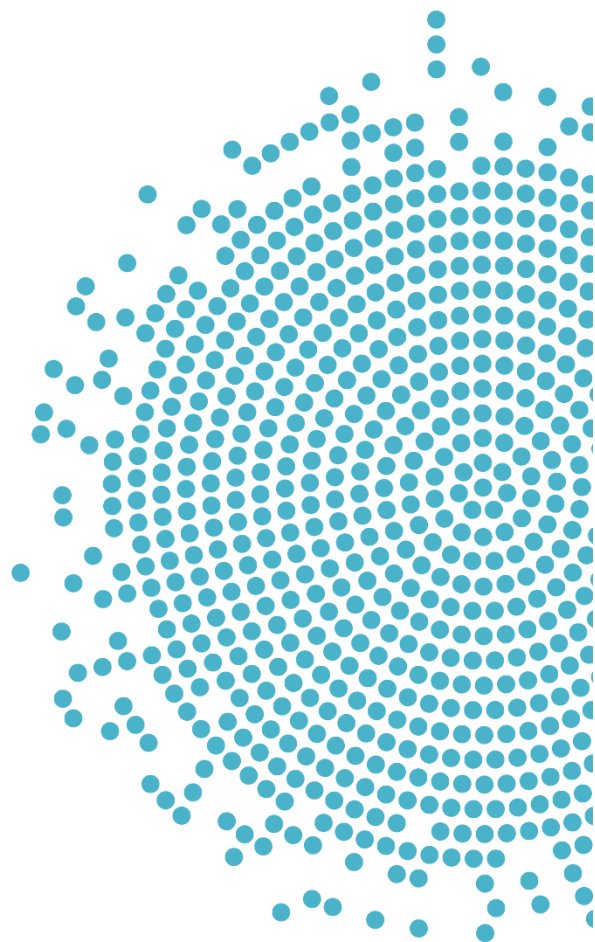


Frequency of Eating and Cardiovascular Disease: A Systematic Review

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USDA and HHS implemented a process to identify topics and scientific questions to be examined by the 2020 Dietary Guidelines Advisory Committee. The Committee conducted its review of evidence in subcommittees for discussion by the full Committee during its public meetings. The role of the Committee members involved establishing all aspects of the protocol, which presented the plan for how they would examine the scientific evidence, including the inclusion and exclusion criteria; reviewing all studies that met the criteria they set; deliberating on the body of evidence

ⁱ Under contract with the Food and Nutrition Service, United States Department of Agriculture.

for each question; and writing and grading the conclusion statements to be included in the scientific report the 2020 Committee submitted to USDA and HHS. The NESR team with assistance from Federal Liaisons and Project Leadership, supported the Committee by facilitating, executing, and documenting the work necessary to ensure the reviews were completed in accordance with NESR methodology. More information about the 2020 Dietary Guidelines Advisory Committee, including the process used to identify topics and questions, can be found at www.DietaryGuidelines.gov. More information about NESR can be found at NESR.usda.gov.

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INTRODUCTION

This document describes a systematic review conducted to answer the following question: What is the relationship between the frequency of eating and cardiovascular disease? This systematic review was conducted by the 2020 Dietary Guidelines Advisory Committee, supported by USDA's Nutrition Evidence Systematic Review (NESR).

More information about the 2020 Dietary Guidelines Advisory Committee is available at the following website: www.DietaryGuidelines.gov.

NESR specializes in conducting food- and nutrition-related systematic reviews using a rigorous, protocol-driven methodology. More information about NESR is available at the following website: NESR.usda.gov.

NESR's systematic review methodology involves developing a protocol, searching for and selecting studies, extracting data from and assessing the risk of bias of each included study, synthesizing the evidence, developing conclusion statements, grading the evidence underlying the conclusion statements, and recommending future research. A detailed description of the systematic reviews conducted for the 2020 Dietary Guidelines Advisory Committee, including information about methodology, is available on the NESR website: <https://nesr.usda.gov/2020-dietary-guidelines-advisory-committee-systematic-reviews>. In addition, starting on page 17, this document describes the final protocol as it was applied in the systematic review. A description of and rationale for modifications made to the protocol are described in the 2020 Dietary Guidelines Advisory Committee Report, Part D: Chapter 13. Frequency of Eating.

List of abbreviations

Abbreviation	Full name
CHD	Coronary heart disease
CNPP	Center for Nutrition Policy and Promotion
CVD	Cardiovascular disease
DPS	Division of Prevention Science
FFQ	Food frequency questionnaire
F/U	Follow-up
FNS	Food and Nutrition Service
FoE	Frequency of eating
HHS	United States Department of Health and Human Services
NESR	Nutrition Evidence Systematic Review
NIH	National Institute of Health
ODPHP	Office of Disease Prevention and Health Promotion
ONGA	Office of Nutrition Guidance and Analysis
USDA	United States Department of Agriculture

WHAT IS THE RELATIONSHIP BETWEEN THE FREQUENCY OF EATING AND RISK OF CARDIOVASCULAR DISEASE?

PLAIN LANGUAGE SUMMARY

What is the question?

- The question is: What is the relationship between the frequency of eating and risk of cardiovascular disease?

What is the answer to the question?

- Insufficient evidence is available to determine the relationship between the frequency of eating and cardiovascular disease.

Why was this question asked?

- This important public health question was identified by the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) to be examined by the 2020 Dietary Guidelines Advisory Committee.

How was this question answered?

- The 2020 Dietary Guidelines Advisory Committee, Frequency of Eating Subcommittee conducted a systematic review to answer this question with support from the Nutrition Evidence Systematic Review (NESR) team.
- Frequency of eating was defined as the number of daily eating occasions.

What is the population of interest?

- The population of interest was generally healthy children through older adults (ages 2 and older).

What evidence was found?

- This review identified 2 articles that met the inclusion criteria.
- Inconsistent results from 2 prospective cohort studies with critical limitations, were insufficient to draw conclusions.

How up-to-date is this systematic review?

- This review searched for studies from January 2000 to September 2019.

TECHNICAL ABSTRACT

Background

- This important public health question was identified by the U.S. Departments of Agriculture (USDA) and Health and Human Services (HHS) to be examined by the 2020 Dietary Guidelines Advisory Committee.
- The 2020 Dietary Guidelines Advisory Committee, Frequency of Eating Subcommittee conducted a systematic review to answer this question with support from the Nutrition Evidence Systematic Review (NESR) team.
- The goal of this systematic review was to examine the following question: What is the relationship between the frequency of eating and risk of cardiovascular disease?

Conclusion statement and grade

- Insufficient evidence is available to determine the relationship between the frequency of eating and cardiovascular disease. (Grade: Grade not assignable)

Methods

- Literature search was conducted using 4 databases (PubMed, Cochrane, Embase, and CINAHL) to identify articles that evaluated an intervention or exposure of the frequency of eating and the outcome of cardiovascular disease. A manual search was also conducted to identify articles that may not have been included in the electronic databases searched. Articles were screened by two authors independently for inclusion based on pre-determined criteria.
- Data extraction and risk of bias assessment were conducted for each included study, and both were checked for accuracy. The Committee qualitatively synthesized the body of evidence to inform development of a conclusion statement(s), and graded the strength of evidence using pre-established criteria for risk of bias, consistency, directness, precision, and generalizability.

Summary of the evidence

- This systematic review was undertaken to examine the relationship between the frequency of eating and cardiovascular disease.
- This review identified 2 prospective cohort studies published between January, 2000 and September, 2019 that met the inclusion criteria for this systematic review.
- The studies were inconsistent in terms of how they defined and examined frequency of eating, the outcomes they examined, and in their reported results:
 - One included study reported that a higher eating frequency at baseline was associated with lower blood pressure after a 5-year follow-up.
 - One included study reported no association between eating frequency at baseline and risk of coronary heart disease after a 16-year follow-up.
- Critical limitations were identified within the body of evidence:
 - Weak study designs were used to explore this question.
 - Eating frequency was measured only at baseline, leading to concern that changes in exposure status may have occurred over the follow-up time periods.
 - The amount of attrition was unknown.
 - The study showed several risks of bias.

- Inconsistent outcomes were included across studies with respect to relative risks and 95% confidence intervals for CHD, systolic blood pressure, diastolic blood pressure, and hypertension.
 - Water consumption was not explicitly mentioned in either included study.
- Due to the small body of evidence with inconsistency in design and reported results and several limitations, the Committee determined that the evidence was insufficient to draw conclusions about the relationship between frequency of eating and cardiovascular disease.

FULL REVIEW

Systematic review question

What is the relationship between the frequency of eating and risk of cardiovascular disease?

Conclusion statement and grade

Insufficient evidence is available to determine the relationship between the frequency of eating and cardiovascular disease. (Grade: Grade not assignable)

Summary of the evidence

- This systematic review was undertaken to examine the relationship between the frequency of eating and cardiovascular disease.
- This review identified 2 prospective cohort studies published between January, 2000 and September, 2019 that met the inclusion criteria for this systematic review.^{1,2}
- The studies were inconsistent in terms of how they defined and examined frequency of eating, the outcomes they examined, and in their reported results:
 - One included study reported that a higher eating frequency at baseline was associated with lower blood pressure after a 5-year follow-up.
 - One included study reported no association between eating frequency at baseline and risk of coronary heart disease after a 16-year follow-up.
- Critical limitations were identified within the body of evidence:
 - Weak study designs were used to explore this question.
 - Eating frequency was measured only at baseline, leading to concern that changes in exposure status may have occurred over the follow-up time periods.
 - The amount of attrition was unknown.
 - The study showed several risks of bias.
 - Inconsistent outcomes were included across studies with respect to relative risks and 95% confidence intervals for CHD, systolic blood pressure, diastolic blood pressure, and hypertension.
 - Water consumption was not explicitly mentioned in either included study.
- Due to the small body of evidence with inconsistency in design and reported results and several limitations, the Committee determined that the evidence was insufficient to draw conclusions about the relationship between frequency of eating and cardiovascular disease.

Description of the evidence

This systematic review included 2 articles that addressed the relationship between the frequency of eating and cardiovascular disease, published between January 2000 and September 2019.^{1,2} Basic characteristics of the studies are shown in **Table 1**. The studies were both prospective cohort studies. One used data from the Health Professionals Follow-up Study conducted in the United States and one was conducted in Greece.

Both studies were conducted in adults, one in an all-male, majority White population with an mean age of 58 years¹ and the other study was 45% female with an average

age of 47.8 years in a Greek population.² Average BMI was about 25 and 26 kg/m² and average habitual intakes were 3.5 and 5 eating occasions per day, respectively.^{1,2}

In Cahill et al,¹ the authors looked at the frequency of eating occasions at baseline in relation to risk of coronary heart disease over a 16-year follow-up. In Karatzi et al,² the authors assessed the relationship between frequency of eating occasions at baseline and systolic blood pressure, diastolic blood pressure, and risk of hypertension after 5 years of follow-up.

Evidence synthesis

Cahill et al¹ reported no association in males with a mean age of 58 years, between frequency of eating at baseline and risk of coronary heart disease over a 16-year follow-up. Karatzi et al² reported an inverse association in adults between eating frequency at baseline and systolic and diastolic blood pressure changes, and risk of hypertension after a 5-year follow-up. Results are shown in **Table 1**.

Both included studies had several limitations (**Table 2**). Both included studies had unknown attrition rates and did not account for missing data or loss to follow-up. In addition, while habitual eating frequency was assessed, it was only assessed once at baseline, leading to concerns that changes in exposure status could have occurred over the study follow-ups. Data collection methods assessing frequency of eating and the definitions used for eating occasions were inconsistent between the two studies. Cahill et al¹ added a question to a food frequency questionnaire (FFQ) in which participants were asked to indicate if they ate at different times of the day anchored by meals (before breakfast, breakfast, between breakfast and lunch, lunch, between lunch and dinner, dinner, between dinner and bedtime, or after going to bed). This method was focused on eating and beverages were likely not considered in this assessment method. Karatzi et al² used a 3-day dietary record and defined an eating occasion as any time when food or beverages were consumed at least 15 minutes apart. Neither study explicitly mentioned the consideration of water within the analyses. The differences in these methods made it difficult to compare results from the studies.

The 2 studies included in this systematic review were designed to examine the relationship between frequency of eating and cardiovascular disease, and were generalizable to the U.S. population. However, they were inconsistent in their definitions and examination of frequency of eating, the outcomes considered, and the reported results. In addition, the included studies had multiple critical risks of bias due to their design and conduct. Publication bias is a concern with this body of evidence given that there were few studies and only one study reported a significant association. Therefore, the evidence was insufficient to be able to draw conclusions about the relationship between the frequency of eating and cardiovascular disease.

Research recommendations

- More controlled trials are needed that assess the frequency of eating and various outcomes.
- Future studies should develop a consistent definition of an ingestive event that includes eating and drinking and methods to quantify it.

- Future studies should document the frequency of water consumption.
- In future studies, collection of ingestive frequency data should:
 - Report number of ingestive events across 24 hours.
 - Collect a minimum of 3 days of ingestive event data on at least 2 discrete occasions to allow assessment of estimate reliability.
- Future studies should report information on food insecurity in relation to frequency of eating to allow isolation of voluntary versus involuntary eating frequency effects.
- Future research should report key confounders and other factors to be considered, such as:
 - Sex, Age, Race/ethnicity, Habitual eating frequency, Smoking, Anthropometry
 - Socioeconomic status, Physical activity, Cultural practices, Total energy intake, Diet energy density, Energy state of the diet (restriction/surplus), Energy balance (total energy intake/total energy expenditure), Chrononutrition factors (time of day, (consistency of) habitual eating frequency, and duration between ingestive events and/or ingestive periods), Portion size, Macronutrient content, Location of eating occasion, Eating environment (who you eat with, work/school/exercise schedule), Holiday eating (seasonal), Sleep schedule (shift work), Secondary eating, Dentition, Hydration status, Pregnancy status, Pubertal status, Menopausal status, Biochemical changes

Included articles

1. Cahill LE, Chiuve SE, Mekary RA, et al. Prospective study of breakfast eating and incident coronary heart disease in a cohort of male US health professionals. *Circulation*. 2013;128(4):337-343. doi:10.1161/circulationaha.113.001474
2. Karatzi K, Georgiopoulos G, Yannakoulia M, et al. Eating frequency predicts new onset hypertension and the rate of progression of blood pressure, arterial stiffness, and wave reflections. *J Hypertens*. 2016;34(3):429-437. doi:10.1097/hjh.0000000000000822

Table 1. Description of studies included in the systematic review to examine the relationship between frequency of eating and cardiovascular diseaseⁱⁱ

Study and population characteristics	Exposure, Comparator and Outcome(s)	Results	Key Confounders and Study Limitations
<p>Cahill, 2013¹ Prospective Cohort Study, Health Professionals Follow-Up Study, United States; Analytic N=26902</p> <p>Participant characteristics:</p> <p><u>Key Confounders:</u></p> <ul style="list-style-type: none"> • Age: ~58y (46-81y) • Sex: 0% female • Race/Ethnicity: 97% White • Habitual eating frequency: ~3.5 EOs/d, ~87% breakfast consumers • Smoking: 7% current smokers • Anthropometry: ~25kg/m² <p><u>Reported Other Factors to be Considered:</u></p> <ul style="list-style-type: none"> • SES: Married ~90% • Physical activity: ~37 MET/-h/wk, ~11% watch >21h tv/wk • Sleep: <7hr/24h ~16% • Drink alcohol ~76% • Total energy intake: ~1950 kcal/d • Health: diabetes ~4%; hypertension ~26%; hypercholesterolemia ~34% <p><u>Excluded from selection into study or analysis:</u> Females, did not complete the baseline FFQ, had implausible energy intakes (>4200 or <800 kcal/d), had left >70 food items blank, or did not answer the meal-frequency questions, diagnosed with diabetes, cardiovascular disease, and cancer (except for nonmelanoma skin cancer)</p>	<p>Exposure of interest: Frequency of eating occasions: 1-2, 3, 4-5, ≥6 times per day</p> <p><u>Assessment method and timing:</u> FFQ, collected in 1992; indicate eating before breakfast, breakfast, between breakfast and lunch, lunch, between lunch and dinner, dinner, between dinner and bedtime, or after going to bed (question focused on eating, so likely beverages were not considered)</p> <p><u>Treatment of beverages:</u> Likely not included</p> <p>Outcomes and assessment methods: Coronary Heart Disease (CHD); Non-fatal myocardial infarction or fatal CHD were self-reported and confirmed based on medical record review; every 2y for 16y</p>	<p>TEI adjusted: Yes</p> <p>CHD:</p> <ul style="list-style-type: none"> • 1-2 times/d (n=150): RR: 1.08, 95% CI: 0.90, 1.29 • 3 times/d (n=728): RR: 1.00 • 4-5 times/d (n=611): RR: 1.00, 95% CI: 0.89, 1.11 • ≥6 times/d (n=38): RR: 1.14, 95% CI: 0.81, 1.61 • p-trend = NS <p><i>Summary: Frequency of eating at men with a mean age 58y was not significantly associated with risk of CHD after 16y f/u.</i></p>	<p>Model Adjustments:</p> <ul style="list-style-type: none"> • Key confounders: age, sex, race/ethnicity, physical activity, smoking, anthropometry • Other factors to be considered: SES, family history of MI, energy intake, sleep • Other: alcohol intake, diet quality, marital status, physical exam in last 2y, television watching, diagnosis with diabetes, hypertension, or hypercholesterolemia, breakfast, late night eating, stress, antidepressant medication, daily number of cigarettes among smokers, bodyweight change and specific dietary components such as folate, whole grains, fiber or saturated fat <p>Limitations:</p> <ul style="list-style-type: none"> • Selection criteria likely related to FoE and CVD • FoE data only assessed at baseline with a 16y f/u leading to a concern that changes in exposure status occurred over f/u • FoE assessment method not validated • High attrition rate • Beverages and water was not mentioned in FoE assessment • FoE data collection from 1992 and may not be applicable to current populations and food supply <p>Funding sources: NIH, Canadian Institutes of Health Research</p>

ⁱⁱ Abbreviations: CHD – coronary heart disease; CVD – cardiovascular disease; d – day; DBP – diastolic blood pressure; EO – eating occasion; f/u – follow-up; FoE – frequency of eating; h – hour; HDL – high-density lipoprotein, HOMA – Homeostatic Model Assessment of Insulin Resistance; HR – hazard ratio; NS – not significant; NR – not reported; SBP – systolic blood pressure; SD – standard deviation; SE – standard error; SES – socioeconomic status; TEI – total energy intake, y – year

Study and population characteristics	Exposure, Comparator and Outcome(s)	Results	Key Confounders and Study Limitations
<p>Karatzis, 2016² Prospective Cohort Study, Greece; Analytic N=115 Participant characteristics: <u>Key Confounders:</u></p> <ul style="list-style-type: none"> • Age: 47.8y • Sex: 45% female • Race/Ethnicity: NR • Habitual eating frequency, median, IQR: 15, 13-18 EOs/3d • Smoking: 40% • Anthropometry: BMI: 26.2kg/m²; waist circumference: 89.5 cm; hip circumference: 102 cm; waist to hip ratio: 0.854 <p><u>Reported Other Factors to be Considered:</u></p> <ul style="list-style-type: none"> • Total energy intake: ~1823kcal • Macronutrient content: carbohydrate energy ~39.8%; Lipid energy ~41.3%; protein energy ~38.2%; <p><u>Excluded from selection into study or analysis:</u> history of coronary artery disease, diabetes, liver or endocrine diseases, autoimmune disease, cancer, or active infection; alcohol consumption ≥30g/d; dieting at baseline</p>	<p>Exposure of interest: Frequency of EOs: 1-5, ≥6 per day</p> <p><u>Assessment method and timing:</u> 3d food records on 2 consecutive weekdays and 1 weekend day at baseline; eating frequency: number of EOs/d (mean of 3 d assessments); EO: any EO when food or drink was consumed at least 15 min apart (may include alcohol, soft drinks, kcal-free meals, or coffees and teas eaten in the absence of food.</p> <p><u>Treatment of non-caloric beverages:</u> Included as an EO although water not mentioned.</p> <p>Outcomes and assessment methods: Cardiovascular disease: Blood pressure was measured (average of 2 measures, 1 min apart), at baseline and 5y follow-up; Hypertension was defined as systolic blood pressure >140mmHg and/or diastolic blood pressure >90mmHg. Participants fasted for 12 h and abstained from alcohol, caffeine, and smoking for 1 d before assessment at lab.</p>	<p>TEI adjusted: Yes</p> <p>CVD:</p> <ul style="list-style-type: none"> • SBP: HR 0.366, p=0.05 • DBP: 0.452, p=0.02 • Hypertension: HR 5.4, p=0.004 <p><i>Summary: Higher eating frequency at baseline was associated with lower systolic blood pressure and diastolic blood pressure changes, and decreased risk of hypertension after a 5-year follow-up.</i></p>	<p>Model Adjustments:</p> <ul style="list-style-type: none"> • Key confounders: age, sex, smoking, BMI • Other factors to be considered: total energy intake • Other: HDL, HR, HOMA <p>Limitations:</p> <ul style="list-style-type: none"> • Race/ethnicity (study took place in Greece) was not accounted for in the analysis • Selection criteria likely related to FoE and CVD • FoE data only assessed at baseline with a 5y f/u leading to a concern that changes in exposure status occurred over f/u • High attrition rate • Water not mentioned in data collection <p>Funding sources: NR</p>

Table 2. Risk of bias for observational studies examining the frequency of eating and cardiovascular disease^{iii,iv}

	Confounding	Selection of participants	Classification of exposures	Deviations from intended exposures	Missing data	Outcome measurement	Selection of the reported result
Cahill, 2013 ¹	Moderate	Serious	Serious	Critical	Moderate	Moderate	Moderate
Karatzis, 2016 ²	Moderate	Serious	Serious	Critical	Low	Moderate	Serious

ⁱⁱⁱ A detailed description of the methodology used for assessing risk of bias is available on the NESR website: <https://nesr.usda.gov/2020-dietary-guidelines-advisory-committee-systematic-reviews> and in Part C of the following reference: Dietary Guidelines Advisory Committee. 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.

^{iv} Possible ratings of low, moderate, serious, critical, or no information determined using the "Risk of Bias for Nutrition Observational Studies" tool (RoB-NObs) (Dietary Guidelines Advisory Committee. 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.)

METHODOLOGY

The NESR team used its rigorous, protocol-driven methodology to support the 2020 Dietary Guidelines Advisory Committee in conducting this systematic review.

NESR's systematic review methodology involves:

- Developing a protocol,
- Searching for and selecting studies,
- Extracting data from and assessing the risk of bias of each included study,
- Synthesizing the evidence,
- Developing conclusion statements,
- Grading the evidence underlying the conclusion statements, and
- Recommending future research.

A detailed description of the methodology used in conducting this systematic review is available on the NESR website: <https://nesr.usda.gov/2020-dietary-guidelines-advisory-committee-systematic-reviews>, and can be found in the 2020 Dietary Guidelines Advisory Committee Report, Part C: Methodology.[†] This systematic review was peer reviewed by Federal scientists, and information about the peer review process can also be found in the Committee's Report, Part C. Methodology. Additional information about this systematic review, including a description of and rationale for any modifications made to the protocol can be found in the 2020 Dietary Guidelines Advisory Committee Report, Chapter 13. Frequency of Eating.

Below are details of the final protocol for the systematic review described herein, including the:

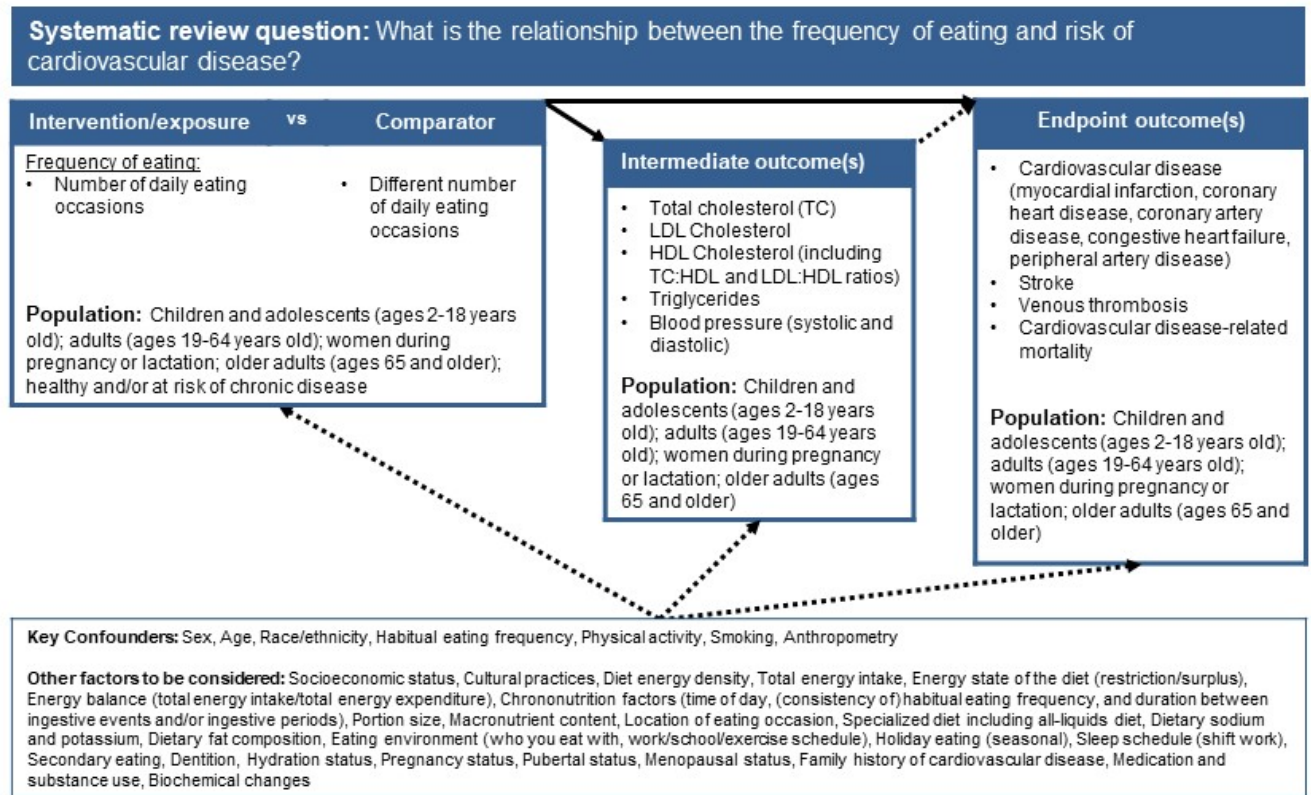
- Analytic framework
- Literature search and screening plan
- Literature search and screening results

ANALYTIC FRAMEWORK

The analytic framework (**Figure 1**) illustrates the overall scope of the systematic review, including the population, the interventions and/or exposures, comparators, and outcomes of interest. It also includes definitions of key terms and identifies key confounders considered in the systematic review. The inclusion and exclusion criteria that follow provide additional information about how parts of the analytic framework were defined and operationalized for the review.

[†] Dietary Guidelines Advisory Committee. 2020. *Scientific Report of the 2020 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Agriculture and the Secretary of Health and Human Services*. U.S. Department of Agriculture, Agricultural Research Service, Washington, DC.

Figure 1: Analytic framework



Key definitions

Eating occasion – ingestive event [preload, meals or snacks; food or beverage (energy yielding or non-energy yielding)]

Secondary eating– eating occasions that are not identified as the primary activity (e.g., screen time, eating while driving, reading)

Legend

- ▶ The relationship of interest in the systematic review
-▶ Factors that may impact the relationship of interest in the systematic review

LITERATURE SEARCH AND SCREENING PLAN

Inclusion and exclusion criteria

This table provides the inclusion and exclusion criteria for the systematic review. The inclusion and exclusion criteria are the set of characteristics used to determine which articles identified in the literature search were included in or excluded from the systematic review.

Table 3. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Study design	<ul style="list-style-type: none"> • Randomized controlled trials • Non-randomized controlled trials, including quasi-experimental and controlled before and after studies • Prospective cohort studies • Retrospective cohort studies • Nested case-control studies 	<ul style="list-style-type: none"> • Uncontrolled trials • Case-control studies • Cross-sectional studies • Uncontrolled before-and-after studies • Narrative reviews • Systematic reviews • Meta-analyses
Intervention/exposure	Frequency of eating: <ul style="list-style-type: none"> • Number of daily eating occasions 	<ul style="list-style-type: none"> • Studies that only examine frequency of intake of a single food, beverage or category of foods or beverages (i.e. frequency of milk consumption, frequency of seafood consumption) • Studies that do not have eating occasions across the day
Comparator	<ul style="list-style-type: none"> • Different number of daily eating occasions 	<ul style="list-style-type: none"> • N/A
Outcomes	Intermediate Outcomes: <ul style="list-style-type: none"> • Total cholesterol (TC) • LDL cholesterol • HDL cholesterol (including TC:HDL and LDL:HDL ratios) • Triglycerides • Blood pressure (systolic and diastolic) Endpoint Outcomes: <ul style="list-style-type: none"> • Cardiovascular disease (myocardial infarction, coronary heart disease, coronary artery disease, congestive heart failure, peripheral artery disease) • Stroke • Venous thrombosis • Cardiovascular disease-related mortality 	

Category	Inclusion Criteria	Exclusion Criteria
Date of publication	<ul style="list-style-type: none"> January 2000 – September 2019 	<ul style="list-style-type: none"> Articles published prior to or after January 2000 – September 2019
Publication status	<ul style="list-style-type: none"> Articles published in peer-reviewed journals 	<ul style="list-style-type: none"> Articles that have not been peer-reviewed and are not published in peer-reviewed journals (e.g. unpublished data, manuscripts, reports, abstracts, pre-prints, and conference proceedings)
Language of publication	<ul style="list-style-type: none"> Articles published in English 	<ul style="list-style-type: none"> Articles published in languages other than English
Country^{vi}	<ul style="list-style-type: none"> Studies conducted in countries ranked as high or very high human development 	<ul style="list-style-type: none"> Studies conducted in countries ranked as medium or lower human development
Study participants	<ul style="list-style-type: none"> Human participants Males Females Females during pregnancy and the post-partum period 	<ul style="list-style-type: none"> Non-human participants (i.e., animals or in-vitro models)
Age of study participants	<ul style="list-style-type: none"> Age at intervention or exposure: <ul style="list-style-type: none"> Children and adolescents (2-18 years) Adults (19-64 years) Older adults (ages 65 and older) Age at outcome: <ul style="list-style-type: none"> Children and adolescents (2-18 years) Adults (19-64 years) Older adults (ages 65 and older) 	<ul style="list-style-type: none"> Age at intervention or exposure: <ul style="list-style-type: none"> Infants and toddlers (0-24 months old) Age at outcome: <ul style="list-style-type: none"> Infants and toddlers (0-24 months old)

^{vi} In order to determine the inclusion exclusion criteria for country, the Human Development classification was used. This classification is based on the Human Development Index (HDI) ranking from the year the study intervention occurred or data were collected (UN Development Program. HDI 1990-2017 HDRO calculations based on data from UNDESA (2017a), UNESCO Institute for Statistics (2018), United Nations Statistics Division (2018b), World Bank (2018b), Barro and Lee (2016) and IMF (2018). Available from: <http://hdr.undp.org/en/data>). If the study did not report the year in which the intervention occurred or data were collected, the HDI classification for the year of publication was applied. HDI values are available from 1980, and then from 1990 to present. If a study was conducted prior to 1990, the HDI classification from 1990 was applied. If a study was conducted in 2018 or 2019, the most current HDI classification was applied. When a country was not included in the HDI ranking, the current country classification from the World Bank was used instead (The World Bank. World Bank country and lending groups. Available from: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-country-and-lending-groups>)

Category	Inclusion Criteria	Exclusion Criteria
Health status of study participants	<ul style="list-style-type: none"> • Studies that enroll participants who are healthy and/or at risk for chronic disease, including those with obesity • Studies that enroll some participants diagnosed with a disease • Studies that exclusively enroll participants with high blood pressure or high cholesterol and are evaluating cardiovascular disease endpoint outcomes (i.e., studies that aim to prevent cardiovascular disease in participants who are at high risk) • Studies that enroll some participants with endpoint outcomes of cardiovascular disease 	<ul style="list-style-type: none"> • Studies that exclusively enroll participants diagnosed with a disease, or hospitalized with an illness or injury. (For this criterion, studies that exclusively enroll participants with obesity will not be excluded). • Studies that exclusively enroll participants with high blood pressure or high cholesterol and are evaluating blood pressure or cholesterol outcomes (i.e., studies that aim to treat participants who already have high blood pressure or high cholesterol) • Studies that exclusively enroll participants with endpoint outcomes of cardiovascular disease (i.e., studies that aim to treat participants who have already been diagnosed with the endpoint outcomes of interest) • Studies that exclusively enroll subjects post bariatric surgery
Eating frequency data collection for intervention studies	<ul style="list-style-type: none"> • Data collection for eating frequency that occurs on at least 2 occasions, including baseline and during or after the intervention. <ul style="list-style-type: none"> ○ Each occasion encompasses a minimum of 3, 24-hour periods or a questionnaire that covers at least 3 days addressing eating frequency. <ul style="list-style-type: none"> ▪ (e.g., 3, 24-h dietary recalls reporting ingestive events) ▪ (e.g., 1 eating frequency questionnaire documenting eating frequency for the past month) 	<ul style="list-style-type: none"> • Data collection for eating frequency that occurs on fewer than 2 occasions, and encompasses fewer than 3, 24-hour periods
Eating frequency data collection for observational studies	<ul style="list-style-type: none"> • Data collection for eating frequency that encompasses a minimum of 3, 24-hour periods <ul style="list-style-type: none"> ○ (e.g., 3, 24-h dietary recalls reporting each ingestive event) ○ (e.g., 1 eating frequency questionnaire documenting eating frequency for the past month) 	<ul style="list-style-type: none"> • Data collection for eating frequency that encompasses fewer than 3, 24-hour periods
Size of study groups for intervention studies	<ul style="list-style-type: none"> • 15 or greater participants for studies using within-subject analyses, or • 30 or greater participants for studies using between-subject analysis, or • A power calculation included 	<ul style="list-style-type: none"> • Fewer than 15 participants for studies using within-subject analyses, or • Fewer than 30 participants for studies using between-subject analysis, or • No power calculation reported

Electronic databases and search terms

PubMed

- Provider: U.S. National Library of Medicine
- Date(s) searched: September 17 2019
- Date range searched: January 1, 2000-September 17 2019
- Search Terms:

#1 - "frequency of eating" OR eating frequenc* OR "frequent eating" OR feeding frequenc* OR "Meals"[Mesh] OR meal frequenc* OR "meal timing" OR "meal time" OR mealtim* OR daily meal* OR dinnertim* OR dinner pattern* OR "night eating" OR evening meal* OR eating occasion* OR irregular eat* OR snack frequenc* OR snacking frequenc* OR snacking pattern* OR snacking behavior* OR "Fasting"[Mesh] OR "intermittent fasting" OR fasting diet* OR "alternate-day fasting" OR "meal skipping" OR "breakfast skipping" OR skipping breakfast* OR "Feeding Behavior"[Mesh:noexp] OR feeding behavior*[tiab] OR eating episode* OR eating pattern* OR eating habit* OR eating tim* OR "eating alone" OR time restricted feeding* OR feeding pattern* OR meal profile* OR meal pattern* OR meal environment* OR chrono-nutrition OR intermittent energy restriction* OR intermittent diet*

#2 - "Cardiovascular Diseases"[Mesh:noexp] OR cardiovascular disease*[tiab] OR coronary artery disease[tiab] OR heart disease*[tiab] OR "Heart Failure"[Mesh] OR heart failure[tiab] OR "Myocardial Infarction"[Mesh] OR myocardial infarction*[tiab] OR "Myocardial Ischemia"[Mesh] OR Myocardial Ischemia*[tiab] OR "Stroke"[Mesh] OR stroke[tiab] OR angina[tiab] OR heart attack[tiab] OR "Venous Thrombosis"[Mesh] OR venous thrombosis[tiab] OR hypertension[tiab] OR high blood pressure[tiab] OR "Lipids/blood"[Mesh] OR "Cholesterol, HDL"[Mesh] OR HDL cholesterol[tiab] OR "Cholesterol, LDL"[Mesh] OR LDL cholesterol[tiab] OR total cholesterol[tiab] OR "Triglycerides"[Mesh] OR triglycerides[tiab]

#3 - "Diabetes Mellitus, Type 2"[Mesh] OR Type 2 diabetes[tiab] OR T2D[tiab] OR adult onset diabetes[tiab] OR "Prediabetic State"[Mesh] OR prediabet*[tiab] OR pre diabet* OR "Insulin Resistance"[Mesh] OR insulin resistance[tiab] OR "Glucose Intolerance"[Mesh] OR glucose intolerance[tiab] OR glucose tolerance[tiab] OR "Glycated Hemoglobin A"[Mesh] OR hemoglobin A1c[ti] OR "Hyperglycemia"[Mesh] OR "Hypoglycemia"[Mesh] OR ((impaired fasting[tiab] OR "Diabetes Mellitus"[Mesh:noexp]) AND (glucose[tiab] OR glycemi*[tiab] OR high blood sugar[tiab] OR low blood sugar[tiab])

#4 - "Body Weights and Measures"[Mesh] OR "Body Weight"[Mesh] OR body weight[tiab] OR "Overnutrition"[Mesh:NoExp] OR overnutrition[tiab] OR body weight[tiab] OR weight status[tiab] OR obesity[tiab] OR obese[tiab] OR overweight[tiab] OR body mass index[tiab] OR BMI[tiab] OR underweight[tiab] OR wasting[tiab] OR healthy weight[tiab] OR "Body Composition"[Mesh] OR body composition[tiab] OR body fat[tiab] OR fat mass[tiab] OR fat free mass[tiab] OR "Adipose Tissue"[Mesh] OR "Adiposity"[Mesh] OR adipos*[tiab] OR anthropometry[tiab] OR anthropometric*[tiab] OR body height[tiab] OR stunting[tiab] OR stunted[tiab] OR "Growth Charts"[Mesh] OR growth chart*[tiab] OR waist circumference[tiab] OR head circumference[tiab] OR arm circumference[tiab] OR thigh circumference[tiab] OR neck circumference[tiab] OR "Gestational Weight Gain"[Mesh] OR "Weight Gain"[Mesh:NoExp] OR weight gain[tiab] OR "Body Size"[Mesh] OR "body size"[tiab] OR weight change[tiab] OR weight changes[tiab] OR "Weight Loss"[Mesh] OR weight loss*[tiab] OR weight reduc*[tiab] OR "Weight Reduction Programs"[Mesh] OR "Body-Weight Trajectory"[Mesh] OR weight maint* OR "Diet, Reducing"[Mesh] OR diet reduc*[tiab] OR weight cycling[tiab] OR weight

decreas*[tiab] OR weight watch*[tiab] OR weight control*[tiab] OR weight retention[tiab] OR (weight[tiab] AND (reduction OR reduced OR reducing OR loss OR losses OR maintenanc* OR maintain*[tiab] OR decreas*[tiab] OR watch OR control*[tiab] OR change*[tiab] OR gain[tiab]))

#5 - (#2 OR #3 OR #4)

#6 - (#1 AND #5)

#7 - (#1 AND #5) NOT ("Animals"[Mesh] NOT ("Animals"[Mesh] AND "Humans"[Mesh])) NOT (editorial[ptyp] OR comment[ptyp] OR news[ptyp] OR letter[ptyp] OR review[ptyp] OR systematic review[ptyp] OR systematic review[ti] OR meta-analysis[ptyp] OR meta-analysis[ti] OR meta-analyses[ti] OR retracted publication[ptyp] OR retraction of publication[ptyp] OR retraction of publication[tiab] OR retraction notice[ti]) Filters: Publication date from 2000/01/01 to 2019/09/17; English

Cochrane Central Register of Controlled Trials (CENTRAL)

- Provider: John Wiley & Sons
- Date(s) searched: September 17, 2019
- Date range searched: January 1, 2000-September 17, 2019
- Search Terms:

#1 - [mh Meals] OR [mh Fasting] OR [mh ^"Feeding Behavior"]

#2 - "frequency of eating" OR "eating frequenc*" OR "frequent eating" OR "feeding frequenc*" OR "meal frequenc*" OR "meal timing" OR "meal time" OR mealtim* OR "daily meal*" OR dinnertim* OR "dinner pattern*" OR "night eating" OR "evening meal*" OR "eating occasion*" OR "irregular eat*" OR "snack frequenc*" OR "snacking frequenc*" OR "snacking pattern*" OR "snacking behavior*" OR "intermittent fasting" OR "fasting diet*" OR "alternate-day fasting" OR "meal skipping" OR "breakfast skipping" OR "skipping breakfast*" OR "feeding behavior*" OR "eating episode*" OR "eating pattern*" OR "eating habit*" OR "eating tim*" OR "eating alone" OR "time restricted feeding*" OR "feeding pattern*" OR "meal profile*" OR "meal pattern*" OR "meal environment*" OR chrono-nutrition OR "intermittent energy restriction*" OR "intermittent diet*"

#3 - #1 OR #2

#4 - [mh ^"Cardiovascular Diseases"] OR [mh "Heart Failure"] OR [mh "Myocardial Infarction"] OR [mh "Myocardial Ischemia"] OR [mh Stroke] OR [mh "Venous Thrombosis"] OR [mh Lipids/BL] OR [mh "Cholesterol, HDL"] OR [mh "Cholesterol, LDL"] OR [mh Triglycerides]

#5 - ("cardiovascular disease*" OR "coronary artery disease" OR "heart disease" OR "heart failure" OR "myocardial infarction*" OR "myocardial ischemia*" OR stroke OR angina OR "heart attack" OR "venous thrombosis" OR "hypertension" OR "high blood pressure" OR "HDL cholesterol" OR "LDL cholesterol" OR "total cholesterol" OR triglycerides):ti,ab,kw

#6 - #4 OR #5

#7 - [mh "Diabetes Mellitus, Type 2"] OR [mh "Prediabetic State"] OR [mh "Insulin Resistance"] OR [mh "Glucose Intolerance"] OR [mh "Glycated Hemoglobin A"] OR [mh Hyperglycemia] OR [mh Hypoglycemia]

#8 - ("Type 2 diabetes" OR T2D OR "adult onset diabetes" OR prediabet* OR pre diabet* OR

“insulin resistance” OR “glucose intolerance” OR “glucose tolerance” OR “hemoglobin A1c”):ti,ab,kw

#9 - (“impaired fasting” OR [mh ^”Diabetes Mellitus”]) AND (glucose OR glycemi* OR “high blood sugar” OR “low blood sugar”))

#10 - #7 OR #8 OR #9

#11 - [mh “Body Weights and Measures”] OR [mh “Body Weight”] OR [mh ^Overnutrition] OR [mh “Body Composition”] OR [mh “Adipose Tissue”] OR [mh Adiposity] OR [mh “Growth Charts”] OR [mh “Gestational Weight Gain”] OR [mh ^”Weight Gain”] OR [mh “Body Size”] OR [mh “Weight Loss”] OR [mh “Weight Reduction Programs”] OR [mh “Body-Weight Trajectory”] OR [mh “Diet, Reducing”]

#12 - “body weight” OR overnutrition OR “body weight” OR “weight status” OR obesity OR obese OR overweight OR “body mass index” OR BMI OR underweight OR wasting OR “healthy weight” OR “body composition” OR “body fat” OR “fat mass” OR “fat free mass” OR adipos* OR anthropometry OR anthropometric* OR “body height” OR stunting OR stunted OR “growth chart*” OR “waist circumference” OR “head circumference” OR “arm circumference” OR “thigh circumference” OR “neck circumference” OR “weight gain” OR “body size” OR “weight change” OR “weight changes” OR “weight loss*” OR “weight reduc*” OR “weight maint*” OR “diet reduc*” OR “weight cycling” OR “weight decreas*” OR “weight watch*” OR “weight control*” OR “weight retention”

#13 - ((weight NEAR/4 (reduction OR reduced OR reducing OR loss OR losses OR maintenanc* OR maintain* OR decreas* OR watch OR control* OR change* OR gain))):ti,ab,kw

#14 - #11 OR #12 OR #13

#15 - #6 OR #10 OR #14

#16 - #3 AND #15” with Publication Year from 2000 to 2019, in Trials (Word variations have been searched)

Embase

- Provider: Elsevier
- Date(s) searched: September 17, 2019
- Date range searched: January 1, 2000-September 17, 2019
- Search Terms:

#1 - ‘meal’/exp OR ‘fasting’/exp OR ‘feeding behavior’/de

#2 - ‘frequency of eating’:ab,ti OR ‘eating frequenc*’:ab,ti OR ‘frequent eating’:ab,ti OR ‘feeding frequenc*’:ab,ti OR ‘meal frequenc*’:ab,ti OR ‘meal timing’:ab,ti OR ‘meal time’:ab,ti OR mealtim*’:ab,ti OR ‘daily meal*’:ab,ti OR dinnertim*’:ab,ti OR ‘dinner pattern*’:ab,ti OR ‘night eating’:ab,ti OR ‘evening meal*’:ab,ti OR ‘eating occasion*’:ab,ti OR ‘irregular eat*’:ab,ti OR ‘snack frequenc*’:ab,ti OR ‘snacking frequenc*’:ab,ti OR ‘snacking pattern*’:ab,ti OR ‘snacking behavior*’:ab,ti OR ‘intermittent fasting’:ab,ti OR ‘fasting diet*’:ab,ti OR ‘alternate-day fasting’:ab,ti OR ‘meal skipping’:ab,ti OR ‘breakfast skipping’:ab,ti OR ‘skipping breakfast*’:ab,ti OR ‘feeding behavior*’:ab,ti OR ‘eating episode*’:ab,ti OR ‘eating pattern*’:ab,ti OR ‘eating habit*’:ab,ti OR ‘eating tim*’:ab,ti OR ‘eating alone’:ab,ti OR ‘time restricted feeding*’:ab,ti OR

'feeding pattern*':ab,ti OR 'meal profile*':ab,ti OR 'meal pattern*':ab,ti OR 'meal environment*':ab,ti OR 'chrono nutrition':ab,ti OR 'intermittent energy restriction*':ab,ti OR 'intermittent diet*':ab,ti

#3 - #1 OR #2

#4 - 'cardiovascular disease'/de OR 'heart failure'/exp OR 'heart infarction'/exp OR 'heart muscle ischemia'/exp OR 'cerebrovascular accident'/exp OR 'vein thrombosis'/exp OR 'high density lipoprotein cholesterol'/de OR 'low density lipoprotein cholesterol'/de OR 'triacylglycerol'/exp

#5 - 'cardiovascular disease*':ab,ti OR 'coronary artery disease':ab,ti OR 'heart disease':ab,ti OR 'heart failure':ab,ti OR 'myocardial infarction*':ab,ti OR 'myocardial ischemia*':ab,ti OR stroke:ab,ti OR angina:ab,ti OR 'heart attack':ab,ti OR 'venous thrombosis':ab,ti OR 'hypertension':ab,ti OR 'high blood pressure':ab,ti OR 'hdl cholesterol':ab,ti OR 'ldl cholesterol':ab,ti OR 'total cholesterol':ab,ti OR triglycerides:ab,ti

#6 - #4 OR #5

#7 - 'non insulin dependent diabetes mellitus'/exp OR 'impaired glucose tolerance'/exp OR 'insulin resistance'/de OR 'glucose intolerance'/de OR 'glycosylated hemoglobin'/exp OR 'hyperglycemia'/de OR 'hypoglycemia'/exp

#8 - 'type 2 diabetes':ab,ti OR t2d:ab,ti OR 'adult onset diabetes':ab,ti OR prediabet*:ab,ti OR 'pre diabet*':ab,ti OR 'insulin resistance':ab,ti OR 'glucose intolerance':ab,ti OR 'glucose tolerance':ab,ti OR 'hemoglobin a1c':ab,ti

#9 - (('impaired fasting' OR 'diabetes mellitus']) NEAR/4 (glucose OR glycemi* OR 'high blood sugar' OR 'low blood sugar')):ab,ti

#10 - #7 OR #8 OR #9

#11 - 'weight, mass and size'/exp OR 'body weight'/exp OR 'overnutrition'/de OR 'body composition'/exp OR 'adipose tissue'/exp OR 'growth chart'/de OR 'gestational weight gain'/de OR 'body weight gain'/de OR 'body size'/de OR 'body weight loss'/exp OR 'weight loss program'/de OR 'weight trajectory (body weight)'/de OR 'low calorie diet'/exp

#12 - overnutrition:ab,ti OR 'body weight':ab,ti OR 'weight status':ab,ti OR obesity:ab,ti OR obese:ab,ti OR overweight:ab,ti OR 'body mass index':ab,ti OR bmi:ab,ti OR underweight:ab,ti OR wasting:ab,ti OR 'healthy weight':ab,ti OR 'body composition':ab,ti OR 'body fat':ab,ti OR 'fat mass':ab,ti OR 'fat free mass':ab,ti OR adipos*:ab,ti OR anthropometry:ab,ti OR anthropometric*:ab,ti OR 'body height':ab,ti OR stunting:ab,ti OR stunted:ab,ti OR 'growth chart*':ab,ti OR 'waist circumference':ab,ti OR 'head circumference':ab,ti OR 'arm circumference':ab,ti OR 'thigh circumference':ab,ti OR 'neck circumference':ab,ti OR 'weight gain':ab,ti OR 'body size':ab,ti OR 'weight change':ab,ti OR 'weight changes':ab,ti OR 'weight loss*':ab,ti OR 'weight reduc*':ab,ti OR 'weight maint*':ab,ti OR 'diet reduc*':ab,ti OR 'weight cycling':ab,ti OR 'weight decreas*':ab,ti OR 'weight watch*':ab,ti OR 'weight control*':ab,ti OR 'weight retention':ab,ti

#13 - (weight NEAR/4 (reduction OR reduced OR reducing OR loss OR losses OR maintenanc* OR maintain* OR decreas* OR watch OR control* OR change* OR gain)):ab,ti

#14 - #11 OR #12 OR #13

#15 - #6 OR #10 OR #14

#16 - #3 AND #15

#17 - #3 AND #15 AND ([article]/lim OR [article in press]/lim) AND [humans]/lim AND [english]/lim AND [2000-2019]/py NOT ([conference abstract]/lim OR [conference review]/lim OR [conference paper]/lim OR [editorial]/lim OR [erratum]/lim OR [letter]/lim OR [note]/lim OR [review]/lim OR [systematic review]/lim OR [meta analysis]/lim)

CINAHL Plus (Cumulative Index to Nursing and Allied Health Literature)

- Provider: EBSCOhost
- Date(s) searched: September 24, 2019
- Date range searched: January 1, 2000-September 24, 2019
- Search Terms:

#S1 - (MH "Meals+") OR (MH "Fasting") OR (MH "Eating Behavior")

#S2 - "frequency of eating" OR "eating frequenc*" OR "frequent eating" OR "feeding frequenc*" OR "meal frequenc*" OR "meal timing" OR "meal time" OR mealtim* OR "daily meal" OR dinnertim* OR "dinner pattern*" OR "night eating" OR "evening meal*" OR "eating occasion*" OR "irregular eat*" OR "snack frequenc*" OR "snacking frequenc*" OR "snacking pattern*" OR "snacking behavior*" OR "intermittent fasting" OR "fasting diet*" OR "alternate-day fasting" OR "meal skipping" OR "breakfast skipping" OR "skipping breakfast*" OR "feeding behavior*" OR "eating episode*" OR "eating pattern*" OR "eating habit*" OR "eating tim*" OR "eating alone" OR "time restricted feeding*" OR "feeding pattern*" OR "meal profile*" OR "meal pattern*" OR "meal environment*" OR chrono-nutrition OR "intermittent energy restriction*" OR "intermittent diet*"

#S3 - S1 OR S2

#S4 - (MH "Cardiovascular Diseases") OR (MH "Heart Failure+") OR (MH "Myocardial Infarction+") OR (MH "Myocardial Ischemia+") OR (MH "Stroke+") OR (MH "Venous Thrombosis+") OR (MH "Lipids/BL") OR (MH "Lipoproteins, HDL Cholesterol") OR (MH "Lipoproteins, LDL Cholesterol") OR (MH "Triglycerides")

#S5 - "cardiovascular disease*" OR "coronary artery disease" OR "heart disease*" OR "heart failure" OR "myocardial infarction*" OR "myocardial Ischemia*" OR stroke OR angina OR "heart attack" OR "venous thrombosis" OR hypertension OR "high blood pressure" OR "HDL cholesterol" OR "LDL cholesterol" OR "total cholesterol" OR triglycerides

#S6 - S4 OR S5

#S7 - (MH "Diabetes Mellitus, Type 2") OR (MH "Prediabetic State") OR (MH "Insulin Resistance+") OR (MH "Glucose Intolerance") OR (MH "Hemoglobin A, Glycosylated") OR (MH "Hyperglycemia+") OR (MH "Hypoglycemia+")

#S8 - ("Type 2 diabetes" OR T2D OR "adult onset diabetes" OR prediabet* OR pre diabet* OR "insulin resistance" OR "glucose intolerance" OR "glucose tolerance" OR "hemoglobin A1c")

#S9 - ((MH "Diabetes Mellitus" OR "impaired fasting") N4 (glucose OR glyce* OR "high blood sugar" OR "low blood sugar"))

#S10 - S7 OR S8 OR S9

#S11 - (MH "Body Weights and Measures+") OR (MH "Body Weight+") OR (MH "Body

Composition+) OR (MH "Adipose Tissue") OR (MH "Gestational Weight Gain") OR (MH "Weight Gain+") OR (MH "Body Size") OR (MH "Weight Loss+") OR (MH "Weight Reduction Programs") OR (MH "Body Weight Changes") OR (MH "Diet, Reducing")

#S12 - "body weight" OR overnutrition OR "body weight" OR "weight status" OR obesity OR obese OR overweight OR "body mass index" OR BMI OR underweight OR wasting OR "healthy weight" OR "body composition" OR "body fat" OR "fat mass" OR "fat free mass" OR adipos* OR anthropometry OR anthropometric* OR "body height" OR stunting OR stunted OR "growth chart*" OR "waist circumference" OR "head circumference" OR "arm circumference" OR "thigh circumference" OR "neck circumference" OR "weight gain" OR "body size" OR "weight change" OR "weight changes" OR "weight loss*" OR "weight reduc*" OR "weight maint*" OR "diet reduc*" OR "weight cycling" OR "weight decreas*" OR "weight watch*" OR "weight control*" OR "weight retention"

#S13 - ((weight N4 (reduction OR reduced OR reducing OR loss OR losses OR maintenanc* OR maintain* OR decreas* OR watch OR control* OR change* OR gain))

#S14 - S11 OR S12 OR S13

#S15 - S6 OR S10 OR S14

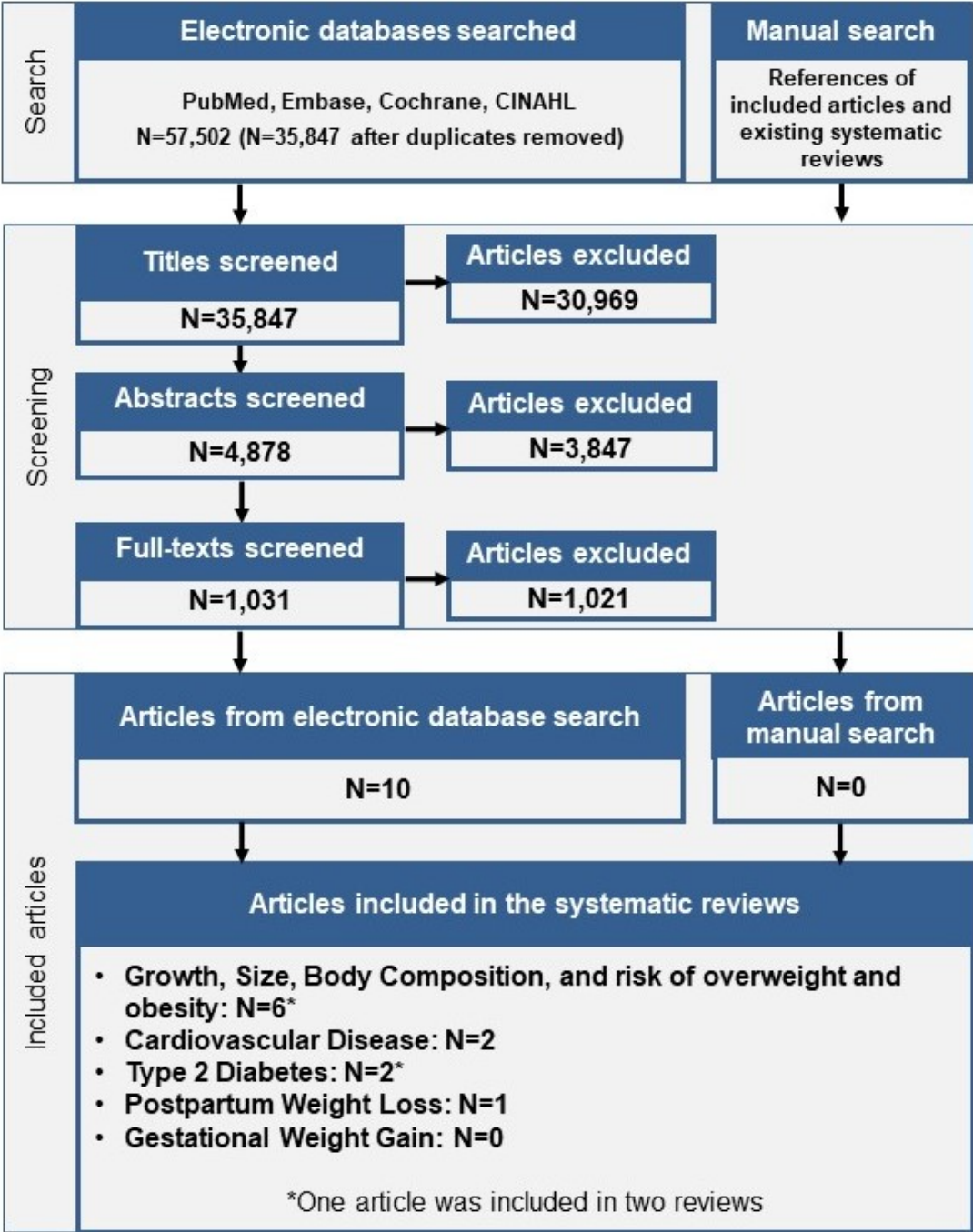
#S16 - (S3 AND S15) NOT (MH "Literature Review" OR MH "Meta Analysis" OR MH "Systematic Review" OR MH "News" OR MH "Retracted Publication" OR MH "Retraction of Publication") Publication Year: 2000-2019; Peer Reviewed; English Language; Human

LITERATURE SEARCH AND SCREENING RESULTS

The flow chart (**Figure 2**) below illustrates the literature search and screening results for articles examining the systematic review question. The literature search was conducted to identify articles for 5 different, but related systematic reviews on frequency of eating and growth, size, and body composition, cardiovascular disease, type 2 diabetes, post-partum weight loss, and gestational weight gain. The results of the electronic database searches, after removal of duplicates, were screened independently by two NESR analysts using a step-wise process by reviewing titles, abstracts, and full-texts to determine which articles met the inclusion criteria. Refer to **Table 4** for the rationale for exclusion for each excluded full-text article. A manual search was done to find articles that were not identified when searching the electronic databases; all manually identified articles were also screened to determine whether they meet criteria for inclusion.

The literature search and screening results from multiple questions on frequency of eating were combined for efficiency because of topical overlap. The searches were designed to comprehensively identify relevant literature in all examined systematic reviews questions to avoid screening the same results multiple times.

Figure 2: Flow chart of literature search and screening results



Excluded articles

The table below lists the articles excluded after full-text screening, and includes a column for the rationale for study exclusion based on the criteria in **Table 3**. At least one reason for exclusion is provided for each article, though this may not reflect all possible reasons for exclusion. Information about articles excluded after title and abstract screening is available upon request.

Table 4. Articles excluded after full text screening with rationale for exclusion

Citation	Rationale
<p>1 A little at a time: eating and exercising in bits and pieces. <i>Harv Mens Health Watch</i>. 2006. 11:6-7 https://www.ncbi.nlm.nih.gov/pubmed/17153760</p>	Publication Status
<p>2 Abdullah NF, Teo PS, Foo LH. Ethnic Differences in the Food Intake Patterns and Its Associated Factors of Adolescents in Kelantan, Malaysia. <i>Nutrients</i>. 2016;8(9). https://www.ncbi.nlm.nih.gov/pubmed/27626444.</p>	Study Design
<p>3 Abendroth A, Michalsen A, Ludtke R, Ruffer A, Musial F, Dobos GJ, Langhorst J. Changes of Intestinal Microflora in Patients with Rheumatoid Arthritis during Fasting or a Mediterranean Diet. <i>Forsch Komplementmed</i>. 2010. 17:307-13 https://www.ncbi.nlm.nih.gov/pubmed/21196744</p>	Publication Status
<p>4 Adachi Y, Sato C, Yamatsu K, Ito S, Adachi K, Yamagami T. A randomized controlled trial on the long-term effects of a 1-month behavioral weight control program assisted by computer tailored advice. <i>Behav Res Ther</i>. 2007. 45:459-70 https://www.ncbi.nlm.nih.gov/pubmed/16713991</p>	Intervention/Exposure, Daily Eating Occasions Not Reported
<p>5 Adawi M, Damiani G, Bragazzi NL, Bridgwood C, Pacifico A, Conic RRZ, et al. The Impact of Intermittent Fasting (Ramadan Fasting) on Psoriatic Arthritis Disease Activity, Enthesitis, and Dactylitis: A Multicentre Study. <i>Nutrients</i>. 2019;11(3). https://www.ncbi.nlm.nih.gov/pubmed/30871045.</p>	Daily Eating Occasions Not Reported, Eating Frequency Data Collection
<p>6 Adegboye AR, Rossner S, Neovius M, Lourenco PM, Linne Y. Relationships between prenatal smoking cessation, gestational weight gain and maternal lifestyle characteristics. <i>Women Birth</i>. 2010. 23:29-35 https://www.ncbi.nlm.nih.gov/pubmed/19586807</p>	Intervention/Exposure
<p>7 Affenito SG, Thompson D, Dorazio A, Albertson AM, Loew A, Holschuh NM. Ready-to-eat cereal consumption and the School Breakfast Program: relationship to nutrient intake and weight. <i>J Sch Health</i>. 2013. 83:28-35 https://www.ncbi.nlm.nih.gov/pubmed/23253288</p>	Study Design
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Citation	Rationale
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<p>74 Aronoff NJ, Geliebter A, Zammit G. Gender and body mass index as related to the night-eating syndrome in obese outpatients. <i>J Am Diet Assoc</i>. 2001. 101:102-4 https://www.ncbi.nlm.nih.gov/pubmed/11209573</p>	Intervention/Exposure, Daily Eating Occasions Not Reported
<p>75 Asarnow LD, Greer SM, Walker MP, Harvey AG. The Impact of Sleep Improvement on Food Choices in Adolescents With Late Bedtimes. <i>J Adolesc Health</i>. 2017. 60:570-576 https://www.ncbi.nlm.nih.gov/pubmed/28111011</p>	Intervention/Exposure
<p>76 Asci O, Rathfisch G. Effect of lifestyle interventions of pregnant women on their dietary habits, lifestyle behaviors, and weight gain: a randomized controlled trial. <i>J Health Popul Nutr</i>. 2016. 35:7 https://www.ncbi.nlm.nih.gov/pubmed/26911204</p>	Daily Eating Occasions Not Reported
<p>77 Ask AS, Hernes S, Aarek I, Johannessen G, Haugen M. Changes in dietary pattern in 15 year old adolescents following a 4 month dietary intervention with school breakfast--a pilot study. <i>Nutr J</i>. 2006;5:33. https://www.ncbi.nlm.nih.gov/pubmed/17150115.</p>	Intervention/Exposure, Daily Eating Occasions Not Reported
<p>78 Ask AS, Hernes S, Aarek I, Johannessen G, Haugen M. Changes in dietary pattern in 15 year old adolescents following a 4 month dietary intervention with school breakfast—a pilot study. <i>Nutr J</i>. 2006. 5:33 https://www.ncbi.nlm.nih.gov/pubmed/17150115</p>	Daily Eating Occasions Not Reported
<p>79 Askari VR, Alavinezhad A, Boskabady MH. The impact of “Ramadan fasting period” on total and differential white blood cells, haematological indices, inflammatory biomarker, respiratory symptoms and pulmonary function tests of healthy and asthmatic patients. <i>Allergologia et Immunopathologia</i>. 2016;44(4):359-67. https://www.ncbi.nlm.nih.gov/pubmed/27040808.</p>	Daily Eating Occasions Not Reported
<p>80 Assadi M, Akrami A, Beikzadeh F, Seyedabadi M, Nabipour I, Larijani B, Afarid M, Seidali E. Impact of Ramadan fasting on intraocular pressure, visual acuity and refractive errors. <i>Singapore Med J</i>. 2011. 52:263-6 https://www.ncbi.nlm.nih.gov/pubmed/21552787</p>	Daily Eating Occasions Not Reported, Outcome
<p>81 Astbury NM, Taylor MA, Macdonald IA. Breakfast consumption affects appetite, energy intake, and the metabolic and endocrine responses to foods consumed later in the day in male habitual breakfast eaters. <i>J Nutr</i>. 2011. 141:1381-9 https://www.ncbi.nlm.nih.gov/pubmed/21562233</p>	Daily Eating Occasions Not Reported, Outcome
<p>82 Azizi F. Islamic fasting and health. <i>Annals of nutrition & metabolism</i>. 2010;56(4):273-82. https://www.ncbi.nlm.nih.gov/pubmed/20424438.</p>	Study Design

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256 Erdem Y, Ozkan G, Ulusoy S, Arici M, Derici U, Sengul S, Sindel S, Erturk S. The effect of intermittent fasting on blood pressure variability in patients with newly diagnosed hypertension or prehypertension. <i>J Am Soc Hypertens</i> . 2018. 12:42-49 https://www.ncbi.nlm.nih.gov/pubmed/29275920	Intervention/Exposure, Daily Eating Occasions Not Reported
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344 Gupta CC, Centofanti S, Dorrian J, Coates AM, Stepien JM, Kennaway D, et al. Subjective Hunger, Gastric Upset, and Sleepiness in Response to Altered Meal Timing during Simulated Shiftwork. <i>Nutrients</i> . 2019;11(6). https://www.ncbi.nlm.nih.gov/pubmed/31208092 .	Comparator, Outcome

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349 Ha SA, Lee SY, Kim KA, Seo JS, Sohn CM, Park HR, Kim KW. Eating habits, physical activity, nutrition knowledge, and self-efficacy by obesity status in upper-grade elementary school students. <i>Nutr Res Pract</i> . 2016. 10:597-605 https://www.ncbi.nlm.nih.gov/pubmed/27909557	Study Design
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1002 Yoshimura E, Hatamoto Y, Yonekura S, Tanaka H. Skipping breakfast reduces energy intake and physical activity in healthy women who are habitual breakfast eaters: A randomized crossover trial. <i>Physiol Behav</i> . 2017. 174:89-94 https://www.ncbi.nlm.nih.gov/pubmed/28284879	Daily Eating Occasions Not Reported, Outcome
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Citation	Rationale
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