

Supplementary Table S1. Recent evidence linking periodontal diseases and type 2 diabetes mellitus

Study	Sample size (n) and population	Exposure	Outcome	Follow-up duration	Main finding
Prospective cohort studies showing a temporal and dose-response relationship^a					
Lin et al. 2014 ¹⁹	22,299 Taiwanese population	PD	Incident diabetes	5 years	Increased risk of diabetes in subjects with PD who required surgery at baseline (severe PD), compared with control (mild/no PD). (HR 1.19, 95% CI 1.10–1.29)
Myllymäki et al. 2018 ²⁰	395 Finnish population	PD	Incident diabetes	15 years	Increased risk of diabetes in subjects with severe PD compared with those with mild/no PD. (RR 1.56, 95% CI 0.84–2.92)
Demmer et al. 2008 ⁸¹	9,296 American population	PD	Incident diabetes	17 years	Increased risk of diabetes in subjects with moderate-to-severe PD at baseline, compared with those with mild/no PD. (OR 2.26, 95% CI 1.56–3.27)
Miyawaki et al. 2016 ⁸²	2,469 Japanese population	PD	Incident diabetes	5 years	Increased risk of diabetes in subjects who self-reported tooth loosening at baseline (severe PD), compared with control (mild/no PD). (RR 1.73, 95% CI 1.14–2.64)
Winning et al. 2017 ⁸³	1,331 Irish population	PD	Incident diabetes	7 years	Increased risk of diabetes in subjects with moderate/severe PD, compared with those with mild/no PD. (HR 1.69, 95% CI 1.06–2.69)
Prospective cohort studies showing a bidirectional relationship					
Morita et al. 2012 ⁸⁴	PD-free cohort: 5,886 Diabetes-free cohort: 6,125 Japanese population	Diabetes PD	Incident PD Incident diabetes	5 years	Increased risk of PD in subjects with diabetes at baseline compared with those without. (RR 1.17, 95% CI 1.01–1.36) Increased risk of diabetes in subjects with severe PD at baseline, compared with no PD. (RR 3.45, 95% CI 1.08–11.02)
Chiu et al. 2015 ⁸⁵	PD-free cohort: 4,387 Diabetes-free cohort: 5,374 Taiwanese population	Diabetes PD	Incident PD Incident hyperglycaemia or diabetes	5 years	Increased risk of PD in subjects with diabetes at baseline, compared with those without. (HR 1.95, 95% CI 1.22–3.13) Increased risk of hyperglycaemia (including diabetes) in those with moderate/severe PD at baseline, compared with those without. (HR 1.33, 95% CI 1.09–1.63)
Randomised controlled trials showing positive effect of periodontal therapy on diabetic prognostic markers^b					
Sun et al. 2011 ²⁵	157 Chinese population	SRP	HbA1c hs-CRP, TNF- α , IL-6	3 months	Reduction in HbA1c from 8.7% to 8.2%. Reduction in hs-CRP, TNF- α and IL-6.

Raman et al. 2014 ²⁹	32 Malaysian population	SRP	HbA1c	3 months	Reduction in HbA1c from 7.8% to 7.1%.
O'Connell et al. 2008 ³⁰	30 Brazilian population	SRP + doxycycline	HbA1c	3 months	Reduction in HbA1c from 11.8% to 10.3%.
Rodrigues et al. 2003 ⁸⁶	30 Brazilian population	SRP	HbA1c	3 months	Reduction in HbA1c from 8.8% to 7.7%.
Koromantzou et al. 2011 ⁸⁷	60 Greek population	SRP	HbA1c	6 months	Reduction in HbA1c from 7.8% to 7.1%.
Moeintaghavi et al. 2012 ⁸⁸	40 Iranian population	SRP	HbA1c	3 months	Reduction in HbA1c from 8.1% to 7.4%.
Tsobgny-Tsague et al. 2018 ⁸⁹	30 African population	SRP	HbA1c	3 months	Reduction in HbA1c from 9.7% to 6.7%.
El-Makaky and Shalaby 2020 ⁹⁰	88 Egyptian population	SRP + antibiotics (metronidazole and/or amoxicillin)	HbA1c	3 months	Reduction in HbA1c from 8.1% to 7.2%.

CI: confidence interval; HbA1c: haemoglobin A1c (i.e. glycated haemoglobin); HR: hazard ratio; hs-CRP: high sensitivity C-reactive protein; IL-6: interleukin 6; OR: odds ratio; PD: periodontal disease; RR: relative risk; SRP: scaling and root planning; T2DM: type 2 diabetes mellitus; TNF- α : tumor necrosis factor α

^a Free from T2DM at baseline

^b Diagnosed with both T2DM and PD

Data compiled in Table 1 are from prospective cohort studies or randomised controlled trials published from 2000–2021 by searching PubMed, Medline and Google Scholar using the following keywords: ["periodontal diseases" OR "periodontitis" OR "oral hygiene" OR "periodontal treatment"] AND ["diabetes"].

Superscript numbers: Refer to REFERENCES