



## Applied nutritional investigation

## Food portion sizes and their relationship with energy, and nutrient intakes in adolescents: The HELENA study

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## ABSTRACT

**Objectives:** This study aimed to investigate the associations between portion sizes (PSs) from different food groups and energy, as well as nutrient intakes in European adolescents.

**Methods:** A sample of 1631 adolescents (54.2 % girls) were included from the Healthy Lifestyle in Europe by Nutrition in Adolescence Cross-Sectional (HELENA) study. Mean food PS was calculated by dividing the total intake of the items by the number of eating occasions of these consumed items. To determine the key items for analysis, foods were ranked by frequency of consumption. A one-way between-groups analysis of covariance was used to test for significant differences in means across tertiles. A multivariable linear regression analysis was carried out, adjusting for age, sex, maternal education, body mass index, and using country as a level.

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was 03/2006, and the date of approval is February 2006 as obtained from the ethical committee of clinical research in Aragon, Spain. Informed consent was obtained from all participants in the study. The data presented in this study are available for further scientific analysis upon request from the coordinator of the HELENA study.

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**Results:** Energy intake increased with elevated intakes of energy-dense foods. Large portions of rice and other grains, starch roots and potatoes, and meat substitutes, nuts, and pulses were associated with increased carbohydrate and fiber intake. Larger portions of cheese and butter and animal fat were significantly associated with a higher fat intake. Lower intakes of some vitamins and micronutrients were noticed with consumption of larger portions of high energy-dense foods, such as desserts and pudding, margarine and vegetable oil, and butter and animal fat.

**Conclusions:** Large food PSs may be associated with positive energy, as well as macro- and micronutrient intake. Moreover, the findings from this study may help the future development of dietary guidance in general and specific to PSs, and support targeted strategies to address intakes of certain nutrients in European adolescents.

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## Introduction

Childhood and adolescence are both critical periods during which rapid cognitive development and physical growth occurs [1]. During childhood, nutritional demands increase, and adequate energy intake along with the consumption of nutrient-dense foods are essential [2]. However, being overweight or obese from energy-dense, low-nutrient content diets is a critical and growing worldwide problem [3].

Dietary habits undergo many changes during a lifespan with regard to dietary diversity, nutrient intake, and portion size (PS) [4]. A portion is how much food one chooses to eat for a meal or snack, or the amount of food to eat or serve to an individual for a single eating occasion [5]. Increased PSs of food and energy-dense drinks commonly served are considered a major component of the food environment contributing to the excess of energy consumed and the development of obesity [6]. In children and adolescents, larger food PSs have been associated with the increased intake of specific nutrients and/or a decrease in intake of some micronutrients as a result of the composition of the food itself. For example, when children consume large PSs of sugary sweets, total sugar increased but the intake of many micronutrients decreased [7].

However, children with excess energy consumption may suffer from nutrient deficiency [8]. Moreover, unsuitable nutritional profiles in terms of food, as well as macro- and micronutrients, during adolescence is associated with adverse health outcomes later in adult life [2]. For example, the regular consumption of cow milk is very important during childhood due to its high content of protein, fat, calcium, and vitamin D to maintain good health [9]. Of note, vitamins and micronutrient deficiencies, such as vitamin D, calcium, and iron, can lead to a wide range of health problems, such as hyperparathyroidism, rickets, osteomalacia [10], and anemia [11], in children and adolescents.

Most European countries met under half of the World Health Organization's (WHO) recommended nutrient intake (e.g., iron, calcium, vitamin D, and vitamin C); thus, widespread nutrition issues could exist across Europe [8]. Macronutrient compliance to recommended nutrient intake was poor globally, but micronutrient compliance was slightly better, although girls and children age >10 y showed less attainment [8]. On the other hand, selected micronutrient intake has been examined in Central and Eastern European countries, but these countries lacked intake information across all ages, particularly in children, compared with other European countries [12]. Also, a recent review showed that less than a third of European countries reported the energy and nutrient intakes of children and adolescents [13].

Most studies focus on the effect of PS from energy-dense foods on energy intake and body mass index (BMI) to manage the obesity epidemic [5,14], but the effect of food PS on nutrient intake is

usually not addressed. Knowledge of adolescents' association between PS and intake of energy and macro- and micronutrients is essential to monitor trends and nutritional interventions. Therefore, the present study aimed to examine the relationship between food PS from various food groups and the intake of macro- and micronutrients.

## Methods

### Study design

The analysis was conducted using data from the Healthy Lifestyle in Europe by Nutrition in Adolescence Cross-Sectional Study (HELENA-CSS), which is a cross-sectional multicenter study (2006–2007) focused on the evaluation of nutritional status in European adolescents [15]. Recruited adolescents were age 12.5 to 17.5 y from 10 European cities: Heraklion and Athens (Greece), Dortmund (Germany), Ghent (Belgium), Lille (France), Pécs (Hungary), Rome (Italy), Vienna (Austria), Stockholm (Sweden), and Zaragoza (Spain) [15].

The main objective of the HELENA-CSS was to obtain reliable and comparable data from randomly selected European adolescents (n = 3528; 52.3% women), using widely relevant health- and nutrition-related parameters, including dietary intake, food choices and preferences, serum vitamin and mineral status, lipid and glucose metabolism, immunologic markers, anthropometric measurements, physical activity, and fitness and genetic markers [16]. The inclusion criteria were participants age <17.5 y or >12.5 y who were free from any acute infection lasting <1 wk before the inclusion process, and not concurrently involved in another clinical trial.

The study was approved by the research ethics committees in each involved city, and followed the ethical guidelines of the Declaration of Helsinki 1964 (revision of Edinburgh 2000) [17]. Moreover, written informed consent was obtained from participating adolescents and their parents [17].

### Study sample

Of the total sample of the HELENA-CSS, the present study included 1631 adolescents (54.2% girls). The specific inclusion criteria were participants who twice completed a 24-h recall with plausible intake. In this study, data on complete nutritional intake from eight European countries (Greece, Germany, Belgium, France, Italy, Austria, Sweden, and Spain) have been included. Approximately 1198 adolescents were excluded from the study, because they did not meet the inclusion criteria. Adolescents considered overreporters (n = 173; 4.9%) and underreporters (n = 526; 14.9%) according to the approach by Goldberg et al. [18] were excluded from this analysis.

### Sociodemographic data

The education level of the adolescents' mothers was obtained using the International Standard Classification of Education [19], and reported as primary education, lower secondary education, higher secondary education, and higher education/university degree. In this study, the two lowest levels were merged into one group called lower level, in addition to medium and higher level.

### Dietary assessment

The HELENA Dietary Assessment Tool (HELENA-DIAT) was used to assess adolescents' dietary consumption. This software is a self-administered, computerized 24-h recall, which was developed and originally validated in Flemish adolescents and then in the HELENA-CSS [20]. The HELENA-DIAT is based on previous day assessments of the intake from six meal occasions (breakfast, morning snack,

lunch, afternoon snack, evening meal, and evening snack). The two nonconsecutive 24-h recalls were performed on 1 convenient weekday and 1 weekend day. A well-trained dietitian was present to assess the adolescent in case they needed help to complete the dietary 24-h recall.

A total of 800 photographs were available in the HELENA-DIAT program. Participants were able to select one of the amounts in a photograph or indicate that they had consumed more or less than the amount appearing on the computer. In addition, the adolescents were able to type the consumed amount for each food item in a text box. Moreover, participants had the option to remove or modify the selected items at any time. For foods that could be measured with household tools, such as cups, several portions appeared on the screen, so participants could select the consumption amount by clicking directly on the portion. In cases of foods usually eaten in combination with other items, such as French fries and mayonnaise, a reminder box was shown on the screen to include this item [20].

#### *Dietary assessment of energy and macro- and micronutrients*

First, all consumed foods and beverages were selected autonomously by participants from a standardized food list in the HELENA-DIAT. Then, the consumed food amounts were translated into nutrients using the German Food Code and Nutrient Data Base (Bundeslebensmittelschlüssel, version II.3.1), which includes 12 000 coded foods and approximately 158 nutrient data available for each product [21]. The multiple-source method was used to estimate the usual nutrient intake, including occasionally consumed foods, to eliminate day-to-day influence within individual variability and random error in the recalls [22]. When the multiple-source method was applied, the dietary data provided average energy intake (in kilojoules and kilocalories), as well as average intake of macronutrients (carbohydrates, proteins, and fat in g) and micronutrients (vitamins A, E, C, and B12, and calcium, iron, sodium, potassium, and zinc in mg; vitamin D in  $\mu\text{g}$ ) [23].

#### *Portion size calculation*

PS was established by dividing the total intake of items in grams included in the food group and consumed in the 24 h-recall by the number of eating occasions of these consumed items. In this study, the average amount of PS was calculated from the two days included in the 24-h recall by each eating occasion. For instance, if an individual consumed 30 g of bread for breakfast on the first day and 30 g for breakfast on the second day, then their PS at breakfast from this food item was 30 g. If the individual consumed 60 g of bread only for breakfast and not for any other meal, their PS was 60 g. Several studies of food PS effect on overweight children and adults have used the same methodology [24,25]. Thus, these data represent per-consumer, not per-capita, averages, and show the average change on PS for those who consume a certain item. Therefore, to analyze a specific food group, only participants who consumed this food group were included in the analysis.

#### *Selection of foods and nutrients*

Based on the European food groups classification system, approximately 4179 food and beverages, in the form of recipes or as individual foods, were aggregated into food groups [26]. To determine the key items for analysis, foods were ranked by frequency of consumption (i.e., number of eating occasions). In our study, we excluded foods that were very infrequently consumed from the analysis. Furthermore, the daily diet was divided into 11 food groups based on the nutritional composition of the food groups: 1) water; 2) bread and cereal; 3) grains and potatoes; 4) fruit; 5) vegetables; 6) milk, milk desserts, and yogurt; 7) cheese; 8) meat/fish/eggs/nuts and vegetarian substitutes; 9) spread and cooking fat; 10) low-nutrient, energy-dense foods (e.g., chocolate, sugar products, biscuits, pies, savory snacks, creams, confectionery); and 11) low-nutrient, energy-dense drinks (e.g., carbonated soft drinks, juices).

Milk products and cheese were allocated to different food groups because of the important difference in fat content. However, three food groups were excluded from the analysis (products for special nutrition use, soya beverages, and alcoholic drinks) due to infrequent consumption (>85 % of sample did not report consumption). For the analysis, we considered energy-adjusted intakes of macronutrients (carbohydrate, protein, fat), fiber, total sugars, vitamins (vitamins C, B12, A, D, and E), and minerals (calcium, iron, sodium, potassium, and zinc). These nutrients were selected due to their public health importance in the diets of European adolescents, as highlighted in a previous analysis using data from the same cohort [27] and in other studies [28,29].

#### *Statistical analysis*

Normality was assessed using the Kolmogorov–Smirnov test. The descriptive analysis of mean and SD for general characteristics and lifestyle data are presented, and Student's  $t$  and  $\chi^2$  (for categorical variables) tests were used to compare means of continuous variables by sex.

PS data for each food item were split by tertiles to create relatively small (T1), medium (T2), and large (T3) PS categories. To avoid bias caused by differences in

energy intake, all nutrients' intakes were energy adjusted per total intake percentage for macronutrients (carbohydrate, protein, fat, and sugar) and per 10 megajoule (MJ) for micronutrients (vitamins and minerals). Therefore, energy-adjusted values were calculated using the nutrient-density method, which involved computing the amount of PS in each food group consumed daily per 10 MJ of daily energy intake. The nonsignificant differences between sex for PS intake from food groups and nutrient intake using the Student  $t$  test justify why the analysis was not separated by sex.

Mean values for each of the macro- and micronutrients were compared across PS tertiles (T1 vs T2 vs T3) for the days on which portions of a particular food were consumed. A one-way between-groups analysis of covariance was used to test for significant differences in means across tertiles adjusting for sex, age, and BMI, and using maternal education as a covariable. A Tukey posthoc comparison test was used for normal distribution ( $P < 0.05$ ). Moreover, Kruskal–Wallis tests with Mann–Whitney  $U$ -test comparisons were used for data not normally distributed ( $P < 0.05$ ).

To assess the relation between the amount of PS from food groups and energy, as well as macro- and micronutrients, a multivariable linear regression analysis was carried out, with food PS amount as independent variables and nutrient intake as the dependent variable, adjusted for age, sex, maternal education, and BMI, and using country as a level. Finally, to reduce the probability of type 1 errors, the Holm–Bonferroni adjustment method was applied manually to significant results by ordering them from the smallest to the largest  $P$  value, testing the smallest probability, and applying a simple equation (i.e.,  $\alpha / (\text{number of tests performed} - \text{rank after ordering} + 1)$ ). If the first test was significant, the second smallest probability was tested, and so on. When the first nonsignificant test was generated, the procedure ended. This method is more powerful than the single-step Bonferroni.

All analyses were carried out using IBM-SPSS (version 25; SPSS Inc.; Chicago, IL).  $P = 0.05$  was used to represent statistical significance for all tests.

## **Results**

### *General characteristics of study participants and portion size characteristics*

Sample descriptive characteristics, lifestyle data, energy, and nutrient intake are presented in Table 1 by sex. In general, boys had significantly higher percentages of being overweight and obese than girls (18.8% combined and 14.2%, respectively;  $P < 0.001$ ). With regard to total energy and macro- and micronutrients, boys had a significantly higher mean intake than girls ( $P < 0.005$ ). Median PS in grams consumed and categorized by their corresponding tertiles of small (T1), medium (T2), and large (T3) for foods groups and subgroups included in this study are described in Table 2.

### *Associations between nutrient intake and portion-size tertiles of food groups*

Supplementary Table S1 describes the mean daily nutrient intakes by tertiles of PS food groups consumed by European adolescents. Mean carbohydrate intakes were higher when larger tertile portions of desserts and puddings were consumed. With regard to protein, a higher mean intake was noted when large tertile portions of meat substitutes, nuts, and pulses, as well as cakes, pies, and biscuits were consumed. Lower mean fat intakes were observed when large tertile portions of rice and other grains; fruit; milk, yogurt and milk beverages; and meat substitutes, nuts, and pulses were consumed, but a higher mean fat intake was noted when larger tertile portions cheese, eggs, butter and animal fat, and cake, pies, and biscuits were consumed. Dietary fiber mean intakes were lower when a larger PS tertile of bread and rolls was consumed.

Higher vitamin A consumption was noted when a larger tertile portion meat and poultry was consumed. Vitamin D mean intake was higher when larger tertile portions of cheese and sauces and creams were consumed. Vitamin E mean intake decreased when larger tertile portions of fruit and vegetable juices were consumed. With regard to vitamin B12, a high mean intake was noted when

**Table 1**

Baseline demographic characteristics, lifestyle data, total energy, and nutrient intake for study sample of adolescents ages 12.5 to 17.5 y

General characteristics	All participants (N = 1631)		P value
	Boys (n = 747)	Girls (n = 884)	
Age, y, mean (SD)	14.7 (1.3)	14.7 (1.2)	0.145
Body mass index, kg/m <sup>2</sup> , mean (SD)	20.8 (3.5)	20.8 (3.3)	0.131
Body mass index categories, n (%)			
Underweight	45 (6.1)	75 (8.5)	< <b>0.001</b>
Normal weight	562 (75.1)	683 (77.3)	
Overweight	107 (14.4)	103 (11.7)	
Obesity	33 (4.4)	23 (2.5)	
Maternal education, n (%)			
Low	231 (32.2)	257 (30.6)	0.202
Medium	211 (29.4)	278 (33.2)	
High	275 (38.4)	304 (36.2)	
Total energy, Kcal/d, mean (SD)	2690.6 (438.7)	2133.6 (302.8)	< <b>0.001</b>
Carbohydrate, g/d, mean (SD)	323.8 (70.3)	261.7 (51.7)	< <b>0.001</b>
Protein, g/d, mean (SD)	103.1 (23.5)	79.5 (15.9)	< <b>0.001</b>
Fat, g/d, mean (SD)	105.9 (25.3)	85.1 (18.2)	< <b>0.001</b>
Total sugar, g/d, mean (SD)	150.5 (57.4)	123.8 (45.2)	< <b>0.001</b>
Fiber, g/d, mean (SD)	20.1 (6.1)	18.0 (5.3)	< <b>0.001</b>
Vitamin A retinol equivalent without beta carotene, mg/d, mean (SD)	1.1 (0.4)	1.0 (0.4)	<b>0.002</b>
Vitamin D, µg/d, mean (SD)	2.2 (0.9)	1.9 (0.8)	< <b>0.001</b>
Vitamin E, mg/d, mean (SD)*	10.6 (2.9)	9.3 (2.3)	< <b>0.001</b>
Vitamin C, mg/d, mean (SD)	110.2 (61.9)	108.6 (56.5)	<b>0.035</b>
Vitamin B12, mg/d, mean (SD)	6.4 (2.1)	5.1 (2.1)	< <b>0.001</b>
Calcium, mg/d, mean (SD)	874.2 (471.3)	689.6 (374.9)	< <b>0.001</b>
Iron, mg/d, mean (SD)	14.4 (3.5)	11.8 (2.8)	< <b>0.001</b>
Sodium, mg/d, mean (SD)	2641.5 (737.3)	2110.7 (595.6)	< <b>0.001</b>
Potassium, mg/d, mean (SD)	3007.3 (766.9)	2532.9 (602.4)	< <b>0.001</b>
Zinc, mg/d, mean (SD)	13.5 (2.9)	10.7 (2.1)	< <b>0.001</b>

Boldface values indicate significance, *P* value < 0.05. Differences of mean values by sex were considered using student's *t* test analysis for continuous variables and  $\chi^2$  for categorical variables.

\*Only alpha tocopherol.

larger tertile portions of eggs and cake, pies, and biscuits were consumed, and a lower mean intake was noted when larger tertile portions of starch roots and potatoes, as well as vegetables, were consumed.

With regard to iron, the mean intake increased when larger tertile portions of eggs, as well as meat substitutes, nuts, and pulses were consumed, and decreased with the consumption of larger tertile portions of bread and rolls and butter and animal fat. Calcium mean intake was lower when large tertile portions of sugar, honey, and jams were consumed. Moreover, sodium mean intake was lower when larger tertile portions of milk, yoghurt, and milk beverages, as well as meat substitutes, nuts, and pulses were consumed. With regard to potassium mean intake, larger portions of fish, eggs, and meat substitutes, nuts, and pulses were noted when consuming larger tertile portions. Mean intakes of zinc were higher when larger tertile portions of meat substitutes, nuts, and pulses were consumed, and a lower mean intake was noted with the consumption of a larger tertile portion of vegetables and fruit and vegetable juices.

#### Association between food portion size and nutrient intake

Tables 3, 4, and 5 show the association between food PS and nutrient intake in this selected sample of European adolescents. With regard to macronutrients and fiber, large portions of breakfast cereals, cheese, and eggs were inversely associated with carbohydrate intake, but large portions of rice and other grains, starch roots and potatoes, and carbonated soft drinks were significantly associated with increased carbohydrate intake. Larger portions of milk, yoghurt, and milk beverages, as well as fish were significantly

**Table 2**

Median food portion size consumed according to corresponding tertiles of total intake for food groups and subgroups in this study

Food groups	Tertile medians, g*			
	T1	T2	T3	Interquartile range
Bread and cereals				
Bread and rolls	64	100	154	90
Breakfast cereals	28	42	63	35
Grains and potato				
Rice and other grains	90	150	210	120
Starch roots, potatoes	80	120	193	113
Pasta	120	180	270	150
Fruit	130	180	280	150
Vegetables	46	91	163	117
Milk, milk desserts, and yogurt				
Milk, yoghurt, and milk beverages	187	287	450	263
Desserts and puddings (milk-based)	55	80	130	75
Cheese	24	40	67	43
Meat/poultry/fish/eggs				
Meat and poultry	71	150	274	203
Fish	60	120	173	113
Eggs	17	50	85	68
Meat substitutes, nuts, and pulses	20	44	120	100
Spread and cooking fat				
Margarine and vegetable oil	8	15	29	21
Butter and animal fat	10	17	30	20
Low-nutrient, energy-dense food				
Cakes, pies, biscuits	47	88	150	103
Savory snacks	20	35	50	30
Sugar, honey and jams, chocolate	22	47	90	68
Sauces and creams	30	55	91	61
Low-nutrient, energy-dense drinks				
Carbonated soft/isotonic drinks	250	400	650	400
Fruit and vegetable juices	200	300	450	250

\*Medians of portion weights (g) from food groups according to small (T1), medium (T2), and large (T3) food portion-size tertiles.

associated with increased protein intake. Larger portions of cheese and butter and animal fat were significantly associated with a higher fat intake. On the other hand, fish and fruit and vegetable juice PSs were inversely associated with fat intake. Sugar intake increased when larger portions of sugar, honey, and jam were consumed. Finally, larger portions of rice and other grains, vegetables, and meat substitutes, nuts, and pulses were significantly associated with a higher fiber intake.

With regard to vitamins and micronutrient intake, vitamin A intake increased when larger portions of vegetables, as well as sauces and cream, were consumed, but larger portions of bread and rolls; milk, yoghurt, and milk beverages; dessert and pudding; and sauce and cream were associated with higher vitamin D intake. Larger portions of starch roots and potatoes, as well as meat and poultry, were associated with a higher intake of vitamin E. Larger portions of vegetables and fruit and vegetable juices were associated with a higher vitamin C intake. Last, larger portions of milk, yoghurt, and milk beverages; cheese; and meat and poultry were associated with a higher vitamin B12 intake, but larger portions of milk, yogurt, and milk beverages were associated with a higher calcium intake.

With regard to minerals, larger portions of breakfast cereals, rice and other grains, vegetables, meat and poultry, and eggs were associated with a higher iron intake, but larger sugar, honey, and jam PSs were associated with a lower intake of iron. Sodium intakes decreased when larger portions of bread and rolls, breakfast cereals, and meat and poultry were consumed. On the other hand, PSs of rice and other grains and carbonated soft drinks were inversely associated with potassium intake, but larger milk, yogurt, and milk beverages, as well as meat and poultry, PSs were



**Table 3**

Association between portion size from various food groups and energy-adjusted intake of macro- and micronutrients using multiple linear regression model: macronutrients (carbohydrate, protein, fat, total sugar, fiber)

Food groups, g	Carbohydrate, %TE			Protein, %TE			Fat, %TE			Total sugar, %TE			Fiber, g/10 MJ		
	$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI	
		Lower	Upper		Lower	Upper		Lower	Upper		Lower	Upper		Lower	Upper
Bread and rolls	-0.121*	-0.173	-0.068	0.279	-0.426	0.985	0.289	-0.014	0.593	-0.016	-0.044	0.011	-0.219	-1.430	1.147
Breakfast cereals	-0.113*	-0.160	-0.067	-0.964*	-0.442	-0.980	0.318	-0.726	0.091	-0.001	-0.006	0.004	-0.324	-0.752	0.104
Rice and other grains	0.188*	0.101	0.275	0.956	0.099	1.075	0.441	-0.193	1.201	-0.015	-0.061	0.032	0.969*	0.796	1.341
Starch roots, potatoes	1.061*	1.010	1.113	-0.961*	-0.827	-1.695	-0.765*	-1.280	-0.251	0.018	-0.003	0.039	1.652	-0.914	1.317
Pasta	-0.005	-0.094	0.084	1.407	-0.054	1.868	-0.046	-1.444	1.352	0.001	-0.032	0.034	-0.299	-1.335	0.736
Fruit	-0.574*	-0.854	-1.295	1.676	-0.963	1.315	1.231	-1.441	1.903	-0.001	-0.018	0.015	-0.636	-1.376	0.105
Vegetables	0.303	-0.351	0.957	0.688	0.014	1.362	0.852	-0.547	1.250	-0.003	-0.008	0.002	0.267*	0.089	0.445
Milk, yoghurt, and milk beverages	0.691	0.246	1.136	0.908*	0.273	1.543	1.103	-0.164	1.371	-0.015	-0.033	0.002	-0.766	-1.869	0.337
Desserts and puddings (milk-based)	0.521	0.936	1.106	1.092	0.571	1.812	0.867	0.794	1.939	-0.011	-0.052	0.030	0.504	-1.175	1.182
Cheese	-0.565*	-0.953	-0.176	-0.596*	-0.996	-0.197	0.269*	1.135	1.403	0.008	-0.008	0.024	0.182	-0.003	0.367
Meat and poultry	-1.528	-0.897	1.159	-0.439	-1.745	0.133	-1.908	-0.680	-1.136	-0.063	-0.114	-0.012	-1.589*	-0.588	-1.589
Fish	0.082	-0.239	0.402	0.489*	0.182	0.796	-0.690*	-0.971	-0.406	-0.011	-0.155	0.134	-1.095	-0.656	1.466
Eggs	-0.117*	-0.159	-0.075	0.043	-0.716	0.801	0.127	-0.190	0.444	-0.003	-0.029	0.024	-1.551	-1.056	0.955
Meat substitutes, nuts, pulses	0.076	-0.234	0.387	0.129	-0.214	0.472	0.338	-0.323	0.998	1.074	1.030	1.117	0.556*	0.876	1.236
Margarine and vegetable oil	-0.026	-0.058	0.006	0.265*	0.114	0.416	-0.033*	-0.058	-0.023	-0.400	-0.018	0.010	0.645*	0.289	1.001
Butter and animal fat	-0.029	-0.065	0.006	-0.365	-0.704	-0.026	0.080*	0.053	0.106	-0.900	-0.029	0.011	0.111	-0.694	0.917
Cakes, pies, biscuits	-0.077	-0.868	0.715	0.873	-0.009	1.754	0.132	-1.587	1.851	-0.008	-0.022	0.007	1.001*	0.575	1.428
Savory snacks	-0.005	-0.036	0.026	-0.266	-1.257	0.726	-0.119	-0.471	0.233	0.400	-0.026	0.034	-1.223	-1.004	-0.442
Sugar, honey, jams, chocolate	0.183	-0.508	0.874	-0.193	-1.101	0.716	0.394	-1.138	1.927	0.062*	0.023	0.101	0.117	-1.111	1.346
Sauces and creams	0.148	0.043	0.253	0.121	-0.096	0.338	0.276	0.050	0.502	-0.003	-0.006	0.001	-0.367	-0.825	0.092
Carbonated soft/isotonic drinks	0.575*	0.274	0.876	0.031	-0.494	0.555	1.506	-0.086	1.099	0.284	-0.003	0.003	0.376	0.076	0.676
Fruit and vegetable juices	-0.584*	-0.319	-1.848	-0.966*	-1.606	-0.326	-0.277*	-1.278	-0.276	-0.300	-0.023	0.018	0.979*	1.661	1.296

%TE, energy adjusted per total intake percentage;  $\beta$ , regression coefficient; CI, confidence interval.

Adjusted for confounders: Age, sex, maternal education, body mass index, and using country as level. Boldface values indicate significance accepted after Holm–Bonferroni adjustment method.

\*Significant results.

**Table 4**

Association between portion size from various food groups and energy-adjusted intake of macro- and micronutrients using multiple linear regression model: Vitamins (A, D, E, C, and B12)

Food groups, g	Vitamin A, mg/10 MJ			Vitamin D, $\mu$ g/10 MJ			Vitamin E, mg/10 MJ			Vitamin C, mg/10 MJ			Vitamin B12, mg/10 MJ		
	$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI	
		Lower	Upper		Lower	Upper		Lower	Upper		Lower	Upper		Lower	Upper
Bread and rolls	-0.013	-0.025	-0.001	0.677*	0.433	0.920	0.941	0.267	1.615	0.484	-0.002	0.970	0.961	-1.250	1.172
Breakfast cereals	0.001*	-0.011	0.003	0.888	-0.404	-1.372	-0.021	-0.305	0.264	-0.016	-0.081	0.049	0.680	-0.369	1.728
Rice and other grains	0.004	0.000	0.009	-0.291	-0.958	1.679	-1.537	-1.649	-0.414	-0.027	-0.215	0.161	-0.121	-1.088	-0.155
Starch roots, potatoes	-0.745	-0.001	0.000	-1.764	-0.106	1.577	0.781*	0.369	1.193	-0.598*	-0.833	-0.362	0.367	-1.061	1.794
Pasta	-0.005	-0.016	0.007	0.544	-0.237	1.325	1.625	-1.953	0.203	0.776	0.190	1.363	1.156	0.402	1.909
Fruit	-0.001	-0.003	0.000	1.746	-1.194	1.686	1.328	0.277	1.378	0.038	-0.004	0.080	-1.971	-1.855	1.912
Vegetables	0.151*	0.000	0.000	-0.911	-1.332	-0.489	0.089	-0.029	0.207	0.010*	0.017	1.102	-1.286*	-1.007	-0.565
Milk, yoghurt, and milk beverages	-0.001	-0.003	0.002	0.207*	0.306	1.108	-0.184	-1.115	0.746	-0.113	-0.248	0.022	1.303*	0.352	1.254
Desserts and puddings (milk-based)	-0.001	-0.006	0.003	0.421*	0.199	0.643	0.083	-0.555	0.72	-0.130	-0.392	0.131	-0.383	-1.222	0.456
Cheese	0.002	0.000	0.003	0.275	-0.826	1.376	0.304	0.082	0.527	0.019	-0.008	0.046	0.813*	0.943	1.682
Meat and poultry	0.003	-0.001	0.006	-0.582	-0.791	1.627	1.014*	0.328	1.701	0.076	-0.079	0.232	0.042*	0.444	1.639
Fish	-0.003	-0.010	0.004	-0.035	-0.189	0.119	-0.478	-0.843	-0.114	0.032	-0.644	0.708	-0.164	-0.473	0.146
Eggs	-0.003	-0.008	0.002	-0.685	-1.468	1.098	-0.596*	-0.991	-0.201	0.051	-0.218	0.32	1.272	-0.982	0.527
Meat substitutes, nuts, pulses	-0.003*	-0.004	-0.001	-0.699	-1.134	0.735	-0.220	-0.185	0.141	0.053	-0.095	0.202	-0.820	-1.278	1.638
Margarine and vegetable oil	-0.653	0.000	0.000	0.252	-0.088	0.593	0.014	-0.035	0.063	0.026	-0.001	0.053	-0.958	-1.891	-0.025
Butter and animal fat	0.000	-0.001	0.002	0.754	-0.215	1.722	-0.201	-0.343	-0.059	0.026	-0.129	0.181	-0.445	-2.537	1.648
Cakes, pies, biscuits	0.455	0.000	0.001	0.828	-1.983	3.639	-0.184	-0.414	0.046	-0.134	-0.280	0.013	3.110	-0.233	6.460
Savory snacks	0.320	0.009	0.055	-1.271	-0.139	-0.403	0.693*	0.230	1.157	0.673	0.060	1.285	1.096	-1.289	1.482
Sugar, honey, jams, chocolate	-0.800	-0.022	0.006	1.909	1.866	1.952	-0.265	-0.595	0.065	0.075	-0.007	0.156	-1.060	-1.441	-0.677
Sauces and creams	0.001*	0.001	0.002	0.949*	1.636	1.262	-0.032	-0.104	0.040	0.009	-0.046	0.064	0.299	-0.495	1.093
Carbonated soft/isotonic drinks	0.006	0.001	0.012	-1.692	-1.752	1.368	-0.349	-1.723	1.025	-0.009	-0.064	0.046	0.312	-1.790	1.413
Fruit and vegetable juices	-0.003*	-0.004	-0.001	1.271	-0.604	2.146	-1.453*	-1.961	-0.945	0.279*	0.452	1.105	1.857	-1.117	1.831

$\beta$ , regression coefficient; CI, confidence interval.

Adjusted for confounders: Age, sex, maternal education, body mass index, and using country as level. Boldface values indicate significance accepted after Holm–Bonferroni adjustment method.

\*Significant results.

**Table 5**  
Association between portion size from various food groups and energy-adjusted intake of macro- and micronutrients using multiple linear regression model: Minerals (calcium, iron, sodium, potassium, and zinc)

Food groups, g	Calcium, mg/10 MJ			Iron, mg/10 MJ			Sodium, mg/10 MJ			Potassium, mg/10 MJ			Zinc, mg/10 MJ		
	$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI		$\beta$	95% CI	
		Lower	Upper		Lower	Upper		Lower	Upper		Lower	Upper		Lower	Upper
Bread and rolls	0.002	-0.026	0.031	-0.191	-0.646	0.736	-0.024*	-0.031	-0.016	-0.003	-0.039	0.033	0.060*	0.194	1.127
Breakfast cereals	0.037	0.008	0.067	0.443*	0.169	1.317	-0.006*	-0.011	0.000	-0.001	-0.018	0.016	0.000	-0.002	0.002
Rice and other grains	0.053	0.000	0.106	0.904*	0.134	1.674	-0.009	-0.023	0.004	-0.063*	-0.089	-0.037	-0.009*	-0.013	-0.005
Starch roots, potatoes	0.105*	0.064	0.146	-1.943*	-0.928	-1.958	0.000	-0.006	0.006	0.011	-0.002	0.025	0.005	-0.001	0.011
Pasta	-0.031	-0.124	0.061	1.322	-1.088	0.731	-0.038	-0.065	-0.012	-0.134	-0.250	-0.018	-0.004	-0.013	0.005
Fruit	0.003	-0.047	0.053	-1.722	-0.079	1.636	0.164	-0.044	0.371	0.007	-0.004	0.018	-0.002	-0.008	0.004
Vegetables	-0.009	-0.017	-0.001	0.955*	0.532	1.377	0.001	-0.001	0.003	0.000	-0.001	0.001	-0.001	-0.003	0.000
Milk, yoghurt, and milk beverages	0.015*	0.010	0.021	-1.637	-0.666	-1.608	0.001	-0.009	0.011	0.038*	0.029	0.047	-0.003	-0.010	0.003
Desserts and puddings (milk-based)	-0.023	-0.042	-0.004	-0.468	-1.642	1.706	-0.018*	-0.029	-0.007	0.003	-0.012	0.018	0.004	0.000	0.008
Cheese	0.000	-0.002	0.002	-0.973	-1.045	-0.902	0.000	-0.001	0.001	-0.004	-0.008	0.000	0.001	0.002	1.001
Meat and poultry	-0.003	-0.042	0.037	0.665	0.877*	1.452	-0.009*	-0.011	-0.007	0.023*	0.009	0.037	0.003*	0.005	1.002
Fish	0.020	-0.023	0.063	1.060	-0.283	1.395	0.002	-0.002	0.005	-0.011	-0.025	0.004	-0.002	-0.004	-0.001
Eggs	0.010	-0.012	0.032	0.720	0.387*	1.058	0.005	-0.003	0.013	0.004	-0.017	0.025	0.004*	0.006	1.001
Meat substitutes, nuts, pulses	-0.110	-0.029	0.007	0.254	-1.014	1.522	0.000	-0.001	0.001	0.009	0.003	0.015	-0.001	-0.003	0.001
Margarine and vegetable oil	0.000	0.000	0.021	0.281	-0.427	0.988	-0.712	-0.002	0.002	-0.008*	-0.012	-0.004	-0.002*	-0.003	-0.001
Butter and animal fat	-0.002	-0.013	0.008	0.400	-1.413	1.692	0.200	-0.002	0.005	-0.002	-0.009	0.004	0.002	0.000	0.004
Cakes, pies, biscuits	0.300	-0.015	0.021	-0.355	-0.833	0.122	-0.001	-0.005	0.003	0.011	-0.001	0.023	-0.600*	-0.010	-0.002
Savory snacks	0.023	-0.031	0.076	0.890	1.152	1.571	0.100	-0.004	0.006	-0.026	-0.053	0.001	-0.006	-0.020	0.007
Sugar, honey, jams, chocolate	0.900	-0.034	0.052	-1.917	-0.351*	-1.483	0.001	-0.003	0.004	0.004	-0.025	0.032	1.120	-0.008	1.016
Sauces and creams	0.006	0.000	0.012	0.984	0.480*	1.488	-0.001	-0.001	0.000	-0.002	-0.004	0.001	0.000	-0.001	0.001
Carbonated soft/isotonic drinks	-0.021	-0.055	0.012	0.932	-0.635	2.500	0.001	-0.009	0.011	-0.025*	-0.040	-0.010	0.003	0.001	0.005
Fruit and vegetable juices	0.076	-0.034	0.186	0.799	0.479	1.120	0.039	0.010	0.067	0.009	-0.013	0.031	-0.009	-0.016	-0.002

$\beta$ , regression coefficient; CI, confidence interval.

Adjusted for confounders: Age, sex, maternal education, body mass index, and using country as level. Boldface values indicate significance accepted after Holm–Bonferroni adjustment method.

\*Significant results.

associated with a higher potassium intake. Zinc consumption increased with larger portions of bread and rolls, meat and poultry, and eggs.

## Discussion

The present study describes the associations between food PSs and intake of energy, as well as macro- and micronutrients, in adolescents. Previous HELENA and other European studies found that carbohydrate and fat intake were similar to those of the European food-based dietary guidelines [30], but protein intake was twice as high [27,31]. The findings of our study are in line with those of the current dietary guidelines by the WHO [32] and the European food-based dietary guidelines [30], which recommend choosing cereals, roots, fruit and vegetables, nuts and seeds, and dairy products as a principal source for carbohydrates intake. These food groups have higher fiber (except dairy) content, and are considered low carbohydrate-content food and low glycemic index, in addition to having higher water content [30,32].

In our study, we found that protein intake increased when PSs of fish, as well as meat substitutes, nuts, and pulses, increased. These food groups are considered a good source of protein [33]. Of note, large portions of cakes, pies, and biscuits, as well as sauces and creams, were associated with a higher protein intake due to the contents of milk, cheese, eggs, and sometimes nuts in their ingredients. Moreover, we found that protein intake decreased when large portions of rice and starch roots, fruit, margarine and vegetable oil, and butter and animal fat were consumed. In general, animal protein has high saturated fat and cholesterol content, but plant protein sources are high in fiber and carbohydrates [34]. Therefore, the increase in protein consumption was influenced by the specific protein food source, resulting in different macro- and micronutrient contents [35].

Lower intakes of fat were observed when larger portions of dessert and pudding; margarine and vegetable oil; sugar, honey, jam; and fruit and vegetable juice were consumed. A possible explanation for this finding is the sugar–fat see-saw phenomenon (i.e., when energy percentages from sugar intakes increase, fat intakes decrease) [36]. Of note, the findings of this study support the current dietary guidelines from the WHO [32] and the European food-based dietary guidelines [30], which recommend replacing butter, lard, and ghee with oils rich in polyunsaturated fatty acid, in addition to limiting the consumption of baked and prepackaged snacks and foods, such as cakes, pies, cookies, and biscuits that contain high trans-fat [37]. The importance of this dietary guidance must be taken into account carefully, because the reduction of energy coming from saturated fat (mainly trans-fat and sugar) may be difficult to achieve in children and adolescents due to inappropriate dietary habits [38,39].

Previous studies found that European adolescents had lower dietary fiber intake compared with the WHO recommendation of 25 g/d, mainly due to high intakes from animal sources [40,41]. The present study showed that dietary fiber intakes decreased with increasing PSs of bread and rolls, suggesting that the consumed foods within this category were not whole grain, unlike what European public health authorities [30] recommend (i.e., choose whole grain breads, pulses, and nuts for digestive health), which is in line with our findings.

In our study, we found that large portions of margarine and vegetable oil, as well as butter and animal fat, were associated with lower intakes of several vitamins, such as vitamins C and B12, and minerals, such as calcium, iron, potassium, and zinc. One possible explanation is that when fat content increases, water-soluble vitamin content (including niacin, folate, and vitamins B12 and C) decreased, as well as minerals (e.g., iron, and potassium) [42]. In addition, fat and oil itself are not a source of these nutrients, but only a source of fatty

acids and vitamin E [43]. Of note, low consumption of energy-dense foods has been found to be associated with better nutritional quality of a diet, including higher intakes of fiber and micronutrients, in addition to a better balance of macronutrients [44].

A U.S. dietary survey of children and adolescents noted an association between some dietary sources of sugar with intakes of folate, calcium, and iron, as well as that the source of added sugars resulted in different dietary patterns [45,46]. For example, iron intakes decreased when more sweets, sugar-sweetened beverages, and sweetened grains products were consumed, and increased with higher intakes of nonsweetened cereals. In our study, large portions of meat substitutes, nuts, and pulses were associated with higher intakes of iron, potassium, and zinc. As expected and given the nutritional composition of this food group, their higher level of protein, fiber, folate, iron, potassium, and zinc could help address some dietary shortness that affects developed and developing countries [47]. Of note, plant proteins and plant-based meat alternatives have been in the top 10 global food trends since 2014. Obtaining a greater proportion of protein intake from plant sources, such as nuts, whole grains, and legumes, in addition to unsaturated plant oils, could help address some current health and environmental challenges [48].

The same results as those in our study have been found in Irish children and adolescents. Their vitamin D intake increased when large portions of cheese were consumed, but iron intakes were significantly increased on days that larger portions of baked beans were eaten [7]. Of note, when dietary energy-dense food consumption in children and adolescents increased, intakes of vitamins A, C, D, and B12, as well as folate, riboflavin, calcium, potassium, zinc, sodium, and iron, were decreased [44].

Among the possible explanation of our results is food displacement. For instance, adolescents who consumed large portions of dessert and puddings had decreased intakes of many macro- and micronutrients on days these portions were consumed. Dessert and puddings cannot be responsible for decreased micronutrient intake per se, but possibly the consumption of large portions from this food group displaced other, more nutrient-dense, snacks, such as fruit or vegetables, from the diet on those days. Moreover, larger food PSs may be associated with the increased intake of a nutrient as a consequence of the composition of the food itself. For example, larger portions of cheese were associated with significantly increased vitamin D intakes on days they were consumed. Finally, food fortification or enrichments may play an important role in increasing the intake of special nutrients, such as increasing vitamin D intake when large portions of bread and rolls were consumed.

The current analysis has several strength points. First, the data are based on two 24-h recalls of food intake that were collected from a wide geographic spread with large cultural dietary diversity. To our knowledge the work is novel for its focus on examining a wide range of foods rather than just energy-dense foods, which are typically more involved in discussions on food PS. The main limitation of the current work is that self-reported questionnaires were used to collect the food consumption data; therefore, a recall bias must be considered. Moreover, a high percentage of under- and overreporters were detected, and the exclusion could have introduced a secondary selection bias to this work. The intake data for vitamin D are difficult to assess, because of the high amount of fortified foods that was not included in the food databases, in addition to skin production from sunlight exposure.

## Conclusions

The present study describes the association between food PS and nutrient intake in adolescents on days the foods were

consumed. Large food PSs may be associated with positive energy and nutrient intake. Large portions of rice and other grains, starch roots and potatoes, and meat substitutes, nuts, and pulses were associated with increased carbohydrate and fiber intake. Larger portions of cheese and butter and animal fat were significantly associated with a higher fat intake. Lower intakes of some vitamins and micronutrients were noted when larger portions of high energy-dense foods, such as desserts and pudding, margarine and vegetable oil, and butter and animal fat, were consumed. The present work identifies which large food PSs may be associated with positive nutrient intake. Moreover, the findings from this study may help the future development of dietary guidance in general and specific to PS, and support targeted strategies to address the intake of certain nutrients in adolescents.

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