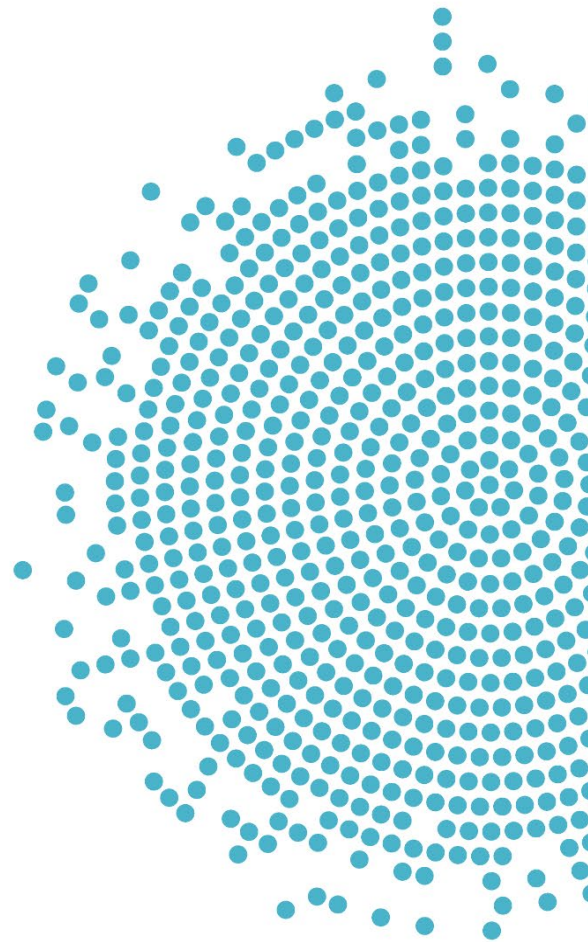


Frequency of Meals and/or Snacking and Consuming a Dietary Pattern Aligned with the *Dietary Guidelines for Americans*: A Systematic Review

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Plain language summary

What is the question?

The question is: What is the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*? The populations of interest for this question include young children, children, and adolescents (1 up to 19 years), and adults and older adults (19 years and older).

Why was this question asked?

This systematic review was conducted by the 2025 Dietary Guidelines Advisory Committee as part of the process to develop the *Dietary Guidelines for Americans, 2025-2030*.

How was this question answered?

The Committee conducted a systematic review to answer this question with support from the USDA Nutrition Evidence Systematic Review team.

What is the answer to the question?

A conclusion statement cannot be drawn about the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is better aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available.

How up-to-date is this systematic review?

Conclusion statements from this review are based on articles published between January 2000 and May 2023.

Abstract

Background

This systematic review was conducted by the 2025 Dietary Guidelines Advisory Committee as part of the process to develop the *Dietary Guidelines for Americans, 2025-2030*. The U.S. Departments of Health and Human Services (HHS) and Agriculture (USDA) appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on high priority scientific questions related to diet and health. Their review forms the basis of their independent, science-based advice and recommendations to HHS and USDA, which is considered as the Departments develop the next edition of the *Dietary Guidelines*. As part of that process, the Committee conducted a systematic review with support from USDA's Nutrition Evidence Systematic Review (NESR) team to answer the following question: What is the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?

Methods

The Committee conducted a systematic review using the methodology of the USDA NESR team. The Committee first developed a protocol. The interventions/exposures were frequency of meals and/or snacking in young children, children, adolescents, adults, and older adults. The comparator was a different frequency of meals and/or snacking. The outcomes were measures of diet quality as measured by the Healthy Eating Index in young children, children, adolescents, adults, and older adults. Additional inclusion criteria were established for the following study characteristics: a) use randomized or non-randomized controlled trial, prospective or retrospective cohort, or nested case-control study designs, b) be published in English in peer-reviewed journals, c) be from countries classified as high or very high on the Human Development Index, and d) enroll participants with a range of health statuses. The review excluded studies that only examine frequency of intake of a single food, beverage or category of foods and/or beverages (e.g., frequency of cereal consumption, frequency of dairy consumption, frequency of snack foods).

NESR librarians conducted a literature search in PubMed, Embase, CINAHL, and Cochrane to identify articles published between January 2000 and May 2023. Two NESR analysts independently screened all electronic results and the reference lists of included articles based on the pre-determined criteria.

NESR analysts extracted data, from each included article, with a second analyst verifying accuracy of the extraction. Two NESR analysts independently conducted a formal risk of bias assessment, by study design, for each included article, then reconciled any differences in the assessment. The Committee qualitatively synthesized the evidence, according to the synthesis plan, with attention given to the overarching themes or key concepts from the findings, similarities and differences between studies, and factors that may have affected the results. The Committee developed a conclusion statement and graded the strength of evidence based on its consistency, precision, risk of bias, directness and generalizability.

Results

Conclusion statement and grade: A conclusion statement cannot be drawn about the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is better aligned with the *Dietary Guidelines for Americans* because there is not enough evidence available. (Grade: Grade Not Assignable)

Summary of the evidence:

- Two articles met the inclusion criteria for this review. Both were prospective cohort studies.
- There was not enough evidence available to answer this question. Two included articles assessed breakfast and no articles with other categories of frequency of meals were included. The articles had inconsistent results and were in very specific populations (10th graders; military recruits).

Introduction

To prepare for the development of the *Dietary Guidelines for Americans, 2025-2030*, the U.S. Departments of Health and Human Services (HHS) (Appendix 1) and Agriculture (USDA) identified a proposed list of scientific questions based on relevance, importance, potential federal impact, and avoiding duplication, which were posted for public comment.* The Departments appointed the 2025 Dietary Guidelines Advisory Committee (Committee) in January 2023 to review evidence on the scientific questions. The Committee's review of the evidence forms the basis of the Scientific Report of the 2025 Dietary Guidelines Advisory Committee,[†] which includes independent, science-based advice and recommendations to HHS and USDA and is considered during the development of the next edition of the *Dietary Guidelines*.

The proposed scientific questions were refined and prioritized by the Committee for consideration in their review of the evidence. As part of that process, the following systematic review question was prioritized: What is the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*? The Committee conducted a systematic review to address this question, with support from USDA's Nutrition Evidence Systematic Review (NESR) team (**Table 1**).

Table 1. Review history

Date	Description	Citation
May 2023	Systematic review protocol for the 2025 Dietary Guidelines Advisory Committee published online	Palacios C, Anderson CAM, Andres A, Fisher JO, Gardner CD, Giovannucci E, Hoelscher DM, Jernigan VBB, Odoms-Young A, Raynor HA, Stanford FC, Obbagy J, Callahan EH, Cole NC, Kingshipp BJ, Webster A, Higgins M, Butera G, Terry N. Frequency of Meals and/or Snacking and Consuming a Dietary Pattern That is Aligned With the <i>Dietary Guidelines for Americans</i> : A Systematic Review Protocol. May 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: https://nesr.usda.gov/protocols

Methods

The Committee used NESR's methodology to conduct this systematic review. NESR's methodology is described in detail in its methodology manual,[‡] as well as in the Committee's Scientific Report.[§] This section presents an overview of the specific methods used to answer the systematic review question: What is the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?

* *Dietary Guidelines for Americans*: Learn About the Process. 2022. Available at: <https://www.dietaryguidelines.gov/work-under-way/learn-about-process>

[†] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. <https://doi.org/10.52570/DGAC2025>

[‡] USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: <https://nesr.usda.gov/methodology-overview>

[§] 2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. <https://doi.org/10.52570/DGAC2025>

Develop a protocol

A systematic review protocol is the plan for how NESR’s methodology will be used to conduct a specific systematic review and is established by the Committee, *a priori*, before any evidence is reviewed. The protocol is designed to capture the most appropriate and relevant body of evidence to answer the systematic review question. Development of the protocol involves discussion of the strengths and limitations of various methodological approaches relevant to the question, which then inform subsequent steps of the systematic review process. The protocol describes all of the methods that will be used throughout the systematic review process. Additionally, the protocol includes the following components, which are tailored to each systematic review question: the analytic framework, the inclusion and exclusion criteria, and the synthesis plan. The protocol was posted online (<https://nesr.usda.gov/protocols>) for the public to view and comment on.

Develop an analytic framework

An analytic framework visually represents the overall scope of the systematic review question and depicts the contributing elements that were examined and evaluated. It presents the core elements of each systematic review question, including the **Population** (i.e., those who experience the intervention/exposure and/or outcome), **Intervention and/or exposure** (i.e., the independent variable of interest), **Comparator** (i.e., the alternative being compared to the intervention or exposure), and **Outcome(s)**. The Committee identified key confounders based on their knowledge of nutrition and health research and experience as subject matter experts. Key confounders are participant characteristics, such as demographics, health status, and diet and lifestyle behaviors, and/or other factors related to both the intervention/exposure and the outcome of interest that may impact the relationships of interest. Key confounders were considered during review and evaluation of the evidence, particularly during the risk of bias assessment of non-randomized and observational studies.

Figure 1 is the analytic framework for the systematic review. The intervention or exposure of interest is the frequency of meals and/or snacking in young children, children, and adolescents (1 up to 19 years), and adults and older adults (19 years and older); frequency of meals and/or snacking included occasion-based measures such as meals (e.g., breakfast), snacking, and number of eating occasions, and were defined by individual study authors and therefore varied across studies. The comparator is a different frequency of meals and/or snacking. The outcome is diet quality as measured by the Healthy Eating Index in young children, children, adolescents, adults, and older adults. The key confounders are sex, age, physical activity, race and/or ethnicity, socioeconomic position, and diet quality at baseline in all populations; and smoking in adults and older adults.

Figure 1. Analytic framework for the systematic review question: What is the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?

<i>Population</i>	<i>Intervention/ exposure</i>	<i>Comparator</i>	<i>Outcome</i>	<i>Key confounders</i>
Young children, children, and adolescents (1 up to 19 years)	Frequency of meals and/or snacking*	Different frequency of meals and/or snacking	In young children, children and adolescents, adults and older adults: <ul style="list-style-type: none"> Diet quality as measured by the Healthy Eating Index 	<ul style="list-style-type: none"> Sex Age Physical activity Race and/or ethnicity Socioeconomic position Diet quality at baseline Anthropometry Smoking (adults, older adults)
Adults and older adults (19 years and older)				

* Definitions varied across studies and included occasion-based measures such as meals (e.g., breakfast), snacking, and number of eating occasions.

Synthesis organization:

- I. **Intervention/exposure:** Meals (e.g., breakfast); Snacking; Number of eating occasions
 - a. **Population:** Young children; Children; Adolescents; Adults; Older adults
 - i. **Outcome:** Diet quality

Develop inclusion and exclusion criteria

The inclusion and exclusion criteria provide an objective, consistent, and transparent framework for determining which articles to include in the systematic review (**Table 2**). These criteria ensure that the most relevant and appropriate body of evidence is identified for the systematic review question, and that the evidence reviewed is:^{*}

- Applicable to the U.S. population of interest
- Relevant to Federal public health nutrition policies and programs
- Rigorous from a scientific perspective

Table 2. Inclusion and exclusion criteria

Category	Inclusion Criteria	Exclusion Criteria
Study design	<ul style="list-style-type: none"> • Randomized controlled trials • Non-randomized controlled trials[†] • Prospective cohort studies • Retrospective cohort studies • Nested case-control studies 	<ul style="list-style-type: none"> • Uncontrolled trials[‡] • Case-control studies • Cross-sectional studies • Ecological studies • Narrative reviews • Systematic reviews • Meta-analyses • Modeling and simulation studies
Publication date	<ul style="list-style-type: none"> • January 2000 – May 2023 	<ul style="list-style-type: none"> • Before January 2000, after May 2023
Population: Study participants	<ul style="list-style-type: none"> • Human 	<ul style="list-style-type: none"> • Non-human
Population: Life stage	<ul style="list-style-type: none"> • At intervention or exposure and outcome: <ul style="list-style-type: none"> ○ Young children (12 up to 24 months) ○ Children and adolescents (2 up to 19 years) ○ Adults and older adults (19 years and older) ○ Individuals during pregnancy ○ Individuals during postpartum 	<ul style="list-style-type: none"> • At intervention or exposure and outcome: <ul style="list-style-type: none"> ○ Infants (birth up to 12 months)

^{*}USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: <https://nesr.usda.gov/methodology-overview>

[†] Including quasi-experimental and controlled before-and-after studies

[‡] Including uncontrolled before-and-after studies

Category	Inclusion Criteria	Exclusion Criteria
Population: Health status	<ul style="list-style-type: none"> • Studies that <u>exclusively</u> enroll participants not diagnosed with a disease* • Studies that enroll <u>some</u> participants: <ul style="list-style-type: none"> ○ diagnosed with a disease; ○ diagnosed with a disorder that affects feeding/eating or growth (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, eating disorders); ○ with severe undernutrition, failure to thrive/underweight, stunting, or wasting; ○ receiving pharmacotherapy to treat obesity; ○ pre- or post-bariatric surgery; ○ and/or hospitalized for an illness, injury, or surgery 	<ul style="list-style-type: none"> • Studies that <u>exclusively</u> enroll participants: <ul style="list-style-type: none"> ○ diagnosed with a disease;† ○ diagnosed with a disorder that affects feeding/eating or growth (e.g., autism spectrum disorder, attention-deficit/hyperactivity disorder, eating disorders); ○ with severe undernutrition, failure to thrive/underweight, stunting, or wasting; ○ receiving pharmacotherapy to treat obesity; ○ pre- or post-bariatric surgery; ○ and/or hospitalized for an illness, injury, or surgery‡
Intervention/ Exposure	<ul style="list-style-type: none"> • Frequency of meals and/or snacking. Definitions will vary across studies and include occasion-based measures such as: <ul style="list-style-type: none"> ○ Meals (e.g., breakfast) ○ Snacking ○ Number of eating occasions • Multi-component intervention in which the isolated effect of the intervention of interest on the outcome(s) of interest is provided or can be determined despite multiple components 	<ul style="list-style-type: none"> • Studies that only examine frequency of intake of a single food, beverage or category of foods and/or beverages (e.g., frequency of cereal consumption, frequency of dairy consumption, frequency of snack foods) • Multi-component intervention in which the isolated effect of the intervention of interest on the outcome(s) of interest is not provided or cannot be determined due to multiple components
Comparator	<ul style="list-style-type: none"> • Different frequency of meals and/or snacking 	<ul style="list-style-type: none"> • N/A
Outcome(s)	<ul style="list-style-type: none"> • Diet quality as measured by the Healthy Eating Index (HEI), including versions jointly released by USDA and HHS starting in 2008 (HEI-2005, HEI-2010, and HEI-2015) 	<ul style="list-style-type: none"> • Other scales or indices of diet quality, including those based on or adapted from the HEI that are not released jointly by USDA and HHS.
Publication status	<ul style="list-style-type: none"> • Peer-reviewed articles published in research journals 	<ul style="list-style-type: none"> • Non-peer-reviewed articles, unpublished data or manuscripts, pre-prints, reports, editorials, retracted articles, and conference abstracts or proceedings
Language	<ul style="list-style-type: none"> • Published in English 	<ul style="list-style-type: none"> • Not published in English
Country§	<ul style="list-style-type: none"> • Studies conducted in countries classified as high or very high on the Human Development Index the year(s) the intervention/exposure data were collected 	<ul style="list-style-type: none"> • Studies conducted in countries classified as medium or low on the Human Development Index the year(s) the intervention/exposure data were collected

* Studies that enroll participants who are at risk for chronic disease were included

† Studies that exclusively enroll participants with obesity were included

‡ Studies that exclusively enroll participants post-cesarean section were included

§ The classification of countries on the Human Development Index (HDI) is based on the UN Development Program Human Development Report Office (<http://hdr.undp.org/en/data>) for the year the study intervention occurred or data were collected. If the study

Search for and screen studies

NESR librarians, in collaboration with NESR analysts and the Committee, used the analytic framework and inclusion and exclusion criteria to develop a comprehensive literature search strategy. The literature search strategy included selecting and searching the appropriate bibliographic databases, translating search using syntax appropriate for the databases being searched, and employing search refinements, such as search filters. The full literature search is documented in **Appendix 2**.

The results of all electronic database searches, after removal of duplicates, were screened independently by 2 NESR analysts using a step-wise process by reviewing titles, abstracts, and full-texts to determine which articles meet the inclusion criteria. Manual searching was conducted to find peer-reviewed published articles not identified through the electronic database search. These articles were also screened independently by 2 NESR analysts at the abstract and full-text levels.

Extract data and assess the risk of bias

NESR analysts extracted all essential data from each included article to describe key characteristics of the available evidence, such as the author, publication year, cohort/trial name, study design, population life stage at intervention/exposure and outcome, intervention/exposure and outcome assessment methods, and outcomes. One NESR analyst extracted the data and a second NESR analyst reviewed the extracted data for accuracy. Each article included in the systematic review underwent a formal risk of bias assessment, with 2 NESR analysts independently completing the risk of bias assessment using the tool that is appropriate for the study design.*†‡

Synthesize the evidence

The Committee described, compared, and combined the evidence from all included studies to answer the systematic review question.§ Synthesis of the body of evidence involved identifying overarching themes or key concepts from the findings, identifying and explaining similarities and differences between studies, and determining whether certain factors impact the relationships being examined, which includes potential causes of heterogeneity across all included evidence.

Extracted data and risk of bias assessments for all included studies were tabulated to visually display results and facilitate synthesis. During synthesis, the Committee considered the effect direction, magnitude, and statistical significance of the results reported across the articles included in the body of evidence. The evidence was synthesized qualitatively without meta-analysis of effect estimates, statistical pooling or conversion of data, or quantitative tests of heterogeneity.

does not report the year(s) in which the intervention/exposure data were collected, the HDI classification for the year of publication is applied. Studies conducted prior to 1990 are classified based on 1990 HDI classifications. If the year is more recent than the available HDI values, then the most recent HDI classifications are used. If a country is not listed in the HDI, then the current country classification from the World Bank is used (The World Bank Country and Lending Groups, available from: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-country-and-lending-groups>)

* Sterne JAC, Savović J, Page MJ, et al. RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ* 2019; 366: i4898. doi: 10.1136/bmj.i4898

† Sterne JAC, Hernán MA, Reeves BC, et al. ROBINS-I: a tool for assessing risk of bias in non-randomized studies of interventions. *BMJ* 2016; 355: i4919; doi: 10.1136/bmj.i4919

‡ Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: [10.1016/j.envint.2024.108602](https://doi.org/10.1016/j.envint.2024.108602).

§ USDA Nutrition Evidence Systematic Review Branch. USDA Nutrition Evidence Systematic Review: Methodology Manual. February 2023. U.S. Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Nutrition Evidence Systematic Review. Available at: <https://nesr.usda.gov/methodology-overview>

The synthesis plan for this review was designed with the end-use in mind, to inform the Committee's advice to HHS and USDA regarding dietary guidance across life stages. The first level of synthesis organization was intended to be by frequency of meals and/or snacking categories (e.g., breakfast, snacking, number of eating occasions). Then, within each of the frequency categories, the evidence was to be organized by similar populations based on the available evidence. Finally, the next level of organization was going to be according to similar outcomes. Based on the evidence that was included, synthesis by these categories or levels was not possible and instead all included articles were assessed under the overall category of frequency of meals and/or snacking.

Develop a conclusion statement and grade the evidence

After the Committee synthesized the body of evidence, they drafted a conclusion statement. A conclusion statement is one or more summary statements carefully constructed to answer the systematic review question. Each conclusion statement reflects the evidence reviewed, as outlined in the analytic framework (e.g., PICO elements) and synthesis plan, and does not take evidence from other sources into consideration. Conclusion statements do not draw implications and should not be interpreted as dietary guidance. The Committee reviewed, discussed, and revised the conclusion statement until they reached agreement on wording that accurately reflected the body of evidence.

The Committee then graded the strength of the evidence underlying the conclusion statement. They did this using NESR's predefined criteria, based on 5 grading elements: consistency, precision, risk of bias, directness and generalizability of the evidence. Study design and publication bias were also considered.*

- **Consistency:** Consistency considers the degree of similarity in the direction and magnitude of effect across the body of evidence. This element also considers whether differences across the results can be explained by variations in study designs and methods.
- **Precision:** Precision considers the degree of certainty around an effect estimate for a given outcome. This element considers measures of variability, such as the width and range of confidence intervals, the number of studies, and sample sizes, within and across studies.
- **Risk of bias:** Risk of bias considers the likelihood that systematic errors resulting from the design and conduct of the studies could have impacted the accuracy of the reported results across the body of evidence.
- **Directness:** Directness considers the extent to which studies are designed to directly examine the relationship among the interventions/exposures, comparators, and outcome(s) of primary interest in the systematic review question.
- **Generalizability:** Generalizability considers whether the study participants, interventions and/or exposures, comparators, and outcomes examined in the body of evidence are applicable to the U.S. population of interest for the review.

The Committee assigned a grade to the conclusion statement (i.e., strong, moderate, limited, or grade not assignable). The grade communicates the strength of the evidence supporting a specific conclusion statement to decision makers and stakeholders. A conclusion statement can receive a grade of Strong, Moderate, or Limited, and if insufficient or no evidence is available to answer a systematic review question, then no grade is assigned (i.e., Grade Not Assignable) (**Table 3**). The overall grade is not based on a predefined formula for scoring or tallying ratings of each element. Rather, each overall grade reflects the expert group's thorough consideration of all of the grading elements, as they each relate to the specific nuances of the body of evidence under review.

* Spill MK, English LK, Raghavan R, et al. Perspective: USDA Nutrition Evidence Systematic Review Methodology: Grading the Strength of Evidence in Nutrition- and Public Health-Related Systematic Reviews. *Adv Nutr*. 2022 Aug 1;13(4):982-991. doi: 10.1093/advances/nmab147

Table 3. Definitions of NESR grades

Grade	Definition
Strong	The conclusion statement is based on a strong body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is strong, such that if new evidence emerges, modifications to the conclusion are unlikely to be required.
Moderate	The conclusion statement is based on a moderate body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is moderate, such that if new evidence emerges, modifications to the conclusion may be required.
Limited	The conclusion statement is based on a limited body of evidence as assessed by consistency, precision, risk of bias, directness, and generalizability. The level of certainty in the conclusion is limited, such that if new evidence emerges, modifications to the conclusion are likely to be required.
Grade Not Assignable	A conclusion statement cannot be drawn due to either a lack of evidence, or evidence that has severe limitations related to consistency, precision, risk of bias, directness, and generalizability.

Recommend future research

The Committee identified and documented research gaps and methodological limitations throughout the systematic review process. These gaps and limitations are used to develop research recommendations that describe the research, data, and methodological advances that are needed to strengthen the body of evidence on a particular topic. Rationales for the necessity of additional or stronger research are also provided with the research recommendations.

Peer review

This systematic review underwent external peer review in a process coordinated by staff from the National Institutes of Health (NIH). NIH staff identified potential peer reviewers through outreach to a variety of professional organizations to select academic reviewers from U.S. colleges and universities across the country with a doctorate degree, including MDs, and expertise specific to the questions being reviewed. All peer reviewers were external to the *Dietary Guidelines* process, and therefore, current Committee members or Federal staff who supported the Committee or the development of the *Dietary Guidelines* were not eligible to serve as peer reviewers.

The peer review process was anonymous and confidential in that the peer reviewers were not identified to the Committee members or NESR staff, and in turn, the reviewers were asked not to share or discuss the review with anyone. Peer reviewers were made aware that per USDA, Food and Nutrition Service (FNS) agency policy, all peer reviewer comments would be summarized and made public, but comments would not be attributed to a specific reviewer.

Peer review occurred after draft conclusion statements were discussed by the full Committee at its third, fourth, fifth, and sixth public meetings. NIH staff assigned and distributed the reviews to at least 2 peer reviewers based on area of expertise. Following peer review, the Committee reviewed and discussed comments and made revisions to the systematic review, as needed, based on the discussion.

Health equity considerations

The Committee was charged by HHS and USDA to review all scientific questions with a health equity lens to ensure that the next edition of the *Dietary Guidelines* is relevant to people with diverse racial, ethnic, socioeconomic, and cultural backgrounds. The Committee made a number of health equity considerations throughout the NESR systematic review process. The Committee's Scientific Report* includes a more detailed discussion of their approach to applying a health equity lens to their review of evidence, but examples include consideration of key confounders relevant to health equity and assessment of generalizability of the evidence.

Results

Literature search and screening results

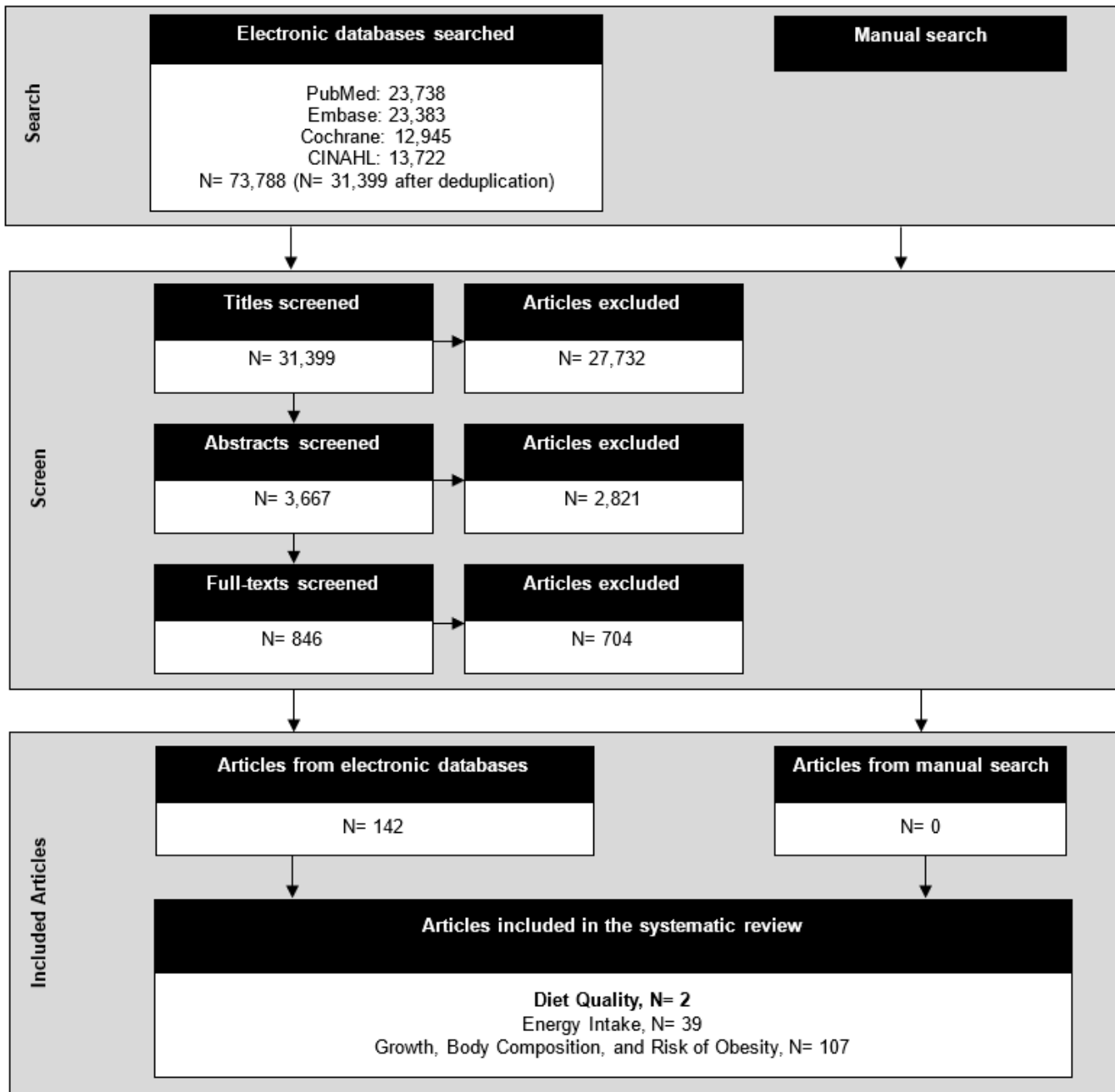
Articles included in this systematic review were identified from literature searches conducted to identify all potentially relevant articles for 3 systematic reviews assessing the relationship between the frequency of meals and snacking and three distinct outcomes (energy intake[†]; alignment with the *Dietary Guidelines for Americans* (diet quality); and growth, body composition, and risk of obesity[‡]); however, this report is specific to the outcome of alignment with the *Dietary Guidelines for Americans* (diet quality). The literature search (**Appendix 2**) yielded 31,399 search results after the removal of duplicates (see **Figure 2**). Dual-screening resulted in the exclusion of 27,732 titles, 2,821 abstracts, and 704 full-texts articles. Reasons for full-text exclusion are in **Appendix 3**. No additional articles were identified from the manual search. The body of evidence on frequency of meals and/or snacking and alignment with the *Dietary Guidelines for Americans* (diet quality) included 2 articles.^{1,2}

*2025 Dietary Guidelines Advisory Committee. 2024. Scientific Report of the 2025 Dietary Guidelines Advisory Committee: Advisory Report to the Secretary of Health and Human Services and Secretary of Agriculture. U.S. Department of Health and Human Services. <https://doi.org/10.52570/DGAC2025>

[†] Andres A, Giovannucci E, Fisher JO, et al. *Frequency of Meals and/or Snacking and Energy Intake: A Systematic Review*. 2025. <https://doi.org/10.52570/NESR.DGAC2025.SR10>

[‡] Palacios C, Raynor HA, Anderson CAM, et al. *Frequency of Meals and/or Snacking and Growth, Body Composition, and Risk of Obesity: A Systematic Review*. 2025. <https://doi.org/10.52570/NESR.DGAC2025.SR16>

Figure 2. Literature search and screen flowchart



Description of the evidence

The body of evidence examining frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans* included 2 articles.^{1,2} Both articles examined breakfast consumption. No articles examined other categories of frequency of meals and/or snacking (e.g., number of eating occasions, meal frequency). Included articles are summarized in **Table 5**, which encompasses each articles' definition of breakfast consumption, and risk of bias assessments are presented in **Table 6**.

Population

Both studies were conducted in the U.S. in very specific populations. One article was conducted in a sample (N=665) of healthy military recruits aged ≥ 17 years (mean age 21 ± 4 years) from an unnamed cohort.¹ Another article was conducted in a sample of 10th graders (N=566) from the NEXT Generation Health Study (NEXT Plus subsample).²

Both studies reported data on race and/or ethnicity. In the study conducted in military recruits, 70% of participants were White, 18% were Black, 17% were Hispanic, and 12% were reported as "Other".¹ In the study conducted in 10th graders, 45% of participants were Non-Hispanic White, 17% were Non-Hispanic Black, 5% were reported as "Other", and 34% of participants were Hispanic.²

Both studies reported data on education as a measure of socioeconomic position. In Fagnant et al¹, 43% of military recruits had some college education. In Lipsky et al², 65% of parents of included children had some post high school education.

Intervention/exposure and comparator

Both studies examined self-reported breakfast intake. In Fagnant et al¹, military recruits were asked "Prior to arrival at initial military training, which meals did you eat on a regular basis (at least 5 times per week)?" at baseline; habitual breakfast skipping was analyzed as a categorical variable (skipped breakfast ≥ 3 days per week versus no breakfast skipping). In Lipsky et al², 10th graders were asked "How often do you usually have breakfast (more than a glass of milk or fruit juice)?" at baseline and annually for 4 years; breakfast was analyzed as a continuous variable (i.e., days per week).

Outcome

Both studies examined Healthy Eating Index (HEI)-2010 to reflect adherence to the 2010 *Dietary Guidelines for Americans* and used 3 nonconsecutive 24-hour diet recalls to assess diet quality. Follow-up duration was 8 to 12 weeks in the study on military recruits¹ and 4 years in the study on 10th graders².

Synthesis of the evidence

The body of evidence only included 2 articles, which may be because the review was limited to articles examining diet quality using HEI (which assesses alignment with the *Dietary Guidelines for Americans*). Both studies examined breakfast. One study in a national cohort of 10th graders reported that a higher weekly breakfast frequency was associated with higher HEI-2010 scores 4 years later.² One study in young adults entering initial military training found that habitually eating breakfast was associated with decreased HEI-2010 scores at 8 to 12 weeks post-training follow-up compared to not eating breakfast ≥ 3 days a week.¹ No studies exclusively enrolled an older adult population and no studies examined other categories of frequency of meals and/or snacking (e.g., number of eating occasions, meal frequency).

Conclusion statement and grade

The Committee was not able to develop a conclusion statement* to answer the question, “What is the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*?” based on their review of the body of evidence examining frequency of meals and/or snacking and diet quality as measured by the Healthy Eating Index (**Table 4**). While the literature search was comprehensive, a search of the gray literature was not done, which may increase the possibility of publication bias. However, there were too few studies to thoroughly evaluate publication bias and it is unknown if the influence of publication bias contributed to the lack of articles available for inclusion in this body of evidence.

Table 4. Conclusion statement and grade for frequency of meals and/or snacking and consuming a dietary pattern that is better aligned with the *Dietary Guidelines for Americans*

Conclusion Statement	A conclusion statement cannot be drawn about the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is better aligned with the <i>Dietary Guidelines for Americans</i> because there is not enough evidence available.
Grade	Grade Not Assignable
Body of Evidence	2 articles: both prospective cohort studies
Rationale	<p>There is not enough evidence available to answer this question. Two included articles assessed breakfast and no articles with other categories of frequency of meals were included. The articles had inconsistent results and were in very specific populations:</p> <ul style="list-style-type: none"> • 10th graders • military recruits

* A conclusion statement is carefully constructed, based on the evidence reviewed, to answer the systematic review question. A conclusion statement does not draw implications and should not be interpreted as dietary guidance.

Research recommendations

The Committee identified the following research recommendations that describe the research, data, and methodological advances that are needed to strengthen the body of evidence on frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans*.

1. Develop and support prospective and/or experimental research that examines the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is aligned with the *Dietary Guidelines for Americans* and other diet indexes that assess similar concepts.
2. Include details about what foods were consumed and their quality by study participants when reporting results related to frequency of meals and/or snacking and diet quality which includes target populations reflective of the geographical, racial, and socioeconomic diversity in the United States.
3. Develop definitions of eating occasions, meals, and snacks as well as frameworks and reporting standards to be used consistently in research in order to increase comparability across studies and aid in the development of guidance around this topic.
4. Support research with funding from Federal and other funding agencies that provides information on types, frequency, timing, and size of meals and/or snacks in order to increase the accuracy and precision of the assessment of meal and snack frequency patterns and the ability to assess the combined and independent effects of frequency and timing of eating.
5. Provide consistency in the operational definition of frequency across studies when developing the comparisons to be examined in articles (e.g., categories of frequency comparisons vs. continuous frequency).
6. Explore all different meals and snack frequency patterns as a 24-hour eating behavior rather than isolating a meal or a snack and consider longer intervention period and follow-up.
7. Conduct studies that have enough follow up to understand the long-term impact of meals/snacks frequency patterns on dietary quality.
8. Continue to evaluate dietary quality using current validated tools (e.g., HEI) over a longer period of time and also develop and validate other methods to assess diet quality, specifically for diverse populations.

Table 5. Evidence examining the relationship between frequency of meals and/or snacking and consuming a dietary pattern that is better aligned with the *Dietary Guidelines for Americans*^a

Study and Population Characteristics	Exposure, Comparator, and Outcome(s)	Results and Summary of Findings	Confounding and Study Limitations
<p>Fagnant, 2022¹ PCS, U.S. Analytic N=665</p> <p>Study objective: To determine whether breakfast skipping is associated with odds of Vitamin D deficiency among recruits entering initial military training, and whether diet quality or vitamin D intake mediate those associations. This paper reports an analysis that examines the relationship between breakfast consumption and HEI score.</p> <p>Participant characteristics at baseline: Healthy military recruits aged ≥17y</p> <ul style="list-style-type: none"> • Age: Mean (SD): 21 (4y) • Female: 45% • Race and/or ethnicity: White: 70%; Black: 18%; Other: 12%; Hispanic: 17% • Socioeconomic position: Some college: 43%, No college: 57% • Anthropometry: Mean BMI ~24.3 kg/m² • Physical activity: 71% >5 times/wk • Diet quality: HEI, Mean (SD): 54.1 (10.8); breakfast skipping vs 59.5 (12.5) no breakfast skipping, p<0.05 • Smoking: 71% never, 29% current/former • TEI: NR • Usual diet at baseline: 46% skip breakfast ≥3 times/wk <p>Excluded from study or analysis: Those self-identifying as pregnant, breastfeeding, or allergic to any nutrient component used in the study interventions</p>	<p>Exposure: Habitual breakfast skipping (i.e., skipped breakfast ≥3 days/wk) vs no breakfast skipping</p> <p>Assessment methods and timing:</p> <ul style="list-style-type: none"> • Self-reported: “Prior to arrival at initial military training, which meals did you eat on a regular basis (at least 5 times per week)?” Recruits who answered “no” for breakfast were categorized as habitual breakfast skippers. • At baseline (pre-training) <p>Outcomes and assessment methods:</p> <ul style="list-style-type: none"> • At baseline (pre-training), and 8-12wk follow-up (post-training) • HEI-2010 (range 0-100; reflects adherence to 2010 <i>Dietary Guidelines for Americans</i>); total scores calculated from block FFQ using simple HEI scoring algorithm method. 	<p>Change in HEI-2010 total score, Mean (95% CI) Breakfast skipping (n=292): 9.7 (8.2, 11.1) No breakfast skipping (n=373): 5.4 (4.1, 6.8) p<0.001</p>	<p>Model adjustments:</p> <ul style="list-style-type: none"> • TEI: no • Key confounders: diet quality • Other: none <p>Limitations:</p> <ul style="list-style-type: none"> • Did not account for key confounders: sex, age, race and/or ethnicity, socioeconomic position, physical activity, smoking • Exposure data only assessed at baseline leading to a concern that changes in exposure status occurred over 8-12wk f/u • High attrition rate/missing data • No preregistered data analysis plan • Water/Beverages were not accounted for in exposure assessment • Did not adjust for TEI <p>Funding: US Army Medical Research and Development Command, Military Operational Medicine Research Program</p>

Study and Population Characteristics	Exposure, Comparator, and Outcome(s)	Results and Summary of Findings	Confounding and Study Limitations
<p>Lipsky, 2017² PCS, NEXT Generation Health Study (NEXT Plus subsample), U.S. Analytic N=566</p> <p>Study objective: To examine behavioral correlates and baseline predictors of diet quality over the transition to adulthood in a diverse national cohort of U.S. 10th graders. This paper reports the results of analysis that examines the relationship between breakfast frequency and HEI.</p> <p>Participant characteristics at baseline: National cohort of 10th graders</p> <ul style="list-style-type: none"> • Age: Mean: 16.5y • Female: 55% • Race and/or ethnicity: Non-Hispanic White: 45%; Non-Hispanic Black: 17%; Other: 5%; Hispanic: 34% • Socioeconomic position: Parent education: 36% ≤ high school graduate/GED; 41% some post high school, 24% ≥college degree; Family Affluence Score (1-5): Mean 5 • Anthropometry: Weight status based on BMI%: 51% normal weight, 23% overweight, 26% obesity • Physical activity: MVPA, Mean 0.4 hr/d • Diet quality: HEI, Mean (SE): 44.07 (0.53) • Smoking: NR • TEI: NR • Usual diet at baseline: Breakfast: Mean (SE) 4.6 (0.1) days/wk 	<p>Exposure: Breakfast frequency during the past week (days/wk)</p> <p>Assessment methods and timing:</p> <ul style="list-style-type: none"> • Self-reported: "How often do you usually have breakfast (more than a glass of milk or fruit juice)?" Participants reported separately for weekdays (response options included never and 1, 2, 3, 4, and 5 d) and weekend days [response options included never, 1 d of the weekend (Saturday or Sunday), and both weekend days (Saturday and Sunday)]. Responses were converted to represent the number of days per week by using the midpoint of the response option ranges (e.g., 1-2 d/wk was converted to 1.5). • At baseline (10th grade), and annually for 4y 	<p>HEI-2010 total score based on weekly breakfast frequency, β (SE) 0.69 (0.13) $p < 0.001$</p>	<p>Model adjustments:</p> <ul style="list-style-type: none"> • TEI: no • Key confounders: sex, age, race and/or ethnicity, socioeconomic position, diet quality • Other: time (wave); time-varying height <p>Limitations:</p> <ul style="list-style-type: none"> • Did not account for key confounders: physical activity • No preregistered data analysis plan • Water/Beverages were not accounted for in exposure assessment • Did not adjust for TEI <p>Funding: NICHD; NHLBI; NIAAA; MCHB with supplemental support from NIDA</p>
<p>Excluded from study or analysis: Those with blood conditions associated with increased bleeding risk</p>			

^a Abbreviations: BMI: body mass index; d: day(s); f/u: follow up; HEI: healthy eating index; PCS: prospective cohort study; MVPA: moderate to vigorous physical activity; SD: standard deviation; SE: standard error; TEI: total energy intake; wk: week(s); y: year(s)

Table 6. Risk of bias for observational studies examining frequency of meals and/or snacking and consuming a dietary pattern that is better aligned with the *Dietary Guidelines for Americans*^a

Article	Confounding	Exposure measurement	Selection of participants	Post-exposure interventions	Missing data	Outcome measurement	Selection of the reported result	Overall risk of bias
Fagnant, 2022 ¹	VERY HIGH	SOME CONCERNS	LOW	HIGH	HIGH	LOW	SOME CONCERNS	VERY HIGH
Lipsky, 2017 ²	SOME CONCERNS	LOW	LOW	LOW	SOME CONCERNS	LOW	SOME CONCERNS	SOME CONCERNS

^a Possible ratings of low, some concerns, high, very high, no information, or not applicable were determined using the "Risk of Bias in Non-randomized Studies of Exposures (ROBINS-E)" tool (Higgins JPT, Morgan RL, Rooney AA, et al. A tool to assess risk of bias in non-randomized follow-up studies of exposure effects (ROBINS-E). *Environment International* 2024 (published online Mar 24); doi: [10.1016/j.envint.2024.108602](https://doi.org/10.1016/j.envint.2024.108602).)

Acknowledgments and funding

The Committee members were involved in: 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 for each question; and writing and grading the conclusion statements. The NESR team, with assistance from Federal staff from HHS and USDA (Meghan Adler, MS, RDN; Carolyn Chung, PhD; Dana DeSilva, PhD, RD; Rachel Inman, RD; Sarah Karp, MNSP, RD, LDN; Emily Levin, MPH, RDN; Chinwe Obudulu, MS, RD, LD; Elizabeth Rahavi, RD) and Project Leadership (Janet de Jesus, MS, RD; Eve Stoodly, PhD), supports the Committee by facilitating, executing, and documenting the work necessary to ensure the reviews are completed in accordance with NESR methodology.

The Committee and NESR staff thank staff from the National Institutes of Health (NIH) for coordinating the peer review of this systematic review, and the peer reviewers for their time and expertise.

The Committee and NESR staff thank other members of the NESR team (Brittany Kingshipp, PhD; Allison Webster, PhD, RD) for providing support during development of the review protocol.

Funding: United States Department of Agriculture, Food and Nutrition Service, Center for Nutrition Policy and Promotion, Alexandria, VA

References of the articles included in the systematic review

1. Fagnant HS, Lutz LJ, Nakayama AT, Gaffney-Stomberg E, McClung JP, Karl JP. Breakfast skipping Is associated with Vitamin D deficiency among young adults entering initial military training. *J Acad Nutr Diet*. Jun 2022;122(6):1114-+. doi:10.1016/j.jand.2021.09.016
2. Lipsky LM, Nansel TR, Haynie DL, et al. Diet quality of US adolescents during the transition to adulthood: changes and predictors. *Am J Clin Nutr*. Jun 1 2017;105(6):1424-1432. doi: 10.3945/ajcn.116.150029

Appendices

Appendix 1: Abbreviations

Table A 1. List of abbreviations

Abbreviation	Full name
HHS	United States Department of Health and Human Services
HEI	Healthy Eating Index
NESR	Nutrition Evidence Systematic Review
USDA	United States Department of Agriculture

Appendix 2: Literature search strategy

Database: PubMed

Provider: U.S. National Library of Medicine

Date(s) Searched: May 15, 2023

Dates Covered: January 1, 2000 – May 15, 2023

Table A 2. Search for PubMed

Search #	Concept	String
#1	Frequency of meals and snacking	((“Feeding Behavior”[Mesh:noexp] OR “Meals”[Mesh] OR meal*[tiab] OR lunch[tiab] OR dinner[tiab] OR eating[tiab]) AND (frequenc*[tiab] OR time*[tiab] OR timing*[tiab] OR skip*[tiab] OR episode*[tiab] OR occasion*[tiab])) OR “Breakfast”[MeSH] OR breakfast[tiab] OR “morning meal”[tiab] OR “Snacks”[MeSH] OR snack*[tiab] OR “daily meal”[tiab]
#2	Growth, body composition, and risk of obesity	<p>"Adipose Tissue"[Mesh] OR "Body Composition"[Mesh] OR "Body Weights and Measures"[MeSH:NoExp] OR "Body Fat Distribution"[Mesh] OR "Body Mass Index"[Mesh] OR "Body Size"[Mesh] OR "Skinfold Thickness"[Mesh] OR "Waist-Hip Ratio"[Mesh] OR "Overnutrition"[Mesh] OR "Growth"[Mesh:NoExp] OR anthropometr*[tiab] OR body fat[tiab] OR fat mass[tiab] OR fat free mass[tiab] OR lean mass[tiab] OR obese[tiab] OR obesity[tiab] OR underweight[tiab] OR overweight[tiab] OR weight status[tiab] OR head circumference[tiab] OR arm circumference[tiab] OR calf circumference[tiab] OR neck circumference[tiab] OR thigh circumference[tiab] OR waist circumference[tiab] OR waist to hip ratio[tiab] OR waist hip ratio[tiab] OR body mass index[tiab] OR BMI[tiab] OR adipos*[tiab] OR body weight[tiab] OR body height[tiab] OR body size[tiab] OR body composition[tiab] OR overnutrition[tiab] OR wasting[tiab] OR healthy weight[tiab] OR skin fold[tiab] OR skin folds[tiab] OR skinfold[tiab] OR skinfolds[tiab]</p> <p>OR "Weight Reduction Programs"[Mesh] OR "Body-Weight Trajectory"[Mesh] OR "Weight Gain"[MeSH] OR "Weight Loss"[MeSH:NoExp] OR “Diet, Reducing”[Mesh] OR weight gain*[tiab] 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 management[tiab] OR "maintain weight"[tiab:~4] OR "maintains weight"[tiab:~4] OR "maintaining weight"[tiab:~4] OR "maintained weight"[tiab:~4] OR "weight maintenance"[tiab:~4] OR "reduce weight"[tiab:~4] OR "reduces weight"[tiab:~4] OR "reducing weight"[tiab:~4] OR "reduced weight"[tiab:~4] OR "weight reduction"[tiab:~4] OR "lose weight"[tiab:~4] OR "loses weight"[tiab:~4] OR "losing weight"[tiab:~4] OR "lost weight"[tiab:~4] OR "weight loss"[tiab:~4] OR "change weight"[tiab:~4] OR "changes weight"[tiab:~4] OR "changing weight"[tiab:~4] OR "changed weight"[tiab:~4]</p> <p>OR “Growth Charts”[Mesh] OR growth chart*[tiab]OR stunting[tiab] OR stunted[tiab] OR weight for height[tiab] OR stature for age[tiab] OR weight for age[tiab] OR height for age[tiab] OR length for age[tiab] OR weight for length[tiab] OR failure to thrive[tiab]</p>

#3	Diet quality	"Guideline Adherence"[Mesh] OR HEI[tiab] OR "healthy eating index"[tiab] OR "dietary guideline"[tiab] OR "nutrition guideline"[tiab] OR "nutritional guideline"[tiab] OR "dietary recommendation"[tiab] OR "dietary consumption"[tiab] OR "diet score"[tiab] OR "diet index"[tiab] OR "diet indices"[tiab] OR "dietary index"[tiab] OR "dietary indices"[tiab] OR "food score"[tiab] OR "dietary pattern"[tiab] OR "diet pattern"[tiab] OR "eating pattern"[tiab] OR "food pattern"[tiab] OR "diet quality"[tiab] OR "dietary quality"[tiab] OR "Healthy diet"[tiab] OR kidmed[tiab] OR MedDietScore[tiab]
#4	Energy intake	"Energy Intake"[MeSH] OR "energy intake"[tiab] OR "calorie intake"[tiab] OR "caloric intake"[tiab] OR "total energy"[tiab] OR "total calorie"[tiab] OR "total caloric"[tiab] OR "energy consum"[tiab] OR "calorie consum"[tiab] OR "caloric consum"[tiab]
#5		#1 AND (#2 OR #3 OR #4)
#6	Limits	#5 NOT ("Animals"[Mesh] NOT ("Animals"[Mesh] AND "Humans"[Mesh])) NOT (editorial[ptyp] OR comment[ptyp] OR commentary[tiab] 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 protocol[ti] OR retracted publication[ptyp] OR retraction of publication[ptyp] OR retraction of publication[tiab] OR retraction notice[ti] OR "retracted publication"[ti] OR "Congress"[Publication Type] OR "Consensus Development Conference"[Publication Type] OR "conference abstract"[tiab] OR "conference proceeding"[tiab] OR "conference paper"[tiab] OR "practice guideline"[ptyp] OR "practice guideline"[ti]) Filters applied: English, from 2000/1/1 - 3000/12/12.

Database: Embase

Provider: Elsevier

Date(s) Searched: May 15, 2023

Dates Covered: January 1, 2000 – May 15, 2023

Table A 3. Search for Embase

Search #	Concept	String
#1	Frequency of meals and snacking	('feeding behavior'/de OR 'meal'/exp OR meal*:ab,ti OR lunch:ab,ti OR dinner:ab,ti OR eating:ab,ti) AND (frequenc*:ab,ti OR time*:ab,ti OR timing*:ab,ti OR skip*:ab,ti OR episode*:ab,ti OR occasion*:ab,ti) OR 'meal skipping'/exp OR breakfast:ab,ti OR 'morning meal':ab,ti OR snack*:ab,ti OR 'daily meal':ab,ti

<p>#2</p>	<p>Growth, body composition, and risk of obesity</p>	<p>'adipose tissue'/exp OR 'body composition'/exp OR 'anthropometry'/de OR 'body mass'/exp OR 'anthropometric parameters'/exp OR 'skinfold thickness'/exp OR 'overnutrition'/exp OR 'growth'/de OR 'anthropometr*':ab,ti OR 'body fat':ab,ti OR 'fat mass':ab,ti OR 'fat free mass':ab,ti OR 'lean mass':ab,ti OR 'obese':ab,ti OR 'obesity':ab,ti OR 'underweight':ab,ti OR 'overweight':ab,ti OR 'weight status':ab,ti OR 'head circumference':ab,ti OR 'arm circumference':ab,ti OR 'calf circumference':ab,ti OR 'neck circumference':ab,ti OR 'thigh circumference':ab,ti OR 'waist circumference':ab,ti OR 'waist to hip ratio':ab,ti OR 'waist hip ratio':ab,ti OR 'body mass index':ab,ti OR 'BMI':ab,ti OR 'adipos*':ab,ti OR 'body weight':ab,ti OR 'body height':ab,ti OR 'body size':ab,ti OR 'body composition':ab,ti OR 'overnutrition':ab,ti OR 'wasting':ab,ti OR 'healthy weight':ab,ti OR 'skin fold*':ab,ti OR 'skinfold*':ab,ti</p> <p>OR 'body weight management'/exp OR 'body weight change'/exp OR 'weight gain*':ab,ti OR 'diet reduc*':ab,ti OR 'weight cycling':ab,ti OR 'weight watch*':ab,ti OR 'weight control*':ab,ti OR 'weight retention':ab,ti OR 'weight management':ab,ti OR (weight NEAR/4 (decreas* OR gain* OR maint* OR reduc* OR loss* OR chang*)):ab,ti</p> <p>OR 'weight chart'/exp OR 'growth chart*':ab,ti OR stunting:ab,ti OR stunted:ab,ti OR 'weight for height':ab,ti OR 'stature for age':ab,ti OR 'weight for age':ab,ti OR 'height for age':ab,ti OR 'length for age':ab,ti OR 'weight for length':ab,ti OR 'failure to thrive':ab,ti</p>
<p>#3</p>	<p>Diet duality</p>	<p>'healthy eating index'/exp OR HEI:ab,ti OR 'healthy eating index':ab,ti OR 'dietary guideline*':ab,ti OR 'nutrition guideline*':ab,ti OR 'nutritional guideline*':ab,ti OR 'dietary recommendation*':ab,ti OR 'dietary consumption':ab,ti OR 'diet score*':ab,ti OR 'diet index*':ab,ti OR 'diet indices':ab,ti OR 'dietary index*':ab,ti OR 'dietary indices':ab,ti OR 'food score*':ab,ti OR 'dietary pattern*':ab,ti OR 'diet pattern*':ab,ti OR 'eating pattern*':ab,ti OR 'food pattern*':ab,ti OR 'diet quality':ab,ti OR 'dietary quality':ab,ti OR 'Healthy diet':ab,ti</p>
<p>#4</p>	<p>Energy intake</p>	<p>'caloric intake'/exp OR 'energy intake':ab,ti OR 'calorie intake':ab,ti OR 'caloric intake':ab,ti OR 'total energy':ab,ti OR 'total calorie*':ab,ti OR 'total caloric*':ab,ti OR 'energy consum*':ab,ti OR 'calorie consum*':ab,ti OR 'caloric consum*':ab,ti</p>
<p>#5</p>		<p>#1 AND (#2 OR #3 OR #4)</p>
<p>#6</p>	<p>Limits</p>	<p>#5 AND ([article]/lim OR [article in press]/lim) NOT ([animals]/lim NOT ([animals]/lim AND [humans]/lim)) AND [english]/lim NOT ([conference abstract]/lim OR [conference paper]/lim OR [conference review]/lim OR [editorial]/lim OR [erratum]/lim OR [letter]/lim OR [note]/lim OR 'retraction of publication':ab,ti OR 'retraction notice':ti OR 'retracted publication':ab,ti OR [review]/lim OR [systematic review]/lim OR [meta analysis]/lim OR 'practice guideline':ti OR 'protocol':ti) AND [2000-2023]/py</p>

Database: Cochrane Central Register of Controlled Trials (CENTRAL)

Provider: **John Wiley & Sons**

Date(s) Searched: May 15, 2023

Dates Covered: January 1, 2000 – May 15, 2023

Table A 4. Search for Cochrane CENTRAL

Search #	Concept	String
#1	Frequency of meals and snacking	(([mh ^"Feeding Behavior"] OR [mh "Meals"] OR (meal* OR lunch OR dinner OR eating):ti,ab,kw) AND (frequenc* OR time* OR timing* OR skip* OR episode* OR occasion*):ti,ab,kw) OR [mh "Breakfast"] OR [mh "Snacks"] OR (breakfast OR "morning meal" OR snack* OR "daily meal*"):ti,ab,kw
#2	Growth, body composition, and risk of obesity	<p>([mh "Adipose Tissue"] OR [mh "Body Composition"] OR [mh ^"Body Weights and Measures"] OR [mh "Body Fat Distribution"] OR [mh "Body Mass Index"] OR [mh "Body Size"] OR [mh "Skinfold Thickness"] OR [mh "Waist-Hip Ratio"] OR [mh Overnutrition] OR [mh ^Growth]</p> <p>OR anthropometr* OR "body fat" OR "fat mass" OR "fat free mass" OR "lean mass" OR obese OR obesity OR underweight OR overweight OR "weight status" OR "head circumference" OR "arm circumference" OR "calf circumference" OR "neck circumference" OR "thigh circumference" OR "waist circumference" OR "waist to hip ratio" OR "waist hip ratio" OR "body mass index" OR BMI OR adipos* OR "body weight" OR "body height" OR "body size" OR "body composition" OR overnutrition OR wasting OR "healthy weight" OR "skin fold" OR "skin folds" OR skinfold OR skinfolds):ti,ab,kw</p> <p>OR ([mh "Weight Reduction Programs"] OR [mh "Body-Weight Trajectory"] OR [mh "Weight Gain"] OR [mh ^"Weight Loss"] OR [mh "Diet, Reducing"]</p> <p>OR "diet reduc*" OR "weight cycling" OR "weight watch*" OR "weight control*" OR "weight retention" OR "weight management"):ti,ab,kw</p> <p>OR ((weight NEAR/4 (decreas* OR gain* OR maint* OR reduc* OR loss* OR chang*)) OR [mh "Growth Charts"]</p> <p>OR "growth chart*" OR stunting OR stunted OR "weight for height" OR "stature for age" OR "weight for age" OR "height for age" OR "length for age" OR "weight for length" OR "failure to thrive"):ti,ab,kw</p>
#3	Diet quality	[mh "Guideline Adherence"] OR (HEI OR "healthy eating index" OR "dietary guideline" OR "dietary guidelines" OR "nutrition guideline" OR "nutrition guidelines" OR "nutritional guideline" OR "nutritional guidelines" OR "dietary recommendation" OR "dietary recommendations" OR "dietary consumption" OR "diet score" OR "diet scores" OR "diet index" OR "diet indexes" OR "diet indices" OR "dietary index" OR "dietary indexes" OR "dietary indices" OR "food score" OR "food scores" OR "dietary pattern" OR "dietary patterns" OR "diet pattern" OR "diet patterns" OR "eating pattern" OR "eating patterns" OR "food pattern" OR "food patterns" OR "diet quality" OR "dietary quality" OR "healthy diet"):ti,ab,kw

#4	Energy intake	[mh "Energy Intake"] OR ("energy intake" OR "calorie intake" OR "caloric intake" OR "total energy" OR "total calorie*" OR "total caloric*" OR "energy consum*" OR (calorie NEXT consum*) OR (caloric NEXT consum*)):ti,ab,kw
#5	Limits	#1 AND (#2 OR #3 OR #4) with Publication Year from 2000 to 2023, in Trials (Word variations have been searched)

Database: CINAHL

Provider: EBSCO

Date(s) Searched: May 15, 2023

Dates Covered: January 1, 2000 – May 15, 2023

Table A 5. Search for CINAHL

Search #	Concept	String
#1	Frequency of meals and snacking	TI (((MH "Eating Behavior") OR meal* OR lunch OR dinner OR eating) AND (frequenc* OR time* OR timing* OR skip* OR episode* OR occasion*)) OR AB (((MH "Eating Behavior") OR meal* OR lunch OR dinner OR eating) AND (frequenc* OR time* OR timing* OR skip* OR episode* OR occasion*)) OR (MH "Breakfast") OR (MH "Snacks") OR TI (breakfast OR "morning meal" OR snack* OR "daily meal*") OR AB (breakfast OR "morning meal" OR snack* OR "daily meal*")

<p>#2</p>	<p>Growth, body composition, and risk of obesity</p>	<p>(MH "Adipose Tissue+") OR (MH "Body Composition+") OR (MH "Body Weights and Measures") OR (MH "Arm Circumference") OR (MH "Body Height") OR (MH "Body Mass Index") OR (MH "Body Size") OR (MH "Body Weight+") OR (MH "Crown-Rump Length") OR (MH "Waist Circumference") OR (MH "Waist-Hip Ratio") OR (MH "Skinfold Thickness") OR (MH "Obesity+") OR (MH "Overnutrition") OR (MH "Growth")</p> <p>OR (TI anthropometr* OR "body fat" OR "fat mass" OR "fat free mass" OR "lean mass" OR obese OR obesity OR underweight OR overweight OR "weight status" OR "head circumference" OR "arm circumference" OR "calf circumference" OR "neck circumference" OR "thigh circumference" OR "waist circumference" OR "waist to hip ratio" OR "waist hip ratio" OR "body mass index" OR BMI OR adipos* OR "body weight" OR "body height" OR "body size" OR "body composition" OR overnutrition OR wasting OR "healthy weight" OR "skin fold" OR "skin folds" OR skinfold OR skinfolds) OR (AB anthropometr* OR "body fat" OR "fat mass" OR "fat free mass" OR "lean mass" OR obese OR obesity OR underweight OR overweight OR "weight status" OR "head circumference" OR "arm circumference" OR "calf circumference" OR "neck circumference" OR "thigh circumference" OR "waist circumference" OR "waist to hip ratio" OR "waist hip ratio" OR "body mass index" OR BMI OR adipos* OR "body weight" OR "body height" OR "body size" OR "body composition" OR overnutrition OR wasting OR "healthy weight" OR "skin fold" OR "skin folds" OR skinfold OR skinfolds)</p> <p>OR (MH "Weight Reduction Programs") OR (MH "Body Weight Changes") OR (MH "Weight Gain+") OR (MH "Weight Loss") OR (MH "Diet, Reducing")</p> <p>OR (TI "diet reduc*" OR "weight cycling" OR "weight watch*" OR "weight control*" OR "weight retention" OR "weight management") OR (AB "diet reduc*" OR "weight cycling" OR "weight watch*" OR "weight control*" OR "weight retention" OR "weight management")</p> <p>OR (TI (weight N4 (decreas* OR gain* OR maint* OR reduc* OR loss* OR chang*))) OR (AB (weight N4 (decreas* OR gain* OR maint* OR reduc* OR loss* OR chang*)))</p> <p>OR (TI "growth chart*" OR stunting OR stunted OR "weight for height" OR "stature for age" OR "weight for age" OR "height for age" OR "length for age" OR "weight for length" OR "failure to thrive") OR (AB "growth chart*" OR stunting OR stunted OR "weight for height" OR "stature for age" OR "weight for age" OR "height for age" OR "length for age" OR "weight for length" OR "failure to thrive")</p>
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#3	Diet quality	(MH "Guideline Adherence") OR TI (HEI OR "healthy eating index" OR "dietary guideline*" OR "nutrition guideline*" OR "nutritional guideline*" OR "dietary recommendation*" OR "dietary consumption" OR "diet score*" OR "diet index*" OR "diet indices" OR "dietary index*" OR "dietary indices" OR "food score*" OR "dietary pattern*" OR "diet pattern*" OR "eating pattern*" OR "food pattern*" OR "diet quality" OR "dietary quality" OR "Healthy diet" OR kidmed OR MedDietScore) OR AB (HEI OR "healthy eating index" OR "dietary guideline*" OR "nutrition guideline*" OR "nutritional guideline*" OR "dietary recommendation*" OR "dietary consumption" OR "diet score*" OR "diet index*" OR "diet indices" OR "dietary index*" OR "dietary indices" OR "food score*" OR "dietary pattern*" OR "diet pattern*" OR "eating pattern*" OR "food pattern*" OR "diet quality" OR "dietary quality" OR "Healthy diet" OR kidmed OR MedDietScore)
#4	Energy intake	(MH "Energy Intake") OR TI ("energy intake" OR "calorie intake" OR "caloric intake" OR "total energy" OR "total calorie*" OR "total caloric*" OR "energy consum*" OR "calorie consum*" OR "caloric consum*") OR AB ("energy intake" OR "calorie intake" OR "caloric intake" OR "total energy" OR "total calorie*" OR "total caloric*" OR "energy consum*" OR "calorie consum*" OR "caloric consum*")
#5		S1 AND (S2 OR S3 OR S4)
#6	Limits	S5 NOT ((MH "Animals+") OR (MH "Animal Studies")) NOT ((MH "Literature Review") OR (MH "Meta Analysis") OR (MH "Systematic Review") OR (MH "News") OR (MH "Retracted Publication") OR (MH "Retraction of Publication")) Limiters - Publication Year: 2000-2023 Expanders - Apply equivalent subjects Narrow by Language: - English

Appendix 3: Excluded articles

The following table lists the articles excluded after full-text screening for this systematic review question. At least one reason for exclusion is provided for each article, though this may not reflect all possible reasons. Information about articles excluded after title and abstract screening is available upon request.

Table A 6. Articles excluded after full-text screening

	Citation	Rationale
1	. Skipping meals might increase the risk of metabolic syndrome. <i>Nature Clinical Practice Endocrinology and Metabolism</i> . 2008. 4:532-533. doi:10.1038/ncpendmet0934 .	Study design; Publication status
2	. Virchow and the Weight-loss Breakfast. <i>Orthopedics</i> . 2009. 32:397. doi:10.3928/01477447-20090511-03 .	Study design
3	Abdullatif, M, Alabady, K, Altheeb, et al. Prevalence of Overweight, Obesity, and Dietary Behaviors among Adolescents in Dubai Schools: A Complex Design Survey 2019. <i>Dubai Medical Journal</i> . 2022. 5:1-9. doi:10.1159/000519863 .	Study design
4	Abildso, CG, Schmid, O, Byrd, et al. Predictors of weight loss maintenance following an insurance-sponsored weight management program. <i>J Obes</i> . 2014. 2014:736080. doi:10.1155/2014/736080 .	Study design
5	Agras, WS, Hammer, LD, McNicholas, et al. Risk factors for childhood overweight: a prospective study from birth to 9.5 years. <i>J Pediatr</i> . 2004. 145:20-5. doi:10.1016/j.jpeds.2004.03.023 .	Intervention/Exposure
6	Ahc, Media. Time-Restricted Eating, Weight Loss, and Metabolism. <i>Internal Medicine Alert</i> . 2021. 43:1-3.	Intervention/Exposure; Publication status
7	Ahmad, Norliza, Shariff, Zalilah Mohd, Mukhtar, et al. Family-based intervention using face-to-face sessions and social media to improve Malay primary school children's adiposity: a randomized controlled field trial of the Malaysian REDUCE programme. <i>Nutr J</i> . 2018. 17:N.PAG-N.PAG. doi:10.1186/s12937-018-0379-1 .	Intervention/Exposure
8	Ainscough, KM, Kennelly, MA, Lindsay, et al. An observational analysis of meal patterns in overweight and obese pregnancy: exploring meal pattern behaviours and the association with maternal and fetal health measures. <i>Ir J Med Sci</i> . 2020. 189:585-594. doi:10.1007/s11845-019-02099-0 .	Outcome
9	Aizawa, M, Murakami, K, Takahashi, et al. Association between frequency of breakfast intake before and during pregnancy and infant birth weight: the Tohoku Medical Megabank Project Birth and Three-Generation Cohort Study. <i>BMC Pregnancy Childbirth</i> . 2023. 23:268. doi:10.1186/s12884-023-05603-8 .	Outcome
10	Aksungar, FB, Topkaya, AE, Akyildiz, et al. Interleukin-6, C-reactive protein and biochemical parameters during prolonged intermittent fasting. <i>Ann Nutr Metab</i> . 2007. 51:88-95. doi:10.1159/000100954 .	Intervention/Exposure
11	Aksungar, Fehime, Sarikaya, M, Coskun, et al. Comparison of intermittent fasting versus caloric restriction in obese subjects: A two year follow-up. <i>Journal of Nutrition, Health & Aging</i> . 2017. 21:681-685. doi:10.1007/s12603-016-0786-y .	Intervention/Exposure
12	Al-Ardhi, GH, Ibraheem, NJ, Al-Maamory, et al. Comparison of some physiological parameters determined by timing consumption of breakfast meal among adult women. <i>Indian Journal of Forensic Medicine and Toxicology</i> . 2021. 15:2394-2396. doi:10.37506/ijfnt.v15i3.15670 .	Study design; Intervention/Exposure
13	Albertson, AM, Affenito, SG, Bauserman, et al. The relationship of ready-to-eat cereal consumption to nutrient intake, blood lipids, and body mass index of children as they age through adolescence. <i>J Am Diet Assoc</i> . 2009. 109:1557-65. doi:10.1016/j.jada.2009.06.363 .	Intervention/Exposure
14	Aldhoon-Hainerová I, Hainer V, Zamrazilová H. Impact of dietary intake, lifestyle and biochemical factors on metabolic health in obese adolescents. <i>Nutr Metab Cardiovasc Dis</i> . 2017;27(8):703-710. doi:10.1016/j.numecd.2017.05.002	Study design
15	Alencar, MK, Beam, JR, McCormick, et al. Increased meal frequency attenuates fat-free mass losses and some markers of health status with a portion-controlled weight loss diet. <i>Nutr Res</i> . 2015. 35:375-383. doi:10.1016/j.nutres.2015.03.003 .	Outcome; Duration
16	Alexy, U, Wicher, M, Kersting, et al. Breakfast trends in children and adolescents: frequency and quality. <i>Public Health Nutr</i> . 2010. 13:1795-802. doi:10.1017/s1368980010000091 .	Intervention/Exposure; Outcome
17	Alhussain, MH, Macdonald, IA, Taylor, et al. Irregular meal-pattern effects on energy expenditure, metabolism, and appetite regulation: a randomized controlled trial in healthy normal-weight women. <i>Am J Clin Nutr</i> . 2016. 104:21-32. doi:10.3945/ajcn.115.125401 .	Outcome; Duration

Citation	Rationale
18 Alinezhad-Namaghi, Maryam, Eslami, Saeid, Nematy, et al. Intermittent Fasting During Ramadan and Its Effects in Individuals With Metabolic Syndrome. <i>Nutr Today</i> . 2019. 54:159-164. doi:10.1097/NT.0000000000000351 .	Intervention/Exposure
19 Allirof X, Saulais L, Seyssel K, et al. An isocaloric increase of eating episodes in the morning contributes to decrease energy intake at lunch in lean men. <i>Physiol Behav</i> . 2013;110-111:169-178. doi:10.1016/j.physbeh.2013.01.009	Intervention/Exposure
20 Allirof, X, Seyssel, K, Saulais, et al. Effects of a breakfast spread out over time on the food intake at lunch and the hormonal responses in obese men. <i>Physiol Behav</i> . 2014. 127:37-44. doi:10.1016/j.physbeh.2014.01.004 .	Intervention/Exposure
21 Allison, KC, Hopkins, CM, Ruggieri, et al. Prolonged, Controlled Daytime versus Delayed Eating Impacts Weight and Metabolism. <i>Curr Biol</i> . 2021. 31:650-657.e3. doi:10.1016/j.cub.2020.10.092 .	Intervention/Exposure; Comparator
22 Almeneessier, A, Bahammam, A, Sharif, et al. The influence of intermittent fasting on the circadian pattern of melatonin while controlling for caloric intake, energy expenditure, light exposure, and sleep schedules: A preliminary report. <i>Ann Thorac Med</i> . 2017. 12:183-190. doi:10.4103/atm.ATM_15_17 .	Intervention/Exposure
23 Almeneessier, AS, BaHammam, AA, Alzogaibi, et al. The effects of diurnal intermittent fasting on proinflammatory cytokine levels while controlling for sleep/wake pattern, meal composition and energy expenditure. <i>PLoS One</i> . 2019. 14:e0226034. doi:10.1371/journal.pone.0226034 .	Intervention/Exposure
24 Almoosawi, S, Prynne, CJ, Hardy, et al. Time-of-day and nutrient composition of eating occasions: prospective association with the metabolic syndrome in the 1946 British birth cohort. <i>Int J Obes (Lond)</i> . 2013. 37:725-31. doi:10.1038/ijo.2012.103 .	Intervention/Exposure
25 Almoosawi, S, Prynne, CJ, Hardy, et al. Time-of-day of energy intake: association with hypertension and blood pressure 10 years later in the 1946 British Birth Cohort. <i>J Hypertens</i> . 2013. 31:882-92. doi:10.1097/HJH.0b013e32835ecc06 .	Intervention/Exposure; Outcome
26 Alqaoud, N, Al-Jawaldeh, A, Al-Anazi, et al. Trend and Causes of Overweight and Obesity among Pre-School Children in Kuwait. <i>Children (Basel)</i> . 2021. 8:. doi:10.3390/children8060524 .	Study design
27 Al-Rawi, N, Madkour, M, Jahrami, et al. Effect of diurnal intermittent fasting during Ramadan on ghrelin, leptin, melatonin, and cortisol levels among overweight and obese subjects: A prospective observational study. <i>PLoS One</i> . 2020. 15:e0237922. doi:10.1371/journal.pone.0237922 .	Intervention/Exposure
28 Alsharairi, NA, Somerset, SM. Skipping breakfast in early childhood and its associations with maternal and child BMI: a study of 2-5-year-old Australian children. <i>Eur J Clin Nutr</i> . 2016. 70:450-5. doi:10.1038/ejcn.2015.184 .	Intervention/Exposure; Outcome
29 Alviso-Orellana, C, Estrada-Tejada, D, Carrillo-Larco, et al. Sweetened beverages, snacks and overweight: findings from the Young Lives cohort study in Peru. <i>Public Health Nutr</i> . 2018. 21:1627-1633. doi:10.1017/s1368980018000320 .	Intervention/Exposure
30 Alwattar, AY, Thyfault, JP, Leidy, et al. The effect of breakfast type and frequency of consumption on glycemic response in overweight/obese late adolescent girls. <i>Eur J Clin Nutr</i> . 2015. 69:885-90. doi:10.1038/ejcn.2015.12 .	Outcome
31 Amosa, T, Rush, E, Plank, et al. Frequency of eating occasions reported by young New Zealand Polynesian and European women. <i>Pac Health Dialog</i> . 2001. 8:59-65.	Study design
32 Andersson I, Lennernäs M, Rössner S. Meal pattern and risk factor evaluation in one-year completers of a weight reduction program for obese men - the 'Gustaf' study. <i>J Intern Med</i> . 2000;247(1):30-38. doi:10.1046/j.1365-2796.2000.00569.x	Intervention/Exposure
33 Andrade, Lucia, Zazpe, Itziar, Santiago, et al. Ten-Year Changes in Healthy Eating Attitudes in the SUN Cohort. <i>J Am Coll Nutr</i> . 2017. 36:319-329. doi:10.1080/07315724.2016.1278566 .	Intervention/Exposure; Outcome
34 Andrews, Lisa. Daily Breakfast Brings Weight Loss. <i>Communicating Food for Health</i> . 2017. Pg. 7-8.	Study design
35 Antoni, R, Johnston, KL, Collins, et al. Intermittent v. continuous energy restriction: differential effects on postprandial glucose and lipid metabolism following matched weight loss in overweight/obese participants. <i>Br J Nutr</i> . 2018. 119:507-516. doi:10.1017/s0007114517003890 .	Intervention/Exposure
36 Antoni, R, Robertson, TM, Robertson, et al. A pilot feasibility study exploring the effects of a moderate time-restricted feeding intervention on energy intake, adiposity and metabolic physiology in free-living human subjects. <i>J Nutr Sci</i> . 2018. 7:. doi:10.1017/jns.2018.13 .	Intervention/Exposure
37 Arabshahi, S, Lahmann, PH, Hughes, et al. Dietary behaviours, weight loss attempts and change in waist circumference: 15-year longitudinal study in Australian adults. <i>Asia Pac J Clin Nutr</i> . 2017. 26:657-664. doi:10.6133/apjcn.062016.04 .	Intervention/Exposure

Citation	Rationale
38 Arciero, PJ, Ormsbee, MJ, Gentile, et al. Increased protein intake and meal frequency reduces abdominal fat during energy balance and energy deficit. <i>Obesity</i> (Silver Spring). 2013. 21:1357-66. doi:10.1002/oby.20296 .	Outcome; Duration
39 Ardolino, Alyssa. Snacking Series: Do Snacks Lead to Weight Gain?. <i>Food Insight</i> . 2018. 3-3.	Study design
40 Arenaza L, Muñoz-Hernández V, Medrano M, et al. Association of Breakfast Quality and Energy Density with Cardiometabolic Risk Factors in Overweight/Obese Children: Role of Physical Activity. <i>Nutrients</i> . 2018;10(8):1066. Published 2018 Aug 10. doi:10.3390/nu10081066	Study design; Intervention/Exposure
41 Asghari, G, Yuzbashian, E, Mirmiran, et al. Prediction of metabolic syndrome by a high intake of energy-dense nutrient-poor snacks in Iranian children and adolescents. <i>Pediatr Res</i> . 2016. 79:697-704. doi:10.1038/pr.2015.270 .	Intervention/Exposure
42 Ashwell, M, Hunty, A. How does breakfast help manage bodyweight?. <i>Nutrition Bulletin</i> . 2012. 37:395-397. doi:10.1111/j.1467-3010.2012.01994.x .	Study design
43 Ask, AS, Hernes, S, Aarek, et al. 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. doi:10.1186/1475-2891-5-33 .	Intervention/Exposure
44 Azadbakht, L, Haghghatdoost, F, Feizi, et al. Breakfast eating pattern and its association with dietary quality indices and anthropometric measurements in young women in Isfahan. <i>Nutrition</i> . 2013. 29:420-5. doi:10.1016/j.nut.2012.07.008 .	Study design
45 Özcan BA, Yeşilkaya B, Yaldiz N, Pehlivan M. Factors affecting diet quality in adolescents: the effect of sociodemographic characteristics and meal consumption. <i>Progress in Nutrition</i> . 2020;22(4):e2020094-e2020094. doi:https://doi.org/10.23751/pn.v22i4.10927	Study design
46 Bachman, JL, Phelan, S, Wing, et al. Eating frequency is higher in weight loss maintainers and normal-weight individuals than in overweight individuals. <i>J Am Diet Assoc</i> . 2011. 111:1730-4. doi:10.1016/j.jada.2011.08.006 .	Study design
47 Bailey, BW, Sullivan, DK, Kirk, et al. Dietary predictors of visceral adiposity in overweight young adults. <i>Br J Nutr</i> . 2010. 103:1702-5. doi:10.1017/s0007114509993771 .	Study design; Intervention/Exposure
48 Balieiro, LCT, Gontijo, CA, Marot, et al. Is chronotype associated with dietary intake and weight gain during pregnancy? A prospective and longitudinal study. <i>Nutrition</i> . 2022. 94:. doi:10.1016/j.nut.2021.111530 .	Intervention/Exposure
49 Ball, K, Brown, W, Crawford, et al. Who does not gain weight? Prevalence and predictors of weight maintenance in young women. <i>Int J Obes Relat Metab Disord</i> . 2002. 26:1570-8. doi:10.1038/sj.ijo.0802150 .	Intervention/Exposure
50 Bandin C, Scheer FA, Luque AJ, et al. Meal timing affects glucose tolerance, substrate oxidation and circadian-related variables: A randomized, crossover trial. <i>Int J Obes (Lond)</i> . 2015;39(5):828-833. doi:10.1038/ijo.2014.182	Intervention/Exposure; Comparator
51 Bantle, AE, Lau, KJ, Wang, et al. Time-restricted eating did not alter insulin sensitivity or β -cell function in adults with obesity: A randomized pilot study. <i>Obesity</i> (Silver Spring). 2023. 31 Suppl 1:108-115. doi:10.1002/oby.23620 .	Intervention/Exposure
52 Barba, G, Troiano, E, Russo, et al. Total fat, fat distribution and blood pressure according to eating frequency in children living in southern Italy: the ARCA project. <i>Int J Obes (Lond)</i> . 2006. 30:1166-9. doi:10.1038/sj.ijo.0803257 .	Study design
53 Baron, KG, Reid, KJ, Kern, et al. Role of sleep timing in caloric intake and BMI. <i>Obesity</i> (Silver Spring). 2011. 19:1374-81. doi:10.1038/oby.2011.100 .	Intervention/Exposure
54 Barone Gibbs B, Kinzel LS, Pettee Gabriel K, Chang YF, Kuller LH. Short- and long-term eating habit modification predicts weight change in overweight, postmenopausal women: results from the WOMAN study. <i>J Acad Nutr Diet</i> . 2012;112(9):1347-1355.e2. doi:10.1016/j.jand.2012.06.012	Intervention/Exposure
55 Basdeki, ED, Argyris, AA, Efthymiou, et al. Systematic Breakfast Consumption of Medium-Quantity and High-Quality Food Choices Is Associated with Better Vascular Health in Individuals with Cardiovascular Disease Risk Factors. <i>Nutrients</i> . 2023. 15:. doi:10.3390/nu15041025 .	Study design
56 Basterra-Gortari FJ, Bes-Rastrollo M, Pardo-Fernández M, Forga L, Martínez JA, Martínez-González MA. Changes in weight and physical activity over two years in Spanish alumni. <i>Med Sci Sports Exerc</i> . 2009;41(3):516-522. doi:10.1249/MSS.0b013e318188607c	Intervention/Exposure
57 Batista-Jorge, GC, Barcala-Jorge, AS, Oliveira Dias, et al. Nutritional Status Associated to Skipping Breakfast in Brazilian Health Service Patients. <i>Ann Nutr Metab</i> . 2016. 69:31-40. doi:10.1159/000447363 .	Study design
58 Bawaked, RA, Gomez, SF, Homs, et al. Association of eating behaviors, lifestyle, and maternal education with adherence to the Mediterranean diet in Spanish children. <i>Appetite</i> . 2018. 130:279-285. doi:10.1016/j.appet.2018.08.024 .	Outcome

Citation	Rationale
59 Beaudry, KM, Ludwa, IA, Thomas, et al. First-year university is associated with greater body weight, body composition and adverse dietary changes in males than females. <i>PLoS One</i> . 2019. 14:e0218554. doi:10.1371/journal.pone.0218554 .	Intervention/Exposure; Outcome
60 Beaulieu, K, Casanova, N, Oustric, et al. Matched Weight Loss Through Intermittent or Continuous Energy Restriction Does Not Lead To Compensatory Increases in Appetite and Eating Behavior in a Randomized Controlled Trial in Women with Overweight and Obesity. <i>J Nutr</i> . 2020. 150:623-633. doi:10.1093/jn/nxz296 .	Intervention/Exposure
61 Beaulieu, K, Oustric, P, Alkahtani, et al. Impact of Meal Timing and Chronotype on Food Reward and Appetite Control in Young Adults. <i>Nutrients</i> . 2020. 12:. doi:10.3390/nu12051506 .	Intervention/Exposure; Outcome
62 Beşoluk Ş. Association of dietary patterns with circadian preference, sleep and personality in high school students. <i>Biological Rhythm Research</i> . Published online January 17, 2018:1-13. doi:10.1080/09291016.2018.1427601	Study design; Outcome
63 Befort, CA, Stewart, EE, Smith, et al. Weight maintenance, behaviors and barriers among previous participants of a university-based weight control program. <i>Int J Obes (Lond)</i> . 2008. 32:519-26. doi:10.1038/sj.ijo.0803769 .	Study design; Intervention/Exposure
64 Belderson, P, Harvey, I, Kimbell, et al. Does breakfast-club attendance affect schoolchildren's nutrient intake? A study of dietary intake at three schools. <i>Br J Nutr</i> . 2003. 90:1003-6. doi:10.1079/bjn20031011 .	Study design; Intervention/Exposure
65 Bellisle, F. Impact of the daily meal pattern on energy balance. <i>Scandinavian Journal of Nutrition</i> . 2004. 48:114-118. doi:10.1080/11026480410000454 .	Study design
66 Benton, D, Jarvis, M. The role of breakfast and a mid-morning snack on the ability of children to concentrate at school. <i>Physiol Behav</i> . 2007. 90:382-5. doi:10.1016/j.physbeh.2006.09.029 .	Outcome
67 Berendsen, M, Boss, M, Smits, et al. Chrono-Nutrition and Diet Quality in Adolescents with Delayed Sleep-Wake Phase Disorder. <i>Nutrients</i> . 2020. 12:. doi:10.3390/nu12020539 .	Intervention/Exposure
68 Berentzen, NE, Smit, HA, van Rossem, et al. Screen time, adiposity and cardiometabolic markers: mediation by physical activity, not snacking, among 11-year-old children. <i>Int J Obes (Lond)</i> . 2014. 38:1317-23. doi:10.1038/ijo.2014.110 .	Intervention/Exposure
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Citation	Rationale
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Citation	Rationale
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