Supplemental Table 3 Characteristics, results and methodological rigour of the longitudinal studies reviewed (*n* 23)

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
1.	Eisenberg and Neumark-Sztainer (2010)[17]	USA	5 years; 32 % attrition		440 females and 366 males in middle school (grades 7–8); 946 females and 764 males in high school (grades 9–12) at baseline 49·9 % white, 36·6 % low or low-middle SES	- Friends' dieting behaviour at baseline - Dieting behaviour of same-sex parent at baseline Instrument: Project EAT survey	- Unhealthy weight control (fasted, ate very little food, used food substitute (powder/special drink), skipped meals, and/or smoked more cigarettes over past year) - Extreme weight control (took diet pills, self-induced vomiting, used laxatives, and/or used diuretics) - Chronic dieting (frequency of going on a diet over past year) Instrument: Project EAT survey	Females: Compared with those whose friends did not diet at baseline, those whose friends dieted at baseline had increased chronic dieting (24·6 % *v.* 12·7 %, $t_{trend} = 2{\cdot}82$, $P = 0{\cdot}004$) and extreme weight-control behaviours (27·3 % *v.* 18·9 % $t_{trend} = 2{\cdot}30$, $P = 0{\cdot}022$) at 5 years. Males: Compared with those whose friends did not diet at baseline, those whose friends dieted had increased extreme weight-control behaviours at 5 years (19·9 % *v.* 5·4 %, $t_{trend} = 3{\cdot}58$, $P < 0{\cdot}001$) Models adjusted for BMI, mother's dieting, race, SES and previous use of the behaviour	13·0
2.	Espinoza *et al.* (2010)[68]	Spain	28 months; 38 % attrition		128 females, age 13·5 (SD 0·4) years 32·3 % were overweight or obese	Influence of thinness (influence of advertising, verbal messages, social models and social situations) Instrument: CIMEC-26	- Extreme weight-control behaviours (use of laxatives, diuretics and presence of self-induced vomiting) - Disordered eating Instrument: EAT-40; EDE-Q	Non-significant findings for environmental exposures associated with the outcomes	6·3

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
3.	Ferguson *et al.* (2012)[58]	USA	7 years; 0 % attrition	Catalyst Model	290 monozygotic and dizygotic same-sex twin pairs (*n* 580) 292 (50·3 %) males and 288 (49·7 %) females Age 16 (SD 1·75) years at baseline 61·4 % Caucasian, 23·1 % African American, 3·6 % Native American, 7·6 % Asian American and 9·4 % other	- Maternal warmth (individual's perception that his/her mother was kind, loving and supportive) - School problems (difficulties getting along with teachers and other students, feeling happy and safe at school) - Media use (frequency of TV and computer game use) Instrument: Study survey	Behaviours symptomatic of disordered or restrictive eating (including fasting, binging, purging, taking laxatives or diuretics) Instrument: Study survey	Maternal warmth and school-related problems did not predict DEB Greater media use associated with lower DEB among dizygotic twins ($\beta = -0{\cdot}27$, $P < 0{\cdot}05$) and had no influence on monozygotic twins	14·0
4.	Ferreiro *et al.* (2012)[100]	Spain	4 years; 15·2 % attrition		465 females, age 10·84 (SD 0·74) years; 477 males, age 10·83 (SD 0·75) years at baseline 98·5 % Caucasians, 1 % Moroccans and 0·5 % others. Participants covered all social and cultural backgrounds of the targeted population	Social support (feeling loved and supported by one's family; feeling loved by one's friends) Instrument: Study survey	Disordered eating (including bulimic symptoms) Instrument: ChEAT	Low social support at time 1 ($\beta = -0{\cdot}19$) and time 2 ($\beta = -0{\cdot}20$) predicted disordered eating among boys at time 3 *P* values $< 0{\cdot}05$	13·0
5.	Field *et al.* (1999)[36]	USA	1 year; 19·1 % attrition among females, 28 % attrition among males		6982 females in the GUTS who did not report vomiting or using laxatives to control weight at baseline; age 9–14 years at baseline	- Importance of thinness to peers - Importance of thinness to adults - Teasing and comments about weight by peers - Teasing and comments about weight by adults - Social eating - Influence of the media Instrument: MFRS	- Purging (using vomiting or laxatives at least monthly to control weight) - Frequency of taking diet pills to lose weight Instrument: YRBS	Females: Importance of thinness to peers (OR = 2·3; 95 % CI 1·8, 3·0) and trying to look like females in the media (OR = 1·9; 95 % CI 1·6, 2·3) predicted purging at least monthly, adjusting for age and Tanner stage of pubertal hair development Risk of initiating purging increased by 30–40 % per 1-category increase in frequency of trying to look like females in the media	8·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
6.	Field *et al.* (2001)[94]	USA	1 year; 19·1 % attrition among females, 28 % attrition among males		6770 females and 5287 males in the GUTS; age 9–14 years at baseline	- Importance of thinness to peers - Importance of thinness to adults - Teasing and comments about weight by peers - Teasing and comments about weight by adults - Social eating - Influence of the media Instrument: MFRS	Constant dieting to lose weight (always being on a diet to lose weight) Instrument: YRBS	Importance of thinness/ lack of fat to fathers predicted constant dieting among girls (OR = 2·3; 95 % CI 1·1, 5·0) and boys (OR = 2·6; 95 % CI 1·1, 6·0)	8·0
7.	Field *et al.* (2008)[37]	USA	7 years; 26·4 % attrition for the purging analysis		6919 females, 5618 males in the GUTS; age 9–15 years at baseline	- Parental and peer influences (perceived importance of thinness or lack of fatness to parent or peer) - Effort to look like people in the media - Family history of eating disorder and/or family history of being treated for eating disorder (completed by mothers of participants) Instrument: MRFS	Purging to lose or maintain weight (frequency of making oneself throw up over the past year to keep from gaining weight; frequency of taking laxatives to keep from gaining weight) Instrument: YRBS	Females: Maternal history of eating disorder predicted females (those under 14 years) purging at least weekly (OR = 2·8; 95 % CI 1·3, 5·9). Trying to look like females in the media also predicted purging (OR = 1·5; 95 % CI 1·1, 2·2) Males: Those who reported that weight was very important to their peers predicted purging at least weekly (OR = 3·4; 95 % CI 1·0, 11·4)	16·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
8.	Franko *et al.* (2008)[48]	USA	10 years; 18 % attrition in year 7, 11 % attrition in year 10	Specific conceptual model used	2379 females, age 9·5 years at baseline (range: 9–10 years) 51 % white, 49 % black	- Frequency of family meals (predictor) (meals eaten with parents) - Family cohesion (mediator) Instrument: FACES III	- Extreme weight control behaviours (vomited, took diet pills, laxatives, ipecac or diuretics to control weight in past 30 d) - Bulimia Instrument: Bulimia subscale of EDI	Those who never or almost never had family meals at years 1 and 3 had higher bulimia scores (2·14 (SD 0·20)) at year 5/6 than those who always or usually had family meals (1·38 (SD 0·10), $P = 0·003$) Models adjusted for differences in study site, race, parental education and number of parents in the household Problem-focused coping in year 7 mediated the association between family meals and disordered eating-related behaviours in year 10 ($\beta = 0·05$, SE = 0·01, $P < 0·0001$)	20·0
9.	Haines and Neumark-Sztainer (2006)[83]	USA	5 years; 22·6 % attrition		1386 females and 1130 males (1/3 in middle school and 2/3 in high school) Age 12·8 (SD 0·8) years for middle-school students at baseline; age 15·8 (SD 0·8) years for high-school students at baseline	Frequency of weight-related teasing Instrument: Project EAT survey	- Unhealthy weight-control behaviours (fasted, ate little food, used a food substitute (e.g. Slim-Fast), used laxatives, skipped meals, smoked more cigarettes, took diet pills, made myself vomit, used diuretics) - Frequent dieting (going on a diet 5 or more times a year) Instrument: Project EAT survey	Females: Frequent weight teasing predicted incidence of frequent dieting among female adolescents (OR = 1·8; 95 % CI 1·2, 2·7), adjusting for age, race/ethnicity, SES and BMI Males: Frequent weight teasing predicted incidence of unhealthy weight-control behaviours (OR = 1·7; 95 % CI 1·1, 2·7), adjusted for age, race/ethnicity and SES	13·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
10.	Haines *et al.* (2010)[98]	USA	Longitudinal (pooled 1-year estimates examining incidence of disordered eating behaviours from 1996–1997, 1997–1998 and 1998–1999)		7535 females and 5913 males, age 11·9 (SD 1·6) years (range: 9–14 years) at baseline 93 % non-Hispanic white	- Frequency of family sit-down dinners - Importance of thinness to parents - Parental weight teasing - Maternal dieting Instrument: GUTS questionnaire	Disordered eating behaviours: - Purging (frequency of self-induced vomiting or taking laxatives to keep from gaining weight over the past year) - Frequent dieting (dieted to lose or maintain weight at least weekly over the past year) Instrument: Items developed for study or instrument not specified	Females: Compared with those who ate family dinner never or some days, those who ate family dinner most days (OR = 0·67; 95 % CI 0·48, 0·93) and every day (OR = 0·70; 95 % CI 0·50, 1·00) had decreased odds of developing disordered eating behaviours Compared with those who ate family dinner never or some days, those who ate family dinner every day (OR = 0·76; 95 % CI 0·64, 0·92) had decreased odds of developing frequent dieting	8·0
11.	Harrison and Hefner (2006)[97]	USA	1 year; attrition rate/loss to follow-up not reported	Thin-ideal internalization, sociocultural model	257 females, age 8·7 (SD 2·0) years at baseline, from 3 lower-middle- to middle-class communities in the Midwest 56·5 % black, 33·5 % white, 4·2 % Latina, 2·9 % other, 2·5 % Native American Indian, 0·4 % Asian American	- Self-reported television exposure (hours of TV watched at different time points) -Magazine exposure (number of magazines of different types that were read or looked at each week) Instrument: Items developed for study or instrument not specified	Disordered eating symptomatology ('restrained eating associated with a strong desire for weight loss') Instrument: ChEAT	Increased TV viewing at wave 1 associated with higher disordered eating scores ($\beta = 0{\cdot}21$, $P < 0{\cdot}001$) at wave 2, adjusting for age, race, perceived body shape and disordered eating at wave 1	8·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
12.	Klump *et al.* (2007)[56]	USA	7 years; 18 % attrition	Gene–environment	772 female twins (386 pairs); age 11·7 (SD 0·5) years at baseline	- Shared environmental influences (environmental influences that are shared by reared-together twins and are a source of behavioural similarity) - Non-shared environmental influences (environmental influences that are not shared by reared-together twins and are a source of behavioural dissimilarity) Instrument: Items developed for study or instrument not specified	Compensatory eating behaviours (inappropriate compensatory behaviours such as self-induced vomiting and laxatives to control weight) Instrument: MEBS	Shared environmental influences decreased in accounting for disordered eating over time 11 years: Shared environmental influences = 40 % (0·21, 0·50); non-shared environmental influences = 54 % (0·47, 0·61) 14 years: Shared environmental influences = 10 % (0·00, 0·31); non-shared environmental influences = 44 % (0·38, 0·50) 18 years: Shared environmental influences = 10 % (0·00, 0·31); non-shared environmental influences = 44 % (0·38, 0·50) *P* values < 0·05	13·0
13.	McCabe and Ricciardelli (2004)[77]	Australia	8 months; 18 % attrition	Biosocial framework	451 females, age 13·3 years (range: 12–17 years) 430 males, age 13·3 years (range: 12–16 years) Sample 'recruited from 10 high schools encompassing adolescents from a broad range of socioeconomic and cultural backgrounds'	- Perceived popularity with peers (opposite-sex and same-sex peers) - Involvement in competitive sports Instrument: SSPR; OSPR	- Disordered eating (bulimia scale, frequency of certain behaviours and cognitions) EDI-2 - Exercise dependence (exercise behaviours) EDS - Food supplements (frequency of use of food supplements, such as diet pills, to lose weight) Instrument: FSS	Among early maturing boys, involvement in competitive sports predicted disordered eating at time 2 ($\beta = 0{\cdot}48$, *P* value not provided)	8·7

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
14.	McCabe and Ricciardelli (2005)[96]	Australia	16 months; 31·8 % attrition	Social component of the biopsycho-social framework	246 females, age 13·1 years at baseline 344 males, age 12·9 years at baseline All in grade 7 at baseline; 83·5 % born in Australia Equally divided between those who attended state schools or private schools, and those who attended single-sex or co-educational schools. Sample drawn from a wide range of socio-economic areas	Body change influences (from mother, father, best male friend, best female friend and the media) Instrument: Sociocultural Influences on Body Change Questionnaire[146]	Extreme weight-loss behaviours (authors did not specify which 9 items composed the extreme weight-loss behaviour scale mentioned in the study) Instrument: Body Image and Body Change Questionnaire	Females, time 1 to time 2: Maternal pressure to lose weight ($\beta = 0{\cdot}16$), pressure from best male friend to lose weight ($\beta = 0{\cdot}14$) and maternal pressure to increase muscles ($\beta = 0{\cdot}26$) predicted change in extreme weight-loss behaviours from time 1 to time 2 (P values $< 0{\cdot}05$) Females, time 1 to time 3: Maternal pressure to lose weight ($\beta = 0{\cdot}21$), pressure from best male friend to lose weight ($\beta = 0{\cdot}16$) and maternal pressure to increase muscles ($\beta = 0{\cdot}13$) predicted change in extreme weight loss behaviours from time 1 to time 3 (P values $< 0{\cdot}05$)	7·3

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
15.	Neumark-Sztainer *et al.* (2007)[35]	USA	5 years; 22·6 % attrition for Project EAT-I; 31·6 % of participants were not able to be contacted for Project EAT-II	Social Cognitive Theory	1311 females and 1109 males (1/3 in middle school and 2/3 in high school); age 12·8 (SD 0·8) years for middle-school students at baseline, age 15·8 (SD 0·8) years for high-school students at baseline 31 primarily urban (27 inner-city and 4 inner-ring suburban) schools	- Weight-related norms (maternal and paternal weight concerns/behaviours, peer dieting, weight-teasing by family and peers) - Media exposure (magazines on weight loss, TV viewing) - Home food environment (family meal frequency, family meal atmosphere, healthy food availability) - Relationships (family and friend connectedness) Instrument: Project EAT survey	- Unhealthy weight control (engaging in any of the following order to lose weight or keep from gaining weight during the past year: fasted; ate very little food; used food substitute (e.g. Slim-Fast); skipped meals; smoked more cigarettes - Extreme weight control (used laxatives, took diet pills, made oneself vomit or used diuretics in the past year) Instrument: Project EAT survey	Females: Maternal weight concerns and behaviours (OR = 1·29, $P = 0·003$), paternal weight concerns and behaviours (OR = 1·20, $P = 0·042$), peer dieting behaviours (OR = 1·18, $P = 0·005$), weight-related teasing from family (OR = 1·41, $P = 0·039$), exposure to magazines on weight loss (OR = 1·43, $P < 0·001$), family meal frequency (OR = 0·93, $P = 0·018$) and family meal atmosphere (OR = 0·83, $P = 0·037$), predicted extreme weight-control behaviours Males: Peer dieting behaviours (OR = 1·55, $P = 0·001$), magazines on weight loss (OR = 1·43, $P = 0·015$) and friend connectedness (OR = 1·70, $P = 0·020$) predicted extreme weight-control behaviours Models adjusted for baseline outcomes, baseline weight status and sociodemographics	13·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
16.	Neumark-Sztainer *et al.* (2008)[88]	USA	5 years; 22·6 % attrition for Project EAT-I; 31·6 % of participants were not able to be contacted for Project EAT-II	Social Cognitive Theory	1386 females and 1130 males (1/3 in middle school and 2/3 in high school); age 12·8 (SD 0·8) years for middle-school students at baseline, age 15·8 (SD 0·8) years for high school students at baseline 31 primarily urban (27 inner-city and 4 inner-ring suburban) schools	- Frequency of family meals - Family connectedness Instrument: Project EAT survey	- Unhealthy weight control (engaging in any of the following order to lose weight or keep from gaining weight during the past year: fasted; ate very little food; used food substitute (e.g. Slim-Fast); skipped meals; smoked more cigarettes) - Extreme weight control (used laxatives, took diet pills, made oneself vomit or used diuretics in the past year) Instrument: Project EAT survey	Females: Among girls, regular family meals (≥5 meals/week) at baseline was protective against extreme weight-control behaviours at time 2 (OR = 0·71; 95 % CI 0·52, 0·97), adjusting for sociodemographics, BMI, family connectedness, parental encouragement to diet and extreme weight-control behaviours at time 1 Males: Family meal frequency was positively associated with skipping meals (OR = 1·81; 95 % CI 1·24, 2·63) and eating very little food at time 2 (OR = 1·84; 95 % CI 1·23, 2·69)	13·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
17.	Neumark-Sztainer *et al.* (2009)[89]	USA	5 years; 22·6 % attrition for Project EAT-I; 31·6 % of participants were not able to be contacted for Project EAT-II	Social Cognitive Theory	232 females and 180 males (1/3 in middle school and 2/3 in high school); age 12·7 (SD 0·8) years for middle-school students at baseline, age 15·9 (SD 0·9) years for high-school students at baseline All overweight (BMI > 85th percentile for age and gender) 45 % Caucasian, 24 % African-American, 16 % Hispanic, 6 % Asian, 5 % Native American, 4 % mixed or other race. 42 % were of low or low–middle SES	- Weight-related norms (maternal/paternal weight concerns/ behaviour, peer dieting behaviours, weight teasing by family members and peers) - Media exposure (magazines on weight loss, TV viewing) - Family meals (frequency and atmosphere) - Relationships (family and friend connectedness) Instrument: Project EAT survey	- Extreme weight-control behaviours (self-induced vomiting, took diet pills, used laxatives, used diuretics) Instrument: Project EAT survey	Females: Exposure to weight-loss magazine articles was associated with increased prevalence (OR = 1·55; 95 % CI 1·12, 2·15) and incidence (OR and CI not provided; $P = 0·004$) of disordered eating. Positive atmosphere at family meals (OR = 0·61; 95 % CI 0·44, 0·86) and greater family connectedness (OR = 0·90; 95 % CI 0·83, 0·98) were associated with a lower prevalence of disordered eating Males: Peer dieting predicted a higher prevalence (OR = 1·51; 95 % CI 1·09, 2·10) of disordered eating, exposure to magazine articles about weight loss associated with higher prevalence (OR = 1·80; 95 % CI 1·18, 2·73) and incidence (OR and CI not provided; $P = 0·020$) of disordered eating, and family connectedness was a protective factor for prevalence (OR = 0·86; 95 % CI 0·77, 0·96) and incidence (OR and CI not provided, $P = 0·024$) of disordered eating	12·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
18.	Shomaker and Furman (2009)[67]	USA	1 year; 1·5 % attrition		100 females and 99 males, age 18 (SD 0·5) years (almost all in grade 12) 11·5 % African Americans, 12·5 % Hispanics, 1·5 % Native Americans, 1 % Asian American, 4 % biracial, 69·5 % white non-Hispanic	- Interpersonal pressure to be thin and criticism about appearance (perception of mother, close friend and romantic partner providing social reinforcement of thinness; maternal and close friends' reports of providing pressure to be thin and criticism of appearance towards focal adolescent) - Media pressure to be thin (the extent of perception that media communicated a strong message that thinness was important) Instrument: PPAQ; PSPS	Disordered eating (included dieting behaviours and vomiting) Instrument: EAT-26	Pressure to be thin from mothers ($\beta = 0{\cdot}17$, $P = 0{\cdot}01$), close friends ($\beta = 0{\cdot}16$, $P = 0{\cdot}02$) and romantic partners ($\beta = 0{\cdot}21$, $P = 0{\cdot}002$) predicted changes in disordered eating at time 2 Criticism from romantic partners ($\beta = 0{\cdot}14$, $P = 0{\cdot}05$) was associated with time 2 disordered eating Friends' reports of pressure to be thin toward the focal adolescent at time 1 were significantly associated with time 1 disordered eating ($\beta = 0{\cdot}30$, $P = 0{\cdot}001$) and predicted time 2 disordered eating ($\beta = 0{\cdot}14$, $P = 0{\cdot}05$) Mothers' reports of pressure to be thin towards their children at time 1 were associated with time 1 disordered eating ($\beta = 0{\cdot}32$, $P < 0{\cdot}001$), but did not predict changes in disordered eating at time 2 ($P = 0{\cdot}18$)	8·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
19.	Spanos *et al.* (2010)[57]	USA	6 years; 12 % attrition	Gene–environment model	468 monozygotic female twins, age 11 years at baseline	Parent–child conflict (degree of hostility or discontent within the parent–child relationship) Instrument: PEQ	Disordered eating (inappropriate compensatory behaviours for weight control) Instrument: MEBS	Across-age correlations between disordered eating and parent–child conflict: 'Most significant across-age correlations were between disordered eating at age 11 years and parent–child conflict at age 14 years ($r_s = 0{\cdot}14$–$0{\cdot}21$, $P < 0{\cdot}01$) or age 14 years disordered eating and parent–child conflict at age 17 years ($r_s = 0{\cdot}16$–$0{\cdot}28$, $P < 0{\cdot}01$). This suggests parent–child conflict may be a consequence of rather than a risk factor for disordered eating attitudes and behaviours' Within age correlations between disordered eating and parent–child conflict: 'Differential parent–child conflict was associated with differences in disordered eating, such that the twin reporting higher levels of conflict also tended to report more disordered eating than her cotwin' ($r_s = 0{\cdot}16$–$0{\cdot}41$, $P < 0{\cdot}05$). Disordered eating attitudes and behaviours at ages 11 and 14 years were positively associated with twin differences in parent–child conflict at age 17 years ($r_s = 0{\cdot}16$–$0{\cdot}27$, $P < 0{\cdot}05$)	13·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
20.	Stice (1998)[70]	USA	9 months; 28·8 % attrition	Socialization theory (social reinforcement and modelling processes)	218 females (age 16–18 years) at baseline 3·7 % Asians, 2·3 % blacks, 77·9 % Caucasians, 10·1 % Hispanics, 1·0 % Native Americans, 4·1 % other 2 high schools in a south-western metropolitan area	- Social reinforcement (perceived social reinforcement of the thin-ideal by family, peers and the media) - Modelling (family, peer, and media modelling of abnormal eating behaviour) Instrument: PSPS	Bulimic symptoms (using extreme measures to 'get back on course' after feeling one's eating behaviour is out of control, such as: strict dieting, fasting, laxatives, diuretics, self-induced vomiting or vigorous exercise; using strict methods try to keep from gaining weight after binge eating: vigorous exercise, self-induced vomiting, laxatives or diuretics) Instrument: BUILT-R	Estimates below reflect mean scores on the perceived sociocultural pressure scale between those participants who remained purge-free *v.* those who developed purging behaviours Family social reinforcing (1·63 *v.* 2·28) and peer social reinforcement (1·78 *v.* 2·13) at time 1 predicted onset of purging. Higher family modelling of abnormal eating behaviours (2·08 *v.* 2·52) and peer modelling of abnormal eating behaviours (2·56 *v.* 3·13) at time 1 also predicted onset of purging (P values $< 0·05$)	6·7
21.	Stice *et al.* (1998)[134]	USA	9 months; 28·8 % attrition		320 females (age 16–19 years) in 12th grade 4·0 % Asians, 3·1 % blacks, 77·8 % Caucasians, 9·8 % Hispanics, 1·2 % Native Americans, 4·0 % other	- Perceived pressure to be thin (amount of pressure to be thin they perceived from family, friends, dating partners and the media) - Thin-ideal internalization Instrument: IBSS-R	Dieting behaviours (eating less at mealtimes than one would like to eat, reduced intake of food, abstaining from eating, consumption of low-calorie foods) Instrument: DRES; DIS	Pressure to be thin prospectively predicted increased DIS scores ($\beta = 0·13$; 95 % CI 0·02, 0·28) in bivariate models	5·7

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
22.	van den Berg *et al.* (2007)[99]	USA	5 years; 22·6 % attrition for Project EAT-I; 31·6 % of participants were not able to be contacted for Project EAT-II		1130 males and 1386 females (1/3 in middle school and 2/3 in high school) Middle-school students aged 12·8 (SD 0·8) years at baseline; high-school students aged 15·8 (SD 0·8) years at baseline 48·3 % white, 18·9 % black, 5·8 % Hispanic, 19·6 % Asian, 3·6 % Native American, 3·8 % mixed or other race SES was low (17·8 %), middle-low (18·9 %), middle (26·7 %), middle-high (23·3 %) and high (13·3 %)	Frequency of diet/weight-loss magazine article reading Instrument: Items developed for study or instrument not specified	- Less extreme unhealthy weight-control behaviours (fasted, ate very little, used food substitutes, skipped meals, smoked more cigarettes) - Extreme weight-control behaviours (self-induced vomiting, took diet pills, used laxatives, used diuretics) Instrument: Items developed for study or instrument not specified	A dose–response relationship was observed for diet/weight-loss magazine reading frequency and unhealthy and extreme weight-control behaviours. Among females, compared with those who never read diet/weight-loss magazines, those who often read these types of magazines at time 1 had increased unhealthy weight-control behaviours (OR = 2·04; 95 % CI 1·13, 3·7) and extreme weight-control behaviours (OR = 3·16; 95 % CI 1·73, 5·77) at time 2, adjusting for age, race/ethnicity, cohort, SES, time 1 BMI, time 1 weight importance and time 1 levels of dependent variables	12·0

Supplemental Table 3 *Continued*

	Study	Country	Length of follow-up and attrition rate	Theoretical framework	Sample characteristics	Environmental exposures and survey instruments	DWCB outcomes and survey instruments	Findings	MQRS score
23.	Wertheim *et al.* (2001)[50]	Australia	8 months; 18% attrition	Specific path analysis models tested	130 females in grade 7 (age 12·8 years) 174 females in grade 8 (age 13·7 years) 131 females in grade 10 (age 15·7 years) From a 'range of socioeconomic areas' 6 state secondary high schools in the Melbourne metropolitan area	Weight-related teasing (frequency of being teased about weight and size in childhood) Instrument: POTS	- Restrictive eating (degree of restriction of food intake for weight reasons) - Bulimic tendencies Instrument: DEBQ-R; EDI	Weight related teasing predicted future bulimic behaviours in grade 7 girls ($\beta = 0{\cdot}25$; $P < 0{\cdot}001$)	7·7

DWCB, disordered weight-control behaviours; MQRS, Methodological Quality Rating Scale; Project EAT, Project Eating Among Teens; SES, socio-economic status; GUTS, Growing Up Today Study; TV, television; DEB, disordered eating behaviours.
Environmental exposure survey instruments: CIMEC-26, Cuestionario de Influencias del Modelo Estético Corporal; MFRS, McKnight Risk Factor Survey; FACES III, Family Adaptability and Cohesion Evaluation Scale; SSPR, Same-Sex Peer Relations Scale; OSPR, Opposite-Sex Peer Relations Scale; PPAQ, Pressure to be Physically Attractive Questionnaire; PSPS, Perceived Sociocultural Pressure Scale; PEQ, Parental Environment Questionnaire; IBSS-R, Ideal-Body Stereotype Scale–Revised; POTS, Perception of Teasing Scale.
DWCB survey instruments: EAT-40, forty-item Eating Attitudes Test; EDE-Q, Eating Disorder Examination Questionnaire; ChEAT, Children's Eating Attitudes Test; YRBS, Youth Risk Behavior Surveillance; EDI, Eating Disorders Inventory; MEBS, Minnesota Eating Behavior Survey; EDI-2, Eating Disorders Inventory 2; EDS, Exercise Dependence Scale; FSS, Food Supplements Scale; EAT-26, twenty-six-item Eating Attitudes Test; BUILT-R, Bulimia Test Revised; DRES, Dutch Restrained Eating Scale; DIS, Dietary Intent Scale; DEBQ-R, Dutch Eating Behavior Questionnaire Restraint subscale.