

Appendix to the manuscript

Depression, anxiety and stress in oral lichen planus: a systematic review and meta-analysis

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1. Search strategy

Table S1. Search strategy for each database, number of results, and execution date.

Database	Query/Search Strategy	Items founds /Results	Search time limits
PubMed	"Lichen Planus, Oral"[MeSH] OR "oral lichen planus" [All Fields]	3,578	January-2021
Embase	'oral lichen planus'/exp OR 'oral lichen planus'	3,227	January-2021
Web of Science	TS=("oral lichen planus")	2,931	January-2021
Scopus	TITLE-ABS-KEY ("oral lichen planus")	3,171	January-2021
PyschInfo	"Oral Lichen Planus"	10	January-2021
TOTAL	12,917		

2. Characteristics of analyzed studies

Author	Year	Last author	Corresponding author	Place, Country	Continent	Source of patients (Pop/C)	Recruitment period	OLP sample size (n)	Psychological pathology (n)	Type of study	Study design	Follow-up period		Location of lesion	OLP clinical lesions										Diagnostic criteria								Treatment	
												Yes/No	Months (n)		Red (n)	White (n)	Papular (n)	Reticular (n)	Erosive (n)	Atrophic (n)	Ribbon (n)	Plaque (n)	Other (n)	Oral medicine/ specialist	Criteria used for diagnosis of OLP	Differentiation or exclusion between OLP/OLL/LR (Yes/No)	Clinic and histopathologic criteria (Yes/No)	Dysplasia Exclusion (Yes/No)	Tobacco Exclusion (Yes/No)	Evaluation of depression, anxiety and/or stress	Criteria used for depression, anxiety and/or stress	OLP (n)	Depression, anxiety and/or stress (n)	
Baglin-Sebastian	1992	Jimenez Y	Baglin-Sebastian	School of Dentistry, Valencia University, Spain	Europe	C	ND	205	Stress (66)	Retrospective	Cross-sectional	No	0	Buccal mucosa (184), tongue (103), gingiva (56), palate (14), floor of mouth (6)	148	57	0	0	0	0	0	0	0	0	Oral medicine	Own criteria	ND	Yes	ND	ND	Self-reported	Anamnesis	ND	ND
Cofella	1993	Vito	Cofella	Dental and Stomatological Clinic, Faculty of Medicine and Surgery Second University of Naples, Naples, Italy	Europe	C	1993	16	Anxiety (16)	Retrospective	Cross-sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	Yes	No	ND	Medical assessment	General Health Questionnaire (GHQ) and Hamilton Anxiety Scale (HAM-A)	ND	ND
McCartan	1995	-	McCartan	Department of Oral Surgery, Oral Medicine and Oral Pathology, School of Dental Science, Trinity College, Dublin, Ireland	Europe	C	ND	50	Depression (8), anxiety (25)	Prospective	Cross-sectional	No	0	ND	25	28	ND	ND	ND	ND	ND	ND	ND	Oral medicine	WHO 1978	ND	Yes	ND	ND	Medical assessment	Hospital Anxiety and Depression Scale (HADS) and the Cattell 16 PF Questionnaire, Form C	ND	ND	
Pedersen	1996	-	Pedersen	University of Copenhagen, Denmark	Europe	C	ND	22	Stress (3)	Retrospective	Cross-sectional	No	0	Buccal mucosa (22), tongue (10), gingiva (6)	-	-	0	22	5	18	3	12	0	Oral medicine	Own criteria	No (LR included)	Yes	ND	ND	Medical assessment	ND	ND	ND	
Čeko-Arambašin	1998	Lasić-Segula	Čeko-Arambašin	General Croatia	Europe	Pop	ND	100	Stress (60)	Retrospective	Cross-sectional	No	0	ND	-	-	0	62	33	0	0	0	5	Oral medicine	WHO 1978	ND	ND	ND	ND	Medical assessment	ND	ND	ND	
Mignona	1998	Bucci	Mignona	Departments of Oral Medicine and Pathology at the University of Naples "Federico II" and the University of Bari, Italy	Europe	C	1994-1998	263	Stress (96)	Prospective	Cross-sectional	No	0	Buccal mucosa (242), tongue (63), gingiva (16), palate (10), floor of the mouth (6), lip (6)	-	-	0	54	72	14	1	33	Mixed (89*)	Oral medicine/pathologist	Own criteria	ND	Yes	ND	ND	Medical assessment and Self-reported	Anamnesis	ND	ND	
Eisen	2002	-	Eisen	A dermatologic clinic, Cincinnati, Ohio, USA	North America	C	ND	723	Stress (123)	Retrospective	Longitudinal	Yes	6-96	Buccal mucosa (776), tongue (435), gingiva (401), lip (117), floor of mouth (77), palate (43)	-	-	0	267	290	0	0	0	Epithomas (166)	Oral pathologist/ dermatopathologist	Own criteria	Yes (OLL excluded)	Yes	Yes	No	Self-reported	ND	ND	ND	
Soto Araya	2004	Eguez	Soto Araya	The Diagnosis Centre of the Faculty of Odontology of the University of Chile and the Maxillofacial Department of the San Juan de Dios, Barros Luco and Sotero del Río Hospitals, Chile	South America	C	ND	9	Depression (8), anxiety (7), stress (6)	Prospective	Cross-sectional	No	0	ND	-	-	0	4	3	2	0	0	0	Oral medicine/pathologist	Own criteria	Yes (OLL excluded)	No	No	ND	Medical assessment	Depression and anxiety: Hamilton Anxiety and Depression Scale Stress: Test of Recent Experience (TRE)	ND	No	
Lundqvist	2006	Bergdahl	Lundqvist	Vastra Clinic and the Department of Oral Medicine, Umeå University Hospital, Sweden	Europe	C	ND	49	Depression (19), anxiety (17), stress (17)	Prospective	Cross-sectional	No	0	ND	-	-	0	0	49	0	0	0	0	Oral medicine	Own criteria	ND	Yes	ND	ND	Medical assessment	Depression: Beck Depression Inventory (BDI) questionnaire Anxiety: The scale from the State-Trait Anxiety Inventory (STAI-S) Stress: The General Perceived Stress Questionnaire (PSEQ)	ND	Antidepressants (1)	
Sun	2007	Chiang	Chiang	National Taiwan University, Taipei, Taiwan	Asia	C	ND	158	Stress (60)	Prospective	Cross-sectional	No	0	ND	142	16	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	Self-reported	ND	ND	ND
Lundström	2009	-	Lundström	Department of Oral Medicine at the University Hospital in Lundborg, Sweden	Europe	C	ND	803	Depression (37)	Prospective	Cross-sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	Oral medicine	WHO 1980	No (OLL included)	Yes	Yes	No	Self-reported	Anamnesis	ND	ND	
Shah	2009	Sojatha	Shah	An outpatient department, India	Asia	C	ND	30	Depression (21), stress (30)	Prospective	Cross-sectional	No	0	ND	-	-	0	11	10	0	0	0	Lentor (1), Amalar (1), Combined (7)	ND	ND	ND	Yes	ND	Yes	Medical assessment	Depression Anxiety Stress Scale-21 (DASS-21)	ND	ND	
Bernete-Fenoll	2010	Salazar-Sánchez	Sánchez-Siles	Department of Oral Medicine of the University of Murcia, Spain; Private practice setting of one of the authors (ABF) in Bñe, Alicante, Spain	Europe	C	1991-2007	550	Depression (97), anxiety (97)	Retrospective	Cross-sectional	No	0	Buccal mucosa (428), gingiva (428), tongue (299), lip (81), palate (74), floor of mouth (33)	359	191	ND	ND	ND	ND	ND	ND	ND	Oral medicine	WHO 1978	Yes (LR excluded)	Yes	Yes	No	Medical assessment	ND	ND	Antidepressants (8)	
Wu X	2011	Xia	Wu X	Dental Clinic, Department of Stomatology, The Sixth Affiliated Hospital of Wenzhou Medical College, Lishui People's Hospital, Lishui, Zhejiang province, China	Asia	C	2008-2009	67	Depression (16)	Prospective	Cross-sectional	No	0	ND	25	42	ND	ND	ND	ND	ND	ND	ND	Oral medicine	Oral Mucosal Disease Professional Committee of the Medical Association Trial standards	ND	Yes	ND	ND	Medical assessment	Jiao Self-Rating Scale, self-evaluation of depression (Self-rating Depression Scale, SDS) and Hamilton Depression Scale for depression (HAM-D)	ND	ND	
Jayavelu	2012	Samhundan	Jayavelu	Department of Oral Medicine and Radiology, Rama Dental College and Research Centre, Karpur, India	Asia	C	ND	30	Stress (4)	Prospective	Cross-sectional	No	0	Buccal mucosa (279), gingiva (8), tongue (3), lip (3), palate (1), oropharynx (1)	7	23	ND	ND	ND	ND	ND	ND	ND	Oral medicine	Own criteria	Yes (LR excluded)	Yes	ND	No	Self-reported	ND	ND	ND	
Park	2012	Woo	Park	Division of Oral Medicine and Dentistry, Brigham and Women's Hospital, Boston, USA	North America	C	2005-2011	115	Depression (17)	Retrospective	Longitudinal	Yes	0.5-11.27 (only 55 patients)	Buccal mucosa (109), gingiva (74), tongue (45), palate (23), floor of mouth (2)	92	23	ND	ND	ND	ND	ND	ND	ND	Oral medicine /pathologist	WHO-modified 2003	No	Yes	Yes	ND	Medical assessment	ND	Topical and/or systemic steroids: fluocinonide 0.05% gel, dexamethasone solution 0.1 mg/1 mL, clobetasol 0.05% gel, tacrolimus 0.1% ointment and prednisone 0.75 to 1 mg/kg Intralesional injection: triamcinolone 40 mg/mL for ulcers at a dose of 10 mg/cm2 of ulceration	ND	ND
Bokac-Bratic	2013	Dragic	Cankovic	Oral Medicine Section of the Dental Clinic, Faculty of Medicine, Novi Sad, Serbia	Europe	C	2007-2009	90	Anxiety (15)	Prospective	Cross-sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	Oral medicine /pathologist	WHO-modified 2003	ND	Yes	Yes	No	Self-reported	Questionnaire	No	ND	
Günür	2013	-	Günür	Oral Diagnosis and Radiology Department of Marmara University Faculty of Dentistry, Istanbul, Turkey	Europe, Asia	C	1990-2010	370	Depression (36), anxiety (36), stress (75)	Retrospective	Cross-sectional	No	0	Buccal mucosa (356), gingiva (116), tongue (102), palate (16), floor of mouth (11)	224	146	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	WHO-modified 2003	Yes (OLL and LR excluded)	Yes	Yes	No	Medical assessment	ND	Topical, systemic corticosteroids alone or combined	Antidepressant/anxiolytic (31)	
Hirota	2013	Migliari	Migliari	Clinic of Oral Medicine, University of São Paulo, Brazil	South America	C	2006-2010	91	Depression (58), anxiety (91)	Prospective	Cross-sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	WHO-modified 2003	Yes (LR excluded)	Yes	Yes	ND	Self-reported	Depression: Center for Epidemiologic Studies Depression Scale (CES-D) Anxiety: Anxiety Scale (STAI-T)	ND	ND	
Kumar	2013	Kale	Kumar	Outpatient block of departments of Oral Medicine and Radiology, KJ Somaiya Institute of Dental Sciences, Belgaum and SDM College of Dental Sciences, Dharwad, India	Asia	C	ND	45	Stress (15)	Prospective	Cross-sectional	No	0	ND	-	-	1	29	2	4	0	7	Ulcerative (2)	ND	Own criteria	ND	Yes	ND	No	Self-reported	Anamnesis	ND	ND	

Towara	2013	Sardella	Towara	Department of Oral Medicine and Oral Pathology, Faculty of Dental Medicine, Carol Davila University, Bucharest, Romania	Europe	CI	1990-2010	633	Stress (128)	Retrospective	Cross sectional	No	0	Buccal mucosa > tongue > gingiva > floor of mouth	323	310	ND	ND	ND	ND	ND	ND	ND	Oral medicine /pathologist	WHO-modified 2003	Yes (OLL excluded)	Yes	Yes	No	ND	ND	ND	
Adamo	2014	Mignosa	Mignosa	Oral Medicine Unit of the "Federico II University of Naples", Italy	Europe	CI	2011	50	Depression (18), anxiety (21)	Prospective	Cross sectional	No	0	ND	0	50	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	Own criteria	ND	Yes	Yes	ND	Medical assessment	Depression: Hamilton Rating Scale for Depression (HAM-D) Anxiety: Hamilton Rating Scale for Anxiety (HAM-A)	No	No	
Gavic	2014	Gruden Poljacec	Gavic	Dental clinic at school of Medicine of University of Split, Croatia	Europe	CI	2011-2012	112	Depression (79), anxiety (87), stress (90)	Prospective	Cross sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	Dentist	Own criteria	ND	Yes	ND	No	Medical assessment	Depression: Beck Depression Inventory (BDI) Anxiety: The State-Trait Anxiety Inventory (STAI) Stress: Ways of Coping Questionnaire (WCQ)	ND	ND		
Radochova	2014	Slezak	Radochova	Oral Medicine Unit at Department of Dentistry Clinic Charles University in Prague, Faculty of Medicine and University Hospital in Hradec Králové, the Czech Republic	Europe	CI	2003-2013	171	Depression (140), anxiety (16)	Retrospective	Cross sectional	No	0	Buccal mucosa (197), tongue (93), gingiva (44), lip (52), palate (8), floor of mouth (6)	92	79	ND	ND	ND	ND	ND	ND	Oral medicine /pathologist	WHO-modified 2003	Yes (OLL, LR excluded)	Yes	Yes	No	Medical assessment	ND	Topical steroids alone or combined with systemic steroids, combination of dexamethasone gel and depot form of corticosteroid intralental	ND	
Sandhu S	2014	Sandhu J	Sandhu S	Department of Oral and Maxillofacial Pathology, Genesis Institute of Dental Sciences and Research, Ferozpur Moga Road, Punjab, India	Europe	CI	2009-2001	49	Depression (5), anxiety (31), stress (31)	Prospective	Cross sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	Maxillofacial and pathologist	ND	Yes (LR excluded)	Yes	Yes	ND	Medical assessment	Hospital Anxiety and Depression Scale (HADS)	ND	ND	
Alves	2015	Almeida	Alves	Sao Jose, dos Campos Dental School, UNESP - University Estadual Paulista, Sao Jose dos Campos, Sao Paulo, Brazil	South America	CI	2009-2011	48	Depression (28), anxiety (48)	Prospective	Cross sectional	No	0	ND	-	-	0	0	48	0	0	0	Oral medicine/ pathologist	WHO-modified 2003, Eisenberg 2000	No	Yes	ND	ND	Self-reported	Depression: The Self-Reporting Questionnaire-20 (SRQ-20) and the Medical Outcomes Study 36-Item Short Form Health Survey (SF-36) Anxiety: State-Trait Anxiety Inventory (STAI-a and STAI-t)	ND	ND	
Barbosa	2015	de Medeiros	de Medeiros	Stomatology Clinic of the Federal University of Rio Grande do Norte and Federal University of Paraíba, Brazil	South America	CI	2000-2010	37	Anxiety (37)	Prospective	Cross sectional	No	0	Buccal mucosa (29), gingiva (16), tongue (10), lip (7), palate (5)	16	21	ND	ND	ND	ND	ND	Oral medicine/ pathologist	Own criteria	ND	Yes	ND	ND	Medical assessment	The State-Trait Anxiety Inventory (STAI, part II)	ND	ND		
Kalbur	2015	Sattur	Kalbur	ND	Asia	CI	ND	25	Depression (3), anxiety (3), stress (6)	Prospective	Cross sectional	No	24	ND	ND	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	Own criteria	Yes (LR excluded)	Yes	Yes	No	Medical assessment	Depression Anxiety Stress Scale (DASS-42)	No	ND	
Mostafa	2015	Ahmed	Mostafa	Outpatient clinic at the Faculty of Oral and Dental Medicine, Cairo University, Egypt	Asia	Pop	2012-2014	64	Stress (6)	Retrospective	Longitudinal	Yes	24	Buccal mucosa (52), gingiva (17), lip (20), tongue (11), palate (2)	-	-	2	6	13	38	3	2	0	Oral medicine/ pathologist	WHO-modified 2003	Yes (OLL, LR excluded)	Yes (not all patients)	ND	No	Self-reported	ND	ND+	ND
Choi YS	2016	Choi Y	Yoon, Park H, Choi Y	Oral Medicine Clinic, Seoul National University Dental Hospital (SNUDH), Tissue bank at the Department of Oral Pathology, SNUDH, South Korea	Asia	CI	ND	13	Depression (1)	Prospective	Cross sectional	No	0	Buccal mucosa (13), gingiva (5), tongue (1), palate (3), lip (1)	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	Own criteria	Yes (differentiation between OLP/OLL)	Yes	ND	Yes	Self-reported	ND	No	ND		
Lauritano	2016	Petruzzi	Petruzzi	Dental Clinic of University of Bari, Italy	Europe	CI	2011-2014	87	Depression (9), anxiety (9)	Retrospective	Cross sectional	No	0	Buccal mucosa (56), tongue (31), gingiva (29), palate (10), foris (6), lip (6)	34	53	ND	ND	ND	ND	ND	ND	ND	WHO-modified 2003	ND	Yes	Yes	No	Self-reported	Anamnesis Systemic corticosteroids and topical calcineurin inhibitors were used alone or in combination.	ND	ND	
Mankupure	2016	Bhavthankar	Mankupure	Department of Oral Pathology and Microbiology, Government Dental College and Hospital, Aurangabad, India	Asia	Pop	ND	108	Stress (35)	Retrospective	Cross sectional	No	0	Buccal mucosa (11), gingiva (25), tongue (18), foris (2)	-	-	0	87	21	0	0	0	ND	WHO-modified 2003	Yes (OLL, LR excluded)	Yes	Yes	No	Self-reported	ND	Topical steroids (as a mucosal adhesive paste or as intralental injection) alone or in combination with systemic steroids	ND	
Pippi	2016	Petti	Petti	Department of Oral and Maxillofacial Sciences of the "Sapienza" University of Rome, Rome, Italy	Europe	CI	2014-2015	67	Anxiety (21)	Prospective	No	0	No	ND	24	43	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	WHO 1978	No	Yes	ND	No	Self-reported	Psychological General Well-Being Index (PGWB- 5)	Excluded	ND	
Gupta	2017	Kamarthi	Prakash S. Mohan	Department of Oral Medicine and Radiology, Subharti Dental College, Meerut, Uttar Pradesh, India	Asia	CI	ND	39	Depression (37), anxiety (53), stress (36)	Prospective	Longitudinal	Yes	12	Buccal mucosa (34), buccal vestibule (29), floor of the mouth (13), tongue (8), gingiva (4), palate (1)	-	-	10	31	17	7	1	3	0	Oral medicine/ pathologist	Own criteria	No	No	ND	Yes	Medical assessment	Depression Anxiety Stress Scale-21 (DASS-21)	No	ND
Siponen	2017	Salo	Siponen	Department of Diagnostics and Oral Medicine, Institute of Dentistry, University of Oulu or Oulu University Hospital and at the Department of Oral and Maxillofacial Diseases at Kuopio University Hospital, Finland	Europe	CI	2004-2014	27	Depression (4)	Prospective	Longitudinal, trial	Yes	6	Buccal mucosa (27), gingival (26), tongue (12), floor of mouth (7), palate (5), lip (4)	26	1	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	Pindborg et al. 1997	Yes (OLL, LR excluded)	Yes (25 patients)	ND	No	Medical assessment	ND	ND	ND	
Adamo	2018	Fortuna	Adamo	Oral Medicine Unit of the "Federico II University of Naples", Italy	Europe	CI	2013	28	Anxiety (28)	Prospective	Longitudinal	Yes	6	Buccal mucosa (23), gingival (13), tongue (2), palate (1)	-	-	0	28	0	0	0	0	Oral medicine/ pathologist	WHO-modified 2003	ND	Yes	Yes	ND	Medical assessment	Hamilton Anxiety Scale (HAM-A)	ND+	ND	
Di Stasio	2018	Luchese	Serpico	Multidisciplinary Department of Medical-Surgical and Dental Specialties, University of Campania Luigi Vanvitelli, Naples, Italy	Europe	CI	ND	11	Depression (1), anxiety (11)	Prospective	Cross sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	Dentist	ND	ND	ND	ND	ND	Medical assessment	Depression: Hamilton Rating Scale for Depression (HAM-D) Anxiety: State-Trait Anxiety Inventory (STAI 1-2)	ND	ND		
Edens	2018	Brennan	Brennan	Outpatient Oral Medicine - Department, Carolina Medical Center, Charlotte, NC, USA	North America	CI	ND	45	Depression (18), stress (18)	Retrospective	Longitudinal	Yes	1.25	ND	-	-	0	30	23	0	0	34	0	Oral medicine	Own criteria	Yes (LR excluded)	Yes (not all patients)	ND	No	Medical assessment	Anamnesis Topical steroids: clobetasol, dexamethasone, fluocinonide, triamcinolone Systemic corticosteroids	ND	ND
Yang	2018	Zhang	Zhang	Department of Oral Medicine, Stomatology Hospital of Henan province, China	Asia	CI	2017	45	Depression (17), anxiety (19)	Prospective	Cross sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	Own criteria	No	No	ND	ND	Medical assessment	Hospital Anxiety and Depression Scale (HADS)	ND	ND	
Mancysk	2019	Oruba	Oruba	Outpatient Clinic of Periodontology and Clinical Oral Pathology, University Dental Clinic in Kraków, Poland	Europe	CI	ND	26	Depression (19), anxiety (17), stress (5)	Prospective	Cross sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	Dentist	ND	No	Yes	No	No	Medical assessment	Depression Anxiety Stress Scale-21 (DASS-21)	ND	ND		
Vilar-Villaverde	2019	Blanco-Carrión	Gándara-Vila	Clinic of the Oral Medicine Teaching Unit of the Faculty of Odontology of the University of Santiago de Compostela, Spain	Europe	CI	2017	48	Depression (31), anxiety (17)	Prospective	Cross sectional	No	0	Buccal mucosa > Tongue > Gingiva	25	23	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	WHO-modified 2003	No	Yes	ND	No	Medical assessment	Hospital Anxiety and Depression Scale (HADS) and Oral Health Impact Profile (OHIP-14)	ND	ND	
Wang	2019	Fan	Fan	Department of Oral Medicine, Affiliated Hospital of Stomatology, Nanjing Medical University, Nanjing, China	Asia	CI	ND	100	Depression (25), anxiety (7)	Prospective	Cross sectional	No	0	ND	-	-	0	75	25	0	0	0	Oral medicine/ pathologist	WHO 1978	ND	Yes	ND	ND	Medical assessment	Zung self-rating anxiety scale and self-rating depression scale (SAS and SDS)	No	ND	
Birckel	2020	Cribier	Birckel	Dermatology services, Strasbourg University Hospital, France	Europe	CI	ND	9	Depression (1)	Prospective	Longitudinal	Yes	5.5	ND	-	-	0	0	9	0	0	0	0	Dermatologist	ND	ND	Yes	ND	ND	Medical assessment	ND	ND	ND
Chaitanya	2020	Bontala	Chaitanya	Department of Oral Medicine and Radiology, Panimra Mahavidyalaya Institute of Dental Sciences and Research Centre, Hyderabad, India	Asia	CI	ND	30	Depression (21), anxiety (25)	Prospective	Cross sectional	No	0	ND	ND	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	ND	Yes (LR excluded)	Yes	ND	ND	Medical assessment	Hospital Anxiety and Depression Scale (HADS)	ND	ND	
Pires	2020	Freitas	Pires	Reference Center for Oral Lesions in the Department of Health Sciences, State University of Feira de Santana, Brazil	South America	CI	2016-2017	21	Stress (15)	Prospective	Cross sectional	No	0	Buccal mucosa (11) > other sites	3	18	ND	ND	ND	ND	ND	ND	ND	WHO 2003	ND	Yes	ND	Yes	Medical assessment	Perceived Stress Scale	No	ND	
Shaw	2020	Bansal	Konidena	Department of Oral Medicine and Radiology of a dental college in Haryana, India	Asia	CI	ND	43	Depression (38), anxiety (38), stress (22)	Prospective	Cross sectional	No	0	ND	-	-	0	31	4	0	0	5	Ulcerative (1), Annular (1), Papular (1)	Oral medicine/ pathologist	WHO 2003	Yes (LR excluded)	Yes	Yes	Yes	Medical assessment	Depression Anxiety Stress Scale (DASS-42)	ND	ND
Vehviläinen	2020	Siponen	Siponen	Kuopio University Hospital, Department of Clinical Pathology, Kuopio, Finland	Europe	CI	ND	28	Depression (1)	Retrospective	Cross sectional	No	0	Buccal mucosa (22), tongue (5), gingiva (1)	ND	ND	ND	ND	ND	ND	ND	ND	ND	the American academy of oral and maxillofacial pathology (AAOMP)	ND	ND	Yes	ND	Medical assessment	ND	ND	Ecctalogram	

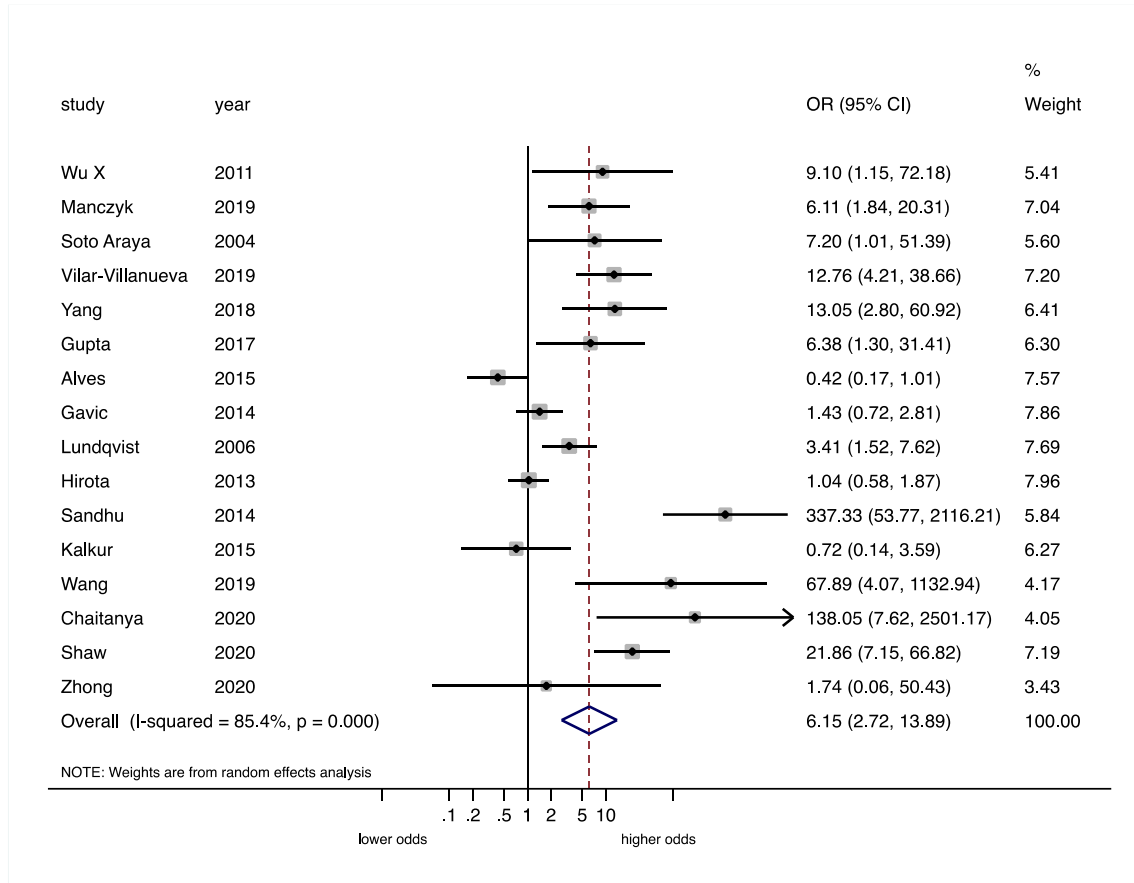
Wiryakija	2020	Rorodan	Wiryakija	Oral Medicine clinic, UCLH Eastman Dental Hospital, London, UK	Europe	Cl	2010-2019	281	Depression (53), anxiety (104), stress (164)	Prospective	Cross-sectional	Yes	0	ND	229	52	ND	ND	ND	ND	ND	ND	ND	Oral medicine	WHO 2003	Yes (OLL excluded)	Yes	Yes	Yes	Yes	Medical assessment	Depression and Anxiety: Hospital Anxiety and Depression Scale (HADS) Stress: the 10-item Perceived Stress Scale (PSS-10)	ND	ND
Zhong	2020	Sedghizadeh	Sedghizadeh	Herman Ottow School of Dentistry, Oral Medicine Clinic, in Los Angeles, California, United States	North America	Cl	ND	10	Depression (1), anxiety (1)	Retrospective	Cross-sectional	No	0	ND	-	-	0	9	5	0	0	0	0	Oral medicine/ pathologist	WHO 2003	ND	Yes	ND	ND	ND	ND	Depression: Hamilton Rating Scale for Depression (HAM-D) Anxiety: Hamilton Rating Scale for Anxiety (HAM-A)	Dexamethasone oral elixir 0.5 mg/mL, rinse and spit tid (6 patients), Clobetasol gel 0.05% for topical use tid (1 patient), Fluocinonide gel 0.05% for topical use tid (1 patient), combined treatment (1 patient)	ND
Adamo	2021	Mignona	Calabria	Fifteen Italian Oral Medicine outpatients' departments of different Italian Universities (eight northern, three central and four southern universities) join with the Italian Society of Oral Pathology and Medicine (SIPMO- Società Italiana di Patologia e Medicina Orale).	Europe	Cl	2010-2020	600	Depression (29), anxiety (307)	Prospective	Cross-sectional	No	0	Palate (273), tongue (243), lips (140), buccal mucosa (130), gingiva (123), floor of the mouth (114)	300	300	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	WHO 2003	Yes	Yes	Yes	No	Medical assessment	Depression: Hamilton Rating Scale for Depression (HAM-D) Anxiety: Hamilton Rating Scale for Anxiety (HAM-A)	No	ND	
Liao	2021	Jiang	Jiang	National Clinical Research Center for Oral Diseases, Department of Oral Medicine, West China Hospital of Stomatology, Sichuan University, Chengdu, Sichuan, China	Asia	Cl	ND	174	Anxiety (22)	Prospective	Cross-sectional	No	0	ND	76	98	ND	ND	ND	ND	ND	ND	ND	Oral medicine/ pathologist	WHO 1978	ND	Yes	ND	ND	Self-reported	Self-rating Anxiety Scale (SAS)	ND	ND	

Abbreviations: Cl, clinic; ND, not described; OLP, oral lichen planus; OLL, oral lichenoid lesions; OLR, oral lichenoid reactions; Pop, Population; WHO, World Health Organisation.

3. Depression meta-analyses.

3.1 Magnitude of association between OLP and depression.

Figure S1. Forest plot graphically representing the analysis of the magnitude of association -using OR as effect size measure- between depression and OLP.

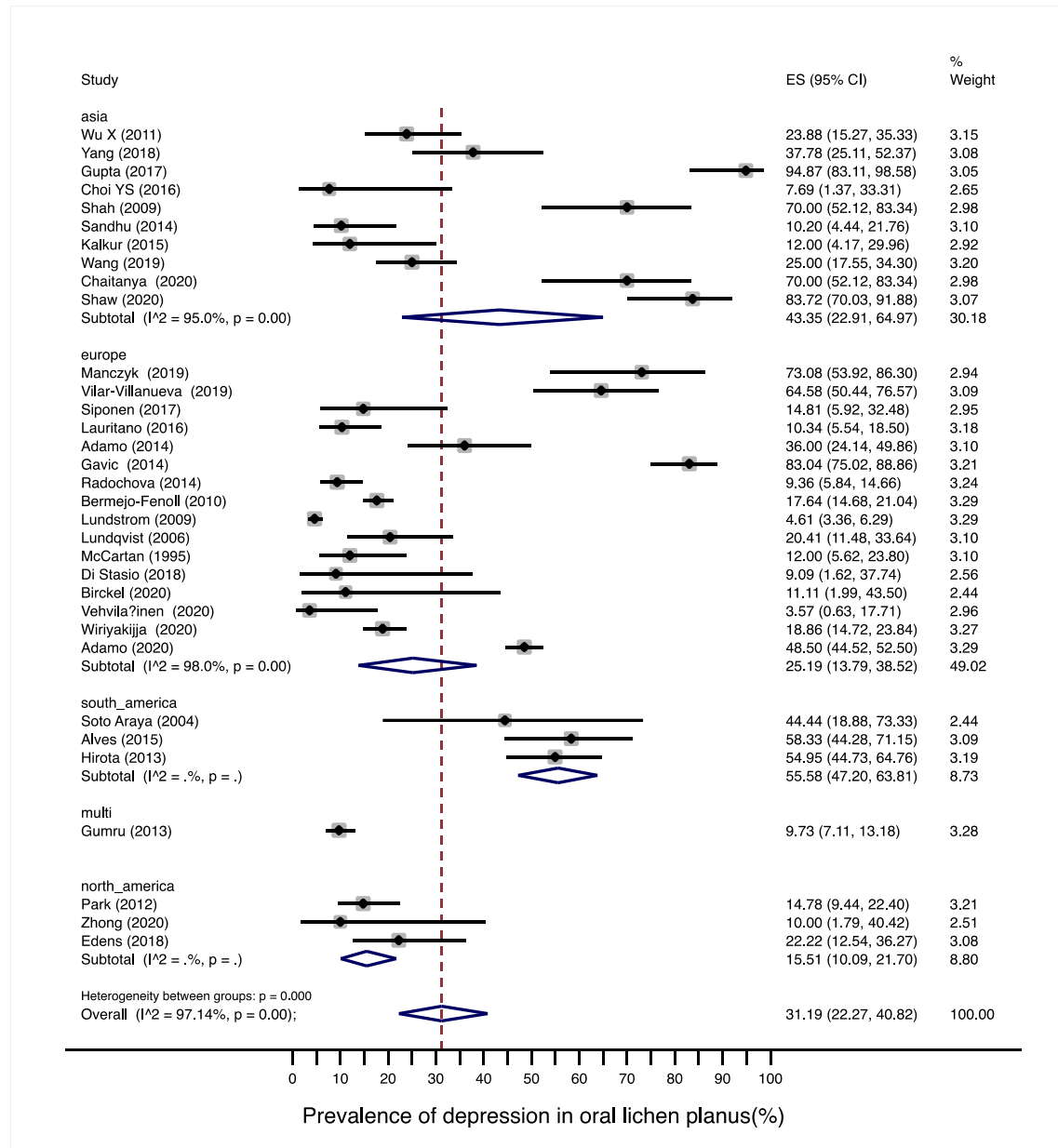


OR, odds ratio; CI, confidence interval; Random-effects model.

3.2 Prevalence of depression among OLP patients. Subgroup meta-analyses.

3.2.1 Prevalence of depression among OLP patients by continents.

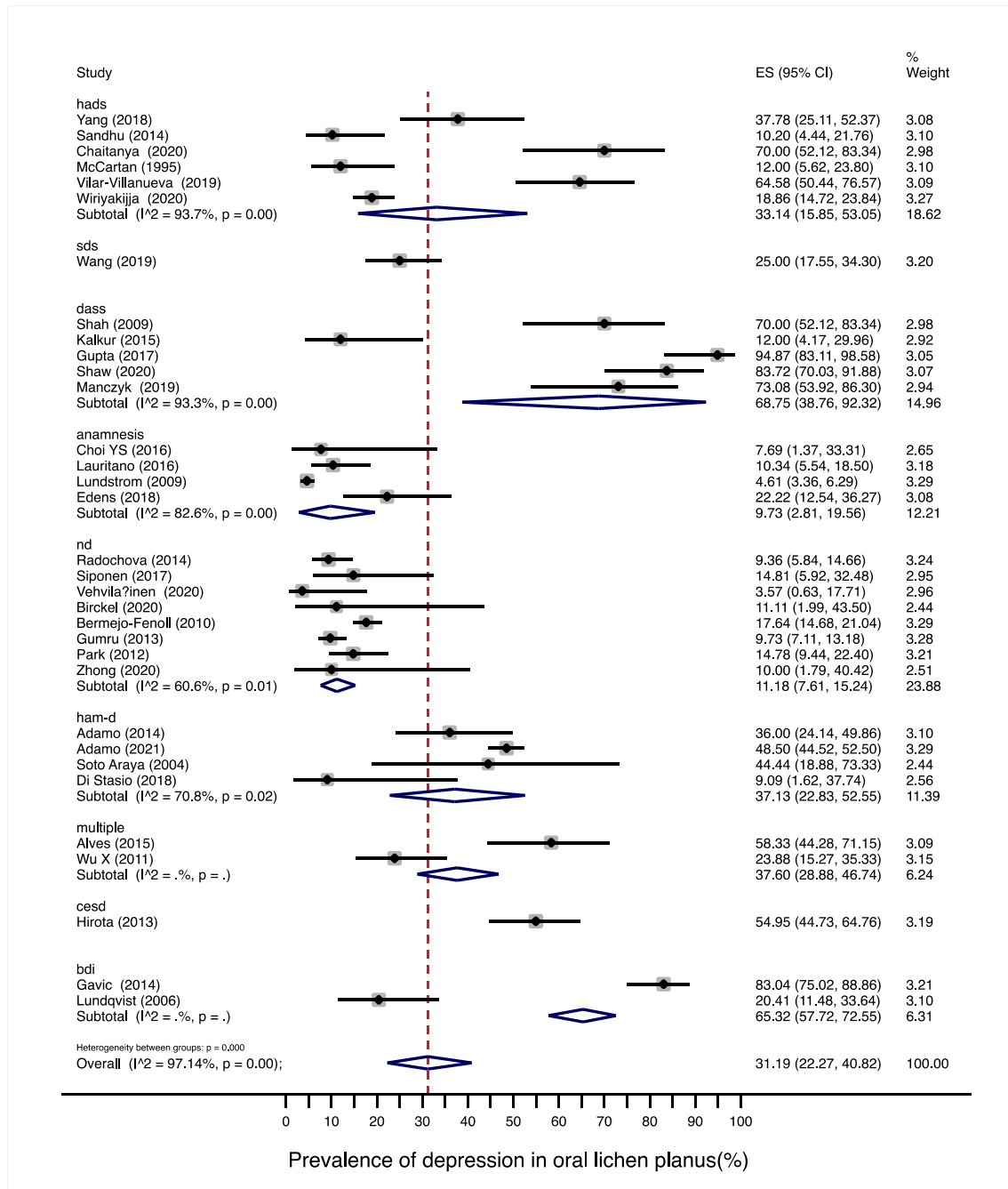
Figure S2. Forest plot graphically representing the stratified analysis of the prevalence of depression -using pooled proportions as effect size measure- among OLP patients by continents.



ES, effect size; CI, confidence interval; Random-effects model.

3.2.2 Prevalence of depression among OLP patients by diagnostic depression test.

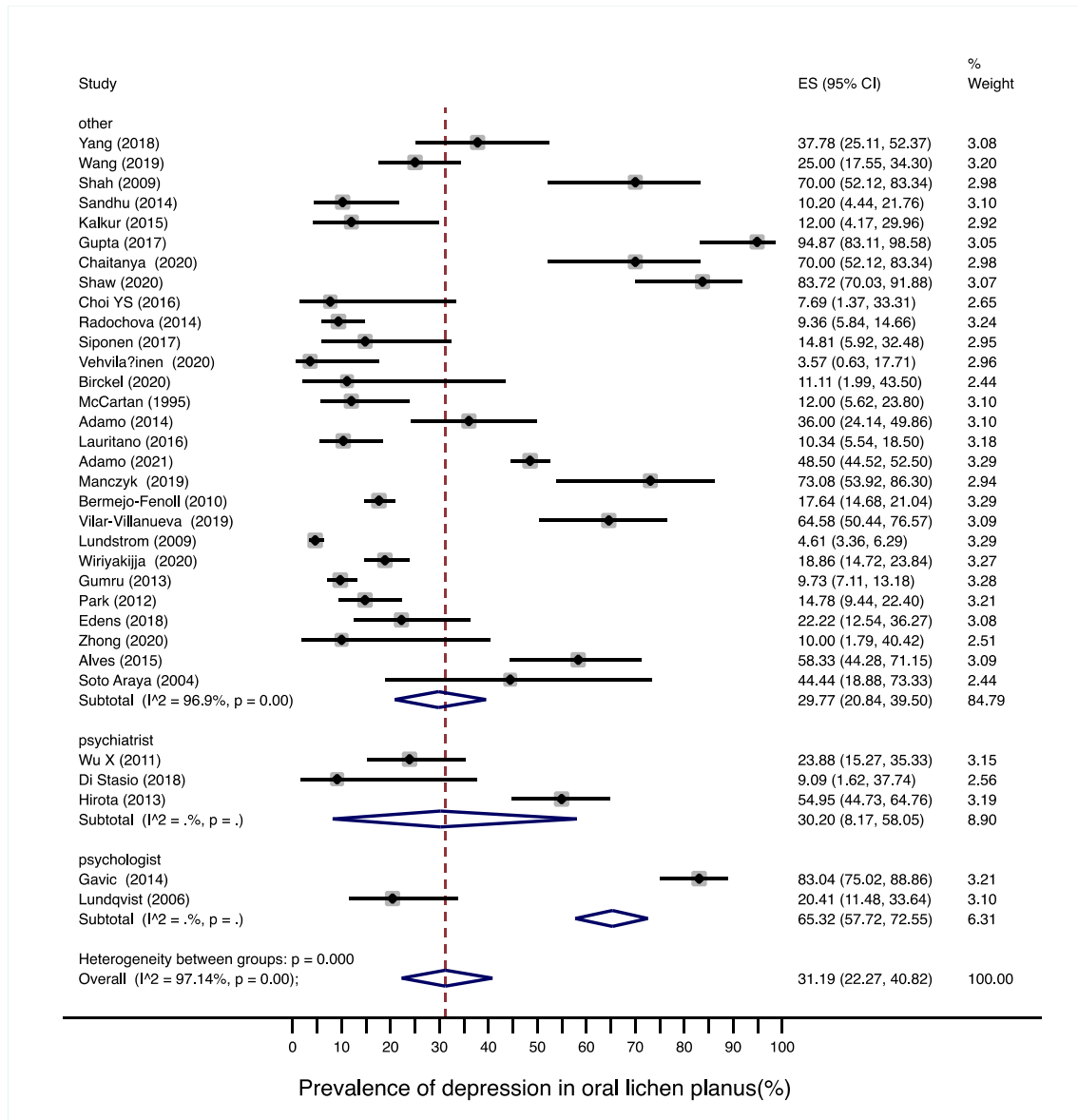
Figure S3. Forest plot graphically representing the stratified analysis of the prevalence of depression -using pooled proportions as effect size measure - among OLP patients by diagnostic depression test.



ES, estimation; CI, confidence interval; Random-effects model.

3.2.3 Prevalence of depression among OLP patients by specialist implied in diagnosis of depression.

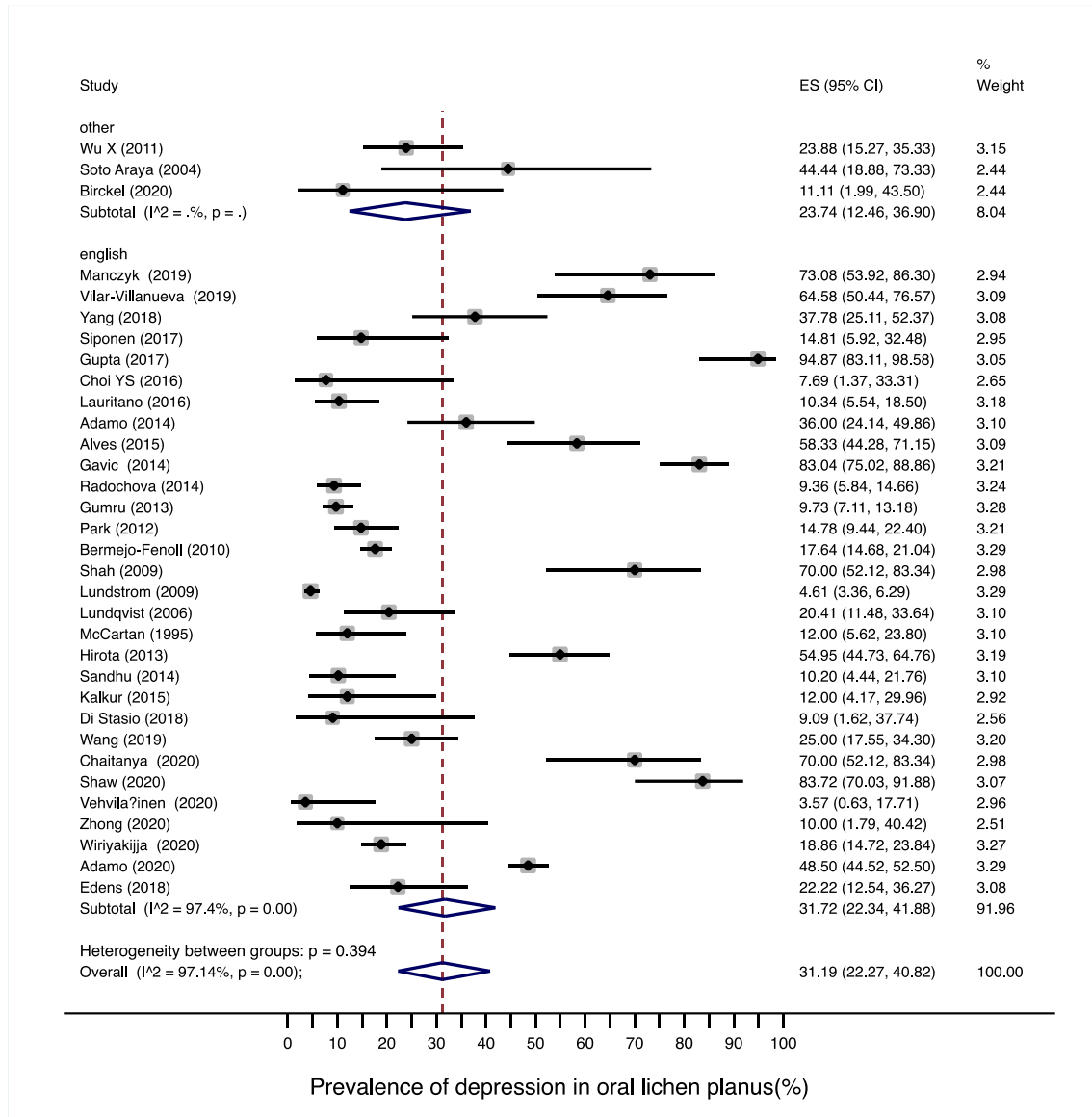
Figure S4. Forest plot graphically representing the stratified analysis of the prevalence of depression -using pooled proportions as effect size measure - among OLP patients by specialist implied in diagnosis of depression.



ES, estimation; CI, confidence interval; Random-effects model.

3.2.4 Prevalence of depression among OLP patients by publication language.

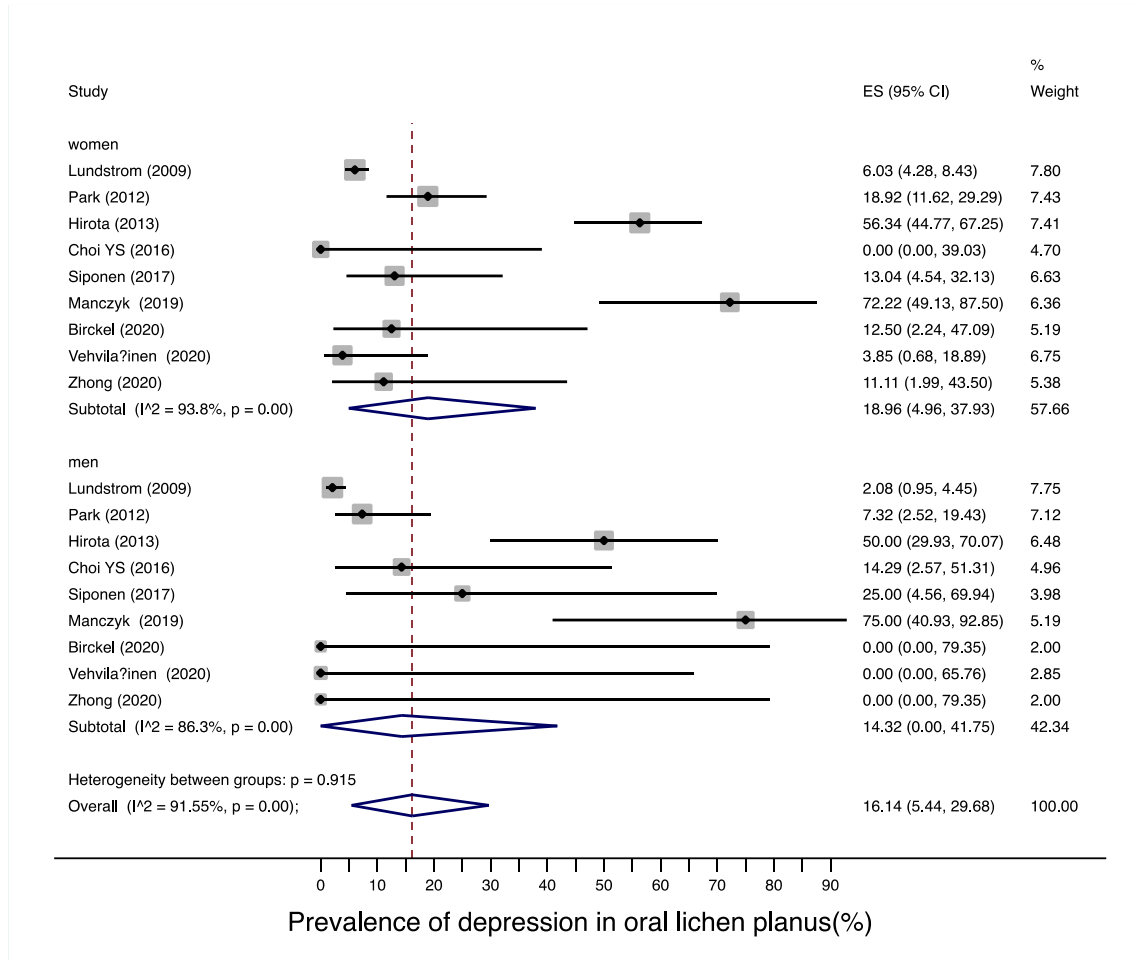
Figure S5. Forest plot graphically representing the stratified analysis of the prevalence of depression -using pooled proportions as effect size measure- among OLP patients by publication language.



ES, estimation; CI, confidence interval; Random-effects model.

3.2.5 Prevalence of depression among OLP patients by sex.

Figure S6. Forest plot graphically representing the stratified analysis of the prevalence of depression -using pooled proportions as effect size measure- among OLP patients by sex.

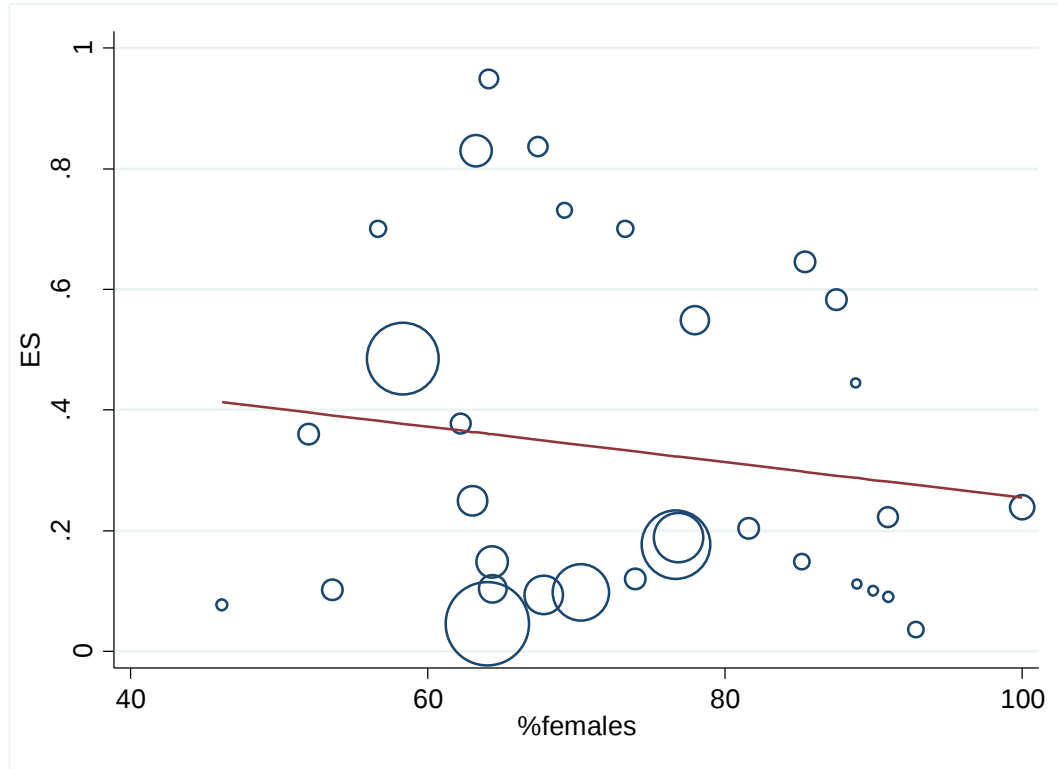


ES, estimation; CI, confidence interval; Random-effects model.

3.3 Prevalence of depression among OLP patients. Meta-regression analyses.

3.2.1 Effect of sex on the prevalence of depression among OLP patients.

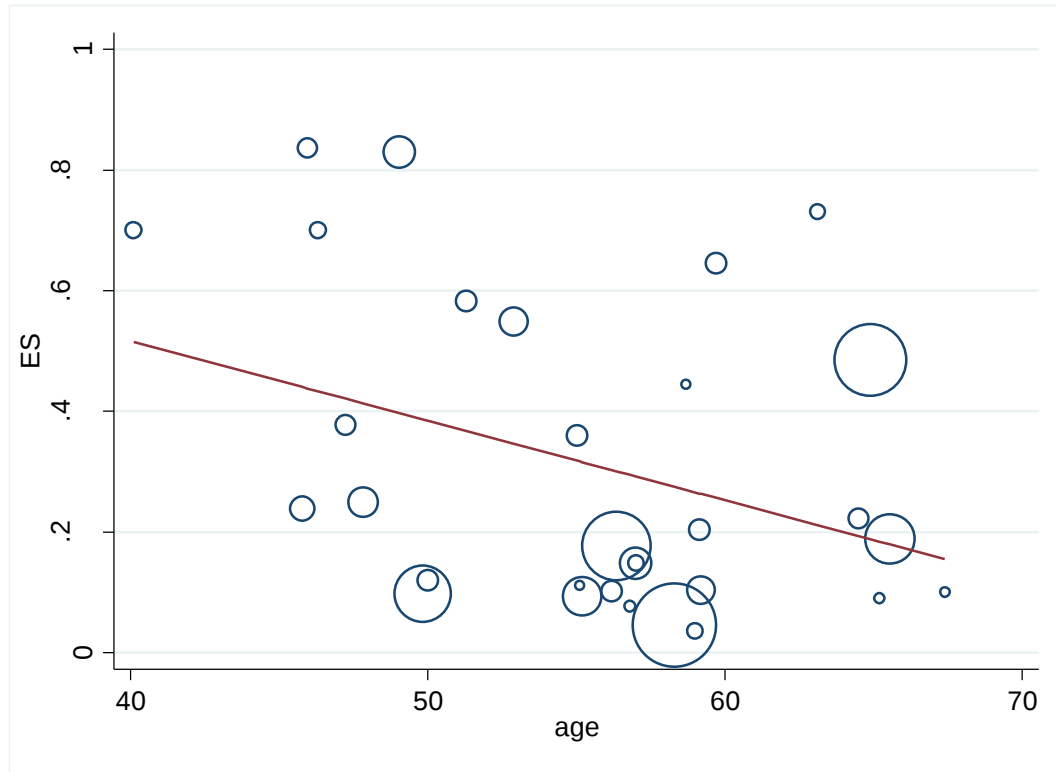
Figure S7. Bubble plot graphically representing the potential effect of sex (% of female patients) on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.2 Effect of age on the prevalence of depression among OLP patients.

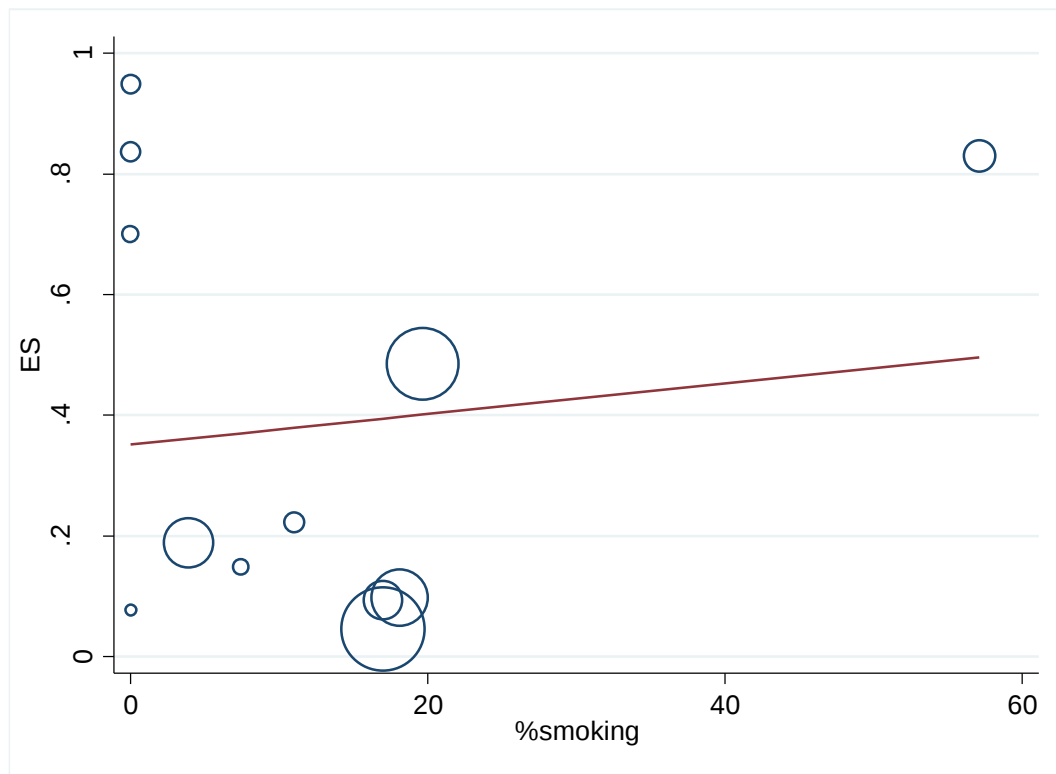
Figure S8. Bubble plot graphically representing the potential effect of age (expressed in years) of patients on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.3 Effect of tobacco on the prevalence of depression among OLP patients.

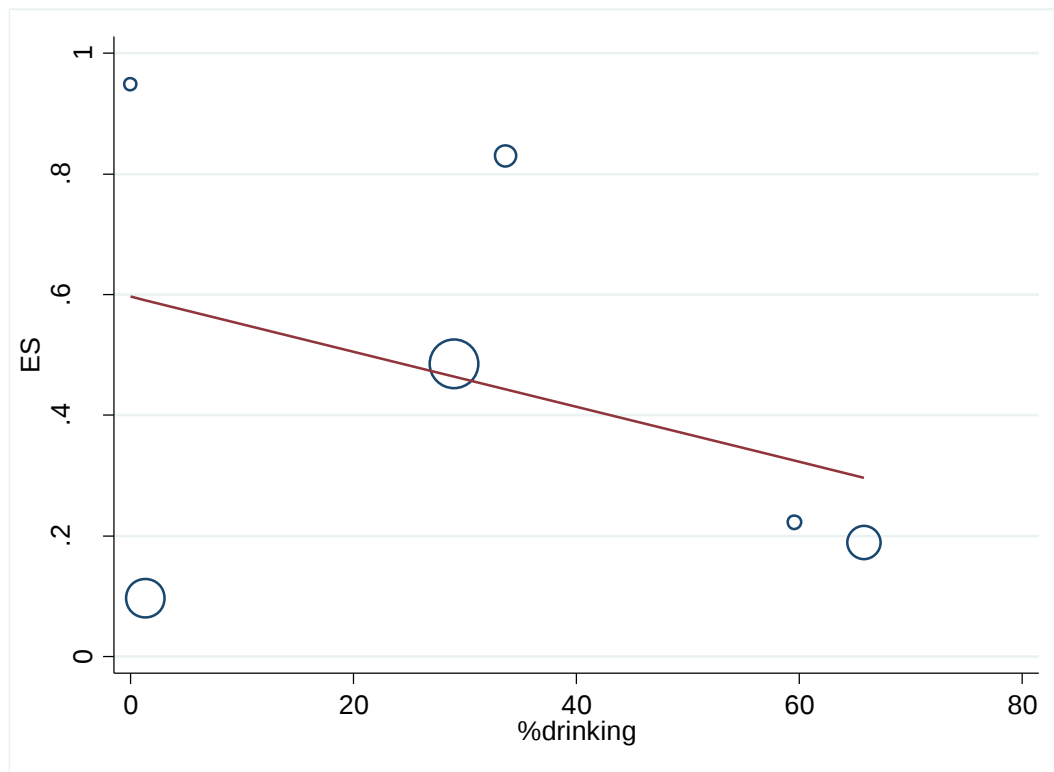
Figure S9. Bubble plot graphically representing the potential effect of tobacco (% of smokers) on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.4 Effect of alcohol on the prevalence of depression among OLP patients.

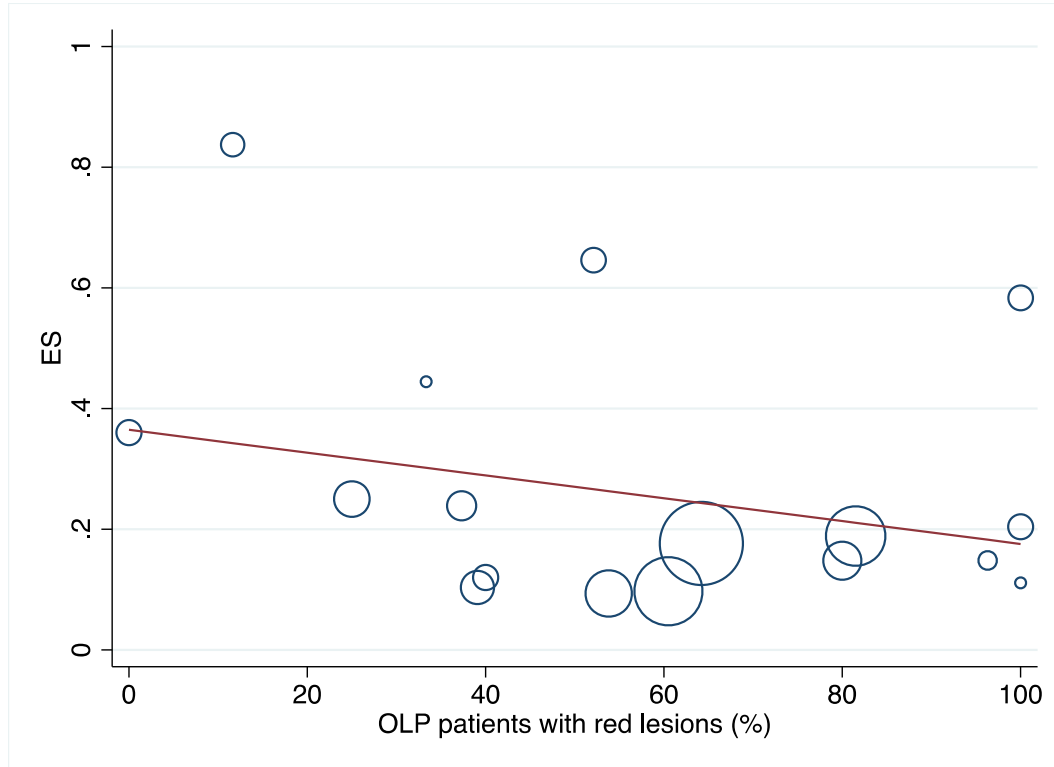
Figure S10. Bubble plot graphically representing the potential effect of alcohol (% of drinkers) on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.5 Effect of OLP type on the prevalence of depression among OLP patients.

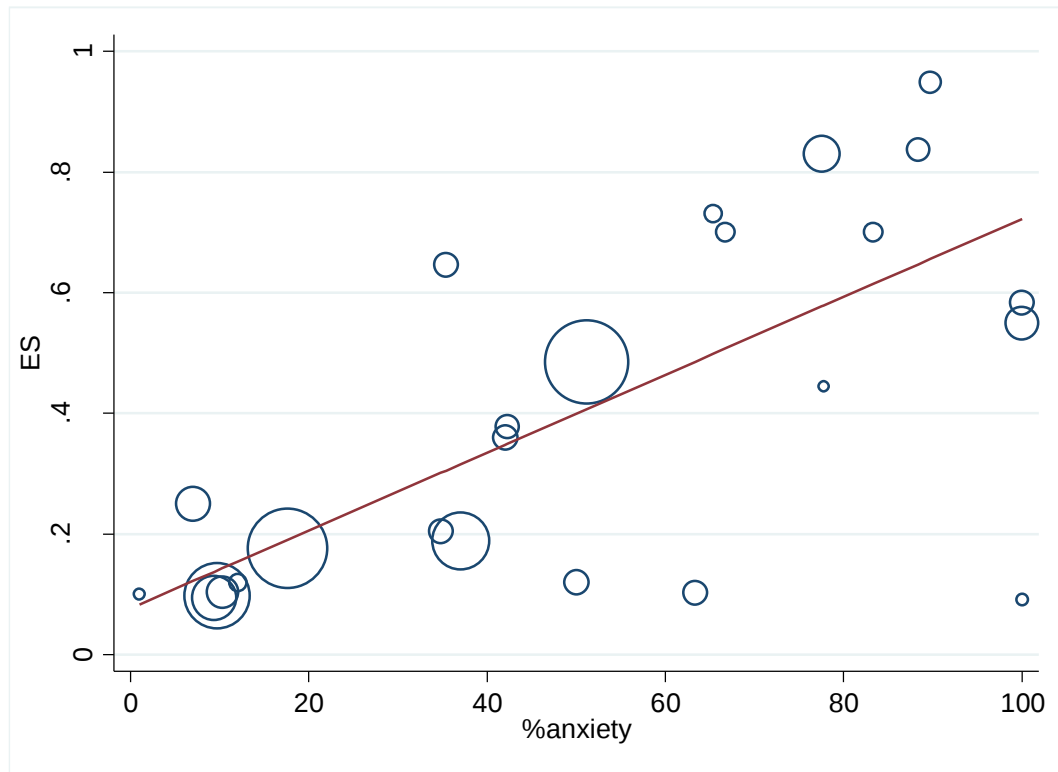
Figure S11. Bubble plot graphically representing the potential effect of OLP type (% of patients with red lesions) on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.6 Effect of anxiety on the prevalence of depression among OLP patients.

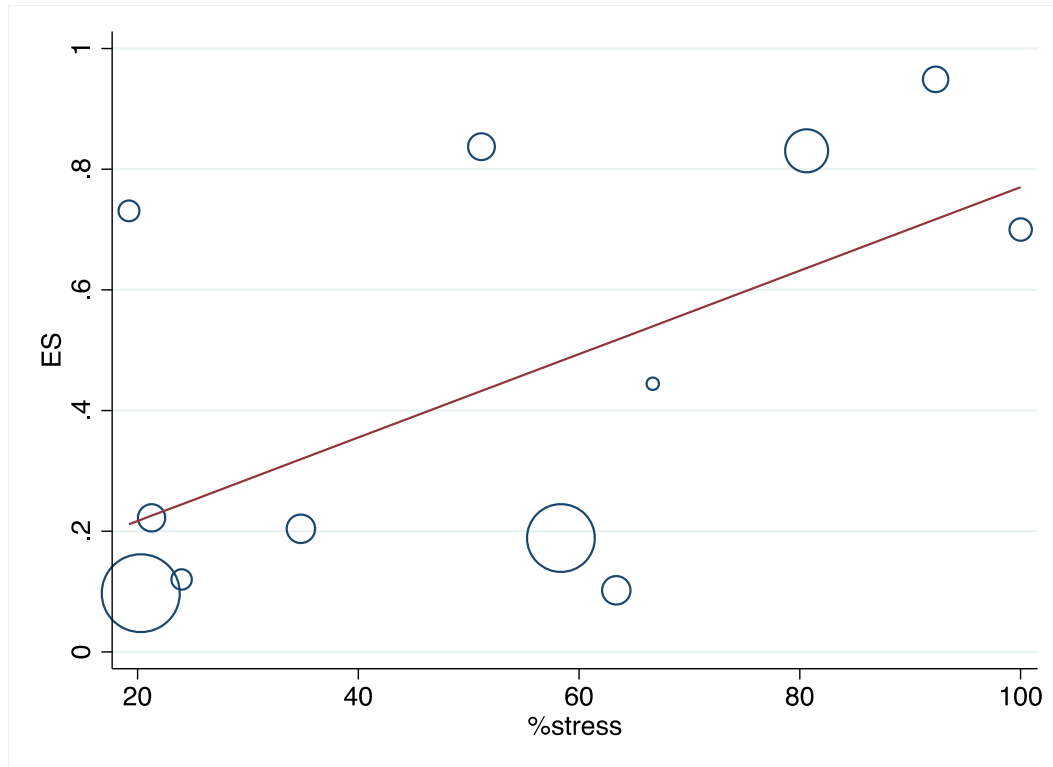
Figure S12. Bubble plot graphically representing the potential effect of anxiety (% of patients affected by anxiety) on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.7 Effect of stress on the prevalence of depression among OLP patients.

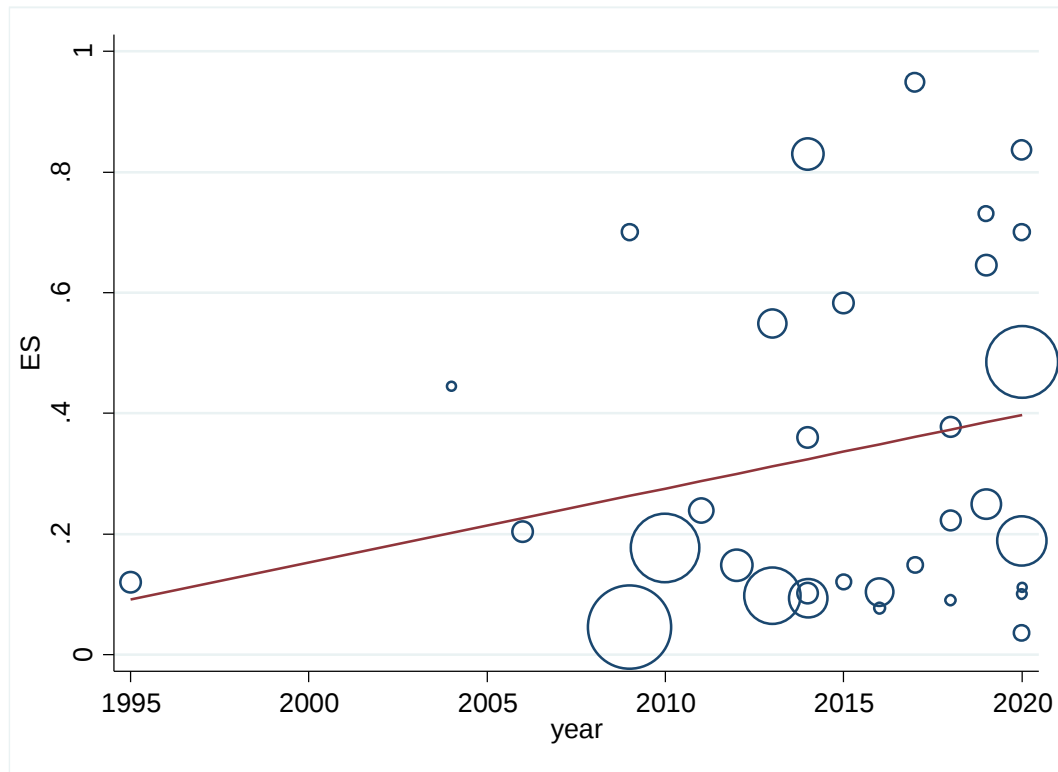
Figure S13. Bubble plot graphically representing the potential effect of stress (% of patients affected by stress) on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.8 Effect of publication year on the prevalence of depression among OLP patients.

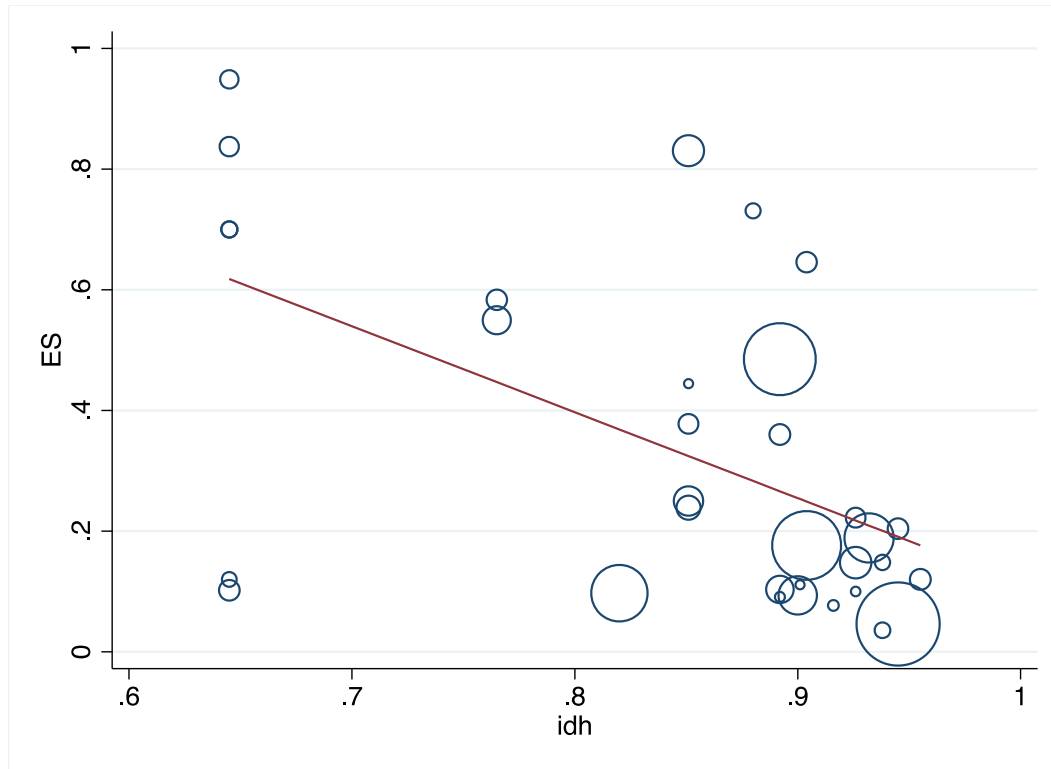
Figure S14. Bubble plot graphically representing the potential effect of publication year on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.9 Effect of human development index on the prevalence of depression among OLP patients.

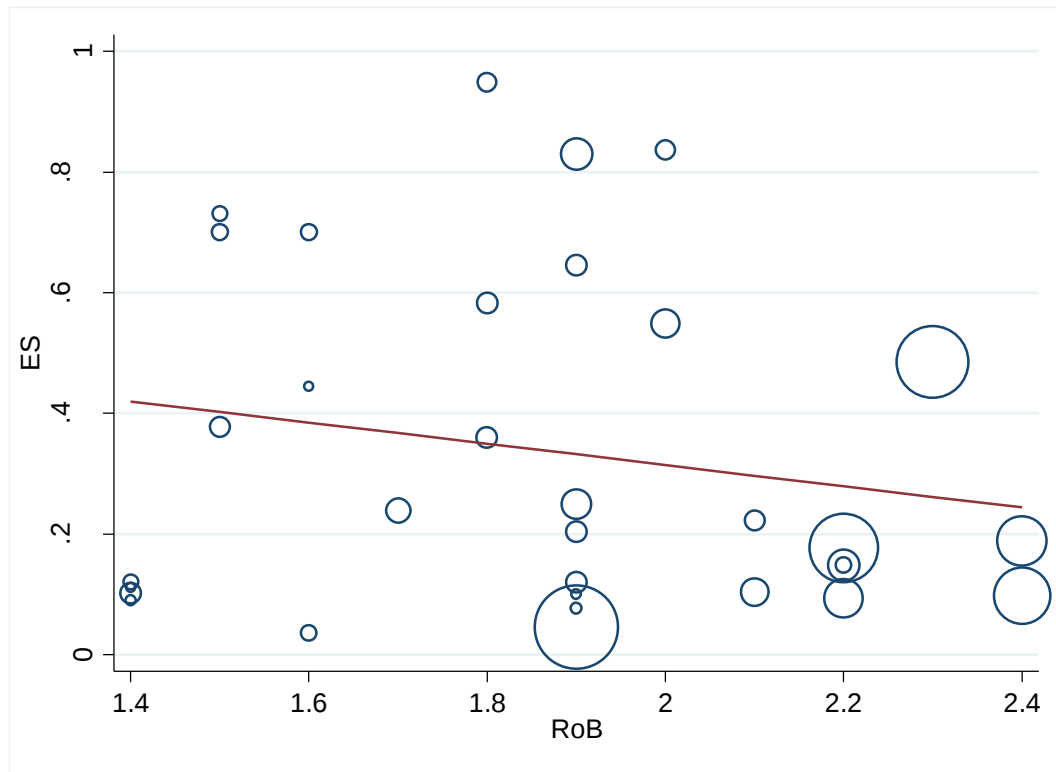
Figure S15. Bubble plot graphically representing the potential effect of human development index on depression prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

3.2.10 Effect of risk of bias on the prevalence of depression among OLP patients.

Figure S16. Bubble plot graphically representing the potential effect of risk of bias (expressed as overall score) on depression prevalence (derived from meta-regression analysis; see table 2).

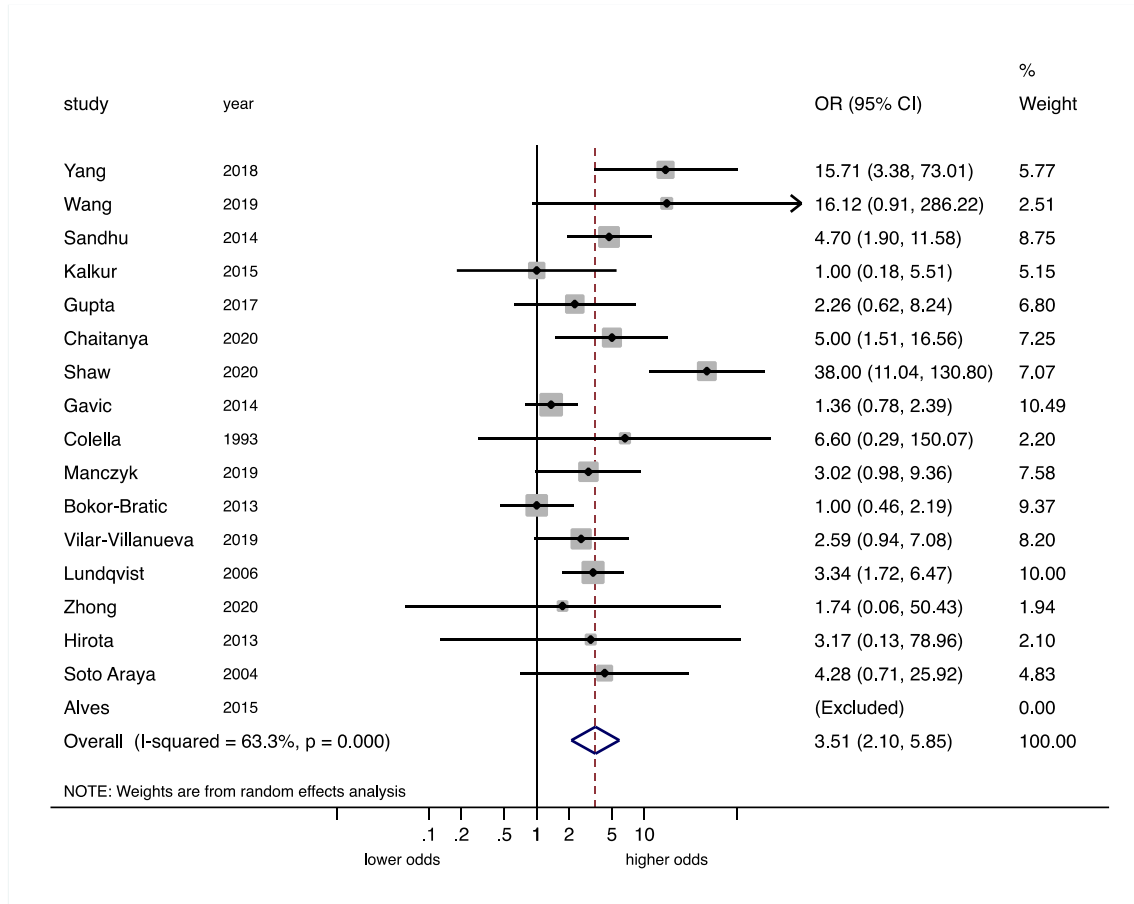


The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4. Anxiety meta-analyses.

4.1 Magnitude of association between OLP and anxiety.

Figure S17. Forest plot graphically representing the analysis of the magnitude of association -using OR as effect size measure- between anxiety and OLP.

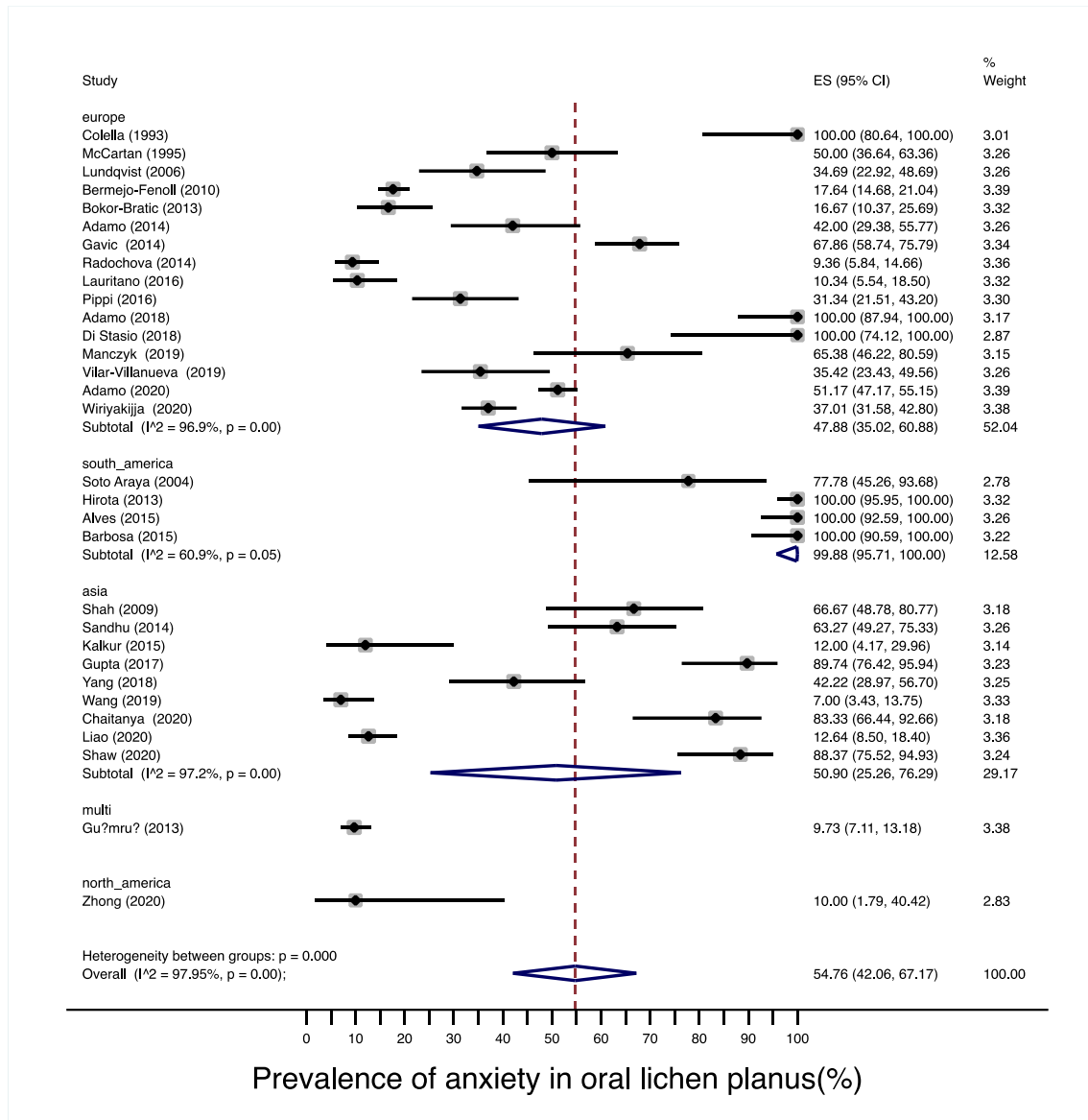


OR, odds ratio; CI, confidence interval; Random-effects model.

4.2 Prevalence of anxiety among OLP patients. Subgroup meta-analyses.

4.2.1 Prevalence of anxiety among OLP patients by continent.

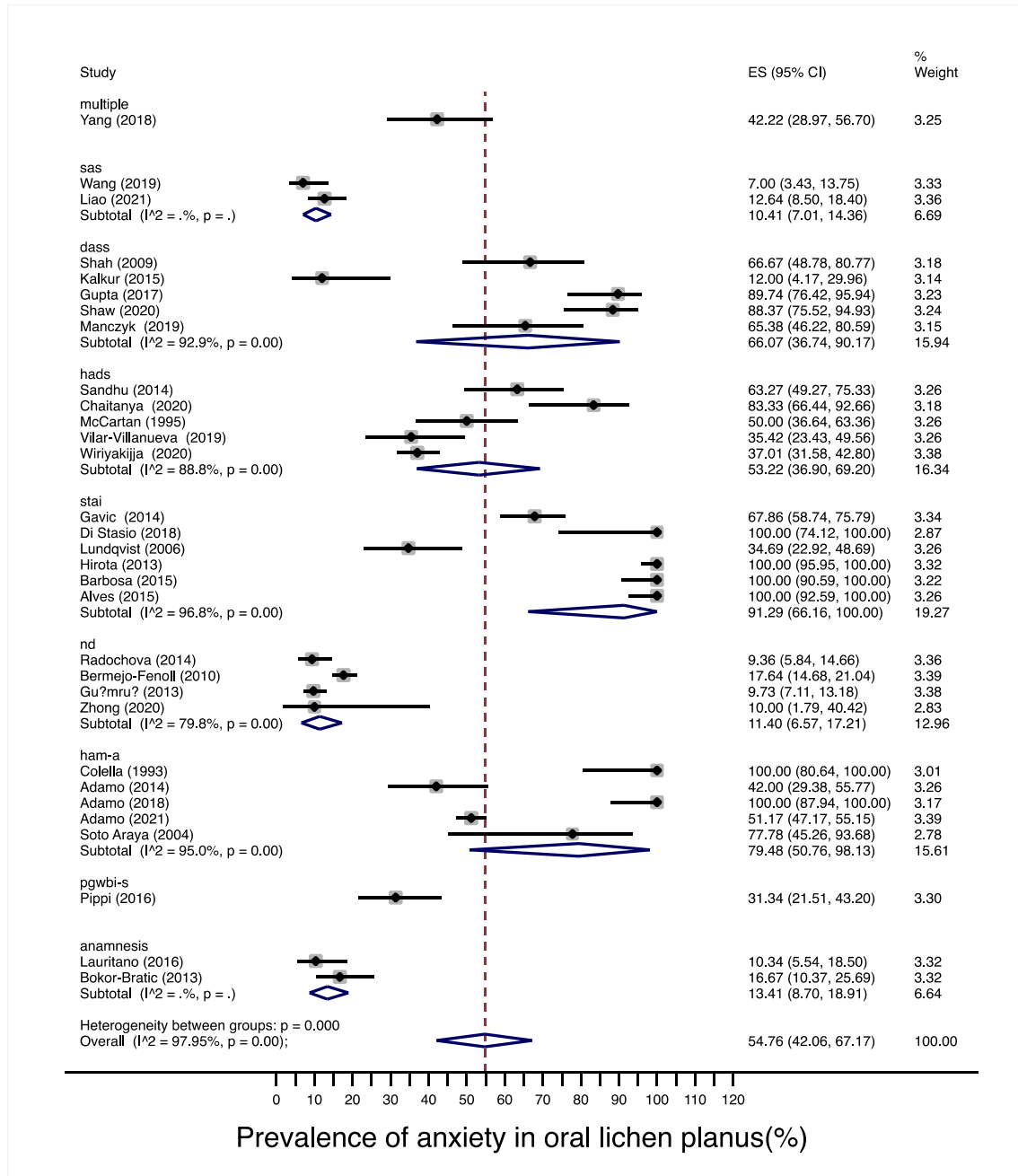
Figure S18. Forest plot graphically representing the stratified analysis of the prevalence of anxiety -using pooled proportions as effect size measure- among OLP patients by continent.



ES, estimation; CI, confidence interval; Random-effects model.

4.2.2 Prevalence of anxiety among OLP patients by diagnostic anxiety test.

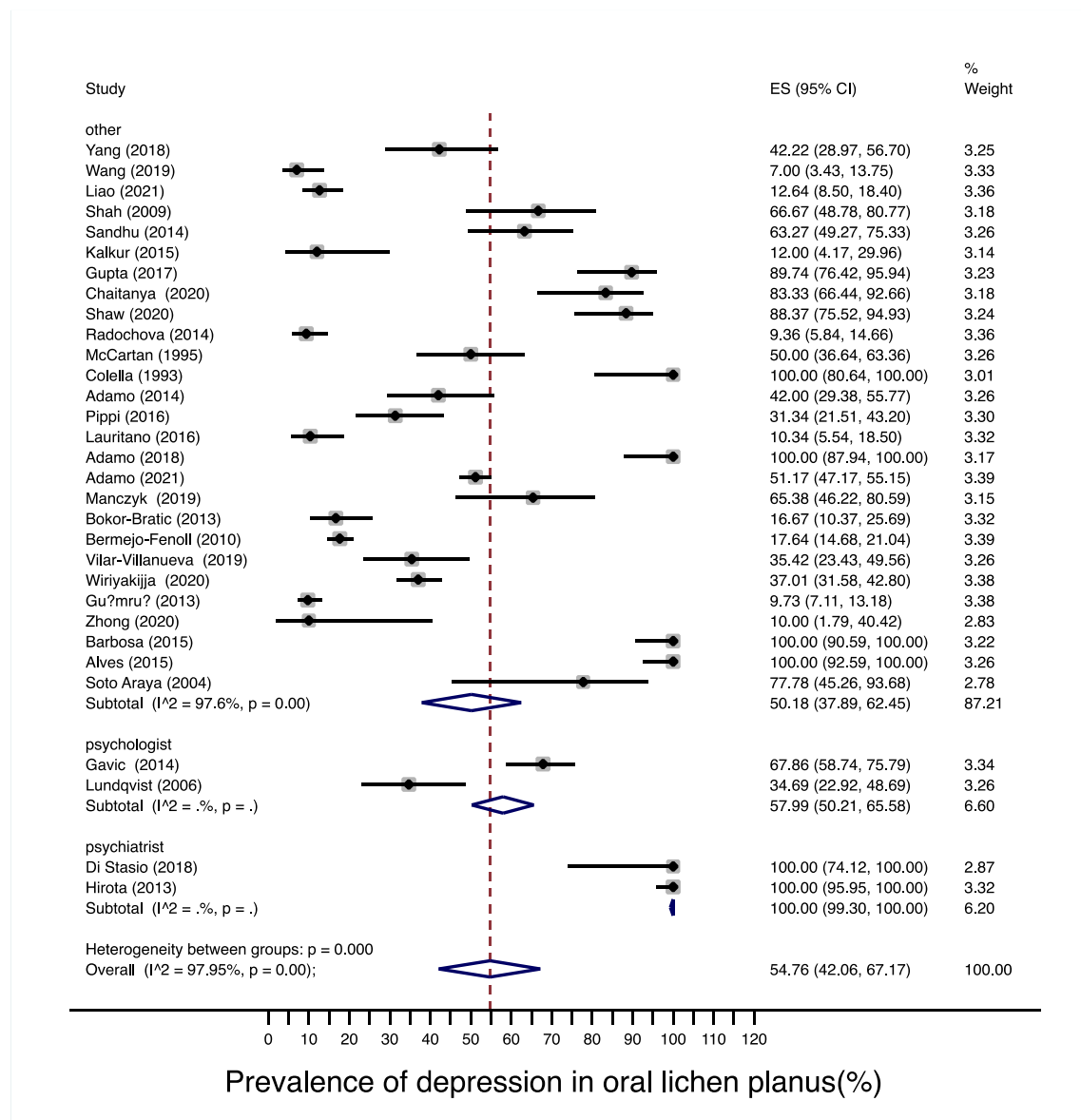
Figure S19. Forest plot graphically representing the stratified analysis of the prevalence of anxiety -using pooled proportions as effect size measure- among OLP patients by diagnostic anxiety test.



ES, estimation; CI, confidence interval; Random-effects model.

4.2.3 Prevalence of anxiety among OLP patients by specialist implied in diagnosis of anxiety.

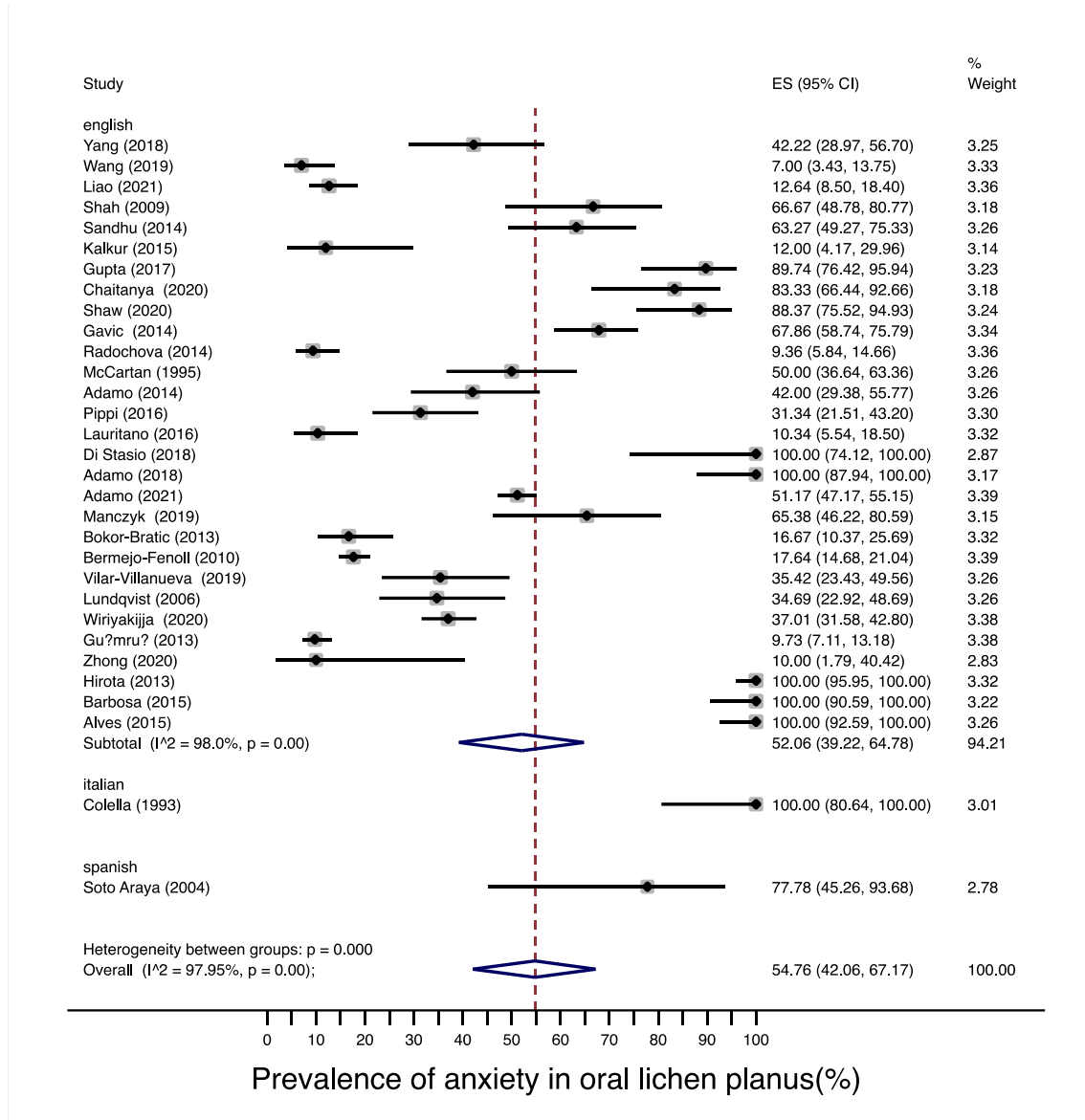
Figure S20. Forest plot graphically representing the stratified analysis of the prevalence of anxiety -using pooled proportions as effect size measure- among OLP patients by specialist implied in diagnosis of anxiety.



ES, estimation; CI, confidence interval; Random-effects model.

4.2.4 Prevalence of anxiety among OLP patients by publication language.

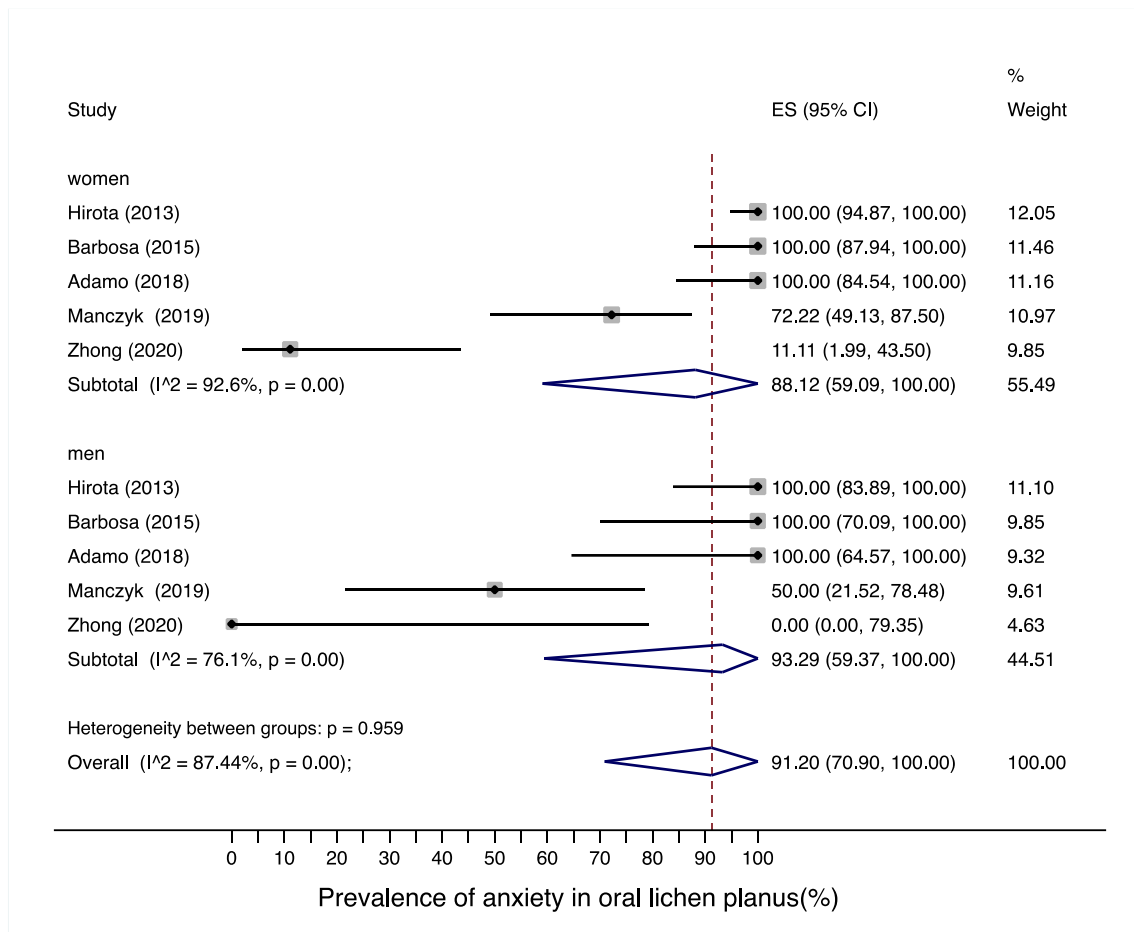
Figure S21. Forest plot graphically representing the stratified analysis of the prevalence of anxiety -using pooled proportions as effect size measure- among OLP patients by publication language.



ES, estimation; CI, confidence interval; Random-effects model.

4.2.5 Prevalence of anxiety among OLP patients by sex.

Figure S22. Forest plot graphically representing the stratified analysis of the prevalence of anxiety -using pooled proportions as effect size measure- among OLP patients by sex.

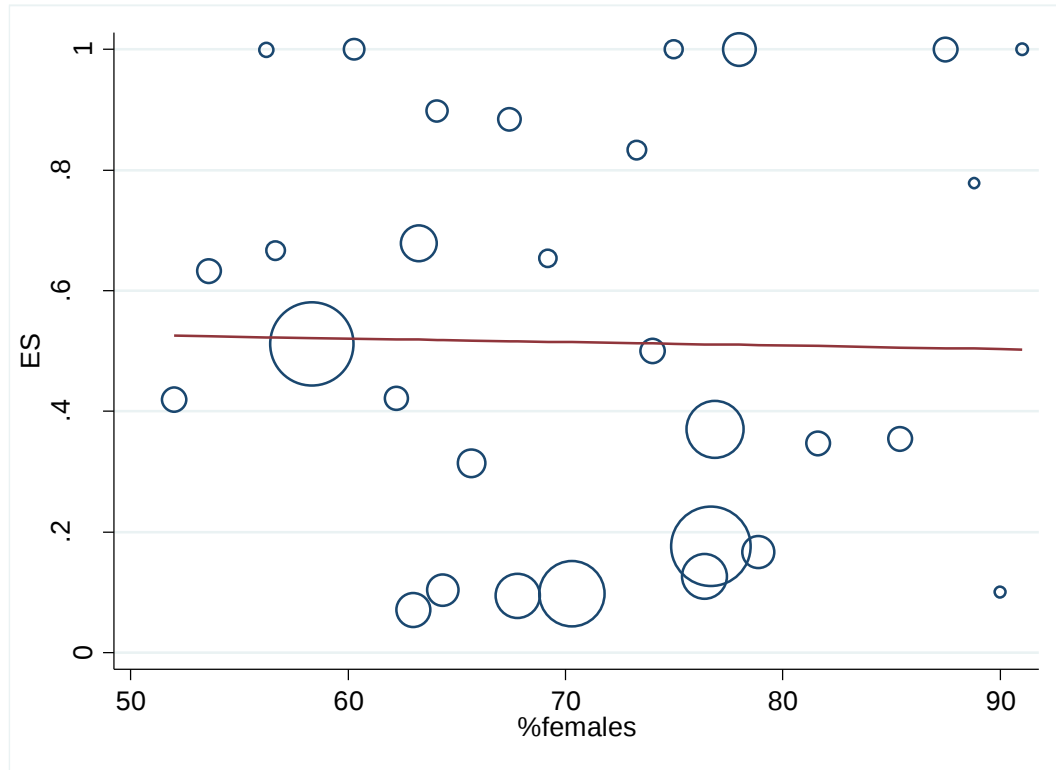


ES, estimation; CI, confidence interval; Random-effects model.

4.3 Prevalence of anxiety among OLP patients. Meta-regression analyses.

4.3.1 Effect of sex on the prevalence of anxiety among OLP patients.

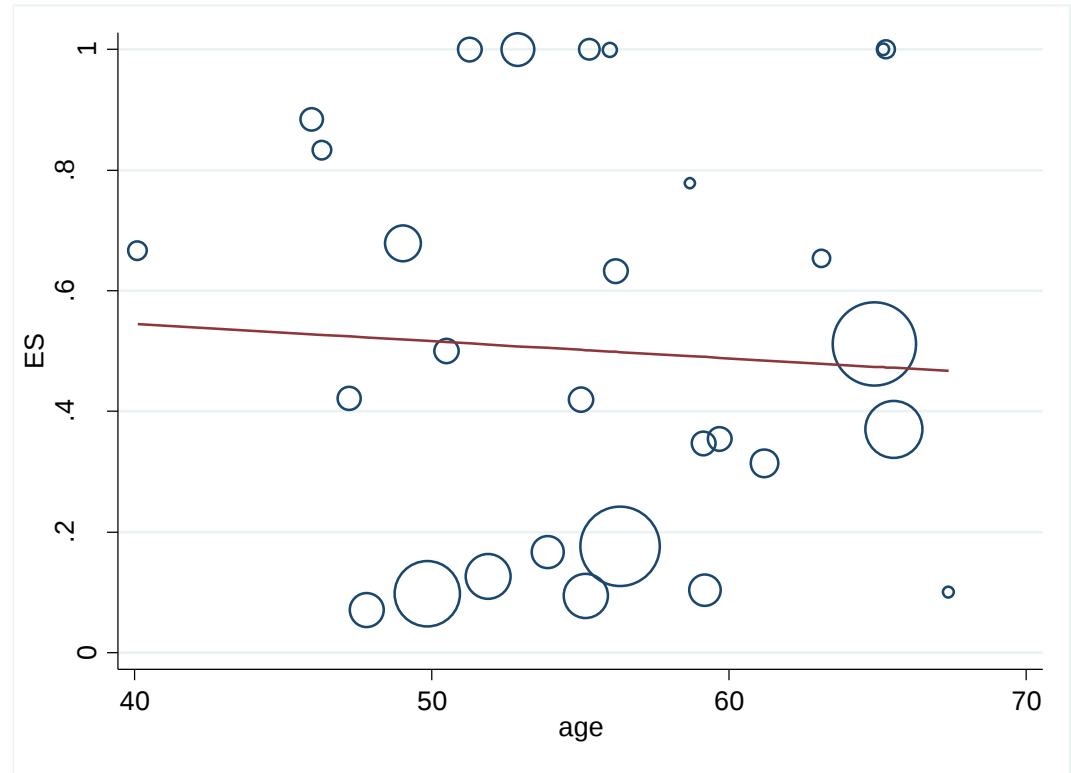
Figure S23. Bubble plot graphically representing the potential effect of sex (% of female patients) on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.2 Effect of age on the prevalence of anxiety among OLP patients.

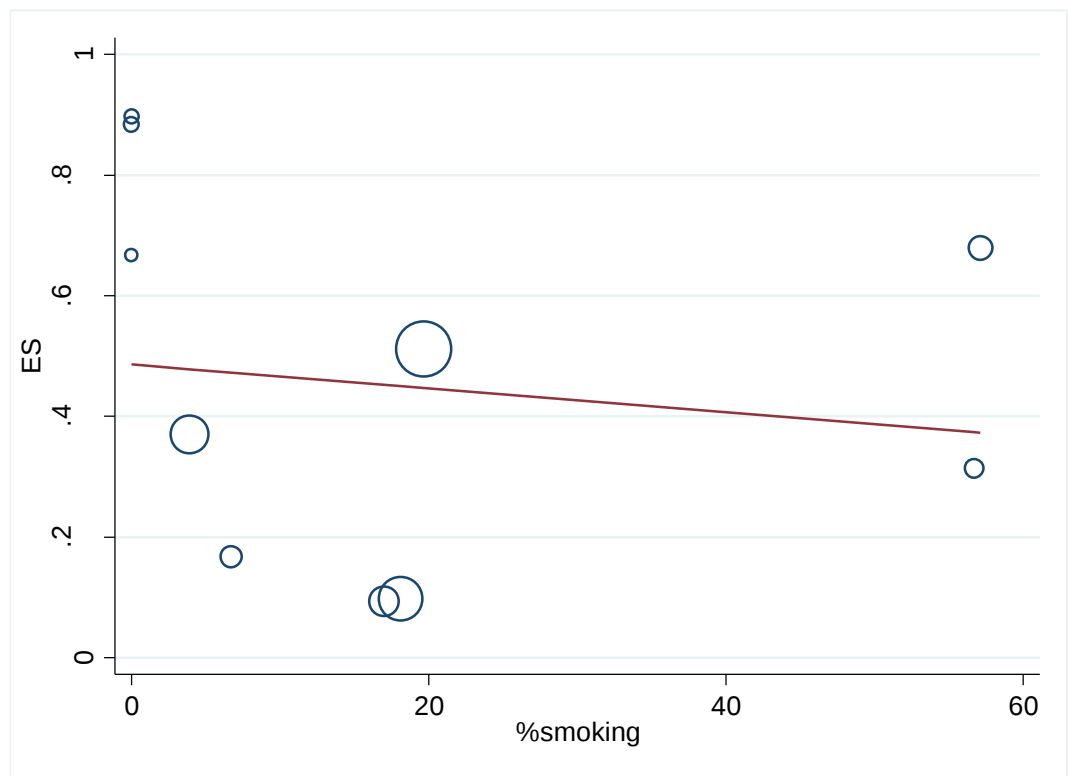
Figure S24. Bubble plot graphically representing the potential effect of age (expressed in years) on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.3 Effect of tobacco on the prevalence of anxiety among OLP patients.

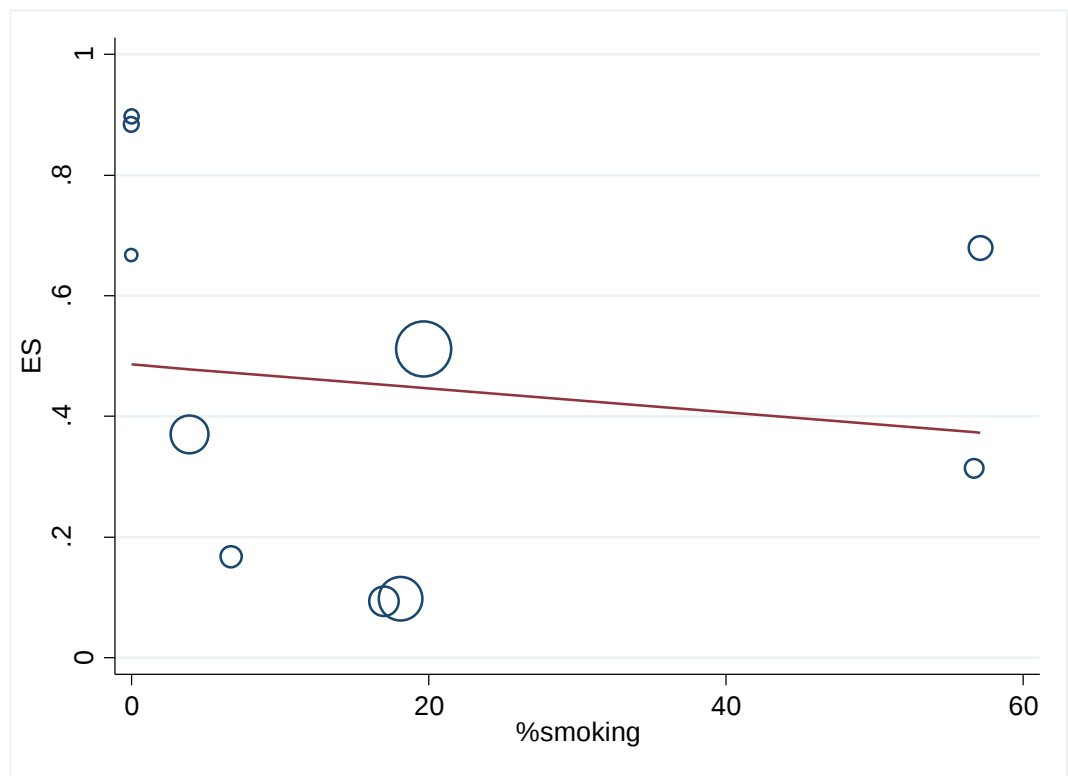
Figure S25. Bubble plot graphically representing the potential effect of tobacco (% of smokers) on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.4 Effect of alcohol on the prevalence of anxiety among OLP patients.

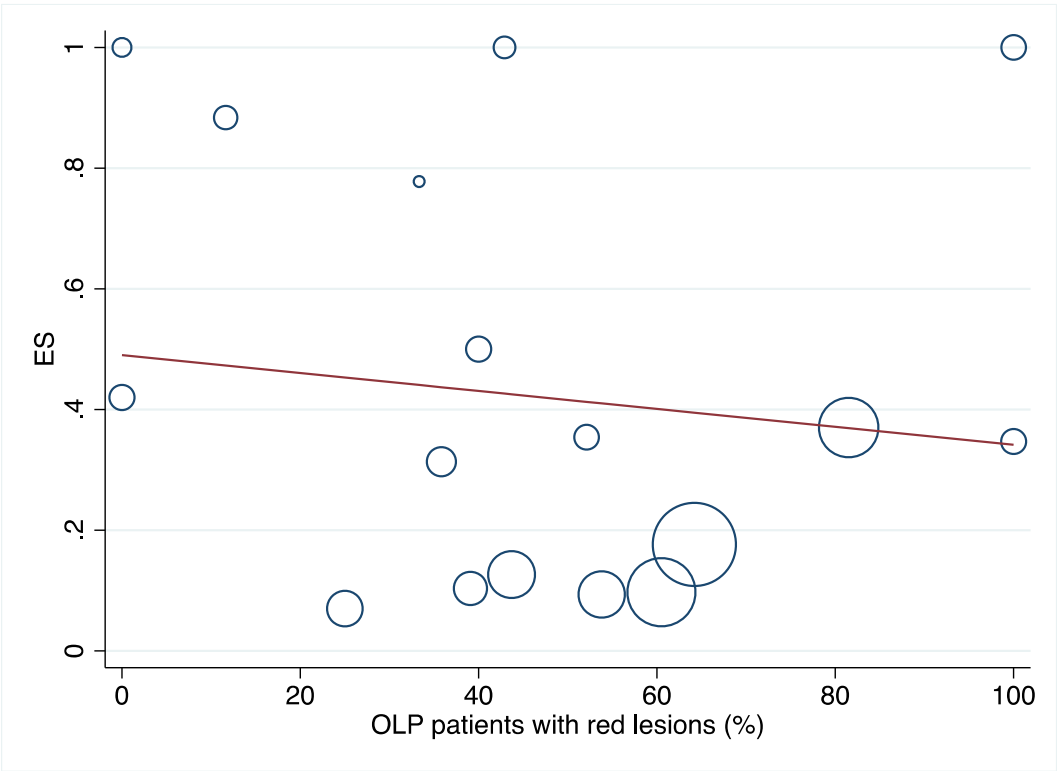
Figure S26. Bubble plot graphically representing the potential effect of alcohol (% of drinkers) on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.5 Effect of OLP type on the prevalence of anxiety among OLP patients.

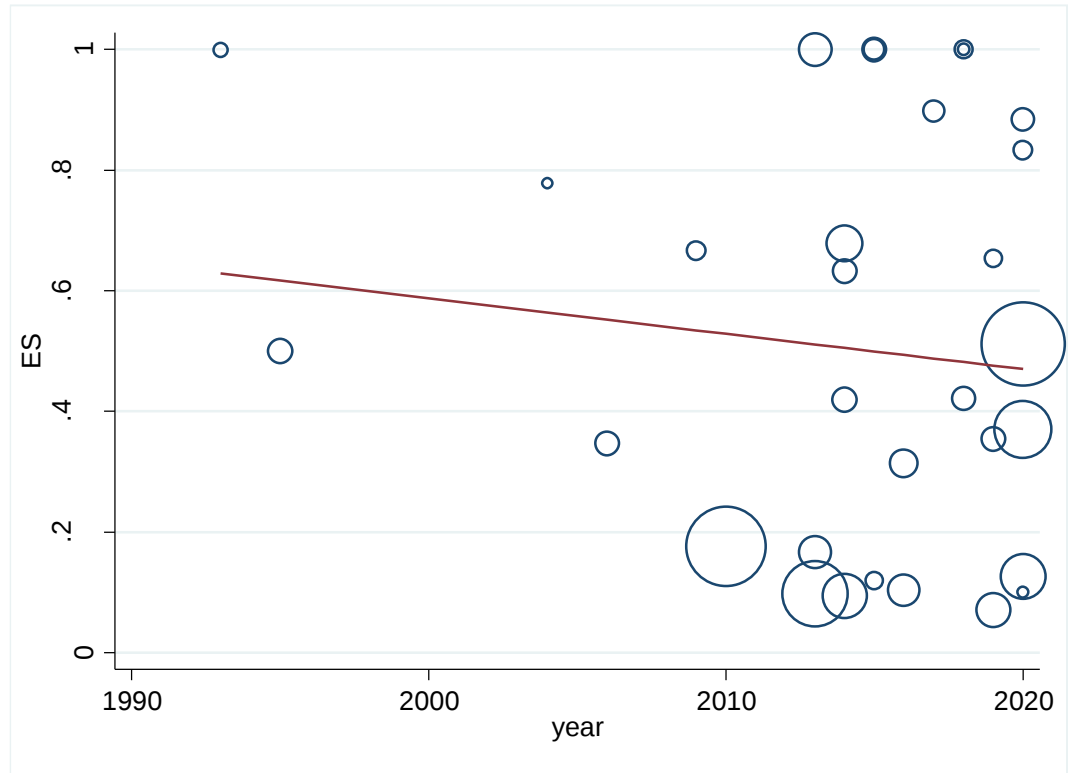
Figure S27. Bubble plot graphically representing the potential effect of OLP type (% of patients with red lesions) on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.6 Effect of publication year on the prevalence of anxiety among OLP patients.

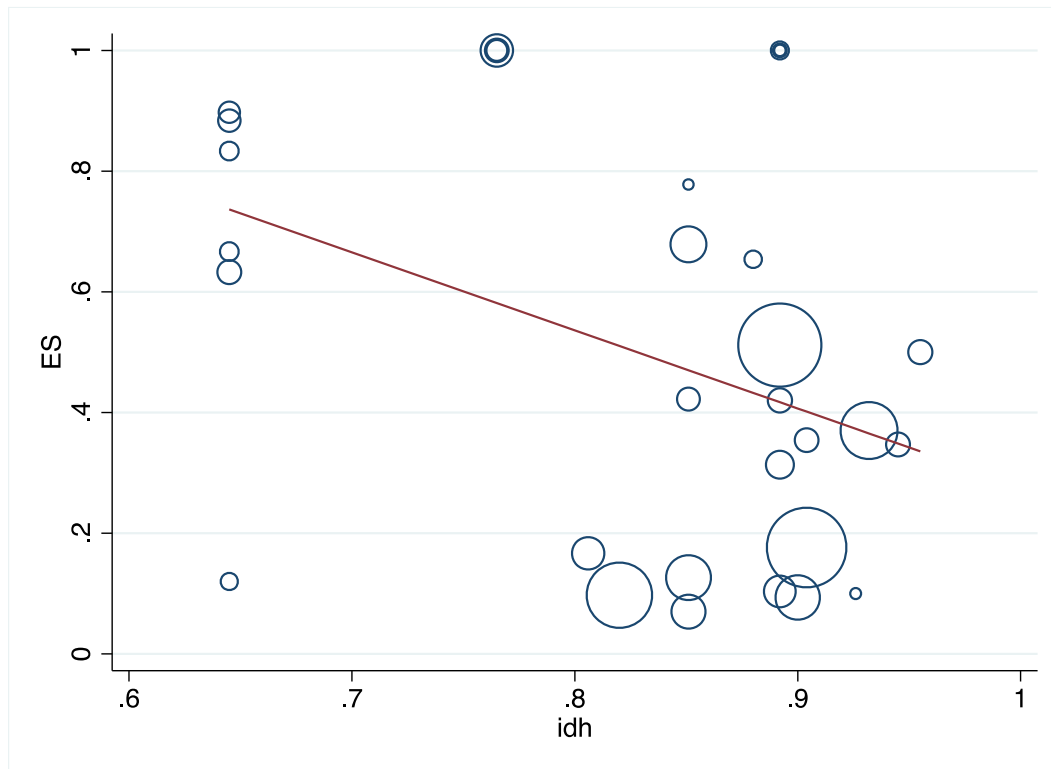
Figure S28. Bubble plot graphically representing the potential effect of publication year on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.7 Effect of human development index on the prevalence of anxiety among OLP patients.

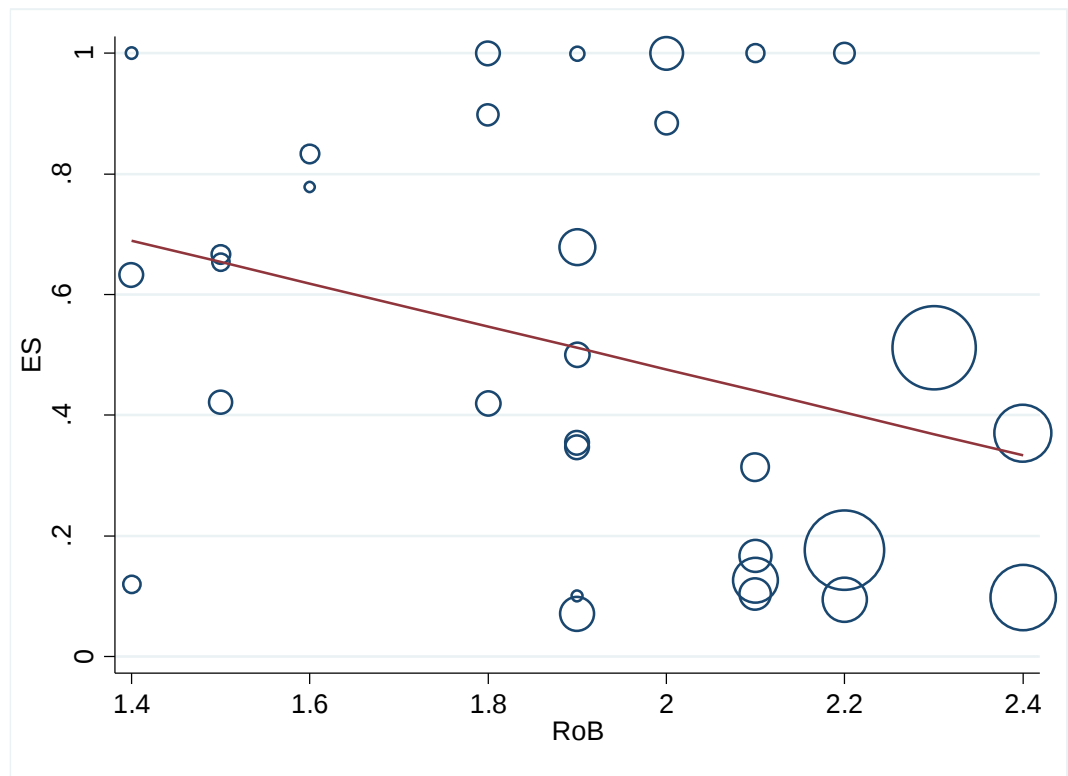
Figure S29. Bubble plot graphically representing the potential effect of human development index on anxiety prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

4.3.8 Effect of risk of bias on the prevalence of anxiety among OLP patients.

Figure S30. Bubble plot graphically representing the potential effect of risk of bias (expressed as overall score) on anxiety prevalence (derived from meta-regression analysis; see table 2).

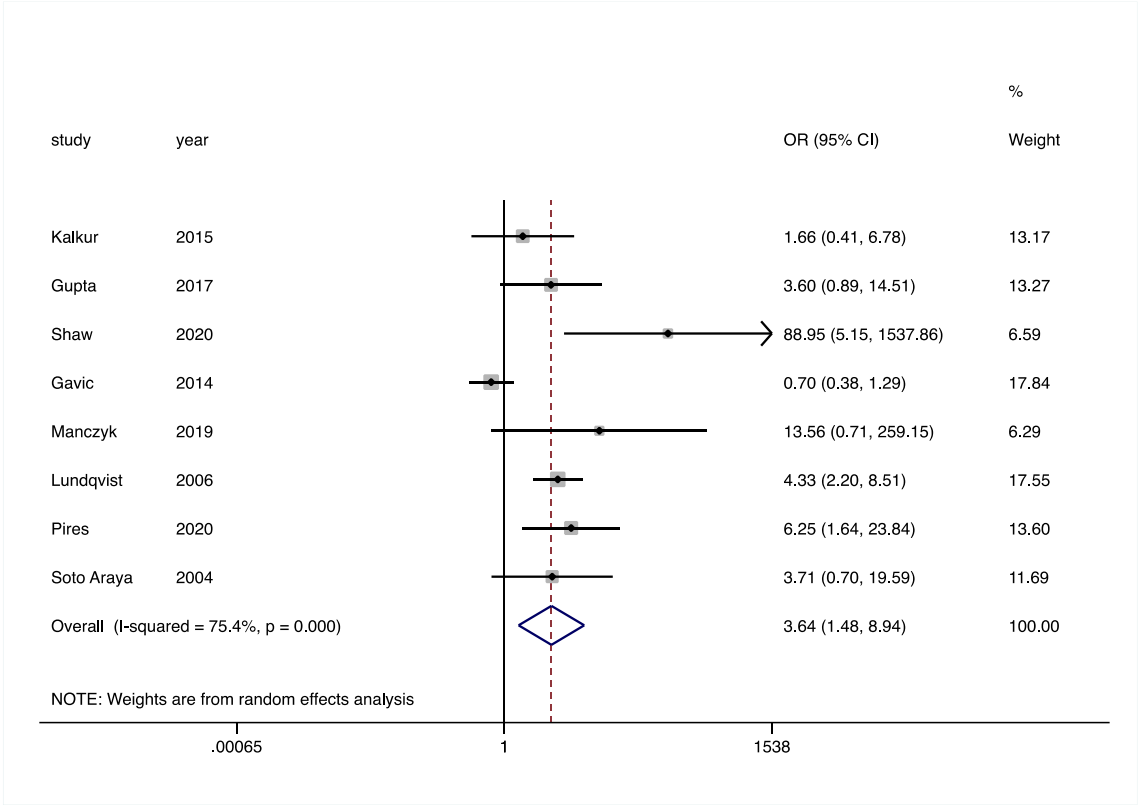


The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5. Stress meta-analyses.

5.1 Magnitude of association between OLP and stress.

Figure S31. Forest plot graphically representing the analysis of the magnitude of association -using OR as effect size measure- between stress and OLP.

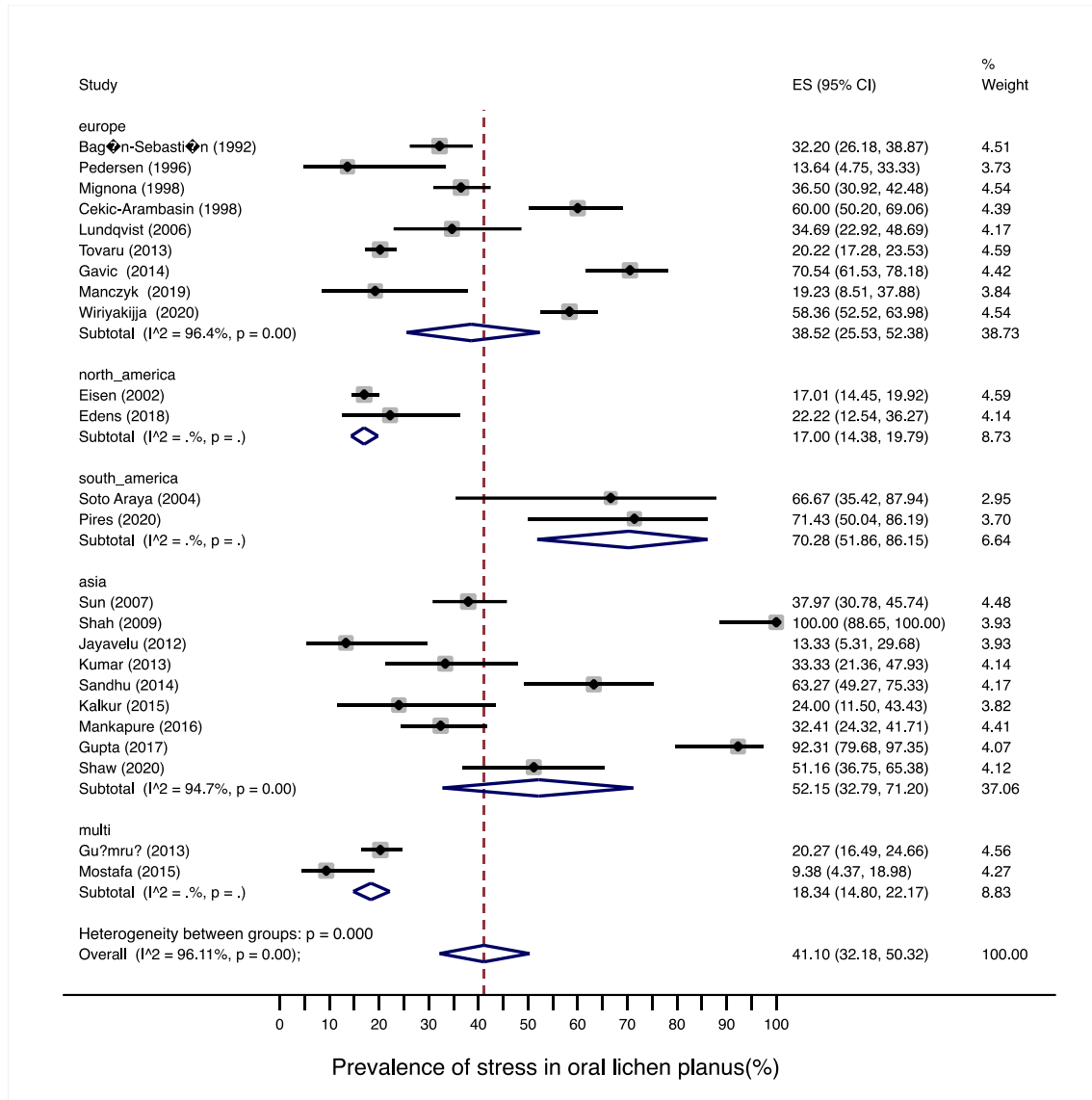


OR, odds ratio; CI, confidence interval; Random-effects model.

5.2 Prevalence of stress among OLP patients. Subgroup meta-analyses.

5.2.1 Prevalence of stress among OLP patients by continent.

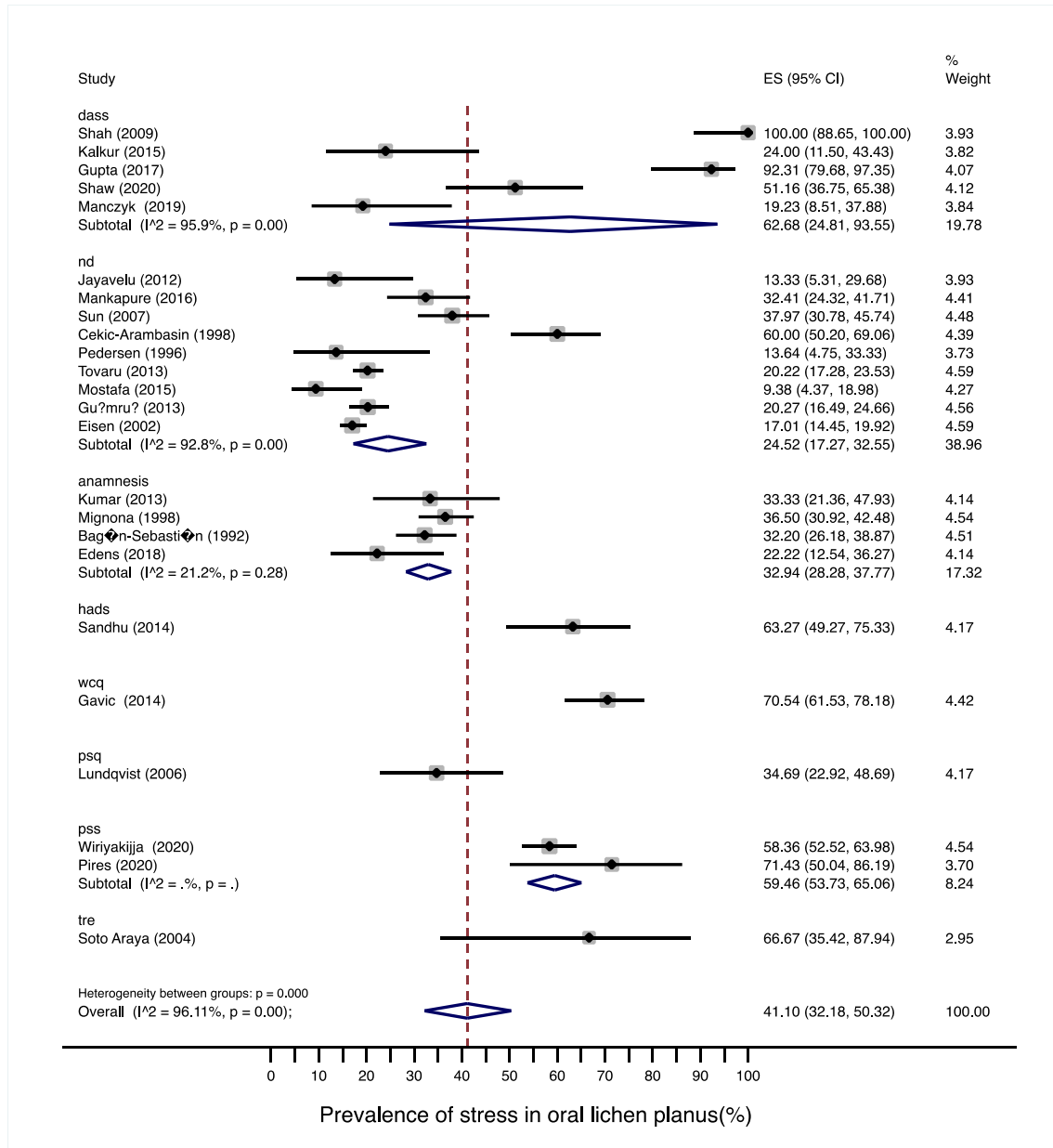
Figure S32. Forest plot graphically representing the stratified analysis of the prevalence of stress -using pooled proportions as effect size measure- among OLP patients by continent.



ES, estimation; CI, confidence interval; Random-effects model.

5.2.2 Prevalence of stress among OLP patients by diagnostic stress test.

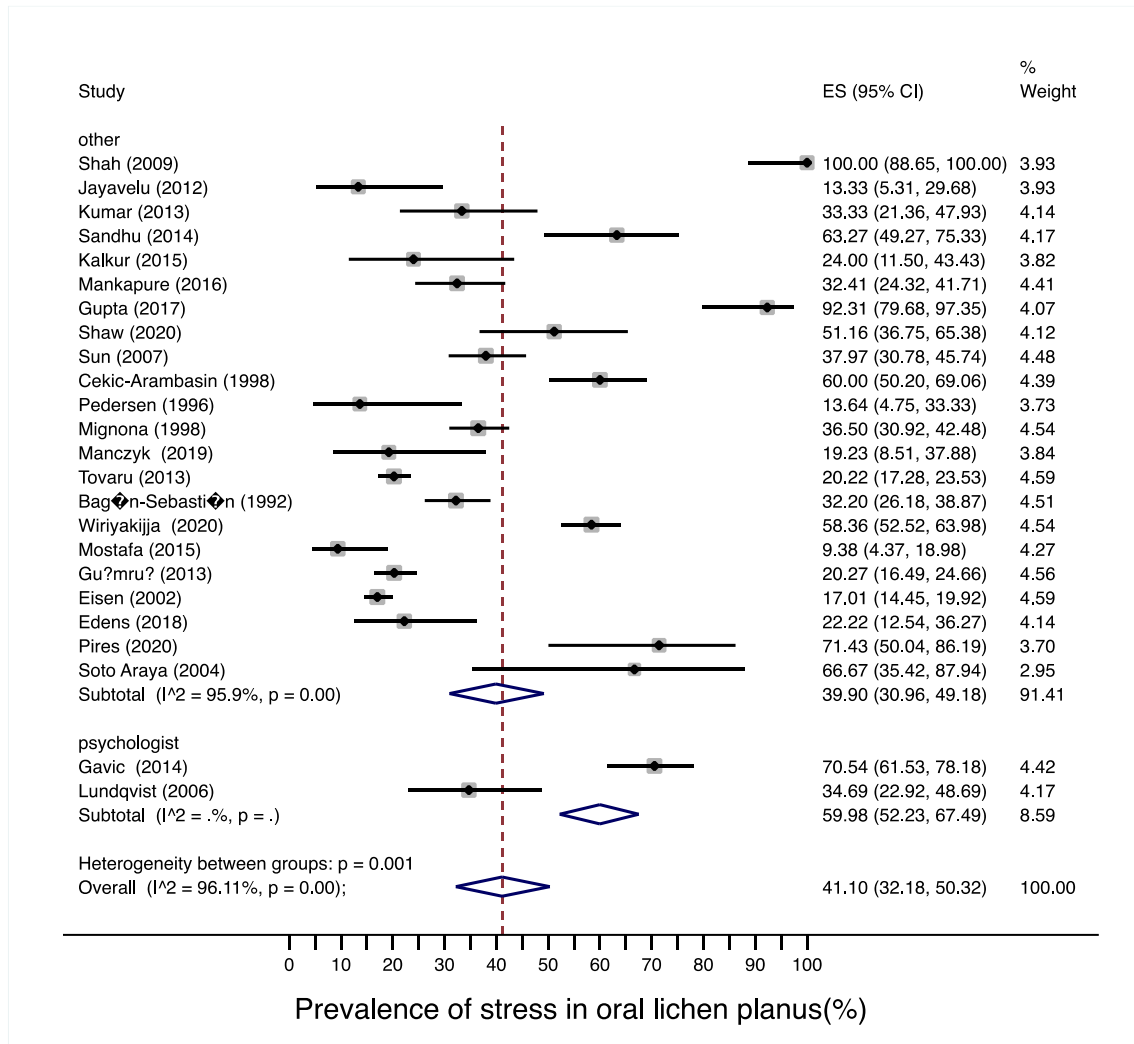
Figure S33. Forest plot graphically representing the stratified analysis of the prevalence of stress -using pooled proportions as effect size measure- among OLP patients by diagnostic stress test.



ES, estimation; CI, confidence interval; Random-effects model.

5.2.3 Prevalence of stress among OLP patients by specialist implied in diagnosis of stress.

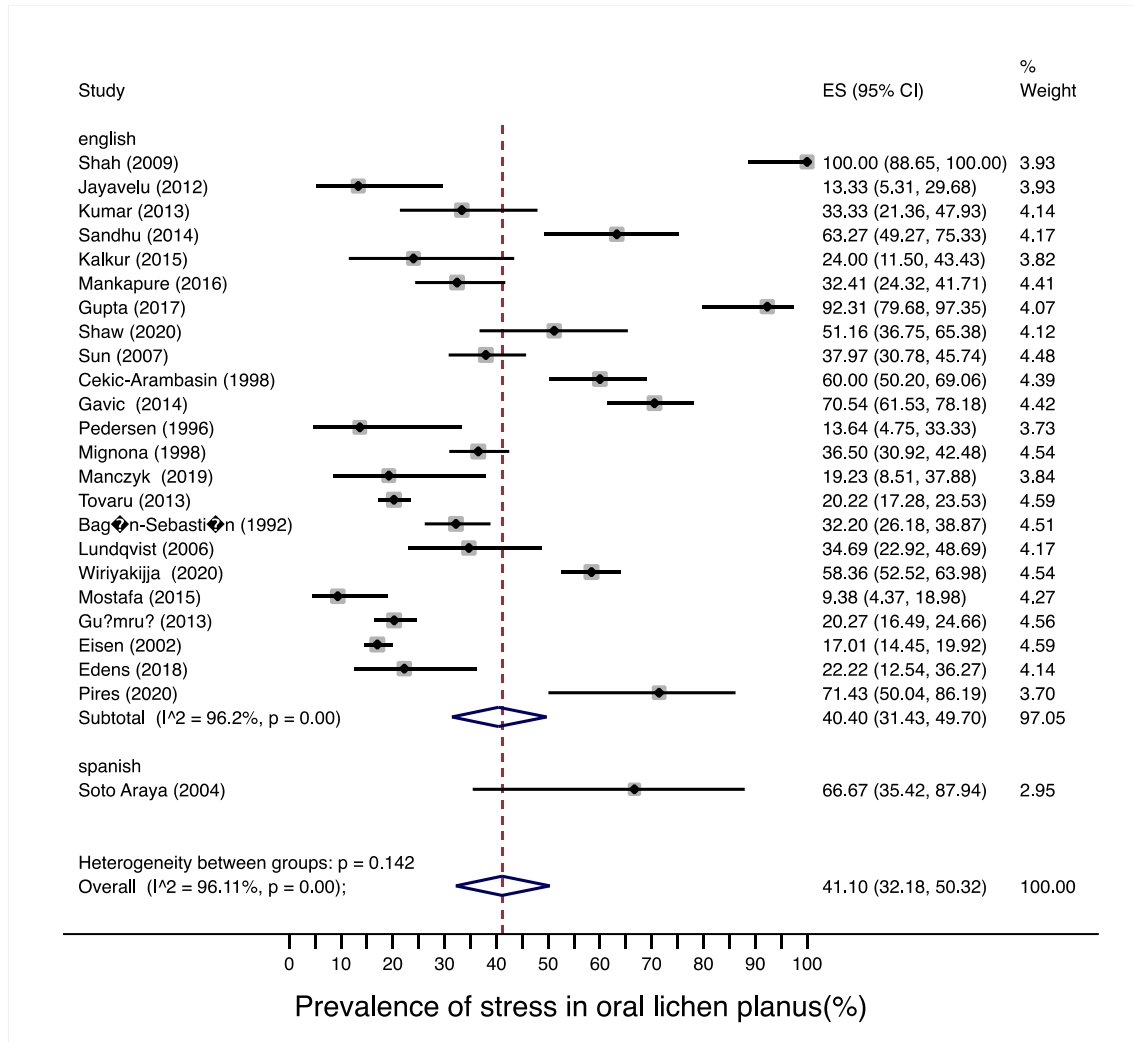
Figure S34. Forest plot graphically representing the stratified analysis of the prevalence of stress -using pooled proportions as effect size measure- among OLP patients by specialist implied in diagnosis of stress.



ES, estimation; CI, confidence interval; Random-effects model.

5.2.4 Prevalence of stress among OLP patients by publication language.

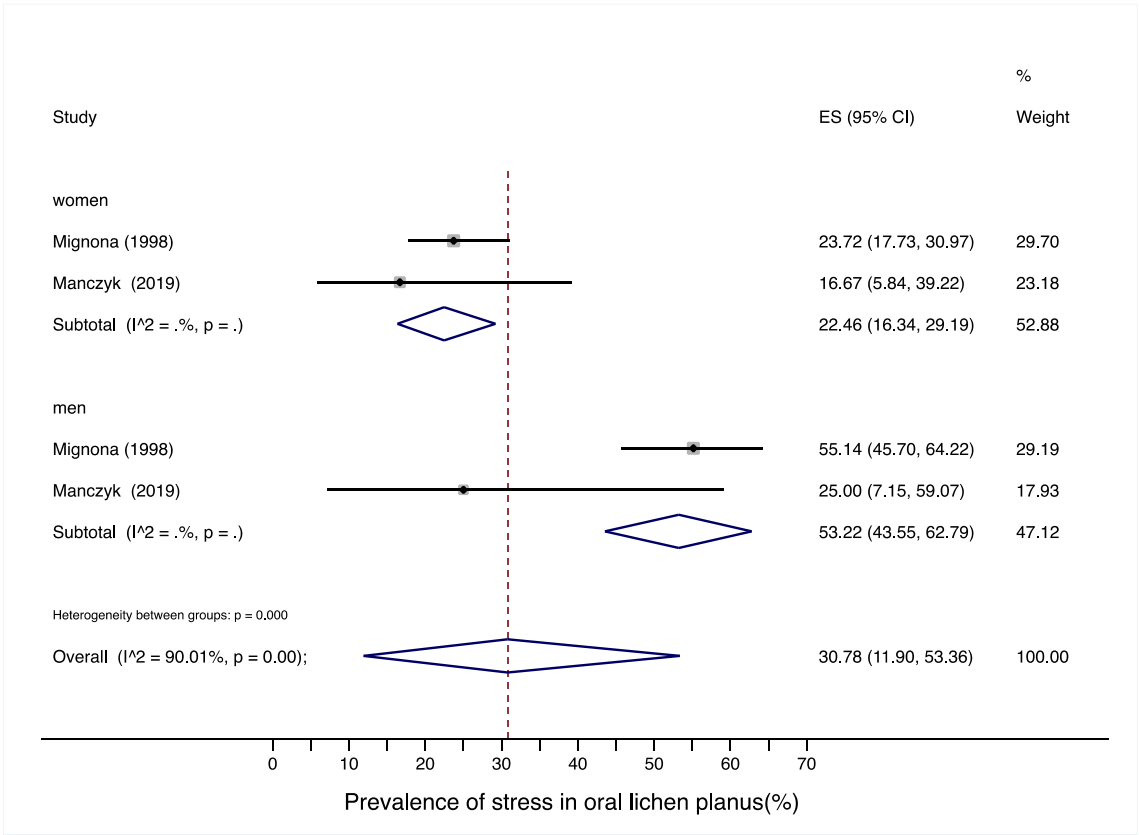
Figure S35. Forest plot graphically representing the stratified analysis of the prevalence of stress -using pooled proportions as effect size measure- among OLP patients by publication language.



ES, estimation; CI, confidence interval; Random-effects model.

5.2.5 Prevalence of stress among OLP patients by sex.

Figure S36. Forest plot graphically representing the stratified analysis of the prevalence of stress -using pooled proportions as effect size measure- among OLP patients by sex.

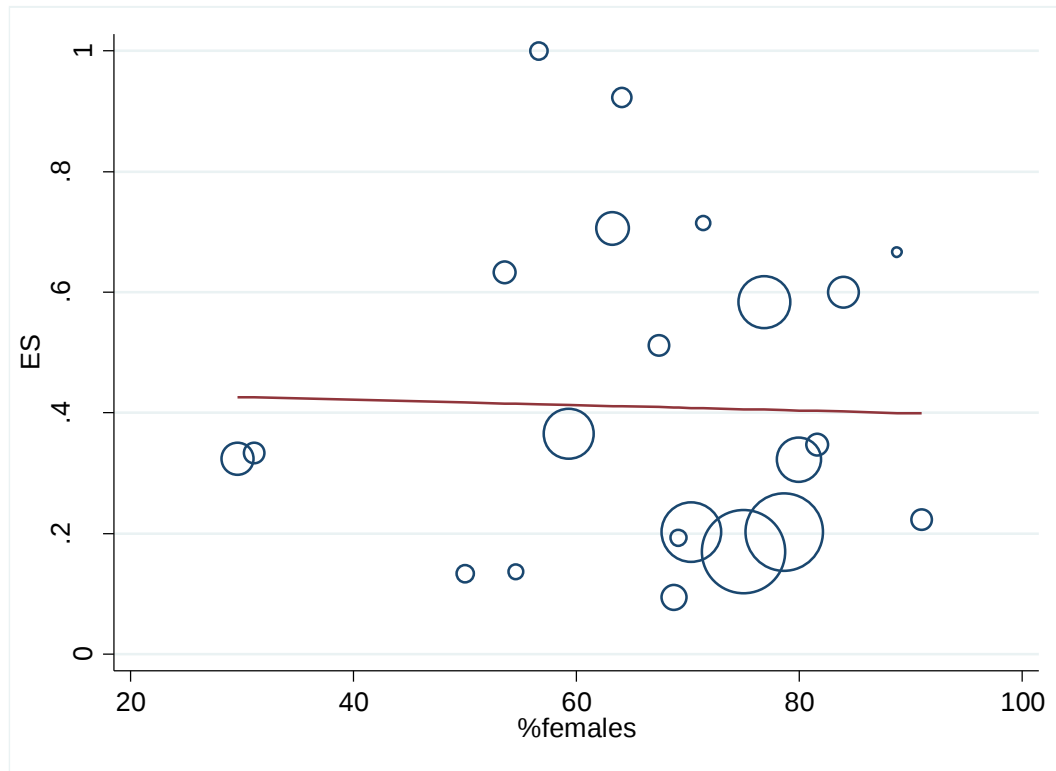


ES, estimation; CI, confidence interval; Random-effects model.

5.3 Prevalence of stress among OLP patients. Univariable meta-regression analyses.

5.3. Effect of sex on the prevalence of stress among OLP patients.

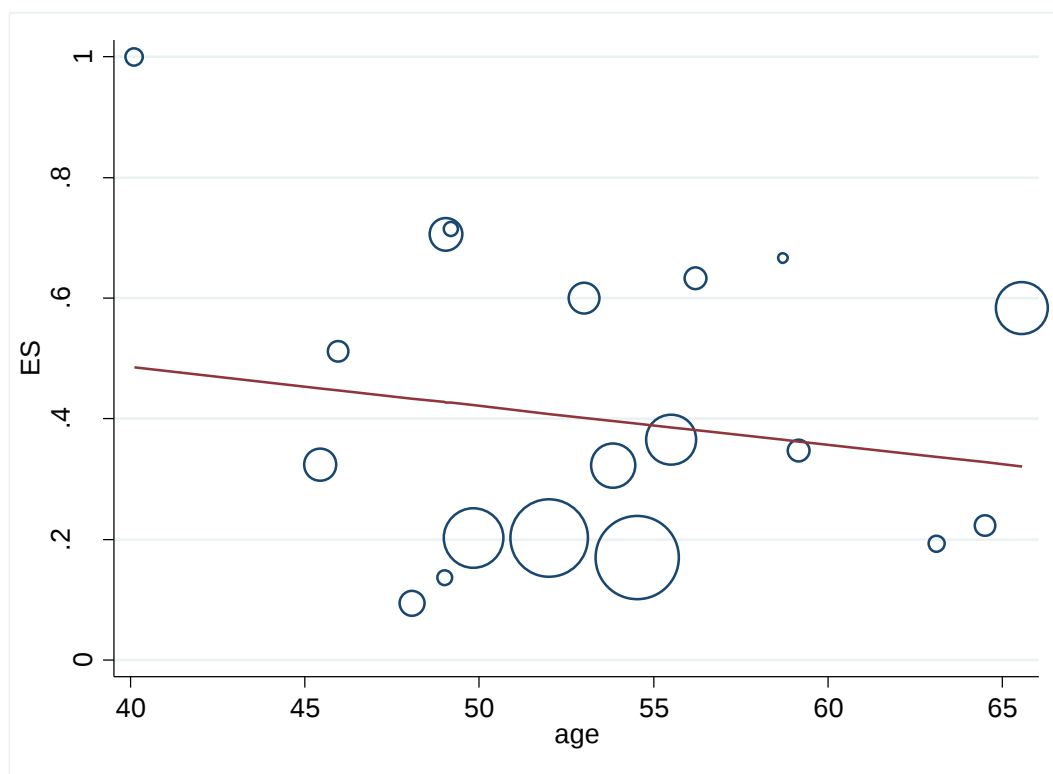
Figure S37. Bubble plot graphically representing the potential effect of sex (% of female patients) on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.2 Effect of age on the prevalence of stress among OLP patients.

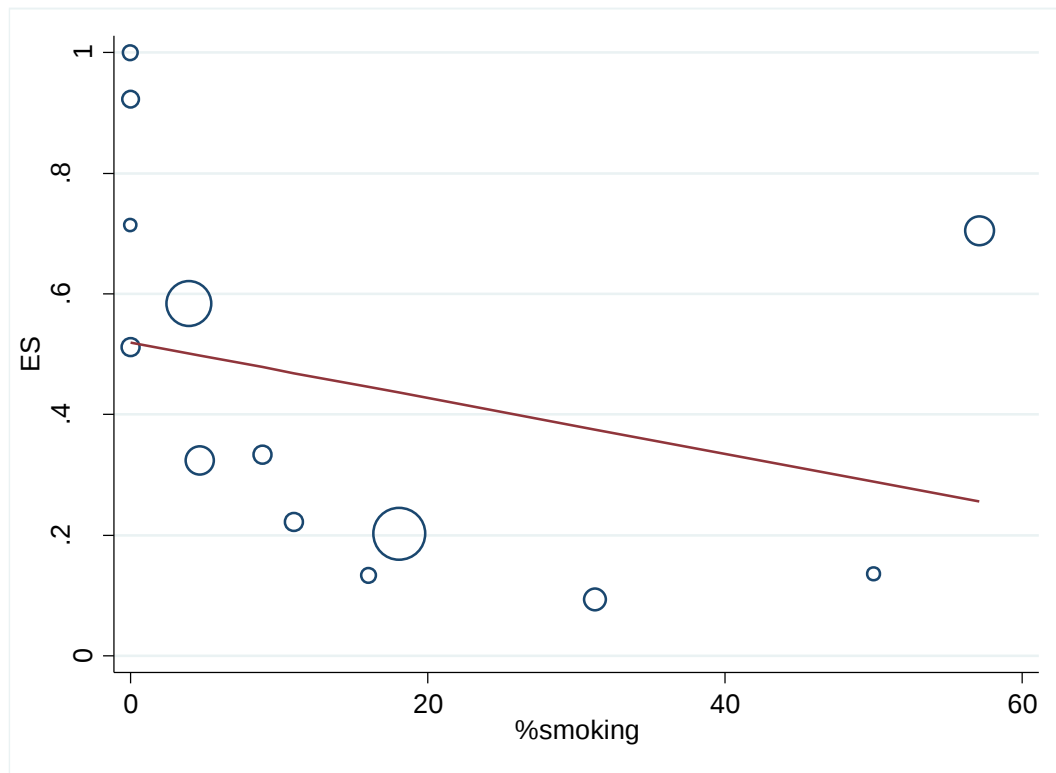
Figure S38. Bubble plot graphically representing the potential effect of age (expressed in years) on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.3 Effect of tobacco on the prevalence of stress among OLP patients.

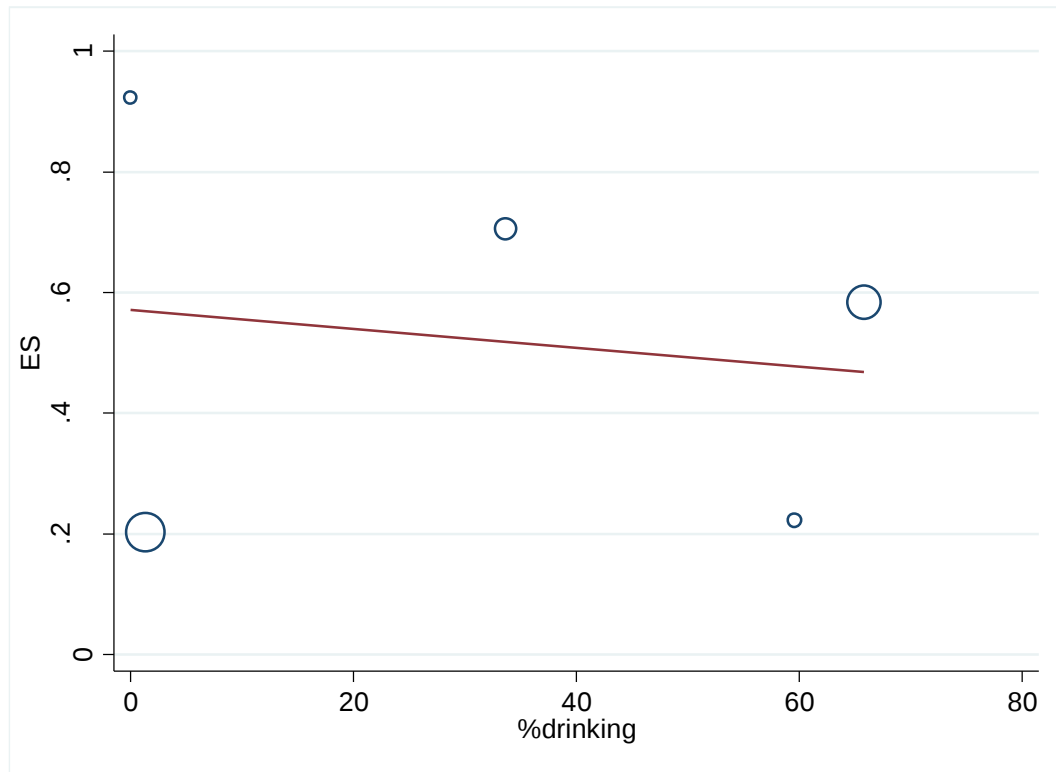
Figure S39. Bubble plot graphically representing the potential effect of tobacco (% of smokers) on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.4 Effect of alcohol on the prevalence of stress among OLP patients.

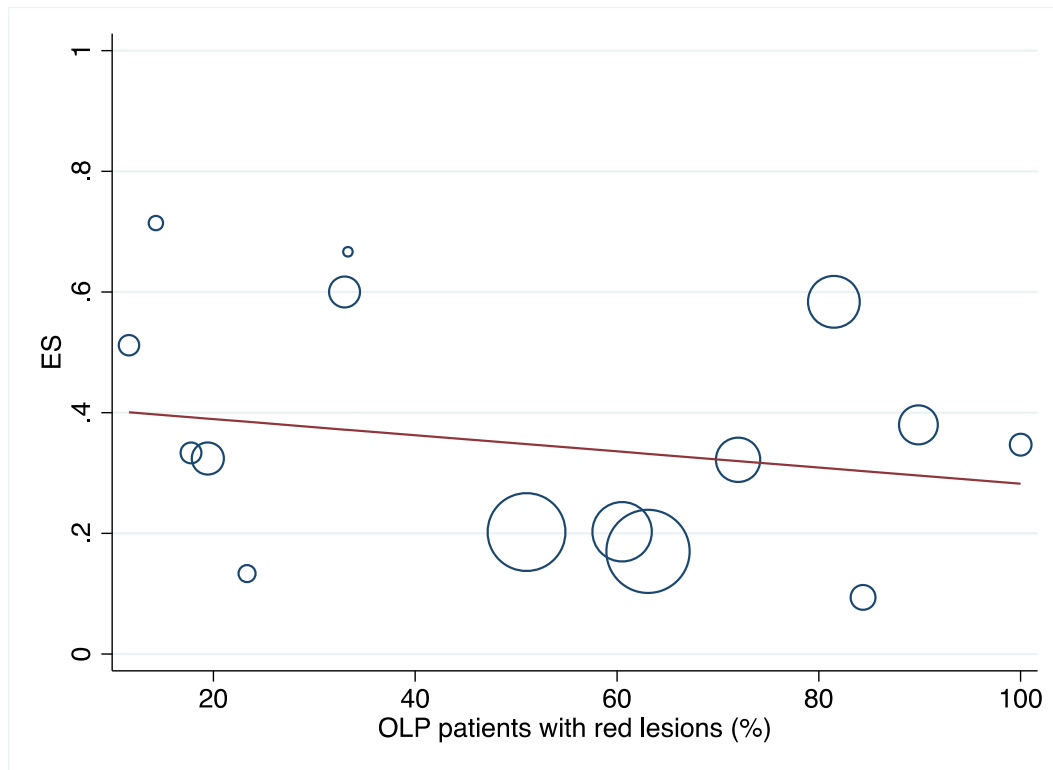
Figure S40. Bubble plot graphically representing the potential effect of alcohol (% of drinkers) on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.5 Effect of OLP type on the prevalence of stress among OLP patients.

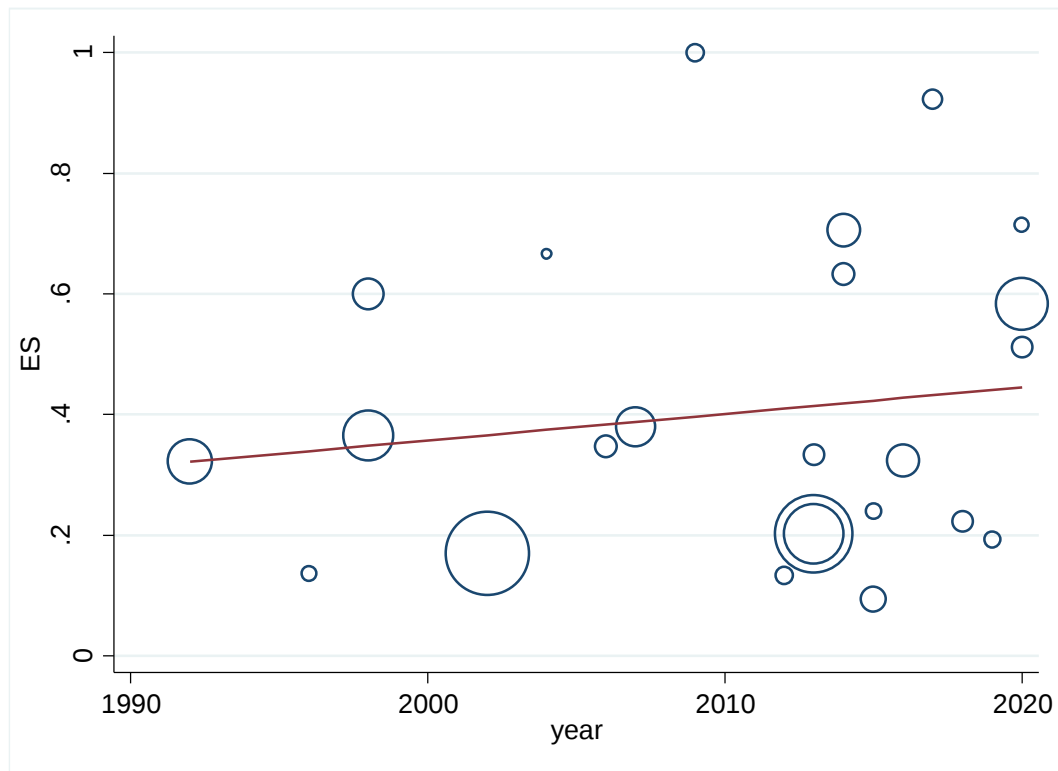
Figure S41. Bubble plot graphically representing the potential effect of OLP type (% of patients with red lesions) on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.6 Effect of publication year on the prevalence of stress among OLP patients.

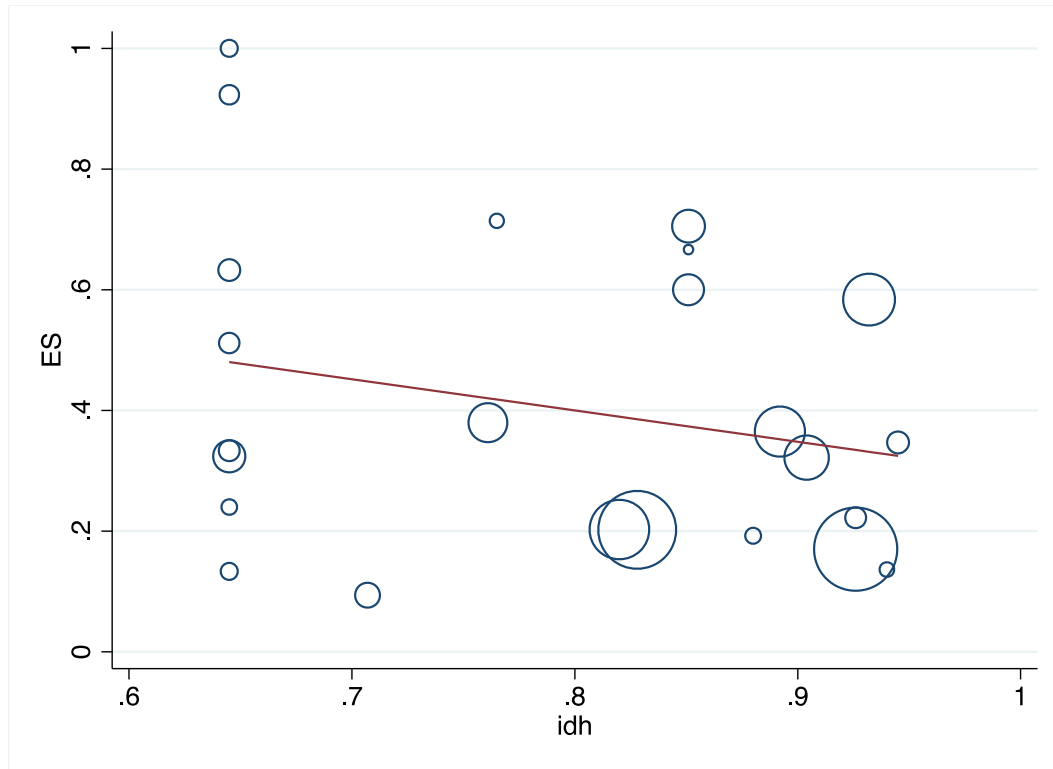
Figure S42. Bubble plot graphically representing the potential effect of publication year on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.7 Effect of human development index on the prevalence of stress among OLP patients.

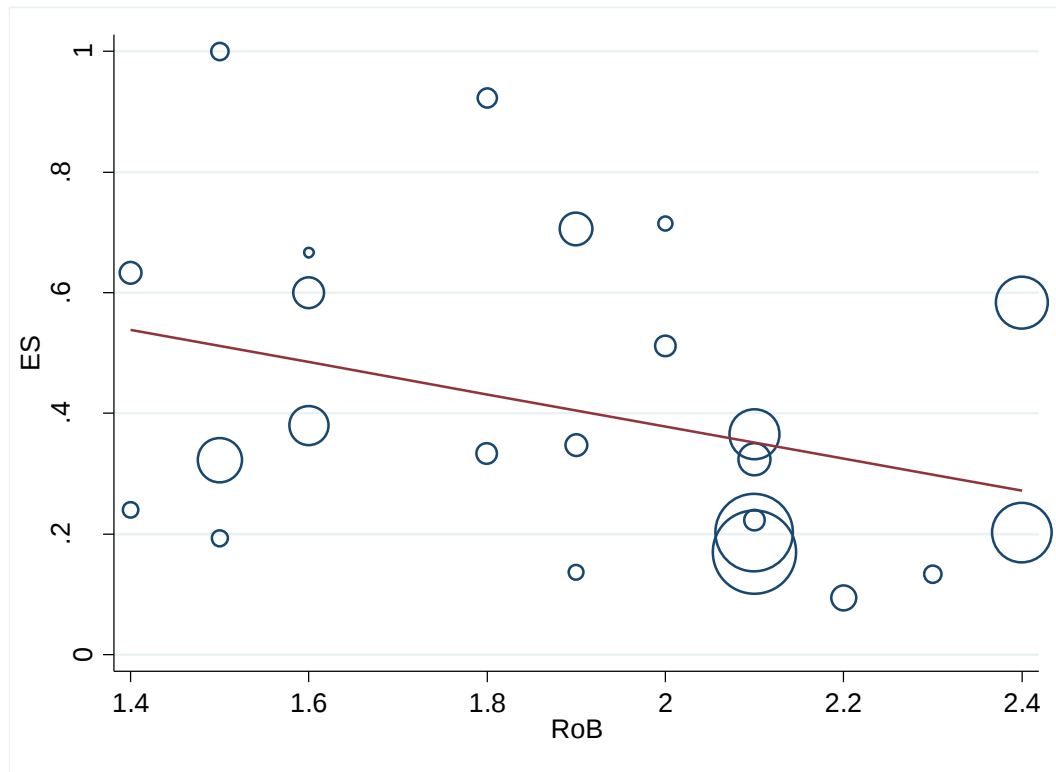
Figure S43. Bubble plot graphically representing the potential effect of human development index on stress prevalence (derived from meta-regression analysis; see table 2).



The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

5.3.8 Effect of risk of bias on the prevalence of stress among OLP patients.

Figure S44. Bubble plot graphically representing the potential effect of risk of bias (expressed as overall score) on stress prevalence (derived from meta-regression analysis; see table 2).

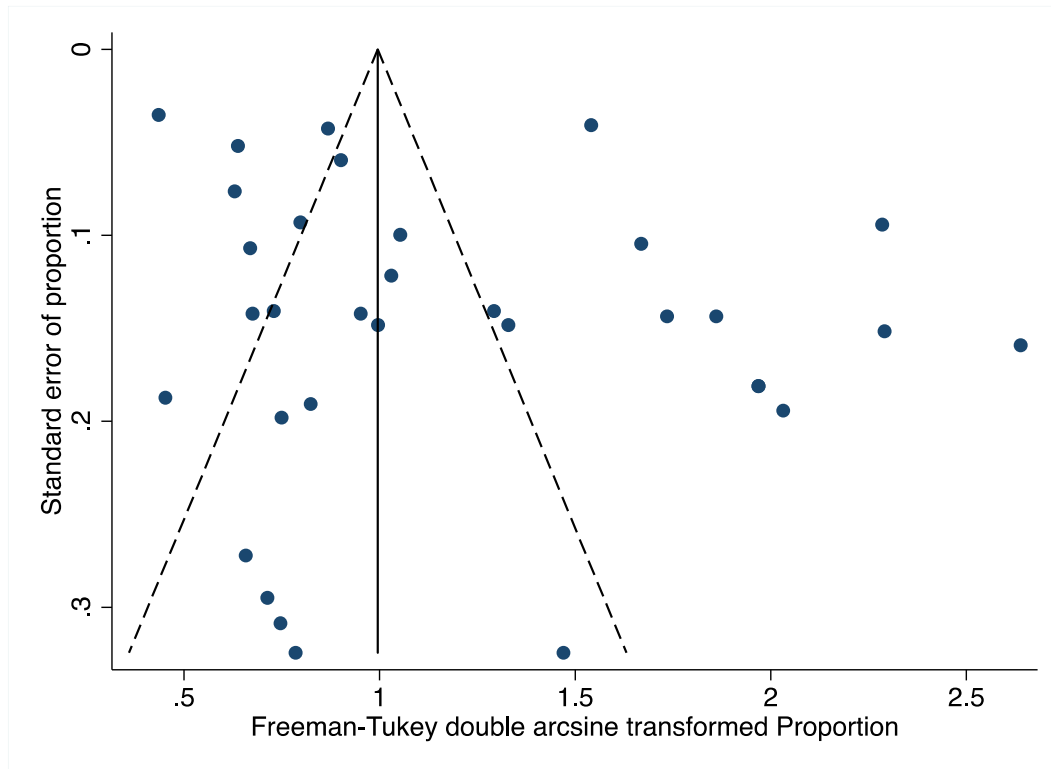


The red line exhibits the fitted regression line together with blue circles representing the estimates from each individual study, sized according to the precision of each estimate (the inverse of its within-study variance).

6. Analysis of small-study effects

6.1 Prevalence of depression among OLP patients

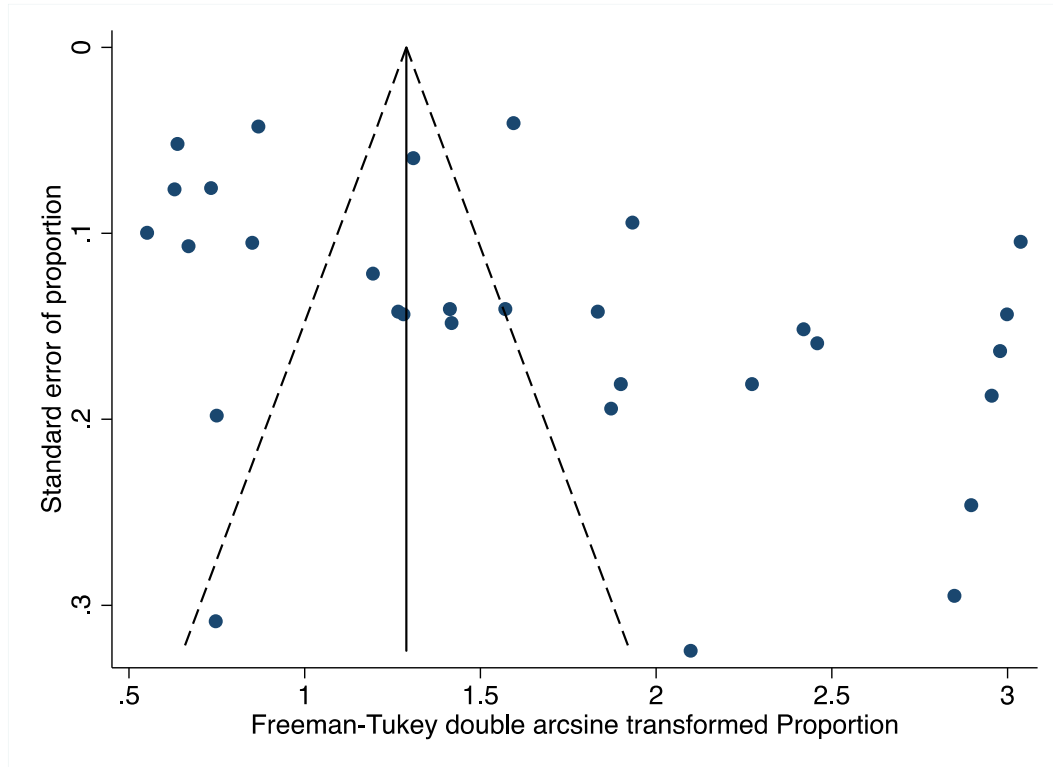
Figure S45. A funnel plot of estimated transformed proportions against their standard errors, graphically representing the analysis of “small-study” effects on the prevalence of depression among OLP patients.



The black vertical line corresponds to the pooled estimated transformed prevalence. The two diagonal intermittent lines represent the pseudo-95% confidence interval. The blue circles represent the published studies.

6.2 Prevalence of anxiety among OLP patients

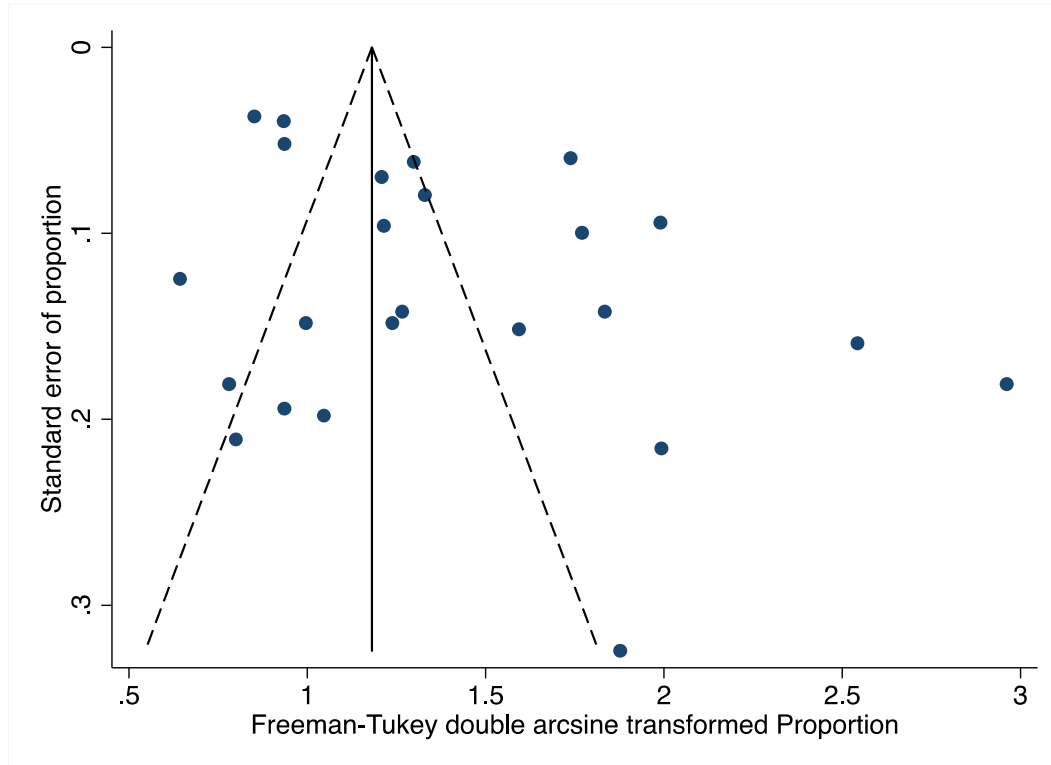
Figure S46. A funnel plot of estimated transformed proportions against their standard errors, graphically representing the analysis of “small-study” effects on the prevalence of anxiety among OLP patients.



The black vertical line corresponds to the pooled estimated transformed prevalence. The two diagonal intermittent lines represent the pseudo-95% confidence interval. The blue circles represent the published studies.

6.3 Prevalence of stress among OLP patients

Figure S47. A funnel plot of estimated transformed proportions against their standard errors, graphically representing the analysis of “small-study” effects on the prevalence of stress among OLP patients.



The black vertical line corresponds to the pooled estimated transformed prevalence. The two diagonal intermittent lines represent the pseudo-95% confidence interval. The blue circles represent the published studies.

7. Sensitivity analysis (leave-one-out method).

7.1 Prevalence of depression among OLP patients

Table S3. Sensitivity analysis of pooled studies in the meta-analysis on prevalence of depression among OLP patients.

Sensitivity analysis				
Study omitted		Estimate	95% confidence intervals	
1	McCartan 1995	31.90	22.73	41.79
2	Soto Araya et al. 2004	30.91	21.93	40.62
3	Lundqvist et al. 2006	31.56	22.41	41.44
4	Lundström 2009	32.45	23.75	41.76
5	Shah et al. 2009	30.06	21.20	39.69
6	Bermejo-Fenoll et al. 2010	31.69	21.97	42.24
7	Wu X et al. 2011	31.44	22.28	41.34
8	Park et al. 2012	31.81	22.57	41.79
9	Gümrü 2013	32.08	22.68	42.21
10	Hirota et al. 2013	30.44	21.50	40.13
11	Adamo et al. 2014	31.04	21.95	40.87
12	Gavic et al. 2014	29.46	21.17	38.44
13	Radochova et al. 2014	32.09	22.82	42.08
14	Sandhu et al. 2014	31.98	22.81	41.87
15	Alves et al. 2015	30.36	21.43	40.06
16	Kalkur et al. 2015	31.84	22.71	41.68
17	Choi YS et al. 2016	31.92	22.82	41.72
18	Lauritano et al. 2016	32.01	22.80	41.94
19	Gupta et al. 2017	29.04	20.56	38.28
20	Siponen et al. 2017	31.74	22.61	41.58
21	Di Stasio et al. 2018	31.83	22.75	41.62
22	Edens et al. 2018	31.49	22.35	41.36
23	Yang et al. 2018	30.98	21.91	40.80
24	Manczyk et al. 2019	29.99	21.14	39.61
25	Vilar-Villanueva et al. 2019	30.17	21.30	39.81
26	Wang et al. 2019	31.40	22.20	41.36
27	Adamo et al. 2020	30.62	21.78	40.18
28	Birckel et al. 2020	31.73	22.67	41.50
29	Chaitanya et al. 2020	30.06	21.20	39.69
30	Shaw et al. 2020	29.54	20.87	38.97
31	Vehviläinen et al. 2020	32.28	23.13	42.13
32	Wiriyakijja et al. 2020	31.64	22.21	41.86
33	Zhong et al. 2020	31.78	22.71	41.56
Combined		31.19	22.27	40.82

Sensitivity analysis (“leave-one-out” method) of the meta-analysis results, sequentially omitting one study at a time.

7.2 Magnitude of association between OLP and depression.

Table S4. Sensitivity analysis of pooled studies in the meta-analysis on the magnitude of association between OLP and depression.

Sensitivity analysis				
Study omitted		Estimate	95% confidence intervals	
1	Soto Araya et al. 2004	6.12	2.62	14.28
2	Lundqvist et al. 2006	6.60	2.67	16.29
3	Wu X et al. 2011	6.03	2.59	14.04
4	Hirota et al. 2013	7.25	3.01	17.46
5	Gavic et al. 2014	7.10	2.87	17.55
6	Sandhu et al. 2014	4.61	2.19	9.69
7	Alves et al. 2015	7.56	3.37	16.98
8	Kalkur et al. 2015	7.12	3.05	16.62
9	Gupta et al. 2017	6.17	2.62	14.51
10	Yang et al. 2018	5.85	2.51	13.62
11	Manczyk et al. 2019	6.21	2.61	14.76
12	Vilar-Villanueva et al. 2019	5.81	2.49	13.57
13	Wang et al. 2019	5.52	2.43	12.55
14	Chaitanya et al. 2020	5.36	2.38	12.08
15	Shaw et al. 2020	5.51	2.42	12.53
16	Zhong et al. 2020	6.45	2.80	14.88
Combined		6.15	2.72	13.89

Sensitivity analysis (“leave-one-out” method) of the meta-analysis results, sequentially omitting one study at a time.

7.3 Prevalence of anxiety among OLP patients

Table S5. Sensitivity analysis of pooled studies in the meta-analysis on prevalence of anxiety among OLP patients.

Sensitivity analysis				
Study omitted		Estimate	95% confidence intervals	
1	Colella et al. 1993	52.78	40.07	65.33
2	McCartan 1995	54.93	41.92	67.63
3	Soto Araya et al. 2004	54.11	41.27	66.70
4	Lundqvist et al. 2006	55.46	42.42	68.14
5	Shah et al. 2009	54.37	41.44	67.01
6	Bermejo-Fenoll et al. 2010	56.24	42.70	69.35
7	Bokor-Bratic et al. 2011	56.20	43.15	68.86
8	Gümrü 2013	56.60	43.68	69.09
9	Hirota et al. 2013	52.19	40.39	63.87
10	Adamo et al. 2014	55.21	42.17	67.90
11	Gavic et al. 2014	54.29	41.33	66.98
12	Radochova et al. 2014	56.60	43.64	69.15
13	Sandhu et al. 2014	54.47	41.51	67.15
14	Alves et al. 2015	52.40	40.03	64.63
15	Barbosa et al. 2015	52.48	39.98	64.83
16	Kalkur et al. 2015	56.27	43.34	68.81
17	Lauritano et al. 2016	56.51	43.53	69.07
18	Pippi et al. 2016	55.60	42.52	68.31
19	Gupta et al. 2017	53.39	40.63	65.93
20	Adamo et al. 2018	52.57	39.97	65.01
21	Di Stasio et al. 2018	52.95	40.20	65.52
22	Yang et al. 2018	55.19	42.17	67.88
23	Manczyk et al. 2019	54.42	41.49	67.06
24	Vilar-Villanueva et al. 2019	55.43	42.40	68.11
25	Wang et al. 2019	56.72	43.81	69.20
26	Adamo et al. 2020	54.98	41.12	68.47
27	Chaitanya et al. 2020	53.73	40.89	66.33
28	Liao et al. 2020	56.43	43.36	69.08
29	Shaw et al. 2020	53.45	40.69	65.99
30	Wiriyakijja et al. 2020	55.46	41.91	68.63
31	Zhong et al. 2020	56.11	43.23	68.60
Combined		54.76	42.06	67.17

Sensitivity analysis (“leave-one-out” method) of the meta-analysis results, sequentially omitting one study at a time.

7.4 Magnitude of association between OLP and anxiety.

Table S6. Sensitivity analysis of pooled studies in the meta-analysis on magnitude of association between OLP and anxiety.

Sensitivity analysis				
Study omitted		Estimate	95% confidence intervals	
1	Colella et al. 1993	3.46	2.05	5.85
2	Soto Araya et al. 2004	3.48	2.04	5.95
3	Lundqvist et al. 2006	3.58	2.01	6.39
4	Bokor-Bratic et al. 2011	3.97	2.36	6.65
5	Hirota et al. 2013	3.52	2.08	5.96
6	Gavic et al. 2014	3.91	2.29	6.66
7	Sandhu et al. 2014	3.43	1.98	5.97
8	Alves et al. 2015	3.51	2.10	5.85
9	Kalkur et al. 2015	3.76	2.21	6.38
10	Gupta et al. 2017	3.64	2.11	6.29
11	Yang et al. 2018	3.18	1.91	5.27
12	Manczyk et al. 2019	3.58	2.06	6.21
13	Vilar-Villanueva et al. 2019	3.63	2.08	6.34
14	Wang et al. 2019	3.37	2.01	5.66
15	Chaitanya et al. 2020	3.43	1.99	5.90
16	Shaw et al. 2020	2.74	1.83	4.10
17	Zhong et al. 2020	3.57	2.11	6.03
Combined		3.51	2.10	5.85

Sensitivity analysis (“leave-one-out” method) of the meta-analysis results, sequentially omitting one study at a time.

7.5 Prevalence of stress among OLP patients

Table S7. Sensitivity analysis of pooled studies in the meta-analysis on prevalence of stress among OLP patients.

Sensitivity analysis				
Study omitted		Estimate	95% confidence intervals	
1	Bagán-Sebastián et al. 1992	41.58	32.11	51.35
2	Pedersen 1996	42.28	33.12	51.70
3	Cekic-Arambasin et al. 1998	40.22	31.24	49.52
4	Mignona et al. 1998	41.37	31.86	51.20
5	Eisen 2002	42.43	33.06	52.07
6	Soto Araya et al. 2004	40.40	31.43	49.70
7	Lundqvist et al. 2006	41.40	32.19	50.90
8	Sun et al. 2007	41.28	31.92	50.95
9	Shah et al. 2009	37.85	29.59	46.46
10	Jayavelu et al. 2012	42.38	33.20	51.81
11	Gümrü 2013	42.24	32.69	52.07
12	Kumar et al. 2013	41.45	32.25	50.95
13	Tovaru et al. 2013	42.26	32.55	52.27
14	Gavic et al. 2014	39.66	31.00	48.64
15	Sandhu et al. 2014	40.13	31.14	49.46
16	Kalkur et al. 2015	41.81	32.65	51.26
17	Mostafa et al. 2015	42.79	33.63	52.20
18	Mankapure et al. 2016	41.54	32.22	51.15
19	Gupta et al. 2017	38.61	30.11	47.46
20	Edens et al. 2018	41.98	32.76	51.47
21	Manczyk et al. 2019	42.04	32.87	51.48
22	Pires et al. 2020	39.96	31.00	49.25
23	Shaw et al. 2020	40.68	31.57	50.10
24	Wiriyakijja et al. 2020	40.23	31.46	49.31
Combined		41.10	32.18	50.32

Sensitivity analysis (“leave-one-out” method) of the meta-analysis results, sequentially omitting one study at a time.

7.6 Magnitude of association between OLP and stress.

Table S8. Sensitivity analysis of pooled studies in the meta-analysis on the magnitude of association between OLP and stress.

Sensitivity analysis				
Study omitted		Estimate	95% confidence intervals	
1	Soto Araya et al. 2004	3.71	1.37	10.06
2	Lundqvist et al. 2006	3.69	1.25	10.86
3	Gavic et al. 2014	4.49	2.55	7.91
4	Kalkur et al. 2015	4.23	1.52	11.76
5	Gupta et al. 2017	3.75	1.35	10.38
6	Manczyk et al. 2019	3.33	1.31	8.45
7	Pires et al. 2020	3.38	1.26	9.09
8	Shaw et al. 2020	2.84	1.22	6.60
Combined		3.34	1.48	8.94

Sensitivity analysis (“leave-one-out” method) of the meta-analysis results, sequentially omitting one study at a time.

8. Validation of methodological quality.

8.1 List S1. AMSTAR2 checklist.

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

1. Did the research questions and inclusion criteria for the review include the components of PICO?		
For Yes: ☒ Population ☒ Intervention ☒ Comparator group ☒ Outcome	Optional (recommended) ☒ Timeframe for follow-up	☒ Yes ☐ No
2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of the review and did the report justify any significant deviations from the protocol?		
For Partial Yes: The authors state that they had a written protocol or guide that included ALL the following:	For Yes: As for partial yes, plus the protocol should be registered and should also have specified:	☒ Yes ☐ Partial Yes ☐ No
☒ review question(s) ☒ a search strategy ☒ inclusion/exclusion criteria ☒ a risk of bias assessment	☒ a meta-analysis/synthesis plan, if appropriate, <i>and</i> ☒ a plan for investigating causes of heterogeneity ☒ justification for any deviations from the protocol	
3. Did the review authors explain their selection of the study designs for inclusion in the review?		
For Yes, the review should satisfy ONE of the following: ☐ <i>Explanation for including only RCTs</i> ☒ <i>OR Explanation for including only NRSI</i> ☐ <i>OR Explanation for including both RCTs and NRSI</i>		☒ Yes ☐ No
4. Did the review authors use a comprehensive literature search strategy?		
For Partial Yes (all the following): ☒ searched at least 2 databases (relevant to research question) ☒ provided key word and/or search strategy ☒ justified publication restrictions (e.g. language)	For Yes, should also have (all the following): ☒ searched the reference lists / bibliographies of included studies ☐ searched trial/study registries ☒ included/consulted content experts in the field ☐ where relevant, searched for grey literature ☒ conducted search within 24 months of completion of the review	☒ Yes ☐ Partial Yes ☐ No Not relevant for observational studies Considered not relevant and very controversial.
5. Did the review authors perform study selection in duplicate?		
For Yes, either ONE of the following: ☒ at least two reviewers independently agreed on selection of eligible studies and achieved consensus on which studies to include ☐ <i>OR</i> two reviewers selected a sample of eligible studies <i>and</i> achieved good agreement (at least 80 percent), with the remainder selected by one reviewer.		☒ Yes ☐ No

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

6. Did the review authors perform data extraction in duplicate? For Yes, either ONE of the following: ☒ at least two reviewers achieved consensus on which data to extract from included studies ☒ Yes ☐ OR two reviewers extracted data from a sample of eligible studies <u>and</u> achieved good agreement (at least 80 percent), with the remainder extracted by one reviewer. ☐ No		
7. Did the review authors provide a list of excluded studies and justify the exclusions? For Partial Yes: ☒ provided a list of all potentially relevant studies that were read in full-text form but excluded from the review For Yes, must also have: ☒ Justified the exclusion from the review of each potentially relevant study ☒ Yes ☐ Partial Yes ☐ No		
8. Did the review authors describe the included studies in adequate detail? For Partial Yes (ALL the following): ☒ described populations ☒ described interventions ☒ described comparators ☒ described outcomes ☒ described research designs For Yes, should also have ALL the following: ☒ described population in detail ☒ Yes ☒ described intervention in detail (including doses where relevant) ☐ Partial Yes ☒ described comparator in detail (including doses where relevant) ☐ No ☒ described study's setting ☒ timeframe for follow-up		
9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?		
RCTs For Partial Yes, must have assessed RoB from: ☐ unconcealed allocation, <i>and</i> ☐ lack of blinding of patients and assessors when assessing outcomes (unnecessary for objective outcomes such as all-cause mortality) For Yes, must also have assessed RoB from: ☐ allocation sequence that was not truly random, <i>and</i> ☐ selection of the reported result from among multiple measurements or analyses of a specified outcome ☐ Yes ☐ Partial Yes ☐ No ☒ Includes only NRSI		
NRSI For Partial Yes, must have assessed RoB: ☒ from confounding, <i>and</i> ☒ from selection bias For Yes, must also have assessed RoB: ☒ methods used to ascertain exposures and outcomes, <i>and</i> ☒ selection of the reported result from among multiple measurements or analyses of a specified outcome ☒ Yes ☐ Partial Yes ☐ No ☐ Includes only RCTs		
10. Did the review authors report on the sources of funding for the studies included in the review? For Yes ☐ Must have reported on the sources of funding for individual studies included in the review. Note: Reporting that the reviewers looked for this information but it was not reported by study authors also qualifies ☐ Yes ☒ No		

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

11. If meta-analysis was performed did the review authors use appropriate methods for statistical combination of results?									
RCTs For Yes: <table border="0"> <tr> <td>☐ The authors justified combining the data in a meta-analysis</td> <td>☐ Yes</td> </tr> <tr> <td>☐ AND they used an appropriate weighted technique to combine study results and adjusted for heterogeneity if present.</td> <td>☐ No</td> </tr> <tr> <td>☐ AND investigated the causes of any heterogeneity</td> <td>☐ No meta-analysis conducted</td> </tr> </table>		☐ The authors justified combining the data in a meta-analysis	☐ Yes	☐ AND they used an appropriate weighted technique to combine study results and adjusted for heterogeneity if present.	☐ No	☐ AND investigated the causes of any heterogeneity	☐ No meta-analysis conducted		
☐ The authors justified combining the data in a meta-analysis	☐ Yes								
☐ AND they used an appropriate weighted technique to combine study results and adjusted for heterogeneity if present.	☐ No								
☐ AND investigated the causes of any heterogeneity	☐ No meta-analysis conducted								
For NRSI For Yes: <table border="0"> <tr> <td>☒ The authors justified combining the data in a meta-analysis</td> <td>☒ Yes</td> </tr> <tr> <td>☒ AND they used an appropriate weighted technique to combine study results, adjusting for heterogeneity if present</td> <td>☐ No</td> </tr> <tr> <td>☒ AND they statistically combined effect estimates from NRSI that were adjusted for confounding, rather than combining raw data, or justified combining raw data when adjusted effect estimates were not available</td> <td>☐ No meta-analysis conducted</td> </tr> <tr> <td>☒ AND they reported separate summary estimates for RCTs and NRSI separately when both were included in the review</td> <td></td> </tr> </table>		☒ The authors justified combining the data in a meta-analysis	☒ Yes	☒ AND they used an appropriate weighted technique to combine study results, adjusting for heterogeneity if present	☐ No	☒ AND they statistically combined effect estimates from NRSI that were adjusted for confounding, rather than combining raw data, or justified combining raw data when adjusted effect estimates were not available	☐ No meta-analysis conducted	☒ AND they reported separate summary estimates for RCTs and NRSI separately when both were included in the review	
☒ The authors justified combining the data in a meta-analysis	☒ Yes								
☒ AND they used an appropriate weighted technique to combine study results, adjusting for heterogeneity if present	☐ No								
☒ AND they statistically combined effect estimates from NRSI that were adjusted for confounding, rather than combining raw data, or justified combining raw data when adjusted effect estimates were not available	☐ No meta-analysis conducted								
☒ AND they reported separate summary estimates for RCTs and NRSI separately when both were included in the review									
12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the meta-analysis or other evidence synthesis?									
For Yes: <table border="0"> <tr> <td>☐ included only low risk of bias RCTs</td> <td>☒ Yes</td> </tr> <tr> <td>☒ OR, if the pooled estimate was based on RCTs and/or NRSI at variable RoB, the authors performed analyses to investigate possible impact of RoB on summary estimates of effect.</td> <td>☐ No</td> </tr> <tr> <td></td> <td>☐ No meta-analysis conducted</td> </tr> </table>		☐ included only low risk of bias RCTs	☒ Yes	☒ OR, if the pooled estimate was based on RCTs and/or NRSI at variable RoB, the authors performed analyses to investigate possible impact of RoB on summary estimates of effect.	☐ No		☐ No meta-analysis conducted		
☐ included only low risk of bias RCTs	☒ Yes								
☒ OR, if the pooled estimate was based on RCTs and/or NRSI at variable RoB, the authors performed analyses to investigate possible impact of RoB on summary estimates of effect.	☐ No								
	☐ No meta-analysis conducted								
13. Did the review authors account for RoB in individual studies when interpreting/ discussing the results of the review?									
For Yes: <table border="0"> <tr> <td>☐ included only low risk of bias RCTs</td> <td>☒ Yes</td> </tr> <tr> <td>☒ OR, if RCTs with moderate or high RoB, or NRSI were included the review provided a discussion of the likely impact of RoB on the results</td> <td>☐ No</td> </tr> </table>		☐ included only low risk of bias RCTs	☒ Yes	☒ OR, if RCTs with moderate or high RoB, or NRSI were included the review provided a discussion of the likely impact of RoB on the results	☐ No				
☐ included only low risk of bias RCTs	☒ Yes								
☒ OR, if RCTs with moderate or high RoB, or NRSI were included the review provided a discussion of the likely impact of RoB on the results	☐ No								
14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?									
For Yes: <table border="0"> <tr> <td>☐ There was no significant heterogeneity in the results</td> <td>☒ Yes</td> </tr> <tr> <td>☒ OR if heterogeneity was present the authors performed an investigation of sources of any heterogeneity in the results and discussed the impact of this on the results of the review</td> <td>☐ No</td> </tr> </table>		☐ There was no significant heterogeneity in the results	☒ Yes	☒ OR if heterogeneity was present the authors performed an investigation of sources of any heterogeneity in the results and discussed the impact of this on the results of the review	☐ No				
☐ There was no significant heterogeneity in the results	☒ Yes								
☒ OR if heterogeneity was present the authors performed an investigation of sources of any heterogeneity in the results and discussed the impact of this on the results of the review	☐ No								
15. If they performed quantitative synthesis did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?									
For Yes: <table border="0"> <tr> <td>☒ performed graphical or statistical tests for publication bias and discussed the likelihood and magnitude of impact of publication bias</td> <td>☒ Yes</td> </tr> <tr> <td></td> <td>☐ No</td> </tr> <tr> <td></td> <td>☐ No meta-analysis conducted</td> </tr> </table>		☒ performed graphical or statistical tests for publication bias and discussed the likelihood and magnitude of impact of publication bias	☒ Yes		☐ No		☐ No meta-analysis conducted		
☒ performed graphical or statistical tests for publication bias and discussed the likelihood and magnitude of impact of publication bias	☒ Yes								
	☐ No								
	☐ No meta-analysis conducted								

AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both

16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?	
For Yes:	
☒ The authors reported no competing interests OR	☒ Yes
☐ The authors described their funding sources and how they managed potential conflicts of interest	☐ No

To cite this tool: Shea BJ, Reeves BC, Wells G, Thuku M, Hamel C, Moran J, Moher D, Tugwell P, Welch V, Kristjansson E, Henry DA. AMSTAR 2: a critical appraisal tool for systematic reviews that include randomised or non-randomised studies of healthcare interventions, or both. *BMJ*. 2017 Sep 21;358:j4008.

8.2 Table S9. AMSTAR2 scoring system

Tool	Study design	Items																Overall rating	Score
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
AMSTAR2	Systematic review and meta-analysis																	HIGH	15

Explanation:

The methodological quality of this systematic review followed the *Assessing the Methodological Quality of Systematic Reviews-2* (AMSTAR2) recommendations and was validated using this tool. AMSTAR2 was designed to develop, evaluate and validate high quality systematic reviews through 16 items. An overall rating is obtained based on weaknesses(*) in the following critical and non-critical items (the checklist was also included in the precedent appendix page):

1. Did the research questions and inclusion criteria for the review include the components of PICO?
2. Did the report of the review contain an explicit statement that the review methods were established prior to the conduct of their review, and did the report justify any significant deviations from the protocol?*
3. Did the review authors explain their selection of the study designs for inclusion in the review?
4. Did the review authors use a comprehensive literature search strategy?*
5. Did the review authors perform study selection in duplicate?
6. Did the review authors perform data extraction in duplicate?
7. Did the review authors provide a list of excluded studies and justify the exclusions?*
8. Did the review authors describe the included studies in adequate detail?
9. Did the review authors use a satisfactory technique for assessing the risk of bias (RoB) in individual studies that were included in the review?*
10. Did the review authors report on the sources of funding for the studies included in the review?
11. If meta-analysis was performed, did the review authors use appropriate methods for statistical combination of results?*
12. If meta-analysis was performed, did the review authors assess the potential impact of RoB in individual studies on the results of the metaanalysis or other evidence synthesis?
13. Did the review authors account for RoB in individual studies when interpreting/discussing the results of the review?*
14. Did the review authors provide a satisfactory explanation for, and discussion of, any heterogeneity observed in the results of the review?
15. If they performed quantitative synthesis, did the review authors carry out an adequate investigation of publication bias (small study bias) and discuss its likely impact on the results of the review?*
16. Did the review authors report any potential sources of conflict of interest, including any funding they received for conducting the review?

High overall rating: No or one non-critical weakness. The review provides an accurate and comprehensive summary of the results of the available studies that address the question of interest.

9. Depression, Anxiety and Stress Scale (DASS-21 questionnaire).

Depression, Anxiety and Stress Scale (DASS21)

For each statement below, please circle the number in the column that best represents how you have been feeling in the last week.

Statement	Did not apply to me at all	Applied to me to some degree or some of the time	Applied to me a considerable degree or a good part of the time	Applied to me very much or most of the time
1. I found it hard to wind down	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I found it difficult to work up the initiative to do things	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I experienced trembling (eg, in the hands)	0	1	2	3
8. I felt that I was using a lot of nervous energy	0	1	2	3
9. I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting agitated	0	1	2	3
12. I found it difficult to relax	0	1	2	3
13. I felt down-hearted and blue	0	1	2	3
14. I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15. I felt I was close to panic	0	1	2	3
16. I was unable to become enthusiastic about anything.	0	1	2	3
17. I felt I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20. I felt scared without any good reason.	0	1	2	3
21. I felt that life was meaningless	0	1	2	3

Lovibond, S.H. & Lovibond, P.F. (1995). Manual for the Depression Anxiety Stress Scales. (2nd. Ed.) Sydney: Psychology Foundation

DASS21 SCORING

- 1) For questions numbered 3, 5, 10, 13, 16, 17, 21 add up the numbers circled then multiply that number by 2 and enter it here: _____
- 2) For questions numbered 2, 4, 7, 9, 15, 19, 20 add up the numbers circled then multiply that number by 2 and enter it here: _____
- 3) For questions numbered 1, 6, 8, 11, 12, 14, 18 add up the numbers circled then multiply that number by 2 and enter it here: _____

Refer to the chart below and for each numbered question above, refer to the same number in the table below to determine how mild or serious each condition may be.

Rating	Depression #1	Anxiety #2	Stress #3
Normal	0-9	0-7	0-14
Mild	10-13	8-9	15-18
Moderate	14-20	10-14	19-25
Severe	21-27	15-19	26-33
Extremely Severe	28+	20+	37+

Provided to you by [Depression-Test.net](https://www.depression-test.net) for educational purposes only. If there is an indication that you might be depressed, please check out the site for additional information, tools and support.

If there is an indication that It might be serious then please see the help of a mental health professional.

10. List of included studies (n=51). List S2.

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11.1 List S3. Mental disorder not reported (n=1,443).

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11.2 List S4. Overlapping population (n=2).

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