04 (0.98, 1.10)	521 / 2 457 (21.2%)	80 / 281 (28.5%)	<b>1.34</b> (1.10, 1.64)	42 / 2 495 (1.7%)	7 / 284 (2.5%)	1.46 (0.66, 3.23)	32 / 2 495 (1.3%)	4 / 284 (1.4%)	1.10 (0.39, 3.08)	35 / 2 495 (1.4%)	3 / 284 (1.1%)	0.75 (0.23, 2.43)			
	Total	3 611 / 4 528 (79.7%)	366 / 456 (80.3%)	1.01 (0.96, 1.06)	962 / 4 551 (21.2%)	132 / 459 (28.8%)	<b>1.35</b> (1.16, 1.58)	82 / 4 595 (1.8%)	13 / 465 (2.8%)	1.57 (0.88, 2.79)	57 / 4 595 (1.2%)	8 / 465 (1.7%)	1.39 (0.67, 2.89)	63 / 4 595 (1.4%)	6 / 465 (1.3%)	0.94 (0.41, 2.16)			
40-49	Female	1 740 / 2 129 (81.7%)	251 / 313 (80.2%)	0.98 (0.93, 1.04)	576 / 2 130 (26.9%)	110 / 313 (35.1%)	<b>1.30</b> (1.10, 1.53)	168 / 2 164 (7.8%)	24 / 314 (7.6%)	0.98 (0.65, 1.48)	55 / 2 164 (2.5%)	12 / 314 (3.8%)	1.50 (0.81, 2.78)	59 / 2 164 (2.7%)	8 / 314 (2.5%)	0.93 (0.45, 1.94)			
	Male	2 195 / 2 649 (82.9%)	393 / 468 (84.0%)	1.01 (0.97, 1.06)	777 / 2 652 (29.3%)	166 / 470 (35.3%)	<b>1.21</b> (1.05, 1.38)	177 / 2 691 (6.6%)	45 / 476 (9.5%)	<b>1.44</b> (1.05, 1.96)	83 / 2 691 (3.1%)	16 / 476 (3.4%)	1.09 (0.64, 1.84)	104 / 2 691 (3.9%)	16 / 476 (3.4%)	0.87 (0.52, 1.46)			
	Total	3 935 / 4 778 (82.4%)	644 / 781 (82.5%)	1.00 (0.97, 1.04)	1 353 / 4 782 (28.3%)	276 / 783 (35.2%)	<b>1.23</b> (1.12, 1.38)	345 / 4 855 (7.1%)	69 / 790 (8.7%)	1.23 (0.96, 1.57)	138 / 4 855 (2.8%)	28 / 790 (3.5%)	1.25 (0.84, 1.86)	163 / 4 855 (3.4%)	24 / 790 (3.0%)	0.80 (0.59, 1.38)			
50-59	Female	1 334 / 1 672 (79.8%)	307 / 352 (87.2%)	<b>1.09</b> (1.04, 1.15)	546 / 1 669 (32.7%)	116 / 352 (33.0%)	1.01 (0.85, 1.19)	260 / 1 693 (15.4%)	49 / 357 (13.7%)	0.89 (0.67, 1.19)	74 / 1 693 (4.4%)	14 / 357 (3.9%)	1.05 (0.51, 1.57)	92 / 1 693 (5.4%)	23 / 357 (6.4%)	1.19 (0.76, 1.85)			
	Male	1 642 / 1 941 (84.6%)	459 / 516 (89.0%)	<b>1.05</b> (1.01, 1.09)	734 / 1 948 (37.7%)	224 / 518 (43.2%)	<b>1.15</b> (1.02, 1.29)	370 / 1 980 (18.7%)	92 / 523 (17.6%)	0.94 (0.77, 1.16)	110 / 1 980 (5.6%)	29 / 523 (5.5%)	1.00 (0.67, 1.49)	159 / 1 980 (8.0%)	52 / 523 (9.9%)	1.24 (0.92, 1.67)			
	Total	2 976 / 3 613 (82.4%)	766 / 868 (88.2%)	<b>1.07</b> (1.04, 1.10)	1 280 / 3 617 (35.4%)	340 / 870 (39.1%)	<b>1.10</b> (1.01, 1.21)	630 / 3 673 (17.2%)	141 / 880 (16.0%)	0.93 (0.79, 1.10)	184 / 3 673 (5.0%)	43 / 880 (4.9%)	1.05 (0.71, 1.35)	251 / 3 673 (6.8%)	75 / 880 (8.5%)	1.25 (0.97, 1.60)			
60-69	Female	1 045 / 1 256 (83.2%)	237 / 286 (82.9%)	1.00 (0.94, 1.06)	469 / 1 266 (37.0%)	95 / 286 (33.2%)	0.90 (0.75, 1.07)	261 / 1 292 (20.2%)	48 / 289 (16.6%)	0.82 (0.62, 1.09)	73 / 1 292 (5.7%)	19 / 289 (6.6%)	1.16 (0.71, 1.90)	194 / 1 292 (15.0%)	42 / 289 (14.5%)	0.97 (0.71, 1.32)			
	Male	1 228 / 1 412 (87.0%)	388 / 456 (85.1%)	0.98 (0.94, 1.02)	733 / 1 431 (51.2%)	219 / 462 (47.4%)	0.93 (0.83, 1.03)	433 / 1 456 (29.7%)	120 / 468 (25.6%)	0.86 (0.73, 1.03)	132 / 1 456 (9.1%)	40 / 468 (8.5%)	0.94 (0.67, 1.32)	272 / 1 456 (18.7%)	75 / 468 (16.0%)	0.86 (0.68, 1.08)			
	Total	2 273 / 2 668 (84.2%)	625 / 742 (84.2%)	0.99 (0.95, 1.02)	1 202 / 2 697 (44.6%)	314 / 748 (42.0%)	0.94 (0.86, 1.03)	694 / 2 748 (25.3%)	168 / 757 (22.2%)	0.88 (0.76, 1.02)	205 / 2 748 (7.5%)	59 / 757 (7.8%)	1.04 (0.79, 1.38)	466 / 2 748 (17.0%)	117 / 757 (15.5%)	0.91 (0.76, 1.10)			
≥70	Female	528 / 643 (82.1%)	102 / 127 (80.3%)	0.98 (0.89, 1.07)	319 / 658 (48.5%)	55 / 128 (43.0%)	0.89 (0.72, 1.10)	241 / 715 (33.7%)	42 / 131 (32.1%)	0.95 (0.73, 1.25)	103 / 715 (14.4%)	14 / 131 (10.7%)	0.74 (0.44, 1.26)	317 / 715 (44.3%)	51 / 131 (38.9%)	0.88 (0.70, 1.10)			
	Male	453 / 561 (80.7%)	107 / 128 (83.6%)	1.04 (0.95, 1.13)	341 / 580 (58.8%)	80 / 130 (61.5%)	1.05 (0.90, 1.22)	249 / 627 (39.7%)	55 / 137 (40.1%)	1.01 (0.81, 1.27)	94 / 627 (15.0%)	26 / 137 (19.0%)	1.27 (0.85, 1.88)	321 / 627 (51.2%)	67 / 137 (48.9%)	0.96 (0.79, 1.15)			
	Total	981 / 1 204 (81.5%)	209 / 255 (82.0%)	1.01 (0.94, 1.07)	660 / 1 238 (53.3%)	135 / 258 (52.3%)	0.98 (0.86, 1.12)	490 / 1 342 (36.5%)	97 / 268 (36.2%)	0.99 (0.83, 1.18)	197 / 1 342 (14.7%)	40 / 268 (14.9%)	1.02 (0.74, 1.39)	638 / 1 342 (47.5%)	118 / 268 (44.0%)	0.93 (0.80, 1.07)			
Overall	Female	8 771 / 11 101 (79.0%)	1 179 / 1 435 (82.2%)	<b>1.04</b> (1.01, 1.07)	2 935 / 11 125 (26.4%)	475 / 1 436 (33.1%)	<b>1.25</b> (1.16, 1.36)	980 / 11 366 (8.6%)	170 / 1 455 (11.7%)	<b>1.36</b> (1.16, 1.58)	345 / 11 366 (3.0%)	64 / 1 455 (4.4%)	<b>1.45</b> (1.12, 1.88)	709 / 11 366 (6.2%)	129 / 1 455 (8.9%)	<b>1.42</b> (1.19, 1.70)			
	Male	10 347 / 13 108 (78.9%)	1 744 / 2 071 (84.2%)	<b>1.07</b> (1.05, 1.09)	3 657 / 13 166 (27.8%)	813 / 2 085 (39.0%)	<b>1.40</b> (1.32, 1.49)	1 283 / 13 441 (9.5%)	320 / 2 120 (15.1%)	<b>1.58</b> (1.41, 1.77)	457 / 13 441 (3.4%)	117 / 2 120 (5.5%)	<b>1.62</b> (1.33, 1.98)	939 / 13 441 (7.0%)	214 / 2 120 (10.1%)	<b>1.44</b> (1.25, 1.66)			
	Total	19 118 / 24 209 (79.0%)	2 923 / 3 506 (83.4%)	<b>1.06</b> (1.04, 1.07)	6 592 / 24 291 (27.1%)	1 288 / 3 521 (36.6%)	<b>1.35</b> (1.28, 1.41)	2 263 / 24 807 (9.1%)	490 / 3 575 (13.7%)	<b>1.50</b> (1.37, 1.65)	802 / 24 807 (3.2%)	181 / 3 575 (5.1%)	<b>1.57</b> (1.34, 1.83)	1 648 / 24 807 (6.6%)	343 / 3 575 (9.6%)	<b>1.44</b> (1.29, 1.61)			
Adjusted HR* (95%CI)			<b>1.08</b> (1.02, 1.14)	Adjusted HR* (95%CI)			<b>1.14</b> (1.06, 1.23)	Adjusted HR* (95%CI)			0.96 (0.86, 1.08)	Adjusted HR* (95%CI)			1.05 (0.89, 1.25)	Adjusted HR* (95%CI)			0.91 (0.81, 1.02)

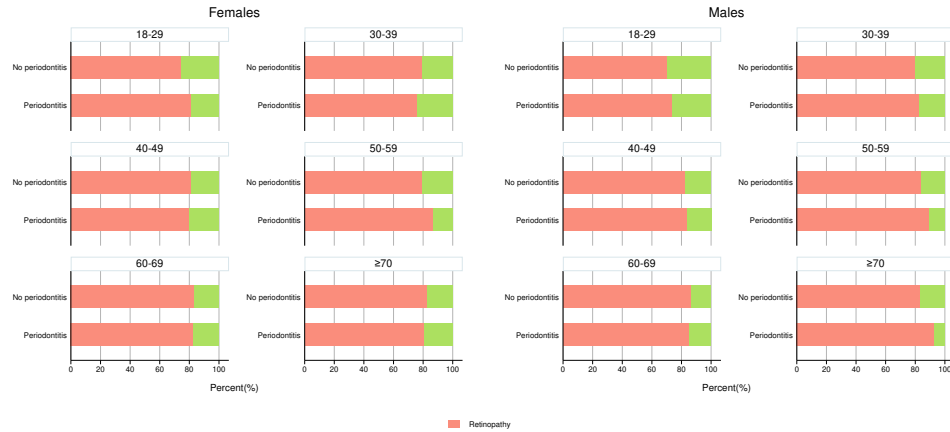
Prevalence is presented as frequency / n (%)

\*Adjusted HRs originate from cox regression models, which included periodontitis, age category, gender, level of education and number of years in the 5th lowest percentile of income.

Statistically significant crude RRs and adjusted HRs are highlighted in bold

## Retinopathy

Figure A19. Prevalence of retinopathy (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



## Cox regression model T1D with and without periodontitis (outcome: retinopathy)

Cox regression with Breslow method for ties

No. of subjects = 17,788  
No. of failures = 12,239  
Time at risk = 88,930

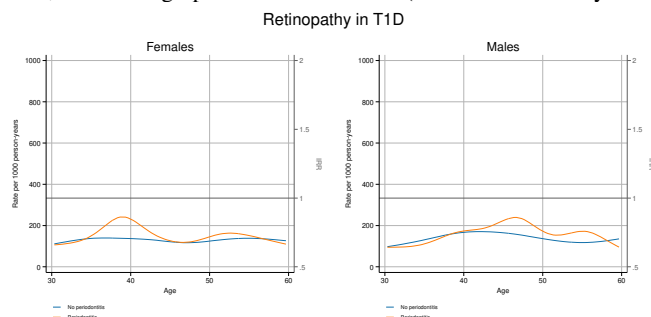
Number of obs = 17,788

Log likelihood = -113562.24

LR chi2(10) = 90.05  
Prob > chi2 = 0.0000

	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]	
everParod2	Yes	1.077569	.030458	2.64	0.008	1.019496	1.13895
cohort	30-39	1.119987	.0295901	4.29	0.000	1.063467	1.17951
	40-49	1.136841	.0299639	4.87	0.000	1.079604	1.197113
	50-59	1.147288	.0336357	4.69	0.000	1.083222	1.215144
	60-69	1.180817	.0390356	5.03	0.000	1.106735	1.259858
	≥70	1.198709	.0568038	3.82	0.000	1.09239	1.315377
Kon	Female	.9894082	.0181565	-0.58	0.562	.9544545	1.025642
Education	Up to Lower secondary	.981754	.0286358	-0.63	0.528	.927203	1.039515
	Post-secondary ≥2 years to Tertiary	.9400824	.0189617	-3.06	0.002	.9036431	.977991
	No_5p_rank	1.012706	.0047084	2.72	0.007	1.003519	1.021976

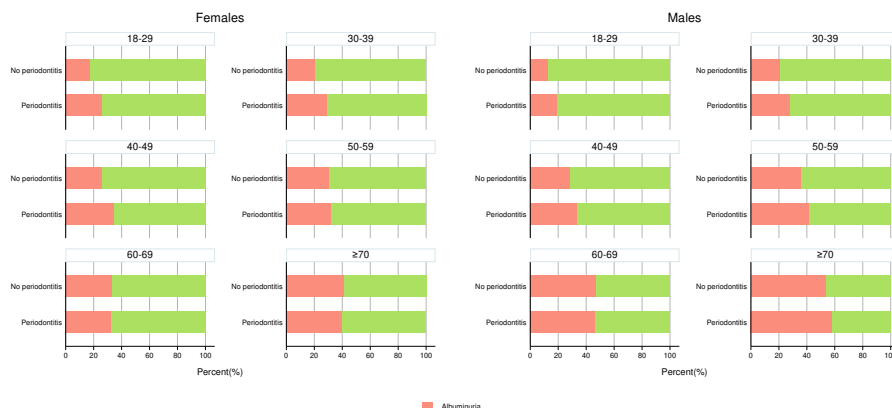
Figure A20. Retinopathy in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).





**Albuminuria**

Figure A21. Prevalence of albuminuria (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



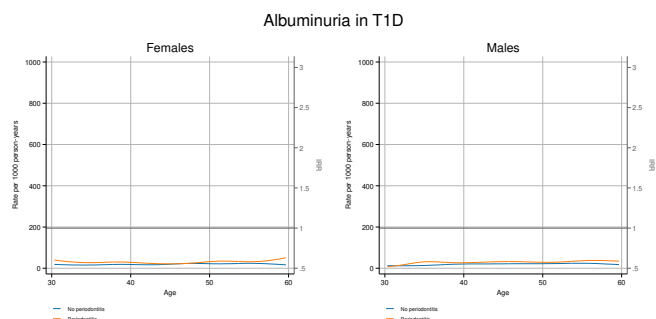
**Cox regression model T1D with and without periodontitis (outcome: albuminuria)**

Cox regression with Breslow method for ties

No. of subjects = 24,817    Number of obs = 24,817  
 No. of failures = 5,083  
 Time at risk = 204,357  
 Log likelihood = -50053.262    LR chi2(10) = 1171.81  
     Prob > chi2 = 0.0000

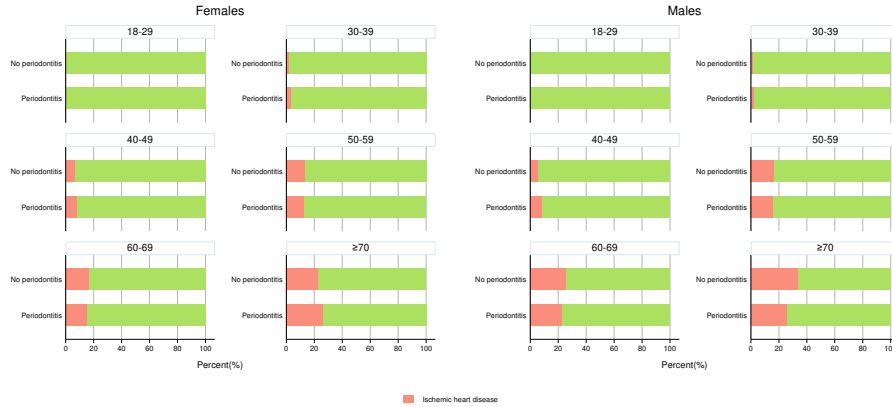
-----+-----	-----+-----	-----+-----	-----+-----	-----+-----	-----+-----	-----+-----
_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]	
everParod2						
Yes	1.141491	.0441582	3.42	0.001	1.058142	1.231405
cohort						
30-39	1.202359	.0598248	3.70	0.000	1.090641	1.325521
40-49	1.529729	.0697801	9.32	0.000	1.398898	1.672796
50-59	1.91287	.0887314	13.98	0.000	1.746631	2.094931
60-69	2.608472	.1230409	20.33	0.000	2.378128	2.861127
≥70	3.641806	.208591	22.57	0.000	3.255088	4.074468
Kon						
Female	.9505759	.027122	-1.78	0.076	.8988768	1.005248
Education						
Up to Lower secondary education	1.193817	.0459271	4.60	0.000	1.107112	1.287313
Post-secondary ≥2 years to Tertiary ..	.7503793	.0257584	-8.37	0.000	.7015546	.802602
No_5p_rank	1.045092	.0065476	7.04	0.000	1.032337	1.058004

Figure A22. Albuminuria in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).



**Ischemic heart disease**

Figure A23. Prevalence of ischemic heart disease (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



**Cox regression model T1D with and without periodontitis (outcome: ischemic heart disease)**

Cox regression with Breslow method for ties

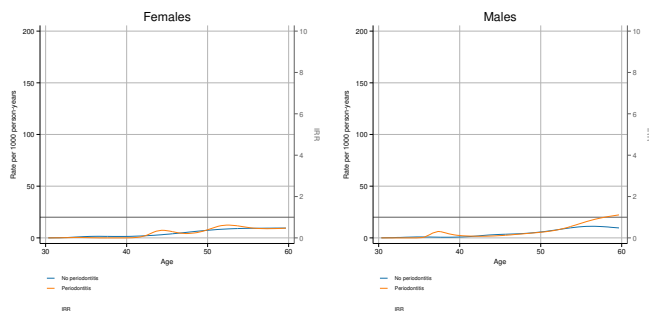
No. of subjects = 27,290  
 No. of failures = 1,982  
 Time at risk = 243,289

Number of obs = 27,290

LR chi2(10) = 2573.16  
 Prob > chi2 = 0.0000

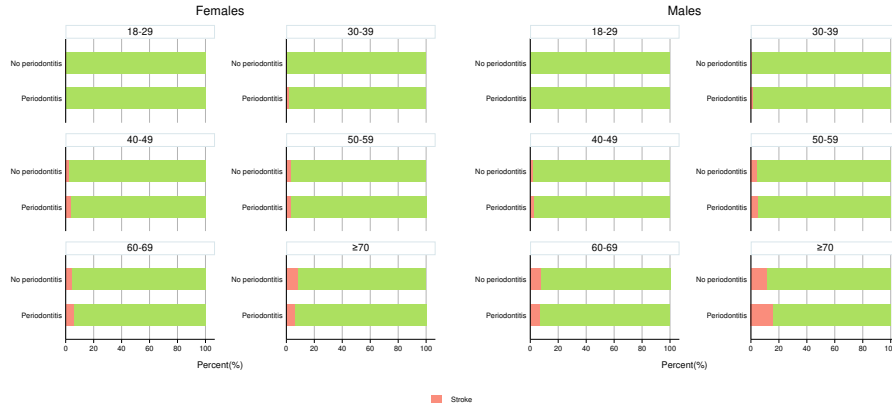
_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2					
Yes	.9588335	.056007	-0.72	0.472	.8551122 1.075136
cohort					
30-39	5.78838	1.390131	7.31	0.000	3.615209 9.267885
40-49	20.77068	4.575729	13.77	0.000	13.48755 31.98661
50-59	46.07698	10.0328	17.59	0.000	30.0707 70.60323
60-69	68.86273	14.99341	19.44	0.000	44.94206 105.5153
≥70	114.1858	25.20605	21.46	0.000	74.08201 175.9994
Kon					
Female	.8268193	.0380352	-4.13	0.000	.7555335 .904831
Education					
Up to Lower secondary	1.186337	.065407	3.10	0.002	1.064825 1.321715
Post-secondary ≥2 years to Tertiary	.7924792	.0469291	-3.93	0.000	.705637 .890009
No_5p_rank	1.028323	.0109145	2.63	0.009	1.007152 1.049939

Figure A24. Ischemic heart disease in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).



**Stroke**

Figure A25. Prevalence of stroke (2010-2020) in T1D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



**Cox regression model T1D with and without periodontitis (outcome: stroke)**

Cox regression with Breslow method for ties

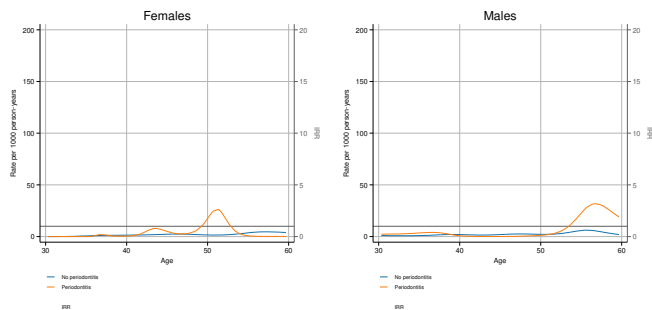
No. of subjects = 27,938  
 No. of failures = 873  
 Time at risk = 253,965

Number of obs = 27,938

LR chi2(10) = 968.82  
 Prob > chi2 = 0.0000

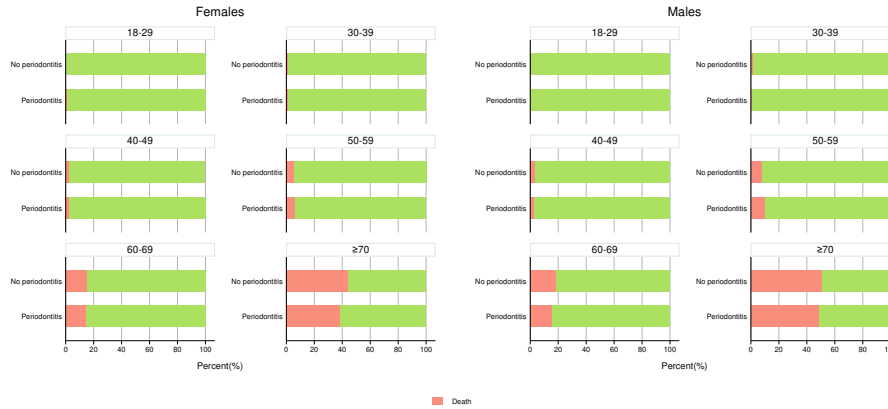
_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2					
Yes	1.051505	.0916025	0.58	0.564	.8864582 1.247281
cohort					
30-39	4.373842	1.111817	5.81	0.000	2.657604 7.1984
40-49	9.557269	2.227679	9.68	0.000	6.052425 15.0917
50-59	15.52832	3.576795	11.91	0.000	9.886865 24.38879
60-69	24.99873	5.729264	14.04	0.000	15.95283 39.17402
≥70	57.88885	13.41648	17.51	0.000	36.75514 91.17415
Kon					
Female	.7738809	.0540874	-3.67	0.000	.6748119 .8874942
Education					
Up to Lower secondary	1.070656	.0894718	0.82	0.414	.9089027 1.261196
Post-secondary ≥2 years to Tertiary ..	.7193453	.0654684	-3.62	0.000	.6018229 .8598172
No_5p_rank	1.060291	.0144745	4.29	0.000	1.032298 1.089044

Figure A26. Stroke in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).



**Mortality**

Figure A27. Mortality (2010-2020) in T1D with and without periodontitis, females and males by age category.



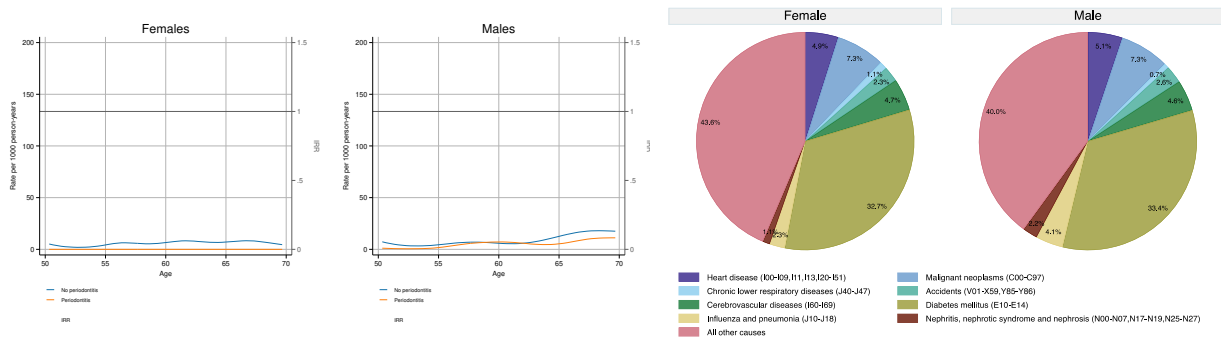
**Cox regression model T1D with and without periodontitis (outcome: death)**

Cox regression with Breslow method for ties

No. of subjects = 28,041  
 No. of failures = 1,942  
 Time at risk = 257,631  
 Number of obs = 28,041  
 LR chi2(10) = 3451.87  
 Prob > chi2 = 0.0000  
 Log likelihood = -17965.405

	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2	Yes	.9101192	.0547377	-1.57	0.117	.8089172 1.023982
cohort	30-39	1.600409	.2777436	2.71	0.007	1.138961 2.248811
	40-49	3.559205	.5146056	8.78	0.000	2.680912 4.725236
	50-59	7.596664	1.038113	14.84	0.000	5.811698 9.929853
	60-69	17.66509	2.333664	21.74	0.000	13.63537 22.88572
	≥70	57.19521	7.530414	30.73	0.000	44.18644 74.03383
Kon	Female	.7956467	.0371664	-4.89	0.000	.7260371 .8719303
Education	Up to Lower secondary	1.290286	.0670712	4.90	0.000	1.165304 1.428673
	Post-secondary ≥2 years to Tertiary	.5818712	.0398608	-7.90	0.000	.5087633 .6654846
	No_5p_rank	1.024102	.0105159	2.32	0.020	1.003697 1.044921

Figure A28. Mortality in T1D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 50-70 years and period 2011-2019) (left). Main cause of mortality in T1D, females and males (right).



## Diabetes-related complications in T2D

Table A14. Diabetes-related complications in individuals with Type 2 Diabetes (comparing periodontitis to no periodontitis).

Age Gender	Retinopathy (2010-2020)			Albuminuria (2010-2020)			Ischemic heart disease (2010-2020)			Stroke (2010-2020)			Mortality (2010-2020)			
	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	No periodontitis	Periodontitis	Crude RR (95%CI)	
18-29	Female	309 / 1 369 (22.6%)	31 / 141 (22.0%)	0.97 (0.70, 1.35)	396 / 1 541 (25.7%)	39 / 166 (23.5%)	0.91 (0.69, 1.22)	11 / 1 892 (0.6%)	3 / 185 (1.6%)	2.79 (0.79, 9.91)	10 / 1 892 (0.5%)	2 / 185 (1.1%)	2.05 (0.45, 9.27)	11 / 1 892 (0.6%)	2 / 185 (1.1%)	1.86 (0.42, 8.33)
	Male	379 / 1 379 (27.5%)	58 / 158 (36.7%)	<b>1.34</b> (1.07, 1.67)	427 / 1 555 (27.5%)	50 / 182 (27.5%)	1.00 (0.78, 1.28)	15 / 1 865 (0.8%)	3 / 205 (1.5%)	1.82 (0.53, 6.23)	13 / 1 865 (0.7%)	0 / 205 (0.0%)	-	18 / 1 865 (1.0%)	4 / 205 (2.0%)	2.02 (0.69, 5.92)
	Total	688 / 2 748 (25.0%)	89 / 299 (29.8%)	1.19 (0.99, 1.43)	823 / 3 096 (26.6%)	89 / 348 (25.6%)	0.96 (0.80, 1.16)	26 / 3 757 (0.7%)	6 / 390 (1.5%)	2.22 (0.92, 5.37)	23 / 3 757 (0.6%)	2 / 390 (0.5%)	0.84 (0.20, 3.54)	29 / 3 757 (0.8%)	6 / 390 (1.5%)	1.99 (0.83, 4.77)
30-39	Female	927 / 3 435 (27.0%)	202 / 652 (31.0%)	<b>1.15</b> (1.01, 1.30)	1 000 / 3 776 (26.5%)	230 / 689 (33.4%)	<b>1.26</b> (1.12, 1.42)	78 / 4 341 (1.8%)	18 / 790 (2.3%)	1.27 (0.76, 2.11)	52 / 4 341 (1.2%)	9 / 790 (1.1%)	0.95 (0.41, 1.92)	47 / 4 341 (1.1%)	11 / 790 (1.4%)	1.29 (0.67, 2.47)
	Male	1 333 / 4 085 (32.6%)	349 / 909 (38.4%)	<b>1.18</b> (1.07, 1.29)	1 207 / 4 424 (27.3%)	315 / 1 029 (30.6%)	<b>1.12</b> (1.01, 1.24)	206 / 5 022 (4.1%)	73 / 1 140 (6.4%)	<b>1.56</b> (1.20, 2.02)	79 / 5 022 (1.6%)	14 / 1 140 (1.2%)	0.78 (0.44, 1.37)	68 / 5 022 (1.4%)	8 / 1 140 (0.7%)	0.52 (0.25, 1.08)
	Total	2 260 / 7 520 (30.1%)	551 / 1 561 (35.3%)	<b>1.17</b> (1.09, 1.27)	2 207 / 8 200 (26.9%)	545 / 1 718 (31.7%)	<b>1.18</b> (1.09, 1.27)	284 / 9 363 (3.0%)	91 / 1 930 (4.7%)	<b>1.55</b> (1.23, 1.96)	131 / 9 363 (1.4%)	23 / 1 930 (1.2%)	0.85 (0.55, 1.32)	115 / 9 363 (1.2%)	19 / 1 930 (1.0%)	0.80 (0.49, 1.30)
40-49	Female	2 792 / 9 232 (30.2%)	759 / 2 158 (35.2%)	<b>1.16</b> (1.09, 1.24)	2 725 / 9 830 (27.7%)	769 / 2 292 (33.6%)	<b>1.21</b> (1.13, 1.29)	563 / 11 007 (5.1%)	164 / 2 506 (6.5%)	<b>1.28</b> (1.08, 1.51)	284 / 11 007 (2.6%)	63 / 2 506 (2.5%)	0.97 (0.74, 1.28)	164 / 11 007 (1.5%)	36 / 2 506 (1.4%)	0.96 (0.67, 1.38)
	Male	4 533 / 12 780 (35.5%)	1 513 / 3 792 (39.9%)	<b>1.13</b> (1.08, 1.18)	4 170 / 13 548 (30.8%)	1 369 / 4 004 (34.2%)	<b>1.11</b> (1.06, 1.17)	1 442 / 14 960 (9.6%)	511 / 4 378 (11.7%)	1.21 (1.10, 1.33)	394 / 14 960 (2.7%)	119 / 4 378 (2.7%)	1.03 (0.84, 1.26)	352 / 14 960 (2.4%)	98 / 4 378 (2.2%)	0.95 (0.76, 1.19)
	Total	7 315 / 22 012 (33.2%)	2 272 / 5 950 (38.2%)	<b>1.15</b> (1.11, 1.19)	6 895 / 23 378 (29.5%)	2 138 / 6 296 (34.0%)	<b>1.15</b> (1.11, 1.20)	2 005 / 25 967 (7.7%)	675 / 8 884 (7.6%)	<b>1.27</b> (1.17, 1.38)	678 / 25 967 (2.6%)	182 / 8 884 (2.0%)	1.01 (0.86, 1.19)	516 / 25 967 (2.0%)	134 / 8 884 (1.5%)	0.98 (0.81, 1.18)
50-59	Female	5 313 / 15 659 (33.9%)	1 592 / 4 219 (37.8%)	<b>1.11</b> (1.06, 1.16)	4 652 / 16 374 (28.4%)	1 546 / 4 478 (34.5%)	<b>1.22</b> (1.16, 1.27)	1 761 / 17 985 (9.8%)	512 / 4 859 (10.5%)	1.08 (0.98, 1.18)	635 / 17 985 (3.5%)	194 / 4 859 (4.0%)	1.13 (0.97, 1.32)	683 / 17 985 (3.8%)	185 / 4 859 (3.8%)	1.00 (0.85, 1.18)
	Male	8 207 / 22 000 (37.3%)	3 335 / 8 002 (41.7%)	<b>1.12</b> (1.08, 1.15)	8 141 / 22 896 (35.6%)	3 306 / 8 348 (39.6%)	<b>1.11</b> (1.08, 1.15)	4 562 / 24 947 (18.3%)	1 839 / 8 992 (20.5%)	<b>1.12</b> (1.07, 1.17)	1 217 / 24 947 (4.9%)	475 / 8 992 (5.3%)	1.08 (0.98, 1.20)	1 284 / 24 947 (5.1%)	434 / 8 992 (4.8%)	0.94 (0.84, 1.04)
	Total	13 520 / 37 659 (35.9%)	4 927 / 12 221 (40.3%)	<b>1.12</b> (1.09, 1.15)	12 793 / 39 270 (32.6%)	4 852 / 12 826 (37.8%)	<b>1.16</b> (1.13, 1.19)	6 323 / 42 932 (14.7%)	2 351 / 13 851 (17.0%)	<b>1.15</b> (1.10, 1.20)	1 852 / 42 932 (4.3%)	669 / 13 851 (4.8%)	<b>1.12</b> (1.03, 1.22)	1 967 / 42 932 (4.6%)	619 / 13 851 (4.5%)	0.98 (0.89, 1.07)
60-69	Female	8 927 / 23 420 (38.1%)	2 347 / 5 831 (40.3%)	<b>1.06</b> (1.02, 1.09)	8 340 / 24 287 (34.3%)	2 313 / 6 086 (38.0%)	<b>1.11</b> (1.07, 1.15)	4 147 / 26 400 (15.7%)	977 / 6 569 (14.9%)	0.95 (0.89, 1.01)	1 709 / 26 400 (6.5%)	453 / 6 569 (6.9%)	1.07 (0.96, 1.18)	2 377 / 26 400 (9.0%)	557 / 6 569 (8.5%)	0.94 (0.86, 1.03)
	Male	12 709 / 29 781 (42.7%)	5 044 / 11 374 (44.3%)	<b>1.04</b> (1.01, 1.06)	13 669 / 30 740 (44.5%)	5 546 / 11 774 (47.1%)	<b>1.06</b> (1.04, 1.08)	9 297 / 33 234 (28.0%)	3 527 / 12 613 (28.0%)	1.00 (0.97, 1.03)	2 914 / 33 234 (8.8%)	1 144 / 12 613 (9.1%)	1.03 (0.97, 1.10)	3 906 / 33 234 (11.8%)	1 432 / 12 613 (11.4%)	0.97 (0.91, 1.02)
	Total	21 636 / 53 201 (40.7%)	7 391 / 17 205 (43.0%)	<b>1.06</b> (1.04, 1.08)	22 009 / 55 027 (40.0%)	7 859 / 17 860 (44.0%)	<b>1.10</b> (1.08, 1.12)	13 444 / 59 634 (22.5%)	4 504 / 19 182 (23.5%)	<b>1.04</b> (1.01, 1.07)	4 623 / 59 634 (7.8%)	1 597 / 19 182 (8.3%)	<b>1.07</b> (1.02, 1.13)	6 283 / 59 634 (10.5%)	1 989 / 19 182 (10.4%)	0.98 (0.94, 1.03)
≥70	Female	9 236 / 21 798 (42.4%)	1 730 / 3 952 (43.8%)	1.03 (0.99, 1.07)	10 293 / 23 112 (44.5%)	1 914 / 4 185 (45.7%)	1.03 (0.99, 1.06)	7 551 / 27 068 (27.9%)	1 141 / 4 718 (24.2%)	<b>0.87</b> (0.82, 0.92)	3 648 / 27 068 (13.6%)	643 / 4 718 (13.6%)	1.01 (0.94, 1.09)	10 079 / 27 068 (37.2%)	1 389 / 4 718 (29.4%)	<b>0.79</b> (0.75, 0.83)
	Male	8 801 / 20 185 (43.6%)	2 527 / 5 486 (46.1%)	<b>1.06</b> (1.02, 1.09)	11 919 / 21 379 (55.8%)	3 300 / 5 788 (57.0%)	1.02 (1.00, 1.05)	10 030 / 24 451 (41.0%)	2 413 / 6 362 (37.9%)	<b>0.92</b> (0.89, 0.96)	3 832 / 24 451 (15.7%)	982 / 6 362 (15.4%)	0.98 (0.92, 1.05)	10 538 / 24 451 (43.1%)	2 217 / 6 362 (34.8%)	<b>0.81</b> (0.78, 0.84)
	Total	18 037 / 41 983 (43.0%)	4 257 / 9 438 (45.1%)	<b>1.05</b> (1.02, 1.08)	22 212 / 44 491 (49.9%)	5 214 / 9 973 (52.3%)	<b>1.05</b> (1.03, 1.07)	17 581 / 51 519 (34.1%)	3 554 / 11 080 (32.1%)	<b>0.94</b> (0.91, 0.97)	7 480 / 51 519 (14.5%)	1 625 / 11 080 (14.7%)	1.01 (0.96, 1.06)	20 617 / 51 519 (40.0%)	3 606 / 11 080 (32.5%)	<b>0.81</b> (0.79, 0.84)
Overall	Female	27 504 / 74 913 (36.7%)	6 661 / 16 953 (39.3%)	<b>1.07</b> (1.05, 1.09)	27 406 / 78 920 (34.7%)	6 811 / 19 896 (34.3%)	<b>1.10</b> (1.07, 1.12)	14 111 / 88 693 (15.9%)	2 815 / 19 627 (14.3%)	<b>0.90</b> (0.87, 0.94)	6 338 / 88 693 (7.1%)	1 364 / 19 627 (6.9%)	0.97 (0.92, 1.03)	13 361 / 88 693 (15.1%)	2 180 / 19 627 (11.1%)	<b>0.77</b> (0.71, 0.77)
	Male	35 952 / 90 210 (39.9%)	12 826 / 29 721 (43.2%)	<b>1.08</b> (1.07, 1.10)	39 533 / 94 542 (41.8%)	13 886 / 31 125 (44.6%)	<b>1.07</b> (1.05, 1.08)	25 552 / 104 479 (24.5%)	8 366 / 33 690 (24.8%)	1.02 (0.99, 1.04)	8 449 / 104 479 (8.1%)	2 734 / 33 690 (8.1%)	1.00 (0.96, 1.05)	16 166 / 104 479 (15.5%)	4 193 / 33 690 (12.4%)	<b>0.80</b> (0.78, 0.83)
	Total	63 456 / 165 123 (38.4%)	19 487 / 46 674 (41.8%)	<b>1.09</b> (1.07, 1.10)	66 939 / 173 462 (38.6%)	20 697 / 49 021 (42.2%)	<b>1.09</b> (1.08, 1.11)	39 663 / 193 172 (20.5%)	11 181 / 53 317 (21.0%)	1.02 (1.00, 1.04)	14 787 / 193 172 (7.7%)	4 098 / 53 317 (7.7%)	1.00 (0.97, 1.04)	29 527 / 193 172 (15.3%)	6 373 / 53 317 (12.0%)	<b>0.78</b> (0.76, 0.80)
		Adjusted HR* (95%CI)			Adjusted HR* (95%CI)			Adjusted HR* (95%CI)			Adjusted HR* (95%CI)			Adjusted HR* (95%CI)		
		<b>1.08</b> (1.06, 1.10)			<b>1.09</b> (1.07, 1.11)			<b>0.96</b> (0.94, 0.99)			<b>1.00</b> (0.95, 1.03)			<b>0.81</b> (0.79, 0.83)		

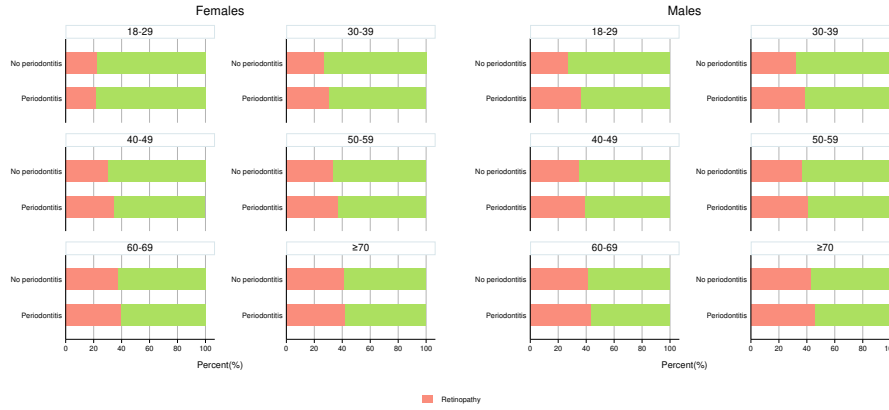
Prevalence is presented as frequency / n (%)

\*Adjusted HRs originate from cox regression models, which included periodontitis, age category, gender, level of education and number of years in the 5<sup>th</sup> lowest percentile of income.

Statistically significant crude RRs and adjusted HRs are highlighted in bold

**Retinopathy**

Figure A29. Prevalence of retinopathy (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



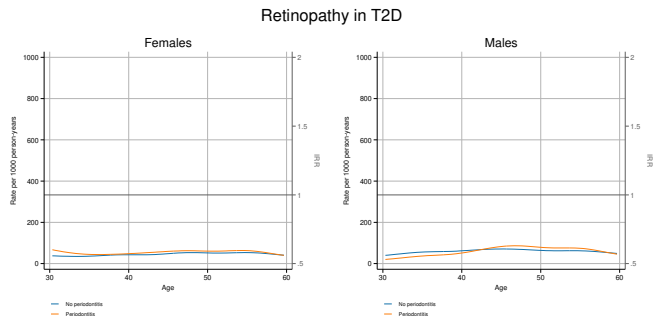
**Cox regression model T2D with and without periodontitis (outcome: retinopathy)**

Cox regression with Breslow method for ties

No. of subjects = 187,388      Number of obs = 187,388  
 No. of failures = 63,032  
 Time at risk = 1,100,711  
 LR chi2(10) = 441.26  
 Log likelihood = -739357.21      Prob > chi2 = 0.0000

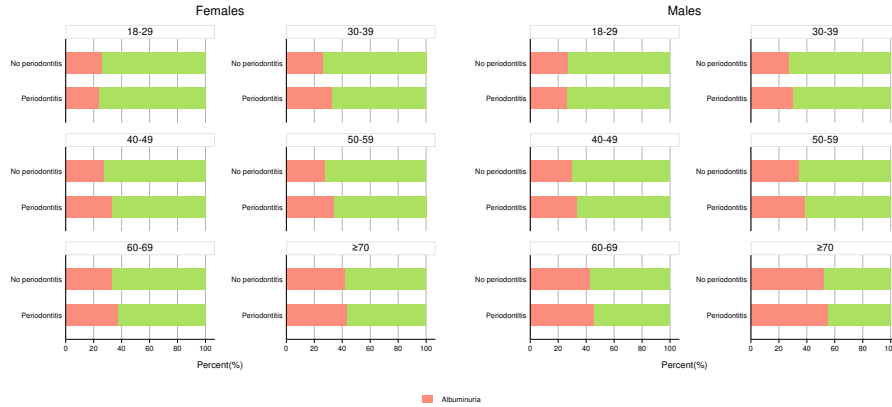
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
everParod2							
Yes	1.084212	.0102077	8.59	0.000	1.064389	1.104405	
cohort							
30-39	1.119513	.0505874	2.50	0.012	1.024627	1.223185	
40-49	1.121695	.0467643	2.75	0.006	1.033683	1.2172	
50-59	1.106595	.0453456	2.47	0.013	1.021194	1.199137	
60-69	1.137167	.0463119	3.16	0.002	1.049925	1.231657	
≥70	1.130179	.0463529	2.98	0.003	1.042884	1.22478	
Kon							
Female	.8812678	.0071989	-15.47	0.000	.8672706	.8954909	
Education							
Up to Lower secondary education	1.070908	.0097521	7.52	0.000	1.051964	1.090194	
Post-secondary ≥2 years to Tertiary ..	.9871461	.0111478	-1.15	0.252	.9655369	1.009239	
No_5p_rank	1.005081	.0017967	2.83	0.005	1.001565	1.008608	

Figure A30. Retinopathy in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).



**Albuminuria**

**Figure A31. Prevalence of albuminuria (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).**



**Cox regression model T2D with and without periodontitis (outcome: albuminuria)**

Cox regression with Breslow method for ties

No. of subjects = 190,677  
 No. of failures = 62,289  
 Time at risk = 1,133,619

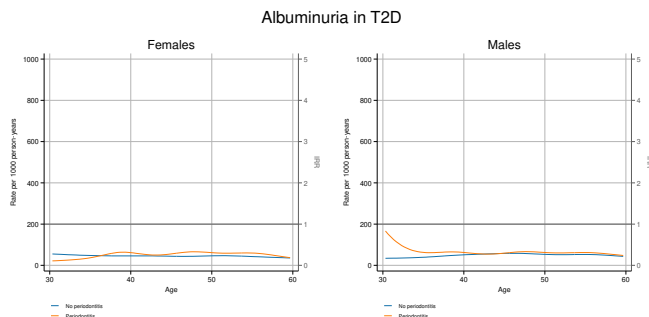
Number of obs = 190,677

LR chi2(10) = 2887.58  
 Prob > chi2 = 0.0000

Log likelihood = -730138.99

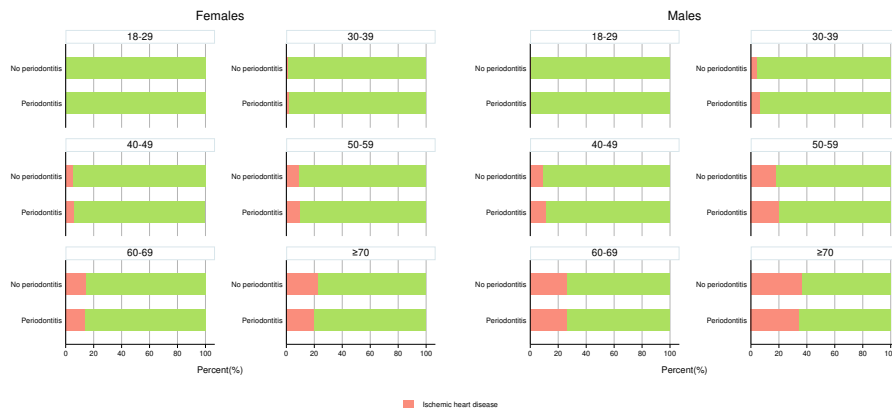
	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2	Yes	1.088601	.0103184	8.96	0.000	1.068564 1.109014
cohort	30-39	.946996	.0447136	-1.15	0.249	.8632917 1.038816
	40-49	.9560376	.0410938	-1.05	0.296	.8787947 1.04007
	50-59	1.01626	.0427423	0.38	0.701	.9358462 1.103583
	60-69	1.179034	.0491755	3.95	0.000	1.086486 1.279465
	≥70	1.507396	.0630713	9.81	0.000	1.388711 1.636223
Kon	Female	.7739548	.0064105	-30.94	0.000	.7614919 .7866218
Education	Up to Lower secondary education	1.057499	.0095914	6.16	0.000	1.038866 1.076465
	Post-secondary ≥2 years to Tertiary ..	.9248584	.0107364	-6.73	0.000	.904053 .9461425
	No_5p_rank	1.011989	.0017723	6.80	0.000	1.008521 1.015469

**Figure A32. Albuminuria in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).**



**Ischemic heart disease**

Figure A33. Prevalence of ischemic heart disease (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



**Cox regression model T2D with and without periodontitis (outcome: ischemic heart disease)**

Cox regression with Breslow method for ties

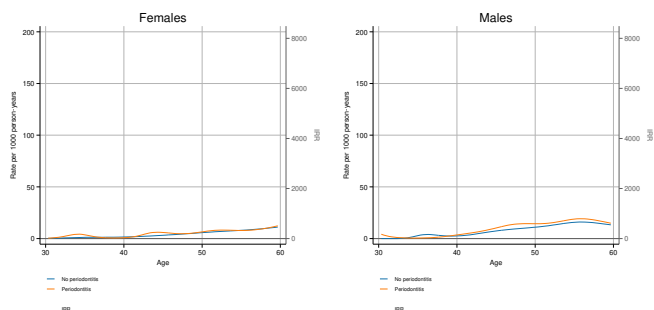
No. of subjects = 214,426  
 No. of failures = 29,867  
 Time at risk = 1,430,544

Number of obs = 214,426

LR chi2(10) = 11318.87  
 Prob > chi2 = 0.0000

_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2					
Yes	.9634705	.0135089	-2.65	0.008	.937354 .9903146
cohort					
30-39	2.808062	.6626881	4.38	0.000	1.768184 4.459497
40-49	6.536366	1.472487	8.33	0.000	4.203209 10.16463
50-59	12.09876	2.711692	11.12	0.000	7.797605 18.77243
60-69	18.91549	4.234728	13.13	0.000	12.19702 29.33468
≥70	34.67288	7.761491	15.84	0.000	22.35884 53.76883
Kon					
Female	.5665987	.0070064	-45.94	0.000	.5530314 .5804989
Education					
Up to Lower secondary education	1.110698	.0141919	8.22	0.000	1.083228 1.138865
Post-secondary ≥2 years to Tertiary ..	.8973458	.0158973	-6.11	0.000	.8667225 .9290511
No_5p_rank	1.023663	.0025446	9.41	0.000	1.018688 1.028662

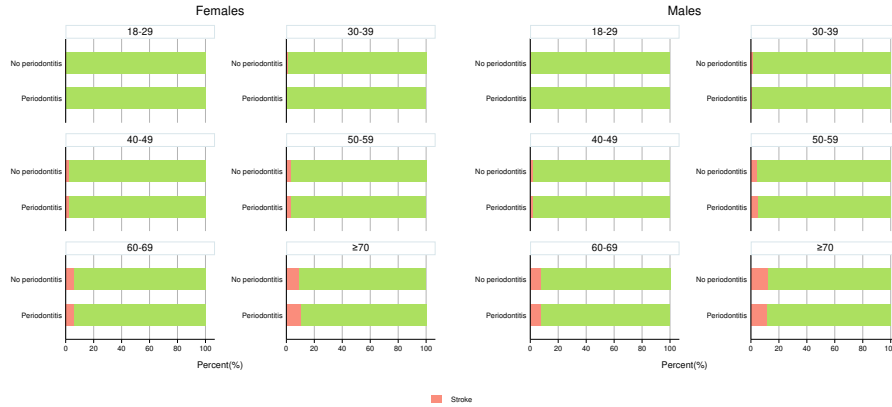
Figure A34. Ischemic heart disease in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).





**Stroke**

Figure A35. Prevalence of stroke (2010-2020) in T2D with and without periodontitis, females and males by age category (excluding individuals deceased over the observation period).



**Cox regression model T2D with and without periodontitis (outcome: stroke)**

Cox regression with Breslow method for ties

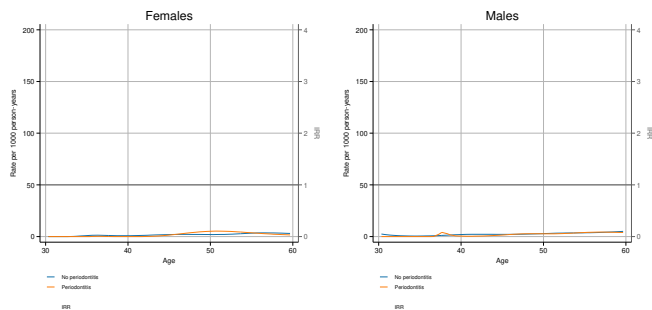
No. of subjects = 228,866  
 No. of failures = 13,561  
 Time at risk = 1,597,660

Number of obs = 228,866

LR chi2(10) = 5844.14  
 Prob > chi2 = 0.0000

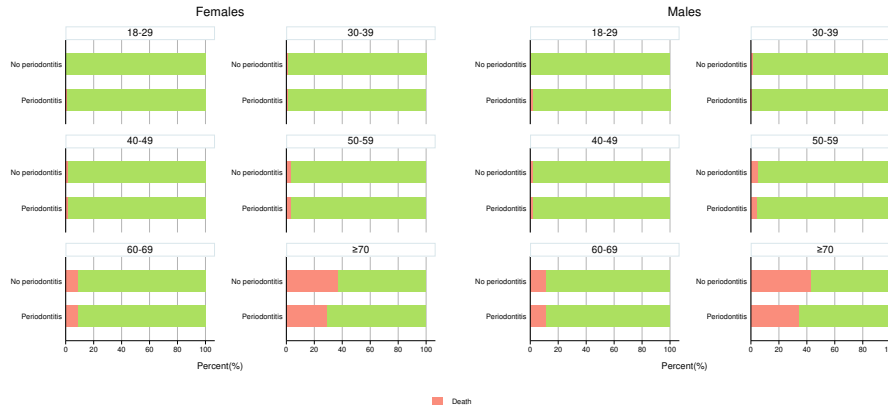
	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2	Yes	.9902574	.0207852	-0.47	0.641	.9503459 1.031845
cohort	30-39	1.606414	.486334	1.57	0.117	.8874833 2.907733
	40-49	3.389064	.9525362	4.34	0.000	1.953618 5.879223
	50-59	5.468745	1.523599	6.10	0.000	3.167685 9.441335
	60-69	10.21857	2.839374	8.36	0.000	5.927506 17.61605
	≥70	22.43727	6.231618	11.20	0.000	13.01851 38.67039
Kon	Female	.7849306	.0139436	-13.63	0.000	.7580719 .8127409
Education	Up to Lower secondary	1.069953	.0202194	3.58	0.000	1.031049 1.110325
	Post-secondary ≥2 years to Tertiary	.9186518	.0242805	-3.21	0.001	.8722745 .9674949
	No_5p_rank	1.014373	.0037697	3.84	0.000	1.007011 1.021788

Figure A36. Stroke in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 30-60 years and period 2011-2019).



**Mortality**

Figure A37. Mortality (2010-2020) in T2D with and without periodontitis, females and males by age category.



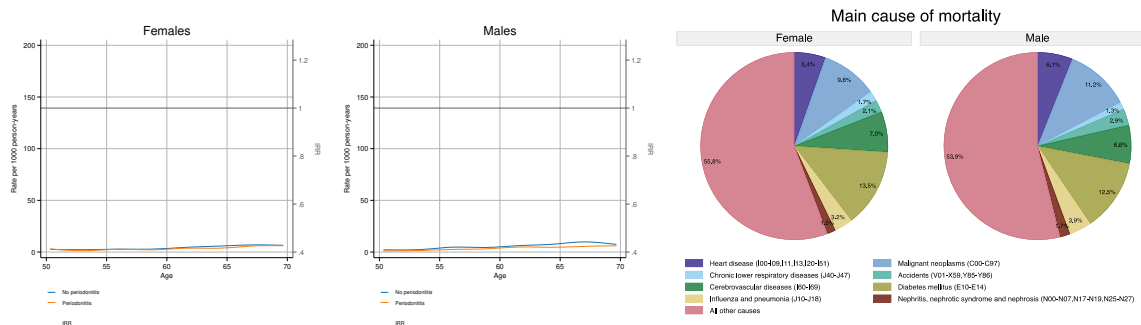
**Cox regression model T2D with and without periodontitis (outcome: death)**

Cox regression with Breslow method for ties

No. of subjects = 233,478  
 No. of failures = 34,743  
 Time at risk = 1,661,307  
 Number of obs = 233,478  
 LR chi2(10) = 28931.02  
 Prob > chi2 = 0.0000  
 Log likelihood = -400561.99

	_t	Haz. ratio	Std. err.	z	P> z	[95% conf. interval]
everParod2	Yes	.811194	.0114349	-14.84	0.000	.7890887 .8339185
cohort	30-39	1.240035	.2517562	1.06	0.289	.8329525 1.846069
	40-49	1.706707	.319157	2.86	0.004	1.182995 2.462266
	50-59	3.446902	.6332709	6.74	0.000	2.40461 4.94098
	60-69	6.946668	1.271102	10.59	0.000	4.853149 9.943275
	≥70	25.79855	4.71542	17.78	0.000	18.03075 36.91276
Kon	Female	.8082466	.0089208	-19.29	0.000	.7909499 .8259215
Education	Up to Lower secondary education	1.219202	.0141982	17.02	0.000	1.191689 1.24735
	Post-secondary ≥2 years to Tertiary ..	.8254675	.0148687	-10.65	0.000	.7968337 .8551302
No_5p_rank		.9942444	.0024722	-2.32	0.020	.9894107 .9991017

Figure A38. Mortality in T2D with and without periodontitis. Cohort-adjusted rates by age and IRR for females and males, based on age-period-cohort models (truncated at 50-70 years and period 2011-2019) (left). Main cause of mortality in T2D, females and males (right).



## STROBE Statement—checklist of items that should be included in reports of observational studies

	Item No	Recommendation	Page No
<b>Title and abstract</b>	1	(a) Indicate the study's design with a commonly used term in the title or the abstract	2
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found	2
<b>Introduction</b>			
Background/rationale	2	Explain the scientific background and rationale for the investigation being reported	3, 4
Objectives	3	State specific objectives, including any prespecified hypotheses	4
<b>Methods</b>			
Study design	4	Present key elements of study design early in the paper	4
Setting	5	Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection	4, 5, appendix
Participants	6	(a) <i>Cohort study</i> —Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up <i>Case-control study</i> —Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls <i>Cross-sectional study</i> —Give the eligibility criteria, and the sources and methods of selection of participants	4, appendix
		(b) <i>Cohort study</i> —For matched studies, give matching criteria and number of exposed and unexposed <i>Case-control study</i> —For matched studies, give matching criteria and the number of controls per case	4, figure 1, appendix
Variables	7	Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable	4, 5, appendix
Data sources/measurement	8*	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group	5, appendix
Bias	9	Describe any efforts to address potential sources of bias	4, 5, appendix
Study size	10	Explain how the study size was arrived at	4, figure 1
Quantitative variables	11	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why	5, appendix
Statistical methods	12	(a) Describe all statistical methods, including those used to control for confounding	5
		(b) Describe any methods used to examine subgroups and interactions	5
		(c) Explain how missing data were addressed	5
		(d) <i>Cohort study</i> —If applicable, explain how loss to follow-up was addressed <i>Case-control study</i> —If applicable, explain how matching of cases and controls was addressed <i>Cross-sectional study</i> —If applicable, describe analytical methods taking account of sampling strategy	5

(e) Describe any sensitivity analyses

5

<b>Results</b>			
Participants	13*	(a) Report numbers of individuals at each stage of study—eg numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed	Figure 1
		(b) Give reasons for non-participation at each stage	Figure 1
		(c) Consider use of a flow diagram	Figure 1
Descriptive data	14*	(a) Give characteristics of study participants (eg demographic, clinical, social) and information on exposures and potential confounders	Table 1, appendix
		(b) Indicate number of participants with missing data for each variable of interest	Appendix
		(c) <i>Cohort study</i> —Summarise follow-up time (eg, average and total amount)	Figure captions, appendix
Outcome data	15*	<i>Cohort study</i> —Report numbers of outcome events or summary measures over time	Appendix
		<i>Case-control study</i> —Report numbers in each exposure category, or summary measures of exposure	-
		<i>Cross-sectional study</i> —Report numbers of outcome events or summary measures	-
Main results	16	(a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (eg, 95% confidence interval). Make clear which confounders were adjusted for and why they were included	6, figure captions, appendix
		(b) Report category boundaries when continuous variables were categorized	Appendix
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period	-
Other analyses	17	Report other analyses done—eg analyses of subgroups and interactions, and sensitivity analyses	Appendix
<b>Discussion</b>			
Key results	18	Summarise key results with reference to study objectives	7
Limitations	19	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias	8
Interpretation	20	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence	3, 8
Generalisability	21	Discuss the generalisability (external validity) of the study results	7, 8
<b>Other information</b>			
Funding	22	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based	2, 9

\*Give information separately for cases and controls in case-control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

**Note:** An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at <http://www.plosmedicine.org/>, Annals of Internal Medicine at <http://www.annals.org/>, and Epidemiology at <http://www.epidem.com/>). Information on the STROBE Initiative is available at [www.strobe-statement.org](http://www.strobe-statement.org).