

Appendix 1

The oral health/hygiene was rated based on six parameters, i.e., presence of inflammatory status, caries, tartar, plaque, dental spots, damaged or missing teeth, according to a scoring system defined by the otolaryngologists who performed the oral examinations. A score of 1 was attributed to the presence and a score of 0 to the absence of each condition. For each patient, the final score thus varied between 0 (none of the conditions evidenced) and 6 (presence of all the conditions). Based on the final score, oral health/hygiene was then categorised as follows: 0=very good, 1=good, 2=fair, 3-4=poor, 5-6=very poor.

An index was also calculated for self-reported oral care/condition, attributing a score to the responses given during the interview to six questions regarding: gum bleeding (no=0/yes=1), dental abscesses (no=0/yes=1), toothache (no=0/yes=1), tooth loss (no=0/yes=1), frequency of dental cleaning/year (≥ 1 time=0, < 1 time=1) and mouthwash use/week (often/always=0, sometimes/never=1). A total index of 0-2 was classified as good whereas 3-6 as poor oral care/condition.

For the purposes of analysis, categorisation was as follows: i) oral health/hygiene: very poor/poor/fair as poor and good/very good as good; ii) smoking: categorised in pack-years based on tertiles among smokers (0.25-5.50, 5.50-18, > 18); however, since the number of transitions for the 0.25-5.50 category was too low to produce reliable estimates, the first two categories were combined into a single one (0.25-18); non-smokers (0 pack-years) were used as a reference category; iii) age was categorised into tertiles: < 36 , 36-46 and > 46 years; when the number of transitions for the category 36-46 years was too low to produce reliable estimates, the first two categories were combined into a single one, i.e., ≤ 46 ; iv) lifetime and recent number of partners for any and oral sex were categorised based on the respective tertiles.