# Supplementary table 1. Data for detailed comparison with the previous mortality studies by Stek et al 2005 and Rapp et al 2008. Multivariate Cox regressions with baseline data as independent variablesa.

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| Independent variable in the model | Model 1 similar to study of Rapp et al, n=371b.HR (CI); p-value | Model 2= model 1 with addition of the variable I-ADL, n=371. HR (CI); p-value | Model 3 with subanalyses for only those with loneliness presentc, similar to the study of Stek et al, n=146d.HR (CI); p-value |
| Male sex (yes/no) | ***1.31 (1.00-1.72); 0.048*** |  ***1.40 (1.07-1.84); 0.013*** | ***2.04 (1.31-3.17); 0.002*** |
| Education n years | 1.00 (0.965-1.040); 0.923 | 1.00 (0.959-1.03); 0.819 | 1.00 (0.938-1.08); 0.897 |
| Somatic multimorbidity (n diseases) | ***1.10 (1.02-1.19); 0.018*** | 1.05 (0.972-1.14); 0.205 | ***1.13 (1.01-1.28); 0.037*** |
| SSD vs\_ND (yes/no) | ***1.40 (1.05-1.88); 0.023*** | 1.15 (0.847-1.57); 0.366 | 0.862 (0.540-1.376); 0.534 |
| Dementia or Cognitive dysfunction present (MMSE<25p) | ***1.61 (1.16-2.25); 0.005*** | 1.24 (0.874-1.76); 0.229 | 1.09 (0.652-1.83); 0.735 |
| I-ADL |  | ***0.949 (0.929-0.970); 0.001*** | ***0.960 (0.930-0.990); 0.010*** |

a= The models 1 and 2 were built on the sample of n=371, whereof 238 (64%) died, 133 (36%) were censored. Five automatic imputations were done in every independent variable with missing data, just as in Table 4.

b= This model corresponds relatively well to the regression models in Rapp et al 2008. Some differences though between the studies were that SSD (depressive symptoms) in our study was operationalized as 3-5p on GDS-15, while subthreshold depression (depressive symptoms) was classified as ≥7p on Center for Epidemiological studies – Depression Scale (CES-D) in Rapp et al; dementia or cognitive dysfunction was operationalized as MMSE<25p in our study, while they used a clinical diagnosis according to DSM-III-R in Rapp et al. Also our sample were slightly larger and younger (n=371, age 85 at baseline) compared to the sample in Rapp et al (n=254, mean age 92).

c= Presence of loneliness corresponding to “sometimes” or “often” n=146/371 (39%), while absence of loneliness corresponded to “seldom” or “never” in our postal questionnaires.

d= This model corresponds relatively well to the regression model in Stek 2005. Some differences though between the studies were that 146/371 (39%) were classified as lonely in our model, while there were only 121/476 (25%) classified as lonely in Stek et al; SSD (depressive symptoms) was in our study defined as GDS 3-5p, while depression (depressive symptoms) was defined as GDS ≥4p in Stek et al; extra covariates included were dementia and I-ADL in our regression model 3 above, while Stek et al included smoking and alcohol consumption.