***Supplementary material***

***Clinical assessments***

*Alcohol Use Disorder Identification Test (AUDIT)*

This is a simple method of screening for excessive drinking and to assist in brief assessment (1). It is composed by 10 items, each one ranging from 0 to 4, with maximum score of 40. Total score of 8 or more is indicative of hazardous and harmful alcohol use, as well as possible alcohol dependence. Scores from 8 to 15 would represent a medium level of alcohol problems and scores of 16 and above represent a high level of alcohol problems (1). Four levels of risk drinking can be considered: Zone I (between 0 and 7) would be of low risk drinking or abstinence; Zone II (between 8 and 15), would consist of alcohol use in excess, requiring brief intervention using simple advice and education materials; Zone III, ranging from 16 to 19, would be harmful and hazardous drinking and can still be managed by a combination of simple advice, brief counseling and continued monitoring, but Zone IV, above 20, would indicate alcohol dependence, and patients would require to be referred to a specialist for diagnostic evaluation and possible treatment (1).

*Mini Mental Status Examination (MMSE)*

An adapted version of the MMSE in Portuguese was used. This version included an 11-item examination that examined five areas of cognitive function: orientation, registration, attention and calculation, recall, and language. The maximum score that could be achieved was 30, while a mean score between 23 and 28 would be expected according to the age and educational level of our alcoholic and non-alcoholic subjects (2).

***References***

1. Barbor TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. *AUDIT: The Alcohol Use Disorders Identification Test. Guidelines for Use in Primary Care.* Second ed. Geneva, Switzerland: World Health Organization.Department of Mental Health and Substance Dependence (2001). 41 p.

2. Crum RM, Anthony JC, Bassett SS, Folstein MF. Population-based norms for the Mini-Mental State Examination by age and educational level. *JAMA* (1993) 269(18):2386-91. PubMed PMID: 8479064.

Table S1. Socio-demographic characteristics in patients with Alcohol Use Disorder (AUD, n = 22) and control (non-AUD, n = 23).

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|  |  **Non-AUD** **(n = 23)** | **AUD****(n = 22)** |  | ***p value*** |
| **Socio-demographic characteristics and cognitive performance** |
| Gender *n*(*%*) | Male | 23 (100%) | 22 (100%) |  |  |
| Years of education *n*(*%*) | Up to 5Between 6 to 9Between 10 to 13 Between 14 to 19 | 6 (26.1%)9 (39.1%)7 (30.4%)1 (4.3%) | 10 (45.5%)8 (36.4%)4 (18.2%)0 (0.0%) | X2 = 2.9 | .41 |
| Employment situation  *n*(*%*) | Formal jobInformal job UnemployedRetiredFreelanceNot reported | 14 (60.9%)5 (21.7%)0 (0.0%)3 (13.0%)1 (4.3%)0 (0.0%) | 1 (4.5%)2 (9.1%)9 (40.9%)3 (13.6%)5 (22.7%)1 (4.5%) | X2 = 26.2 | .0002\*\*\* |
| Marital state *n*(*%*) | SingleMarried or common-law marriageDivorcedNot reported | 5 (21.7%)16 (69.6%)1 (4.3%)1 (4.3%) | 5 (22.7%)11 (50.0%)6 (27.3%)0 (0.0%) | X2 = 5.5 | .14 |
| MMSE*[mean (SD*)] |  | 27.0 (2.6) | 26.3 (2.7) | F(1,41) = .014 | .91 |

\*\*\* p < 0.001. They were all males, and except for employment situation, no other characteristics, such as schooling and marital state differed from non-AUD control group. MMSE: Mini Mental Status Examination (between-groups analysis was performed by a univariate analysis with age and tobacco use as covariates as these variables could influence the cognitive performance).