

## Online Supplementary Material for:

### **An eating pattern characterised by skipped or delayed breakfast is associated with mood disorders among an Australian adult cohort**

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**Supplementary Table S1. Time-of-day eating pattern factor loadings generated by principal components analyses of percentage of daily food consumed during each interval at CDAH-1 and CDAH-2 (n=1374)**

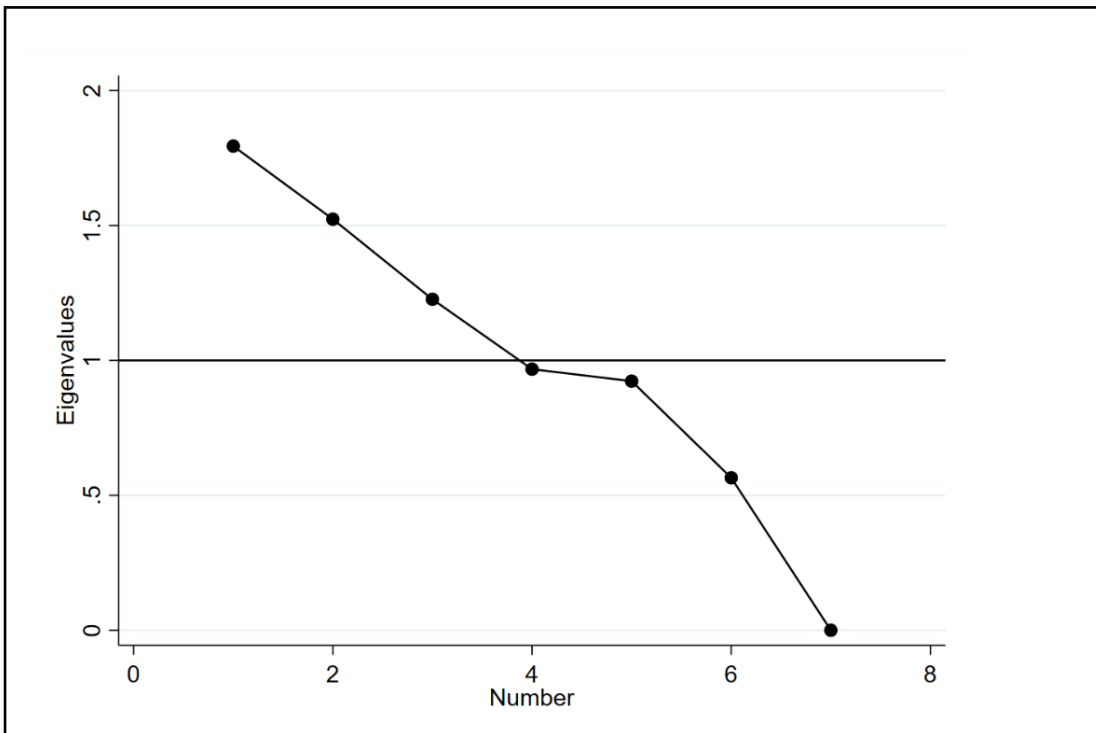
Eating interval	CDAH-1*			CDAH-2*		
	Grazing	Traditional	Late	Grazing	Traditional	Late
Early 6-9am	–	–	-0.69	–	–	-0.74
Late morning 9am-12pm	–	-0.67	–	–	-0.61	–
Midday 12-3pm	–	0.69	–	–	0.75	–
Afternoon 3-6pm	0.65	–	–	0.67	–	–
Evening 6-9pm	-0.73	–	–	-0.72	–	–
Night 9-11pm	–	–	0.49	–	–	0.51
Overnight 11pm-6am	–	–	0.47	–	–	0.32
Eigenvalue	1.68	1.53	1.33	1.68	1.46	1.37
Variance explained <sup>†</sup>	0.24	0.22	0.19	0.24	0.21	0.20

CDAH: Childhood Determinants of Adult Health study.

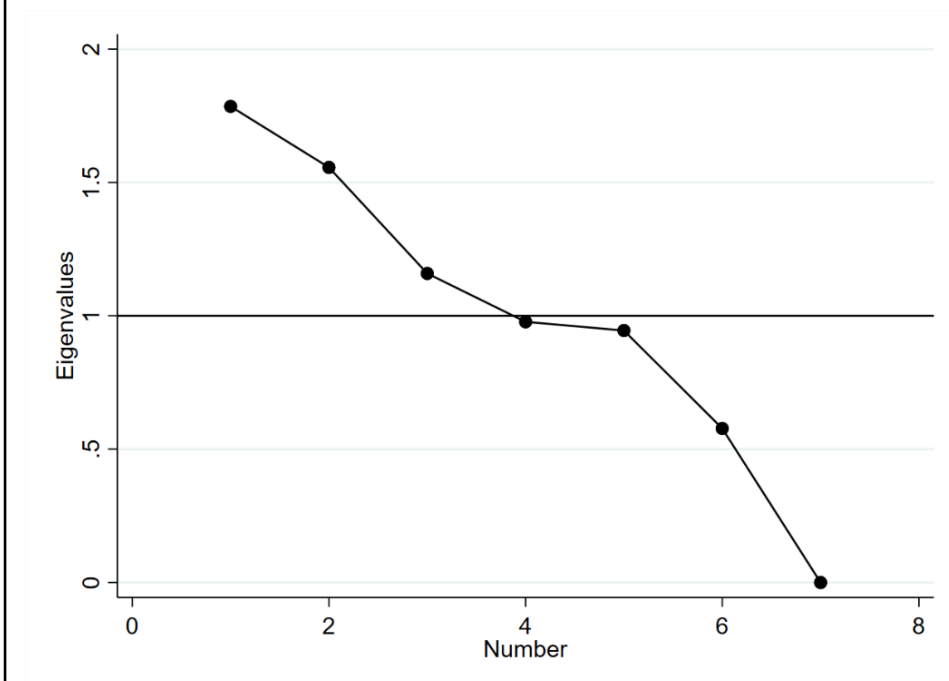
\*Only factor loadings >|0.3| are shown for clarity. Loadings are for varimax rotated components

<sup>†</sup>Proportion of common variance (total of 1.00), explained by component.

**Supplementary Figure S1. Principal components analysis (PCA) scree plots for time-of-day eating patterns for n= 1374 participants at CDAH-1 (2004-06) and CDAH-2 (2009-11)**



**S1a. Scree plot of eigenvalues after PCA on eating-time intervals at CDAH-1**



**S1b. Scree plot of eigenvalues after PCA on eating-time intervals at CDAH-2**

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**Supplementary Table S2. Percent agreement of low, middle and high score categories of time-of-day eating patterns at CDAH-1 (2004-2006) and CDAH-2 (2009-2011).**

Pattern and score category at CDAH-1	Score category at CDAH-2			Cohen's Kappa <sup>a</sup>
	Lowest % (n)	Middle % n	Highest % n	
Grazing <sup>b</sup>				0.099
Lowest	14.7 (192)	9.9 (129)	8.9 (116)	
Middle	10.9 (142)	12.0 (157)	10.6 (138)	
Highest	8.2 (107)	11.6 (151)	13.2 (172)	
Traditional <sup>c</sup>				0.081
Lowest	13.4 (175)	10.1 (131)	10.6 (138)	
Middle	9.4 (123)	12.9 (168)	10.6 (138)	
Highest	10.1 (132)	10.5 (137)	12.4 (162)	
Late <sup>d</sup>				0.144
Lowest	13.8 (180)	11.6 (151)	7.9 (103)	
Middle	10.9 (142)	13.1 (171)	9.3 (121)	
Highest	8.8 (115)	8.6 (112)	16.0 (209)	

CDAH: Childhood Determinants of Adult Health study.

<sup>a</sup>Possible range -1 to +1. < 0: no agreement; 0–0.20: slight; 0.21–0.40: fair; 0.41–0.60: moderate; 0.61–0.80: substantial; 0.81–1: almost perfect agreement.

<sup>b</sup>Grazing pattern: intake spread across the day, highest in the afternoon.

<sup>c</sup>Traditional pattern: highest proportions of intake reflect breakfast, lunch and dinner times.

<sup>d</sup>Late pattern: skipped/delayed breakfast and higher intakes during the evening.

**Supplementary Table S3. Percent agreement of low, middle and high score categories of time-of-day eating patterns and weekly frequency of skipping breakfast at CDAH-2 (2009-2011) among n=1284 participants.**

Score category at CDAH-2	Usual breakfast skipping frequency per week at CDAH-2			Cohen's Kappa <sup>a</sup>
	Never (n=875) % (n)	1-3 days (n=235) % (n)	4-7 days (n=174) % (n)	
Grazing <sup>b</sup>				-0.110
Lowest	21.9 (281)	5.8 (74)	5.8 (75)	
Middle	24.2 (311)	6.4 (82)	3.3 (42)	
Highest	22.0 (283)	6.2 (79)	4.4 (57)	
Traditional <sup>c</sup>				-0.032
Lowest	20.6 (265)	6.1 (78)	6.1 (78)	
Middle	24.8 (319)	5.8 (74)	3.0 (38)	
Highest	22.7 (291)	6.5 (83)	4.5 (58)	
Late <sup>d</sup>				0.144
Lowest	27.7 (356)	5.1 (65)	0.8 (10)	
Middle	25.9 (332)	5.0 (64)	2.4 (31)	
Highest	14.6 (187)	8.3 (106)	10.4 (133)	

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<sup>a</sup>Possible range -1 to +1. < 0: no agreement; 0–0.20: slight; 0.21–0.40: fair; 0.41–0.60: moderate; 0.61–0.80: substantial; 0.81–1: almost perfect agreement.

<sup>b</sup>Grazing pattern: intake spread across the day, highest in the afternoon.

<sup>c</sup>Traditional pattern: highest proportions of intake reflect breakfast, lunch and dinner times.

<sup>d</sup>Late pattern: skipped/delayed breakfast and higher intakes during the evening.

**Supplementary Table S4. Sensitivity analyses: Associations between time-of-day eating pattern category at CDAH-1 or tracking of eating pattern category from CDAH-1 to CDAH-2, with first onset of mood disorder during follow-up between CDAH-1 and CDAH-2 (n=1056).**

		Mood events		Model 1 <sup>a,b</sup>		Model 2 <sup>c,d</sup>	
		%	(n/N)	RR/PR	95% CI	RR/PR	95% CI
<b>CDAH-1 patterns predicting mood disorders during follow-up</b>							
Grazing							
	Low	7.4	(26/353)	Reference		Reference	
	Middle	6.6	(24/362)	0.73	(0.42, 1.26)	0.74	(0.43, 1.27)
	High	7.0	(24/341)	0.89	(0.50, 1.56)	0.86	(0.49, 1.52)
	Trend			<i>p</i> =0.683		<i>p</i> =0.615	
Traditional							
	Low	8.5	(30/353)	Reference		Reference	
	Middle	6.5	(22/340)	0.76	(0.44, 1.33)	0.81	(0.46, 1.43)
	High	6.1	(22/363)	0.79	(0.45, 1.38)	0.90	(0.50, 1.62)
	Trend			<i>p</i> =0.398		<i>p</i> =0.698	
Late							
	Low	7.0	(26/372)	Reference		Reference	
	Middle	6.7	(23/344)	1.00	(0.56, 1.77)	1.01	(0.57, 1.78)
	High	7.4	(25/340)	1.21	(0.69, 2.13)	1.06	(0.61, 1.85)
	Trend			<i>p</i> =0.523		<i>p</i> =0.845	
<b>Tracking categories CDAH-1 to CDAH-2 and association with mood disorder onset during follow-up</b>							
Grazing							
	Consistently low	6.3	(10/159)	Reference		Reference	
	Decreased	8.0	(26/325)	1.14	(0.55, 2.37)	1.15	(0.55, 2.40)
	Consistently middle	6.2	(8/130)	0.80	(0.31, 2.05)	0.78	(0.30, 2.04)
	Increased	8.1	(25/307)	1.16	(0.55, 2.44)	1.19	(0.56, 2.53)
	Consistently high	3.7	(5/135)	0.55	(0.18, 1.73)	0.54	(0.18, 1.60)
	Trend			<i>p</i> =0.457		<i>p</i> =0.451	
Traditional							
	Consistently low	11.6	(16/138)	Reference		Reference	
	Decreased	6.8	(22/323)	0.58	(0.31, 1.11)	0.62	(0.32, 1.23)
	Consistently middle	3.8	(5/131)	<b>0.28</b>	<b>(0.10, 0.83)</b>	<b>0.34</b>	<b>(0.12, 0.99)</b>
	Increased	8.0	(26/326)	0.62	(0.33, 1.17)	0.63	(0.34, 1.16)
	Consistently high	3.6	(5/138)	<b>0.30</b>	<b>(0.11, 0.83)</b>	<b>0.31</b>	<b>(0.11, 0.87)</b>
	Trend			<i>p</i> =0.068		<i>p</i> =0.054	
Late							
	Consistently low	3.8	(6/159)	Reference		Reference	
	Decreased	6.6	(20/304)	1.80	(0.66, 4.86)	1.60	(0.59, 4.32)
	Consistently middle	3.6	(5/138)	1.23	(0.35, 4.26)	1.15	(0.33, 3.98)
	Increased	8.6	(26/301)	<b>2.61</b>	<b>(1.00, 6.82)</b>	2.32	(0.89, 6.07)
	Consistently high	11.0	(17/154)	<b>3.73</b>	<b>(1.37, 10.15)</b>	<b>2.84</b>	<b>(1.06, 7.58)</b>
	Trend			<i>p</i> = <b>0.002</b>		<i>p</i> = <b>0.011</b>	

CDAH: Childhood Determinants of Adult Health study; RR, relative risk; PR, prevalence ratio; CI, confidence interval.

Statistically significant (*p*<0.05) results are highlighted in bold.

<sup>a</sup>Prediction analysis models adjusted for sex and age at CDAH-1.

<sup>b</sup>Tracking analysis models adjusted for sex and age at CDAH-2.

<sup>c</sup>Prediction analysis models adjusted for sex and CDAH-1 age, BMI, social support, and smoking status.

<sup>d</sup>Tracking analysis models adjusted for sex, age, and work schedule at CDAH-2, and change from CDAH-1 to CDAH-2 in social support, smoking, marital status, and BMI.

**Supplementary Table S5. Sensitivity analyses: associations between time-of-day eating pattern category for weekday reporters only at CDAH-1 or tracking of pattern categories from CDAH-1 to CDAH-2, and mood disorder during follow-up between CDAH-1 and CDAH-2.**

	Mood events		Model 1 <sup>a,b</sup>		Model 2 <sup>c,d</sup>	
	%	(n/N)	RR/PR	95% CI	RR/PR	95% CI
<b>CDAH-1 patterns predicting mood disorders during follow-up (n=926)</b>						
Grazing						
Low	17.1	(55/321)	Reference		Reference	
Middle	17.5	(58/331)	0.93	(0.65, 1.33)	0.88	(0.62, 1.25)
High	16.4	(45/274)	0.89	(0.61, 1.30)	0.78	(0.53, 1.15)
	Trend		<i>p</i> =0.545		<i>p</i> =0.206	
Traditional						
Low	20.2	(58/287)	Reference		Reference	
Middle	15.0	(51/341)	0.71	(0.49, 1.03)	0.77	(0.52, 1.14)
High	16.4	(49/298)	0.82	(0.57, 1.19)	0.97	(0.66, 1.43)
	Trend		<i>p</i> =0.292		<i>p</i> =0.798	
Late						
Low	15.3	(50/327)	Reference		Reference	
Middle	16.9	(54/320)	1.03	(0.71, 1.51)	1.01	(0.70, 1.46)
High	19.4	(54/279)	1.25	(0.85, 1.84)	1.06	(0.72, 1.56)
	Trend		<i>p</i> =0.256		<i>p</i> =0.764	
<b>Tracking categories CDAH-1 to CDAH-2 and association with mood disorder during follow-up (n=636)</b>						
Grazing						
Consistently low	7.7	(8/104)	Reference		Reference	
Decreased	14.4	(25/174)	1.81	(0.80, 4.09)	1.86	(0.82, 4.23)
Consistently middle	13.8	(13/94)	1.92	(0.78, 4.71)	2.21	(0.88, 5.53)
Increased	17.5	(33/189)	<b>2.65</b>	<b>(1.18, 5.96)</b>	<b>2.67</b>	<b>(1.19, 5.99)</b>
Consistently high	10.7	(8/75)	1.45	(0.52, 4.04)	1.42	(0.51, 3.92)
	Trend		<i>p</i> =0.096		<i>p</i> =0.083	
Traditional						
Consistently low	12.5	(10/80)	Reference		Reference	
Decreased	15.1	(28/186)	1.23	(0.60, 2.52)	1.24	(0.60, 2.55)
Consistently middle	11.9	(12/101)	1.05	(0.44, 2.52)	1.19	(0.49, 2.91)
Increased	14.0	(26/186)	1.27	(0.61, 2.64)	1.13	(0.51, 2.52)
Consistently high	13.3	(11/83)	1.20	(0.53, 2.75)	1.23	(0.54, 2.79)
	Trend		<i>p</i> =0.682		<i>p</i> =0.888	
Late						
Consistently low	8.3	(8/96)	Reference		Reference	
Decreased	13.7	(24/175)	2.14	(0.95, 4.84)	1.86	(0.81, 4.31)
Consistently middle	8.6	(8/93)	1.15	(0.41, 3.19)	1.09	(0.39, 3.05)
Increased	14.2	(26/183)	<b>2.53</b>	<b>(1.12, 5.67)</b>	<b>2.30</b>	<b>(1.01, 5.24)</b>
Consistently high	23.6	(21/89)	<b>4.34</b>	<b>(1.94, 9.72)</b>	<b>3.46</b>	<b>(1.47, 8.14)</b>
	Trend		<b><i>p</i>=0.001</b>		<b><i>p</i>=0.002</b>	

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Statistically significant (*p*<0.05) results are highlighted in bold.

<sup>a</sup>Prediction analysis models adjusted for sex and age at CDAH-1.

<sup>b</sup>Tracking analysis models adjusted for sex and age at CDAH-2.

<sup>c</sup>Prediction analysis models adjusted for sex and CDAH-1 age, BMI, social support, and smoking status.

<sup>d</sup>Tracking analysis models adjusted for sex, age, and work schedule at CDAH-2, and change from CDAH-1 to CDAH-2 in social support, smoking, marital status, and BMI.