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**University College Cork, Ireland**  
Coláiste na hOllscoile Corcaigh

## **Title**

Eating behaviour and weight status at two years of age: data from the Cork BASELINE Birth Cohort Study.

## **Running Title**

Eating behaviour and weight status in preschool-age children

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## **Conflict of Interest**

The authors declare no conflict of interest.

## **Author's contributions**

E.K.M. carried out data collection, database construction and data analysis. M.K. designed the study and E.K.M. and M.K. drafted the manuscript. M.K. had responsibility for the final content. C.ní C. carried out data collection. D.M. is the Principal Investigator (PI) of the Cork BASELINE Birth Cohort Study and J.O'B.H., L.C.K. and M.K. are co-PIs and specialist leads. L.C.K. is the PI of the SCOPE Ireland pregnancy cohort study. All authors reviewed and approved the final submission.

1 **Abstract**

2 Background/Objectives: To conduct an analysis of associations between eating behaviours and weight  
3 status in two-year old children.

4 Subjects/Methods: Data were collected prospectively in the maternal-infant dyad Cork BASELINE  
5 Birth Cohort Study. The weight status of children aged two years ( $n = 1189$ ) was assigned using the  
6 International Obesity Task Force BMI cut-offs using measured heights and weights. Eating behaviours  
7 were assessed using the Children's Eating Behaviour Questionnaire (CEBQ).

8 Results: 80% of children were of normal weight, 14% were overweight or obese and 6% were  
9 underweight. From the CEBQ, food approach behaviours including Enjoyment of Food (OR 1.90, 95%  
10 CI 1.46-2.48) and Food Responsiveness (OR 1.73, 95% CI 1.47-2.03) were associated with  
11 overweight/obesity (all  $P < 0.001$ ). The food avoidant behaviours of Satiety Responsiveness (OR 2.03,  
12 95% CI 1.38-2.98) and Slowness in Eating (OR 1.44, 95% CI 1.01-2.04) were associated with  
13 underweight at two years (all  $P < 0.05$ ).

14 Conclusions: Eating behaviours are associated with weight status as early as two years of age.

15

16 **Keywords**

17 Birth cohort, childhood obesity, childhood underweight, children's eating behaviour.

18

## 19 **Introduction**

20 Individual differences in eating styles and behaviours have been hypothesised to contribute to weight  
21 problems in children.<sup>1</sup> The worldwide prevalence of overweight and obesity in preschool-age children  
22 was estimated to be 43 million in 2010, an increase from 4.2% in 1990 to 6.7% in 2010.<sup>2</sup> In Ireland,  
23 27% of two-year olds are overweight or obese according to the National Pre-School Nutrition Survey  
24 (NPNS).<sup>3</sup> Overweight and obesity in childhood can track into adulthood resulting in detrimental effects  
25 on health including increased risk of cardiovascular disease, certain cancers and type 2 diabetes.<sup>4</sup>  
26 Similarly, underweight in early childhood can have long term implications for health including  
27 suboptimal growth, delays in cognitive development and nutrient deficiencies.<sup>5</sup> The prevalence of  
28 underweight in preschool-age children is 1.6% in developed countries.<sup>6</sup> Worries surrounding weight  
29 status during childhood and potential lifelong health risks have prompted an interest in investigating all  
30 factors that can contribute to weight problems, including the role of eating behaviours.

31 Eating behaviours vary amongst individuals ranging from picky eating to overeating or binge eating.  
32 Variations in child eating behaviours can be measured either using behavioural tests or psychometric  
33 measures. Behavioural tests are objective measures of eating behaviours but they only capture  
34 behaviour on one occasion and usually in a laboratory setting.<sup>7</sup> Psychometric measures, such as the  
35 Children's Eating Behaviour Questionnaire (CEBQ), are an alternative that are useful for large studies  
36 of young children as they can be completed by parents if children are too young to do so themselves.

37 Associations between eating behaviours and weight status during childhood have been explored in some  
38 detail. Research has mainly focused on older children and using the CEBQ, many studies have observed  
39 a positive association between the food approach eating behaviours of Enjoyment of Food and Food  
40 Responsiveness and weight status and an inverse association between weight status and the food  
41 avoidant behaviours of Satiety Responsiveness and Food Fussiness.<sup>8-11</sup> The only study on eating  
42 behaviours (as assessed by the CEBQ) in children younger than three years of age found no association  
43 between CEBQ scores and weight status, but these are limited data in a subset of a relatively small  
44 sample.<sup>12</sup>

45 Current evidence on the role of eating behaviours in healthy weight maintenance in young children is  
46 limited and somewhat conflicted and the data are frequently from cross-sectional observational studies,  
47 with inadequate adjustment for potential ante- and postnatal confounders for weight status. The main  
48 objective of the current study was to explore associations between eating behaviours and weight status  
49 in two-year old children from a large prospective birth cohort study, with appropriate consideration of  
50 early life events.

## 51 **Materials and Methods**

### 52 *Participants*

53 The data for this study were collected from participants of the Cork BASELINE (Babies after SCOPE:  
54 Evaluating the Longitudinal Impact using Neurological and Nutritional Endpoints) Birth Cohort Study,  
55 a prospective birth cohort established in 2008 to investigate links between early nutrition and perinatal  
56 outcomes and physical and mental growth and development during childhood. It was approved by the  
57 Clinical Research Ethics Committee of the Cork teaching hospitals, ref ECM 5(9) 01/07/2008 and is  
58 registered at the National Institutes of Health Clinical Trials Registry (<http://www.clinicaltrials.gov>),  
59 ID: NCT01498965. The Cork BASELINE Birth Cohort Study is following infants born in the SCOPE  
60 (Screening for Pregnancy Endpoints) Ireland pregnancy study. SCOPE is an international multicentre  
61 study aimed at investigating early indicators of pregnancy complications,<sup>13</sup> registered at the Australian,  
62 New Zealand Clinical Trials Registry (<http://www.anzctr.org.au>), ID: ACTRN12607000551493.

63 Informed consent to the Cork BASELINE Birth Cohort Study was provided by 2183 parents, of which  
64 the majority (73%) were recruited through SCOPE Ireland, with the rest recruited at birth through the  
65 postnatal wards of the Cork University Maternity Hospital (recruitment concluded November 2011).  
66 Overall, 2137 infants were registered for postnatal follow-ups and infants were followed prospectively  
67 over the first two years of life, beginning at day 2 and at 2, 6, 12 and 24 months. Detailed information  
68 on early life environment, diet, lifestyle, health, growth and development of study participants were  
69 gathered by interviewer-led questionnaires and clinical assessments and then entered at the time of  
70 appointment into an internet-based, secure database developed by Medical Science Online

71 (MedSciNet), Sweden, compliant with the US Food and Drug Administration and the Health Insurance  
72 Portability Accountability Act. A complete methodology of the Cork BASELINE Birth Cohort Study  
73 has been provided by O'Donovan *et al.*<sup>14</sup>

#### 74 *Eating behaviour assessment*

75 Eating behaviours were assessed using the CEBQ at the study's 24 month assessment. The CEBQ  
76 developed by Wardle and colleagues is a 35-item parent administered questionnaire designed to assess  
77 eating style and behaviour in children.<sup>1</sup> It is a validated psychometric tool that displays good internal  
78 consistency and test-retest reliability.<sup>15</sup> It comprises four subscales that measure food approach eating  
79 behaviours (Enjoyment of Food, Emotional Overeating, Desire to Drink, Food Responsiveness) and  
80 four subscales that measure food avoidant behaviours (Satiety Responsiveness, Slowness in Eating,  
81 Food Fussiness, Emotional Under-eating). Enjoyment of Food and Food Responsiveness represent a  
82 heightened interest in food and responsiveness to environmental food cues. Satiety Responsiveness  
83 represents an increased sensitivity to internal satiety cues and a closer monitoring of energy intake based  
84 on these internal cues. The subscales of Slowness in Eating and Food Fussiness reflect a lack of interest  
85 and enjoyment of foods, while Emotional Overeating and Emotional Under-eating reflect a child's  
86 eating response to both positive and negative emotional stimuli. The Desire to Drink subscale measures  
87 a child's desire to drink fluids. Sample statements from the CEBQ include "My child looks forward to  
88 mealtimes (Enjoyment of Food)", "My child eats slowly (Slowness in Eating)", "My child decides that  
89 s/he doesn't like a food, even without tasting it (Food Fussiness)". Responses to the CEBQ were scored  
90 using a five-point Likert scale (1 = never, 5 = always) and reverse scoring was applied, where  
91 appropriate.

#### 92 *Anthropometric measures*

93 Children's heights and weights were measured at their 24 month assessment using standard operating  
94 procedures by trained researchers in the study's dedicated research facility. Standing height was  
95 measured using a wall mounted stadiometer (seca 206, Birmingham, United Kingdom) to the nearest  
96 0.1cm and weight was measured to the nearest 0.1kg using digital scales (seca 384). The child's body

97 mass index (BMI, kg/m<sup>2</sup>) was calculated using recorded heights and weights. The weight status of  
98 children were assigned using the International Obesity Task Force (IOTF) BMI cut-offs for thinness,  
99 overweight and obesity in children aged 2-18 years.<sup>16,17</sup> These sex- and age-specific cut-offs were  
100 developed based on international data and correspond to adult BMI ranges. For this analysis, children  
101 were assigned into three weight categories: underweight, normal weight and overweight/obese.

## 102 *Statistical analysis*

103 Statistical analysis of the data was conducted using SPSS<sup>®</sup> for Windows<sup>™</sup> Version 20.0 (SPSS, Inc.,  
104 IBM, Chicago, IL, USA). The distributions of all variables were tested with Kolmogorov-Smirnov tests  
105 and descriptive statistics were reported as median and interquartile range (IQR) and percentages, where  
106 appropriate. As it was not possible to statistically normalise the CEBQ subscale scores, differences in  
107 socio-demographic characteristics and CEBQ subscale scores between weight categories were explored  
108 using non-parametric tests (Mann-Whitney U and Kruskal-Wallis test).

109 Univariate logistic regression analysis was used to model the associations of maternal and child  
110 characteristics including eating behaviours (as measured by the eight CEBQ subscales) with the risk of  
111 being underweight or overweight/obese at two years (separate models for each dependent variable).  
112 Associations were expressed as odds ratios (OR) and 95% confidence intervals (95% CI). Separate  
113 multivariate models were fitted for each eating behaviour subscale due to the collinearity between  
114 behaviours and models included covariates identified as significant at the 10% ( $P < 0.1$ ) level in the  
115 univariate analysis. For the underweight model, these included gender, birth weight, maternal education  
116 status and BMI at 15 weeks gestation. For the overweight/obese model, these included gender, birth  
117 weight, maternal education status, race and smoking status at 15 weeks gestation. Associations were  
118 considered statistically significant in the model if  $P < 0.05$ .

## 119 **Results**

120 A total of 1537 children attended their 24 month assessment with the study, pre-term infants ( $n = 54$ )  
121 and children with incomplete anthropometric or eating behaviour data ( $n = 294$ ) were excluded  
122 providing a sample size of 1189. The median [IQR] age at the 24 month assessment was 2.1 [2.1, 2.2]

123 years (Table 1). Of mothers, 99% were Caucasian and 88% had attended third level education. There  
124 were no significant differences in socio-demographic characteristics of participants between the weight  
125 categories (all  $P > 0.05$ ). However, significant differences in weight, height and BMI at 24 months and  
126 birth weight did exist, with the lowest values for all observed in the underweight category (all  $P < 0.05$ ).

127 Using the IOTF BMI cut-offs, participants were divided into three weight categories (Table 1). Of  
128 participants, 6% were underweight with a median [IQR] weight, height and BMI of 11.1 [10.4, 11.7]  
129 kg, 0.87 [0.85, 0.89] m and 14.6 [14.3, 14.8] kg/m<sup>2</sup>. The majority of participants (80%) were normal  
130 weight with a median [IQR] weight, height and BMI of 12.9 [12.1, 13.6] kg, 0.88 [0.86, 0.90] m and  
131 16.6 [16.0, 17.2] kg/m<sup>2</sup>. Those classified as overweight or obese (14%) had a median [IQR] weight,  
132 height and BMI of 15.0 [14.0, 15.9] kg, 0.89 [0.87, 0.91] m and 18.8 [18.5, 19.4] kg/m<sup>2</sup> respectively.

133 Results from the multivariate logistic regression were consistent with findings demonstrated by the  
134 descriptive analysis (Table 2). High scores in Enjoyment of Food and Food Responsiveness were  
135 associated with an increased risk of overweight and obesity, while the food avoidant behaviours of  
136 Satiety Responsiveness, Slowness in Eating and Food Fussiness were negatively associated with the  
137 risk of overweight/obesity (all  $P < 0.01$ ) (Table 3). Both Satiety Responsiveness and Slowness in Eating  
138 were positively associated with the risk of underweight at two years, while the approach behaviours of  
139 Enjoyment of Food and Food Responsiveness were negatively associated with the risk of underweight  
140 (Table 3) (all  $P < 0.05$ ). Emotional Overeating, Emotional Under-eating or Desire to Drink were not  
141 associated with either underweight or overweight/obesity at two years (all  $P > 0.05$ ).

## 142 **Discussion**

143 The current study is the first to explore associations between eating behaviours and weight status among  
144 two-year olds from a large prospective birth cohort study, with appropriate adjustment for potential  
145 early life confounders.

146 From the CEBQ, food approach behaviours were positively associated with the risk of being overweight  
147 or obese, while negatively associated with the risk of being underweight at two years. Increasing scores  
148 in food avoidant behaviours were associated with a decreased risk of overweight/obesity and an



149 increased risk of being underweight at two years. These findings are consistent with previous studies  
150 in older children.<sup>9,10,18</sup> While they are in contrast with the only other study to explore eating behaviours  
151 using the CEBQ in children younger than three years of age, which observed no association, although  
152 that study was limited by a small sample size ( $n = 174$ ) and included a wide age range of children (1-6  
153 years), which would have challenged data interpretation.<sup>12</sup>

154 There were no significant associations between the CEBQ subscales of Emotional Under-eating,  
155 Emotional Overeating and Desire to Drink and weight status. Previous findings surrounding emotional  
156 eating behaviours have been mixed, although our results are similar to those reported in older children.<sup>8</sup>  
157 <sup>10, 11</sup> However, a positive association between the Emotional Overeating subscale and weight status has  
158 been observed in some studies.<sup>11, 18</sup> Emotional overeating has been described as an abnormal response  
159 in young children as it is proposed that younger children maintain the more natural reaction to  
160 emotional/stressful situations which is a reduction in appetite.<sup>19</sup> Therefore, emotional under-eating is a  
161 more common response to emotional distress in young children.<sup>1</sup> In the current study, the lack of  
162 association may be due to the children being too young to display any aberrant eating behaviours or  
163 patterns in response to emotional stimuli.

164 Weight status in the current study was assigned using the IOTF BMI cut-offs for children aged 2-18  
165 years <sup>16,17</sup> to allow for comparison with previous studies carried out on this topic. The prevalence of  
166 overweight/ obesity, at 14%, was slightly lower than that reported by the National Preschool Nutrition  
167 Survey (NPNS) of Ireland at 17%.<sup>3</sup> We also observed a slightly higher prevalence of underweight (6%)  
168 than the NPNS, at 4%. The IOTF BMI cut-offs have previously been described as conservative in their  
169 estimation of overweight and obesity <sup>20</sup> and can overestimate the prevalence of underweight.<sup>21</sup>

170 This study, from a large prospective birth cohort, is the first of its kind to explore associations between  
171 eating behaviours and weight status in two-year old children. The prospective design, detailed  
172 assessments and use of validated protocols in the Cork BASELINE Birth Cohort Study enabled us to  
173 explore associations between eating behaviours and weight status, while accounting for early life  
174 exposures that may influence weight status at two years of age. A potential limitation of this study is

175 that both eating behaviours and weight status at two years were measured concurrently, therefore this  
176 analysis is cross-sectional in design, although it is important to note that maternal and early life data  
177 were used in the analysis, thereby enabling deeper interpretation of the data than would be possible with  
178 a cross-sectional survey. This cohort is being followed prospectively, and eating behaviours are being  
179 assessed at five years, which will enable a unique longitudinal analysis of eating behaviours and their  
180 impact on weight status at that time.

## 181 **Conclusions**

182 Eating behaviours are independently associated with weight status in children aged two years from a  
183 large prospective birth cohort in Ireland. We will investigate whether these associations persist or  
184 develop over time. An exploration of the genesis of unhealthy eating behaviours in young children is  
185 warranted.

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190 the funding in 2012 to allow extensive nutritional and metabolic phenotyping at two years and to enable  
191 a similar follow-up at five years.

## 192 **Conflict of interest**

193 The authors declare no conflict of interest.

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247 **Table 1.** Demographic and anthropometric characteristics of study participants from the Cork  
 248 BASELINE Birth Cohort Study (n = 1189)

|  | % or Median [IQR] |
|--|-------------------|
| <b>Maternal</b>                                  |                   |
| Caucasian  | 99                |
| Country of birth - Ireland                       | 86                |
| Attended 3rd level education                     | 88                |
| Smoker at 15 weeks gestation                     | 11                |
| BMI at 15 weeks gestation >30kg/m <sup>2</sup> * | 10                |
| Age at delivery (years)                          | 32.0 [29.0, 34.0] |
| <b>Child</b>                                     |                   |
| Gender - Male                                    | 50                |
| Birth weight (kg)                                | 3.6 [3.2, 3.9]    |
| Gestational Age (weeks)                          | 40.2 [39.4, 41.0] |
| <i>Infant Feeding</i>                            |                   |
| Any breastfeeding at hospital discharge          | 73                |
| Any breastfeeding at two months                  | 30                |
| Age first given solids (weeks)                   | 20.0 [17.0, 22.0] |
| <i>Anthropometry (24 month assessment)</i>       |                   |
| Weight (kg)                                      | 13.0 [12.1, 13.9] |
| Height (m)                                       | 0.89 [0.85, 0.90] |
| BMI (kg/m <sup>2</sup> )                         | 16.7 [15.9, 17.5] |
| IOTF classification - underweight                | 6                 |
| IOTF classification - normal weight              | 80                |
| IOTF classification - overweight/obese           | 14                |

249 \* Data available for participants of SCOPE study only (n = 896)

250 IQR: interquartile range; BMI: body mass index; IOTF: International Obesity Task Force BMI cut-offs  
 251 used to assign participants into three categories of weight status.

252

253 **Table 2.** Median [IQR] CEBQ subscale scores across three weight categories of two-year olds (n =  
 254 1189)

|                        | <b>Underweight</b><br><i>n</i> = 77 | <b>Normal Weight</b><br><i>n</i> = 947 | <b>Overweight/Obese</b><br><i>n</i> = 165 | <b>P-value*</b> |
|------------------------|-------------------------------------|--|---|-----------------|
|                        | Median [IQR]                        | Median [IQR]                           | Median [IQR]                              |                 |
| Food Approach Grouped  | 2.3 [2.0, 2.6] <sup>a</sup>         | 2.5 [2.1, 2.8] <sup>b</sup>            | 2.7 [2.4, 3.0] <sup>c</sup>               | <0.001          |
| Enjoyment of Food      | 3.8 [3.0, 4.1] <sup>a</sup>         | 4.0 [3.5, 4.5] <sup>b</sup>            | 4.3 [3.8, 4.8] <sup>c</sup>               | <0.001          |
| Food Responsiveness    | 1.0 [1.0, 2.0] <sup>a</sup>         | 1.1 [1.0, 2.0] <sup>b</sup>            | 2.0 [1.0, 3.0] <sup>c</sup>               | <0.001          |
| Emotional Overeating   | 1.5 [1.0, 1.8]                      | 1.5 [1.0, 1.8]                         | 1.5 [1.0, 2.0]                            | 0.153           |
| Desire to Drink        | 2.7 [1.8, 3.5]                      | 2.7 [2.0, 3.3]                         | 2.7 [2.3, 3.7]                            | 0.128           |
| Food Avoidant Grouped  | 3.0 [2.5, 3.3] <sup>a</sup>         | 2.8 [2.4, 3.1] <sup>b</sup>            | 2.6 [2.3, 2.9] <sup>c</sup>               | <0.001          |
| Satiety Responsiveness | 3.0 [2.7, 3.7] <sup>a</sup>         | 2.7 [2.3, 3.0] <sup>b</sup>            | 2.3 [2.0, 3.0] <sup>c</sup>               | <0.001          |
| Slowness in Eating     | 3.0 [2.7, 3.7] <sup>a</sup>         | 2.7 [2.3, 3.3] <sup>b</sup>            | 2.6 [2.3, 3.0] <sup>c</sup>               | <0.001          |
| Food Fussiness         | 2.7 [2.2, 3.4] <sup>a</sup>         | 2.5 [2.0, 3.0] <sup>b</sup>            | 2.3 [1.8, 2.9] <sup>c</sup>               | <0.001          |
| Emotional Under-eating | 2.8 [2.0, 3.8]                      | 3.0 [2.3, 3.5]                         | 3.0 [2.3, 3.5]                            | 0.812           |

255 \* Significant differences between groups explored by Mann-Whitney U test and Kruskal-Wallis test.

256 <sup>a,b,c</sup> Different superscript letters denote significant differences between groups (P< 0.05).

257 IQR: interquartile range; CEBQ: Children's Eating Behaviour Questionnaire.

258

259 **Table 3.** Multivariate analysis of CEBQ subscales as potential risk factors for overweight/obesity and  
 260 underweight at two years (n = 1189)

|                                 | Overweight/obesity <sup>1</sup> |         | Underweight <sup>2</sup> |         |
|---------------------------------|---------------------------------|---------|--------------------------|---------|
|                                 | OR (95% CI)                     | P-value | OR (95% CI)              | P-value |
| <b>Food Approach Behaviours</b> |                                 |         |                          |         |
| Enjoyment of Food               | 1.90 (1.46, 2.48)               | <0.001  | 0.63 (0.45, 0.89)        | 0.008   |
| Food Responsiveness             | 1.73 (1.47, 2.03)               | <0.001  | 0.49 (0.32, 0.75)        | <0.001  |
| Emotional Overeating            | 1.30 (0.94, 1.80)               | 0.112   | 0.77 (0.47, 1.25)        | 0.290   |
| Desire to Drink                 | 1.11 (0.94, 1.31)               | 0.225   | 0.93 (0.73, 1.17)        | 0.523   |
| <b>Food Avoidant Behaviours</b> |                                 |         |                          |         |
| Satiety Responsiveness          | 0.56 (0.43, 0.73)               | <0.001  | 2.03 (1.38, 2.98)        | <0.001  |
| Slowness in Eating              | 0.57 (0.45, 0.73)               | <0.001  | 1.44 (1.01, 2.04)        | 0.042   |
| Food Fussiness                  | 0.70 (0.56, 0.88)               | 0.002   | 1.15 (0.83, 1.58)        | 0.411   |
| Emotional Under-eating          | 0.97 (0.81, 1.16)               | 0.724   | 0.96 (0.75, 1.23)        | 0.731   |

261 <sup>1</sup> Model adjusted for gender, birth weight, maternal education status, race and smoking status at 15  
 262 weeks gestation. Not overweight/obese used as the reference.

263 <sup>2</sup> Model adjusted for gender, birth weight, maternal education status and body mass index at 15 weeks  
 264 gestation. Not underweight used as the reference.

265 OR: odds ratio; CI: confidence interval; CEBQ: Children's Eating Behaviour Questionnaire.