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1 **ADIPOSIY AND BINGE EATING ARE RELATED TO LIKING AND WANTING FOR**
2 **FOOD IN BRAZIL: A CULTURAL ADAPTATION OF THE LEEDS FOOD PREFERENCE**
3 **QUESTIONNAIRE**

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ABSTRACT

28 The Leeds Food Preference Questionnaire (LFPQ) measures separable psychological
29 components of food reward (Liking and Wanting). In this study a cultural adaptation of the LFPQ
30 for a Brazilian population (LFPQ-BR) was examined by comparing liking and wanting scores in
31 fasted and fed states and their association with adiposity and disturbed eating. A culturally
32 adapted food picture database was validated by an online questionnaire completed by 162
33 individuals. Cluster analysis verified if the foods were accurately perceived in terms of
34 sweetness, fat and calorie content. Subsequently, 48 male (N=21) and female (N=27) adults with
35 mean Body Mass Index 26.6 (0.9) kg/m², and mean age 32.8 (1.4) years, were evaluated by the
36 LFPQ-BR before and after a fixed test meal. The Binge Eating Scale was used to measure binge
37 eating symptoms. There was a decrease in explicit liking, implicit wanting, and explicit wanting
38 scores for food in general in the fed condition. The implicit and explicit wanting and explicit liking
39 scores for high-and-low fat savoury food decreased and for high-and-low fat sweet foods
40 increased to a greater extent after the savoury test meal. Body Mass Index was found to predict
41 implicit wanting for high fat relative to low fat foods. Binge eating symptoms predicted high fat
42 sweet explicit liking and explicit wanting in the fed condition. Finally, high fat sweet preference
43 was found to be sex-related as females had greater implicit wanting for high fat sweet foods in
44 fasted and fed states. The results presented here indicate that the LFPQ-BR is a useful
45 instrument for the evaluation of liking and wanting for food in Brazil.

46 **Keywords:** food reward; liking; wanting; binge eating; adiposity; Brazil.

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50 INTRODUCTION

51 Overeating is an important risk factor for weight gain and because obesity prevalence is
52 increasing worldwide (Swinburn et al., 2011), acquiring a comprehensive view of the factors that
53 lead to overeating is crucial. It is already known that eating behaviour is not only modulated by
54 hypothalamic circuitry, but is also determined by the hedonic system responding to an
55 obesogenic environment (Berthoud, 2006). Natural rewards, like food, stimulate activation in
56 the mesolimbic dopaminergic pathway (Lutter and Nestler, 2009) and individual variability in
57 sensitivity to reward is a psychobiological trait linked to the development of obesity (Beaver,
58 2006).

59 Therefore, overeating is thought to be more than an imbalance of hormonal satiation
60 and satiety signalling, but also occurs due to an excessive or weakened response to the hedonic
61 aspects of food (Blundell and Finlayson, 2004). Considering the role of cognitive and hedonic
62 aspects of eating behaviour helps to understand more than meal size and frequency, but also
63 food preferences and choice, which are partly driven by the motivation and experience of
64 pleasure obtained from food (wanting and liking for food). This distinction is key to comprehend
65 overeating leading to weight gain in an environment where highly palatable and energy-dense
66 foods are plentiful and affordable (Dalton et al., 2013b). Importantly, it is suggested that high
67 palatable foods are consumed frequently even when energy needs are satisfied, while less tasty
68 foods are not overconsumed and this is one of the key risk factors associated with obesity
69 (Kenny, 2011). Thus, palatability is a key contributor to the decision to eat particularly for
70 individuals susceptible to reward-driven eating.

71 The Leeds Food Preference Questionnaire (LFPQ) developed by Finlayson et al. (2007)
72 is a computer-based platform designed to measure the separate constructs of liking and wanting
73 according to key dimensions of food (e.g. fat/protein content and taste). The questionnaire
74 measures 'explicit liking and wanting' directly using visual analogue scales and includes an

75 indirect measure of 'implicit wanting' using the reaction times of decisions between pairs of
76 foods. Previous research with the LFPQ has demonstrated that liking for food, i.e. the perceived
77 or expected pleasure value of the food, the appreciation of its sensory properties, or a judgment
78 of the degree of pleasure it elicits (Dalton and Finlayson, 2014) is greater in fasted than fed states
79 (Finlayson et al., 2008) and that liking for a recently eaten food decreases in a manner consistent
80 with sensory specific satiation (Griffioen-Roose et al., 2010). Wanting on the other hand, i.e. the
81 attraction that is triggered by the perception of a food or a food related cue in the environment
82 (Dalton and Finlayson, 2014) is also increased for food in general in a fasted state (Alkahtni et
83 al., 2016; Finlayson et al., 2008). However, it appears that wanting is more variable than liking
84 and may differ moment to moment depending on a number of factors such as hunger state,
85 time of day and/or the amount of attentional resources available (Dalton and Finlayson, 2014).
86 For instance, disordered eating patterns (Dalton et al., 2013a; Finlayson et al., 2012) and a state
87 of macronutrient imbalance (Griffioen-Roose et al., 2012) have been linked to increased wanting
88 for specific foods.

89 Because cultural issues play a major role in food choice, selection, and consumption,
90 cultural adaptation of LFPQ may be necessary for use in Brazil . Studies have already shown that
91 food choices and their motivators have a strong ethnic and cultural relationship (Januszewska
92 et al., 2011; Prescott et al., 2002). As an example, a traditional Brazilian dietary pattern is defined
93 by the consumption of rice, beans, green vegetables, potato, lettuce, eggs, milk, and meat
94 (Marchioni et al., 2011). In contrast, people in the United Kingdom are likely to eat white bread,
95 butter, tea and sugar, cakes, puddings, ham, bacon, potatoes, and vegetables (Pryer, 2001).
96 Importantly, a previous research using the Leeds Food Preference Questionnaire (Leenaars et
97 al., 2016) indicated as a limitation of their study the imperfect suitability of using the translated
98 LFPQ for a Dutch population. They mentioned that some foods in the food database used in the
99 LFPQ would be less familiar to Dutch consumers in comparison with those from the UK. For
100 example, participants had difficult to identify one food as savoury or sweet. Therefore,

101 performing a validation study for the Brazilian Portuguese version (translation and food
102 database suitability) is of major importance in using the instrument in Brazil.

103 Brazil is currently facing an epidemic of obesity and overweight (Malta et al., 2014).
104 Recently, a food guide for the Brazilian population has been published suggesting that people
105 should consume less processed foods, i.e. foods high in fat, salt and sugar, indicating the harm
106 excessive consumption of these foods may bring about (Ministry of Health of Brazil, 2014).
107 However, the food choice goes beyond the perceived risk and benefits. There are several
108 benefits of having instruments to test components of food reward in a population. A reliable
109 method that allows the quantification of liking and wanting for different dimensions of food may
110 be valuable to link specific food preferences to health problems (such as weight gain and eating
111 disease), or identify risk factors (Dalton et al., 2013a; Finlayson et al., 2012). Moreover, it is
112 useful to test different types of diets under different contexts (Cameron et al., 2014; Griffioen-
113 Roose et al., 2012, 2011; Hopkins et al., 2016) and to link food reward to other circumstances,
114 such as sleep restriction (Leenaars et al., 2016).

115 The current study aimed to adapt the original LFPQ for the Brazilian population (LFPQ-
116 BR). Furthermore, we tested the sensitivity of this cultural adaptation by comparing liking and
117 wanting scores in fed and fasted states and their association with adiposity and scores on the
118 Binge Eating Scale.

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124 MATERIAL AND METHODS

125 To meet the aims of the present study, some steps were performed. First, all the text from
126 the task was translated into Brazilian Portuguese and a food picture database was created and
127 validated for the Brazilian population. Following this cultural adaptation, an experimental
128 procedure was conducted to test the sensitivity of this new version of the LFPQ for a Brazilian
129 population.

130 a) Food database validation

131

132 To create a food database for the LFPQ-BR, ready-to-eat popular foods in Brazil were
133 photographed according to standardised procedure and 60 images went through an online
134 validation process. An online questionnaire was created and released by email and social media
135 and 162 respondents completed it. The questionnaire aimed to verify if the food pictures were
136 accurately recognized, habitually consumed, and that they were correctly perceived in terms of
137 fat content, number of calories and sweetness (high/low). The answers of any registered
138 dietician (i.e. nutritionist in Brazil) or nutrition specialists were excluded.

139 Each food picture was presented one at a time and the respondents were asked the
140 following questions for each one: do you recognize this food? (yes; I am not sure; no); have you
141 already eaten this food? (yes; I am not sure; no); do you like this food? (yes; more or less; no).
142 Additionally, participants were asked to rate on a 7-point Likert scale (with anchor points at
143 'almost nothing' and 'extremely') their answer to the questions: how much fat does this food
144 contain? How sweet is this food? How calorie-dense is this food?

145 Foods were considered adequate if: 80% of the sample recognize, habitually consume them,
146 and like them and if their mean values on the 7-point Likert scale answers were above 5 for the
147 high content of fat, calorie and sweet taste; and lower than 3 for the low content of fat, calorie
148 and sweet taste. Further, hierarchical cluster analysis using Ward's method was made to verify

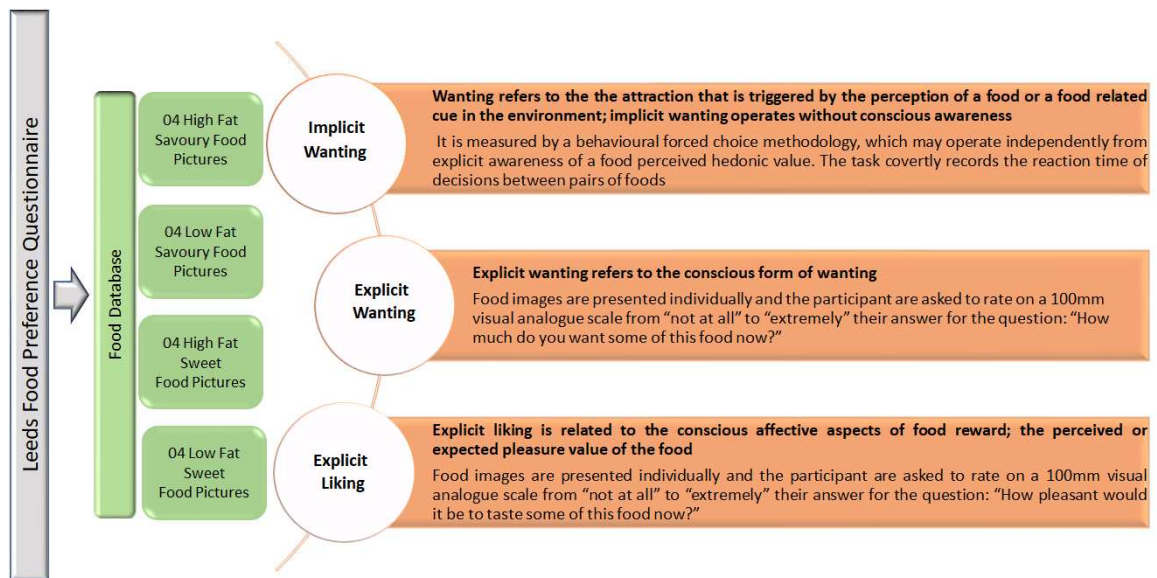
149 distinctions among the food items. Three clusters were constructed: 1) content of fat; 2) content
 150 of sweetness and 3) calorie amount, using the answers for each food on the Likert scale.
 151 Dissimilarity dendograms, analysis of intraclass variance and centroid mean distance were
 152 constructed.

153

154 **b) The Leeds Food Preference Questionnaire (LFPQ) and Brazilian Portuguese Version of**
 155 **the LFPQ (LFPQ-BR)**

156 The LFPQ is a computer-based task developed to provide measures of different components
 157 of food preference and food reward. The measures taken by the task and the methodology used
 158 are summarized in Figure 01. Participants were presented with an array of 16 ready-to-eat food
 159 images, which are common in the diet. Food images were chosen from a validated database,
 160 four from each category, as follows: high fat sweet (HFSW), high fat savoury (HFSa), low fat
 161 sweet (LFSW) and low fat savoury (LFSa) (Dalton and Finlayson, 2014; Finlayson et al., 2008).

162



163 **Figure 1** Measures taken by the Leeds Food Preference Questionnaire.

164 Text from the original version of the LFPQ (Finlayson et al., 2007) was translated by one of
165 the authors, a Brazilian-Portuguese native speaker with English Skills, who translated the English
166 version into Brazilian-Portuguese. The original English task was also sent to a bilingual professor
167 who has expertise in the area and to a certified translator. The versions were compared,
168 discrepancies were discussed, and modifications were made to achieve the most accurate
169 Portuguese version of the task, which was piloted before the experiment.

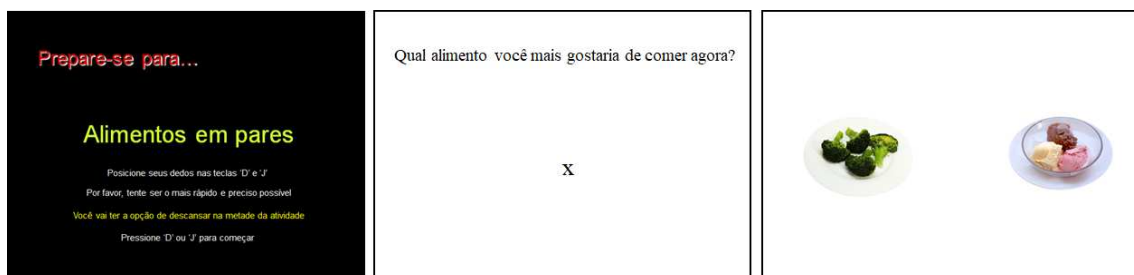
170

171 ***Implicit wanting and food preference***

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173 Implicit wanting and food preference were measured using a forced choice
174 methodology. Participants are presented with 96 randomized food pairs ensuring every image
175 from each of the four categories is compared to every image from other categories, and are
176 instructed to answer as quickly and accurately as possible “which food do you most want to eat
177 now?”. Reaction times are covertly recorded and used to compute mean response times for
178 each food category. Both selection (positively contributing) and non-selection (negatively
179 contributing) are recorded to calculate implicit wanting scores (frequency-weighted algorithm).
180 A positive score indicates a more rapid preference for a given food category relative to the
181 alternatives in the task and a negative score indicates the opposite. A score of zero would
182 indicate that the category is equally preferred (Figure 2).

183



184 **Figure 2** Representation of the paired foods instructions and the implicit wanting trials of the
185 LFPQ-BR.

186 *Which food do you most want to eat now?

187

188 **Explicit Liking and Explicit Wanting**

189

190 To measure explicit liking and explicit wanting, participants were presented with food
191 images individually and were asked to rate on a 100mm visual analogue scale from “not at all”
192 to “extremely” two questions for each food: “How pleasant would it be to taste some of this
193 food now?” for explicit liking assessment and “How much do you want some of this food now?”
194 for the explicit wanting measure. Final scores range from 0 to 100 (Figure 3).



196 **Figure 3** Representation of the single foods instructions, explicit liking (a) and explicit wanting
197 (b) trials of the LFPQ-BR.

198 (a) *How pleasant would it be to taste some of this food now?*

199 (b) *How much do you want some of this food now?*

200 * *Not at all ----- Extremely*

201

202 **Fat Appeal Bias and Taste Appeal Bias**

203

204 For each one of the constructs of food reward (explicit liking and wanting; and implicit
205 wanting) the fat appeal bias and sweet appeal bias were calculated for explicit liking, explicit
206 wanting or implicit wanting, according to high fat relative to low fat foods (subtracting the mean

207 high fat values from the mean low fat values), and sweet relative to savoury foods (subtracting
208 the mean sweet values from the mean savoury values).

209 **c) Experimental procedure using the LFPQ-BR**

210

211 ***Participants and Study Design***

212

213 Participants were recruited by social media and flyers with a call to participate in
214 research about food preferences and behaviour. Forty-eight adult (above 18 and under 60 years)
215 male and female participants were included. They participated in a voluntary basis, as they did
216 not receive any form of reward for the study. Exclusion criteria were smoking, pregnancy,
217 diagnosed metabolic disease such as diabetes and hypo - or hyperthyroidism, and allergies
218 and/or aversion to the food served in the test meal or included in the LFPQ-BR.

219 The experiment was set up at the Dietary Technique Laboratory, which has a private air-
220 conditioned room where the participants were evaluated. Screening was performed by email to
221 investigate inclusion and exclusion criteria, and participants were asked to attend the laboratory
222 following a 4-hour fast on a previously scheduled appointment between 11am and 13pm.
223 Informed consent was obtained, and height and weight were measured with participants
224 standing, wearing light clothes and no shoes. This was followed by testing the food preferences
225 of the participants in fasted state, evaluated by the LFPQ-BR. A standardised test meal was
226 provided, then 10 minutes after consuming it, the LFPQ-BR was undertaken again to evaluate
227 food preferences in the fed state. Subjective appetite measures were undertaken before and
228 after the test meal. Finally, the Binge Eating Scale was completed at the end of the experiment.
229 The whole visit for each participant lasted approximately 1 hour. This study was formally
230 approved by the ethical committee of the Federal University of São Paulo (#0531/2016) and was
231 carried out in accordance with the principles of the Declaration of Helsinki.

232 ***Test Meal***

233 The test meal was fixed at the same amount for all participants and was piloted before
234 the experiment to adjust for taste acceptance and suitability of the amount provided. The lunch
235 consisted of 500 gram (\cong 650 kcal) of penne, meatballs and mixed buttered vegetable (carrots,
236 barred potato, broccoli and fine beans), 150 ml of orange juice and 150 ml of water. The test
237 meal was planned to be predominantly savoury and we aimed to plan a balanced meal in terms
238 of macronutrient distribution and calorie amount (Ministério do Trabalho e Emprego, 2006;
239 Ministry of Health of Brazil, 2014) (Table 1). It was prepared fresh every day and participants
240 were instructed to consume the meal in its entirety.

Table 1 Nutritional value of the test meal planned to be balanced in terms of
macronutrient distribution and calorie amount.

Food	Total (g)	Protein (g)	Fat (g)	Carbohydrates (g)
Pasta	120.5	4.08	0.48	27.60
Tomate sauce	110	1.54	10.01	7.40
Meat Balls	124	26.59	11.13	11.71
Buttered vegetables	149	2.28	3.30	14.37
Orange juice	150	1.05	0.15	11.40
Total	653.5	35.54	25.07	72.48

242

243 ***Binge Eating Scale (BES)***

244

245 Binge eating symptoms were assessed using the Binge Eating Scale (BES). This is a 16-
246 item self-report instrument to investigate behavioural manifestations (eight items) and feelings
247 and cognitions (eight items) of binge eating. For each item, three or four statements are given
248 that increase in severity and the participant is asked to select a statement that best describes
249 how they usually behave/feel. Scores are summed and binge eating behaviour is classified into
250 levels of severity: mild (scoring 17 or less), moderate (18-26) and severe (\geq 27) (Freitas et al.,
251 2001; Gormally et al., 1982).

252

253 ***Appetite Measures***

254

255 In order to verify the efficacy of the manipulation of the hunger/satiation state,
256 subjective appetite measures were undertaken before and after the test meal, using a paper-
257 based visual analog scale (VAS), where the participant selected a position on a continuous
258 100mm linear scale to represent their answer to the question. To evaluate hunger the
259 participant answered the question “how hungry are you?” and the anchor points were “not at
260 all hungry” and “extremely hungry”. Desire to eat was measured by the question “how much
261 food could you eat?” and anchor points “a small amount” and “a large amount”. Finally, to
262 evaluate fullness the question was “how full do you feel?” and anchor points were “not at all
263 full” and “extremely full”.

264

265 ***Statistical analysis***

266 All variables underwent a compliance test to check their distribution against theoretical
267 curves. For this, histograms were analyzed and the Kolmogorov-Smirnov test for normality and
268 Levene test were applied to verify homoscedasticity.

269 General Linear Models (GLM) were used to observe the main effects and its interactions
270 of taste (savory or sweet), fat (high or low) and condition (fasted or fed) among dependent
271 variables: explicit liking, explicit wanting and implicit wanting. The t-Student test for related
272 samples was used to compare different scores between two dependent groups.

273 Multiple linear regression models were developed to investigate the relationship
274 between independent variables and dependent variables: explicit wanting of high fat sweet
275 food, explicit liking high fat sweet food, implicit wanting high fat sweet food, explicit wanting
276 sweet appeal bias and implicit wanting fat appeal bias. It was tested as independent variables
277 **for** those who presented Pearson’s correlation greater than 0.20 with dependent variables and
278 only those with the statistically significant coefficient of regression remained. The insertion of

279 variables in the models was done by stepwise method with forward selection. The fit of the
280 models was evaluated by residual analysis.

281 All analyses were conducted using Statistical Package for Social Sciences (SPSS) for
282 Windows version 15.0.1. For all analyses, results were considered significant with $p < 0.05$.

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300 **RESULTS**

301 **a) Food database validation**

302 Results from the validation demonstrated that 33 food images were properly recognized
303 and habitually consumed. Foods were considered adequate if their mean values on the 7-point
304 Likert scale answers were above 5 for the high content of fat, calorie and sweet taste; and lower
305 than 3 for the low content of fat, calorie and sweet taste. (Table 2). Further, we conducted
306 cluster analysis to confirm the classification of each food in the category they were assigned.

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Table 2 Thirty three food cues validated for the LFPQ-BR, divided into the four categories.

	Food	Reconize?	Have eaten?	Like?	Is it fat? (mean ± SD)	Is it sweet? (mean ± SD)	Is it high calorie? (mean ± SD)
High Fat Sweet	Chocolate M&Ms	100%	100%	90.2%	5.61 ± 0.8	5.94 ± 0.7	5.84 ± 0.7
	Chocolate cheesecake	91.9%	90.2%	80.5%	5.45 ± 0.7	5.51 ± 0.7	5.78 ± 0.8
	Ice cream	100%	99.2%	90.2%	6.16 ± 0.8	6.00 ± 0.8	6.23 ± 0.8
	Milk chocolate	99.2%	100%	91.1%	5.39 ± 0.8	5.54 ± 0.8	5.61 ± 0.8
	<i>Paçoca</i> ¹	88.9%	92%	80.5%	5.30 ± 0.9	5.75 ± 0.9	5.67 ± 0.9
	Chocolate chip cookies	99.2%	99.2%	80.5%	5.40 ± 0.8	5.52 ± 0.8	5.62 ± 0.9
	Chocolate Balls*	99.2%	92%	80.5%	5.46 ± 0.9	5.54 ± 1.1	5.85 ± 0.8
Low Fat Sweet	Red Grapes	100%	100%	88%	1.41 ± 0.7	5.08 ± 0.7	2.46 ± 1.1
	Fruit Salad	98.1%	97%	82.2%	1.80 ± 0.8	5.08 ± 0.7	2.73 ± 0.9
	Watermelon	100%	98.1%	83.3%	1.00 ± 0.0	5.12 ± 0.7	2.22 ± 1.1
	Papaya	100%	97%	82.2%	1.69 ± 0.8	5.08 ± 0.7	2.36 ± 0.9
	Melon	97%	97%	85.8%	1.41 ± 0.7	5.05 ± 0.7	1.99 ± 0.9
	Banana	100%	99.2%	89.4%	1.58 ± 0.8	5.13 ± 0.7	2.77 ± 1.0
	Mango*	92%	92%	85.8%	2.39 ± 1.2	5.20 ± 1.0	2.85 ± 1.1
High Fat Savoury	Cheeseburger	100%	98.4%	80.5%	5.93 ± 0.8	1.40 ± 0.7	6.18 ± 0.7
	Pepperoni pizza	99.2%	99.2%	90.2%	5.89 ± 0.9	1.77 ± 1.0	6.15 ± 0.7
	<i>Coxinha</i> ²	99.4%	97.5%	85.8%	6.30 ± 0.7	1.64 ± 0.9	6.42 ± 0.6
	<i>Pastel frito</i> ³	98.1%	96.3%	83.3%	5.88 ± 0.7	1.77 ± 0.9	5.86 ± 0.7
	<i>Pão de queijo</i> ⁴	98.8%	98.1%	91.3%	5.08 ± 0.7	1.72 ± 0.9	5.09 ± 0.9
	French Fries	98.4%	97.6%	86.2%	5.89 ± 0.8	1.26 ± 0.5	5.98 ± 0.8
	Croissant with ham and cheese*	100%	95.9%	86.2%	5.29 ± 1.1	1.93 ± 1.1	5.65 ± 1.0
	Salami slices*	100%	96.7%	91.3%	5.98 ± 0.9	1.51 ± 1.1	5.86 ± 1.1

	Peanuts*	95.6%	95.6%	85.1%	5.08 ± 1.1	2.07 ± 1.4	5.17 ± 1.2
Low Fat Savoury	Brocoli	100%	100%	82.1%	1.00 ± 0.0	1.00 ± 0.0	1.23 ± 0.5
	Lettuce-Tomato salad	100%	97.5%	95.1%	1.00 ± 0.0	1.35 ± 0.6	1.00 ± 0.0
	Sweetcorn on the cob	100%	99.4%	87.7%	2.28 ± 1.0	1.91 ± 0.9	2.59 ± 0.9
	Chicken-salad sandwich	97.5%	92%	80.2%	2.29 ± 0.7	1.69 ± 0.8	2.29 ± 0.9
	Fine Beans	95.1%	90.2%	83.3%	1.64 ± 0.8	1.43 ± 0.8	1.89 ± 0.8
	Tomatoes	100%	99.2%	83%	1.00 ± 0.0	2.03 ± 0.9	1.62 ± 0.8
	Carrots*	100%	100%	85.8%	1.33 ± 0.6	2.37 ± 1.1	1.85 ± 1.0
	Cod Meal*	99.2%	96.7%	82.9%	2.43 ± 1.1	2.43 ± 1.0	2.43 ± 1.1
	Mixed salad*	100%	99.2%	80.5%	1.27 ± 0.6	1.35 ± 0.6	1.58 ± 0.8
	Taboulli*	85.8%	82.2%	80.5%	2.38 ± 1.0	1.85 ± 1.1	2.85 ± 1.0

320 1 – Candy made with peanut; 2 - Shredded chicken meat, covered in dough, molded into a shape resembling a chicken leg, battered and fried; 3 - half-circle or rectangle-shaped thin crust pies with assorted fillings,

321 fried in vegetable oil; 4 - a type of baked starch tart cookie, salt vegetable oil and cheese. SD = standard deviation. *Food image validated but not used in the present experiment.

322 Table 3 presents the results of the hierarchical cluster analysis for three variables
323 (sweetness, content of fat, and calories). For each variable, three clusters were generated (C1,
324 C2 and C3).

Table 3 Results of hierarchical cluster analysis for three variables (content of fat, content of sweetness and calorie amount).

Variable	Cluster	Intraclass variation	Mean distance of centroid	Clustered food items	Suggested cluster name
Content of fat	C1	94.96	9.37	French Fries, Cheeseburger, <i>Pastel Frito</i> , Pepperoni pizza, <i>Coxinha</i> , <i>Pão de queijo</i> , Chocolate cheesecake, Milk chocolate, Chocolate M&Ms, Paçoca, Ice cream, Chocolate chip cookies, Croissant with ham and cheese, Chocolate balls, Oreos, Cheese puffs, Glazed doughnut, Salami slices, <i>Qindim</i> , Peanuts.	High fat
	C2	103.48	9.32	Chicken-salad sandwich, Letuce-Tomato salad, Tomatoes, Sweetcorn on the cob, Fine Beans, Brocoli, Watermelon, Banana, Red Grapes, Papaya, Melon, Fruit Salad, Carrots, Cod meal, Cucumber, Mixed salad, Tabouli, Mango, Apple, Strawberries, Orange, White rice.	Low fat
	C3	196.81	13.44	Cake, Biscuit cereal bar, Cream Crackers, Yogurt with strawberry and blueberry, White toast with butter, Bread roll, Caramel cereal bar, Cheese & crackers, Beef sandwich, Muffin, Cashews, Scrambled eggs and toast, White toast with jam, Light yogurt, Brie, Marshmallow, <i>Biscoito de polvilho</i> , Boiled sweets.	Probably high fat
Sweetness	C1	121.57	10.64	French Fries, Cheeseburger, <i>Pastel Frito</i> , Pepperoni pizza, <i>Coxinha</i> , <i>Pão de queijo</i> , Chicken-salad sandwich, Letuce-Tomato salad, Tomatoes, Sweetcorn on the cob, Fine Beans, Brocoli, Carrots, Croissant with ham and cheese, Cod meal, Cucumber, Cheese puffs, Salami slices, Mixed salad, Peanuts, Tabouli, Cream Crackers, White toast with butter, Cheese & crackers, Beef sandwich, Cashews, Scrambled eggs and toast, Brie, <i>Biscoito de polvilho</i> , White rice.	Low sweet
	C2	104.63	9.84	Chocolate cheesecake, Milk chocolate, Chocolate M&Ms, Paçoca, Ice cream, Chocolate chip, cookies,	High sweet

				Watermelon, Banana, Red Grapes, Papaya, Melon, Fruit Salad, Chocolate balls, Oreos, Glazed doughnut, Cake, Quindim, Mango, Caramel cereal bar, Muffin, Marshmallow, Boiled sweets.	
	C3	170.35	11.99	Biscuit cereal bar, Yogurt with strawberry and blueberry, Apple, Bread roll, White toast with jam, Strawberries, Orange, Light yogurt.	Probably high sweet
Content of Calories	C1	102.73	9.70	French Fries, Cheeseburger, <i>Pastel Frito</i> , Pepperoni pizza, <i>Coxinha</i> , <i>Pão de queijo</i> , Chocolate cheesecake, Milk chocolate, Chocolate M&Ms, Paçoca, Ice cream, Chocolate chip cookies, Croissant with ham and cheese, Chocolate balls, Oreos, Cheese puffs, Glazed doughnut, Salami slices, Cake, Quindim, Peanuts, Bread roll, Muffin, Marshmallow, Boiled sweets.	High calorie
	C2	130.03	9.10	Chicken-salad sandwich, Letuce-Tomato salad, Tomatoes, Sweetcorn on the cob, Fine Beans, Brocoli, Watermelon, Banana, Red Grapes, Papaya, Melon, Fruit Salad, Carrots, Cod meal, Cucumber, Mixed salad, Tabouli, Mango, Apple, Strawberries, Orange.	Low calorie
	C3	176.35	12.68	Biscuit cereal bar, Cream Crackers, Yogurt with strawberry and blueberry, White toast with butter, Caramel cereal bar, Cheese & crackers, Beef sandwich, Cashews, Scrambled eggs and toast, White toast with jam, Light yogurt, Brie, <i>Biscoito de polvilho</i> , White rice.	Probably high calorie

327 The foods allocated on the C3 clusters of each analysis were not considered validated
328 because the perception of the total fat, sweetness and/or calorie content appeared confusing
329 to respondents. In other words, the third cluster indicated the participants did not consistently
330 perceive that food as high or low fat/sweet/calorie.

331 Considering the above, a set of 33 food images were validated (Supplementary Figure 1) and
332 24 food images were used in the present experiment, 4 for each category and 2 backups for each
333 category. The set of 16 foods were shown to participants before they started the task for the
334 first time and the backup images were used when the participant reported strong disliking for
335 any of the foods originally presented. The results of the food not validated for the LFPQ-BR can
336 be seen in Supplementary Table 1 and the food pictures not validated are shown in
337 Supplementary Figure 2.

338 **b) LFPQ-BR experimental results**

339 Twenty-one males and 27 females, born in Brazil, with a mean BMI 26.6 (± 0.9) kg/m²,
340 ranging from 16.46 kg/m² to 54.28 kg/m² were evaluated in this study. Mean age was 32.8 (± 1.4)
341 years and they presented mean weight of 75.1 (± 2.9) kg and height 1.67 (± 0.01) metres. Family
342 income was distributed as follow: 10.4% earn up to 2 minimum wages; 25% 2-4 minimum wages;
343 31% 5-10 minimum wages; 20.8% more than 10 minimum wages; and 12.8 % did not respond
344 to this question. Percent of educational attainment levels was: 2.1% lower secondary level; 4.2%
345 upper secondary level; 18.8% incomplete tertiary level; 20.8% complete tertiary level; and 54.1%
346 post graduate level.

347 The results are expressed as mean (standard error). Fasted and fed scores of explicit liking,
348 implicit wanting and explicit wanting of high fat savoury, low fat savoury, high fat sweet and low
349 fat sweet, fat appeal bias and taste appeal bias are shown in Table 4.

350

Table 4. Implicit wanting, explicit liking and explicit wanting for the food categories and appeal biases of the LFPQ-BR on fasted and fed states.

	Fasted			Fed		
	Explicit Liking	Implicit Wanting	Explicit Wanting	Explicit Liking	Implicit Wanting	Explicit Wanting
HFSA	66.8 (3.6)	16.3 (5.2)	60.9 (4.0)	9.5 (1.8) [£]	-47.8 (2.0) [£]	8.8 (1.8) [£]
LFSA	65.6 (2.8)	15.1 (3.7)	66.4 (2.8)	13.6 (2.0) [£]	-26.2 (2.9) [£]	12.2 (2.1) [£]
HFSW	46.3 (3.4)	-24.0 (4.7)	41.3 (3.3)	57.4 (4.1)	38.7 (3.6) [£]	53.2 (4.1)
LFSW	51.6 (3.3)	-7.5 (4.8)	50.4 (5.5)	52.3 (4.6)	35.2 (3.1) [£]	49.1 (4.6)
Fat Appeal Bias	-2.0 (3.5)	-7.6 (6.19)	-7.3 (3.7)	0.5 (2.0)	-9.0 (4.2)	0.3 (2.2)
Sweet Appeal Bias	-17.2 (3.5)	-31.5 (5.7)	-17.8 (3.7)	43.3 (3.8) ^α	74.0 (2.8) ^α	40.7 (3.7) ^α

HFSA = High Fat Savoury; LFSA = Low Fat Savoury; HFSW = High Fat Sweet; LFSW = Low Fat Sweet

^α Two way interaction between condition and taste; p<0.001

[£] Three way interaction between condition, taste and fat; p<0.001

352 ***Food reward in fasted and fed states***

353 *Explicit Liking*

354 Explicit liking was greater in fasted compared to fed state ($p < 0.001$) and there was a
355 greater explicit liking in general for sweet foods ($p < 0.001$). As shown in Table 4, there was an
356 interaction between condition and taste with a greater liking for sweet foods on fed compared
357 to fasted condition and a three way interaction between condition, taste, and fat with explicit
358 liking for high fat and low fat savoury foods decreasing in the fed compared to the fasted state.

359 *Implicit wanting*

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361 There was a main effect of taste with implicit wanting being higher for sweet compared
362 to savoury food ($p < 0.001$). There was an interaction between condition and taste as there was
363 an increase in implicit wanting for sweet foods in the fed compared to fasted state. Finally, there
364 was an interaction between condition, taste and fat: implicit wanting for high fat and low fat
365 savoury were higher in the fasted compared to fed state and the opposite for high fat and low
366 sweet (Table 4).

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368 *Explicit Wanting*

369 Explicit wanting was higher in the fasted state ($p < 0.001$) and a greater for sweet
370 compared to savoury foods ($p < 0.001$). An interaction between condition and taste showed a
371 greater explicit wanting for sweet foods in the fed compared to fasted state and, lastly, there
372 was a three way interaction between condition, taste and fat with explicit wanting for high fat
373 savoury and low fat savoury foods being higher in the fasted compared to fed state (Table 4).

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377 ***Comparisons between high and low binge eating scorers, sex and food reward in fasted and***
378 ***fed states***

379 Univariate analysis showed that the explicit liking sweet appeal bias (explicit liking for
380 sweet relative to savoury food) was greater in individuals who scored more (scored greater than
381 7.5 [median value]) on binge eating symptoms ($p=0.03$). Additionally, individuals with higher
382 binge eating symptoms scores presented greater explicit wanting for high fat sweet in the fed
383 state ($p=0.04$), while scoring lower on explicit wanting low fat sweet, although this last result
384 only approached significance ($p=0.09$).

385 Comparisons between sexes showed that women had greater implicit wanting for high
386 fat sweet (-12.9 versus -38.3; $p=0.007$) and implicit wanting sweet appeal bias (-21.2 versus -
387 44.9; $p=0.03$) compared to men in the fasted state. In the fed condition, implicit wanting high
388 fat sweet was also greater for women (45.3 versus 30.3, $p=0.03$).

389

390 ***Independent predictors of food reward***

391

392 All measures of the LFPQ (36 measures) in fasted and fed states were tested for
393 correlation with the participant's BMI. Six of these measures presented $r>0.25$ and $p<0.05$. A
394 positive association between BMI and implicit wanting fat appeal bias in the fasted state
395 ($r=0.329$; $p=0.023$) and with implicit wanting high fat sweet in the fasted state ($r=0.411$; $p=0.004$)
396 was observed. A negative correlation was also found between BMI and implicit wanting low fat
397 savoury ($r=-0.293$; $p=0.043$) and explicit wanting low fat savoury ($r=-0.331$; $p=0.021$) in fasted
398 state. In the fed condition explicit wanting low fat sweet ($r=-0.287$; $p=0.048$) and explicit liking
399 low fat sweet ($r=-0.301$; $p=0.038$) presented a negative correlation with BMI.

400 As can be seen in Table 5, regression analysis showed that BMI was an independent
401 factor of implicit wanting high fat sweet in the fasted state, and sex (female) was an independent
402 factor of this variable in fasted and fed states. BMI was also an independent predictor of fat

403 appeal bias in the fasted state after the result was adjusted for sex. In addition, explicit wanting
404 high fat sweet and sweet appeal bias was associated with binge eating symptoms and age in the
405 fed state, but not when fasted. Lastly, binge eating symptoms were also an independent
406 predictor of explicit liking high fat sweet in the fed state and not the fasted state.

407 It was not possible to fit a significant model for the variables high fat savoury, low fat
408 savoury and low fat sweet in fasted and fed states.

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Table 5 Multiple regression analysis of LFPQ measures and independent factors in fasted and fed states.

Model	Fasted			Fed		
	Independent Variables	Standardized coefficients (β)	P	Independent Variables	Standardized coefficients (β)	p
Explicit Wanting HFSW	Constant†	34.47	0.001	Constant	90.50	<0.001
	Age (years)	-0.13	0.36	Age (years)	-0.30	0.03
	BES	0.21	0.15	BES	0.38	0.008
				BMI (kg/m ²)*	-0.24	0.11
Explicit Liking HFSW	Constant†	52.16	<0.001	Constant	92.60	<0.001
	Age (years)	-0.17	0.24	Age (years)*	-0.25	0.09
	BES	0.06	0.66	BES	0.32	0.02
Implicit Wanting HFSW	Constant	-67.64	<0.001	Constant	45.31	<0.001
	Sex††	-0.40	0.001	Sex††	-0.30	0.03
	BMI (kg/m ²)	0.42	0.002			
Explicit Wanting Sweet Appeal Bias	Constant†	-38.07	0.02	Constant	56.04	<0.001
	Age (years)	0.21	0.15	Age (years)	-0.35	0.01
	BES	0.06	0.65	BES	0.32	0.02
Implicit Wanting Fat Appeal Bias	Constant	-57.99	0.02	Constant†	-14.84	0.39
	BMI (kg/m ²)	0.33	0.02	BMI (kg/m ²)	0.11	0.43
	Sex††	-0.18	0.19	Sex††*	-0.27	0.06

HFSW = High Fat Sweet

Bold values are significant variables (p<0.05) of significant models; *Adjustment variable; † not significant model; ††F= female; M=male; BMI=Body Mass Index; BES= Binge Eating Scale

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414 ***Subjective appetite measures in fasted and fed conditions***

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416 Results from the VAS indicated a good manipulation of fasted/fed state. Subjective
417 measures of hunger (62.8 ± 21.1 vs 4.0 ± 7.1 ; $p < 0.001$) and desire to eat (61.2 ± 18.0 vs $7.2 \pm$
418 14.6 ; $p < 0.001$) decreased significantly, while fullness (27.3 ± 21.3 vs 87.6 ± 11.4) increased
419 significantly after consuming the test-meal. A negative correlation was found between fullness
420 and binge eating scores in the fed condition ($r = -0.391$; $p < 0.001$).

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436 **DISCUSSION**

437 The main aim of this study was to test the sensitivity of a culturally adapted version of
438 the Leeds Food Preference Questionnaire for a Brazilian population (LFPQ-BR). The LFPQ
439 presents a standardised methodology to measure distinct psychological constructs of food
440 reward (Liking and Wanting), which is novel in Brazil. The results showed there was consistency
441 between the LFPQ-BR results and previous studies in the literature on food reward with
442 decreased explicit liking, implicit wanting and explicit wanting for food in general in the fed state,
443 and an increase for sweet preferences after a savoury test meal. Binge eating symptoms were
444 confirmed to be a relevant predictor for high fat sweet liking and wanting in the present
445 population. Importantly, we evaluated the procedure using male and female participants with a
446 wide range of BMI, which enabled us to test for the effect of adiposity and sex on LFPQ outcomes
447 for the first time.

448 It was observed that some foods were not properly (or consistently) recognized in terms
449 of their nutritional value (sweetness and content of fat and calories). Therefore, some food
450 images were not considered validated for the LFPQ-BR. Additionally, a few foods were not
451 confirmed as being habitually consumed and/or liked, thus were not considered adequate for
452 use even though they were adequately perceived in terms of their nutritional value. All together,
453 these measures were taken to ensure the instrument is culturally adapted.

454 Our results are consistent with those reported in previous studies using the LFPQ with
455 increased ratings of explicit measures of liking and wanting for food in general under fasted
456 compared to fed conditions (Alkahtni et al., 2016; Cameron et al., 2014; Finlayson et al., 2008),

457 Furthermore, we were able to observe that explicit liking, explicit wanting and implicit
458 wanting for both high and low fat savoury foods decreased in the fed compared to fasted state.
459 This three way interaction is a result consistent with Griffioen-Roose et al. (2010) who reported
460 a decrease of liking and wanting of snacks with a similar taste from a given preload, being that

461 savoury would have a stronger modulating effect on subsequent food choice than a sweet
462 preload. Thus, we were able to observe in our study a form of sensory specific satiation after a
463 predominantly savoury test-meal.

464 We found a two-way interaction between condition and taste on the three components
465 of food reward: explicit liking, explicit wanting and implicit wanting for sweet foods was
466 increased to a greater extent under fed compared to fasted states. In other words, in addition
467 to sensory specific satiation, we also observed an increased implicit and explicit wanting and
468 explicit liking of sweet taste under fed compared to fasted states after a savoury meal, which
469 also indicates a separation in liking and wanting in a manner consistent with the previously
470 consumed food (transition from a wanting and liking of a savoury to a sweet taste after a savoury
471 meal)Therefore, the cited results support the sensitivity of the LFPQ-BR to identify a switch in
472 taste preference after a test meal.

473 Regression analyses highlighted that BMI was an independent predictor of implicit
474 wanting fat appeal bias after adjusting for sex, meaning that BMI would similarly predict greater
475 implicit wanting for high fat relative to low fat food in men and women. This finding is
476 conceptually interesting as the implicit wanting ratings are measured by a behavioural forced
477 choice methodology when the participant is instructed to select the food – presented in pairs –
478 “they most want to eat now” and participant reaction time is covertly recorded. Thus, the
479 motivated behavioural response may operate independently from the explicit awareness of a
480 food perceived hedonic value (Finlayson et al., 2008). As further support to present the LFPQ-
481 BR as a valid method, this finding is in accordance to Nijs et al (2010) who reported a tendency
482 in overweight/obese women – especially in a hungry state – to have an enhanced automatic
483 orientation towards food pictures compared to lean women. In fact, evidence for an association
484 between reward sensitivity and BMI has been shown, suggesting that genotype, dietary factors,
485 and signals from adipose tissue that are altered by weight status may have an effect on

486 dopaminergic transmission (Horstmann, 2017). Therefore, the results presented here implying
487 an effect of weight status on high fat food preference, highlights the sensitivity of this simple,
488 easy-to-use and accurate behavioural task (LFPQ) to provide important evidence in human food-
489 reward research.

490 When it comes to sweet preferences, an interesting **sex** and BMI effect was found in our
491 regression model. It was observed that **sex** (with female being the indicative category) and BMI
492 were independent factors of implicit wanting high fat sweet foods in the fasted state and sex
493 remained as a predictor in the fed state. Previous studies have shown that females tends to
494 prefer sweet-related comfort food, while males tends to prefer savoury meal-comfort food
495 Wansink et al (2003) and impaired control over eating sweets and mood altering effects of eating
496 sweets were found to be more likely in female than male participants (Kampov-Polevoy et al.,
497 2006). Why or how the hedonic sensitivity to this type of food is sex-dependent is largely
498 unknown, however, animal data offer some support, demonstrating sex-related effects on gene
499 expression in the mesolimbic reward system after a high fat and high-sugar cafeteria diet Ong
500 et al (2013).

501 We also sought to verify the role of binge eating symptoms on the LFPQ-BR results.
502 Previously, (Dalton et al., 2013a) have shown that both lean and obese women with high scores
503 on the BES had enhanced wanting for high fat sweet foods and increased intake and/or craving
504 for this type of food. We found that individuals with higher scores of binge eating symptoms
505 presented greater explicit wanting for high fat sweet food in the fed state. Additionally, we
506 observed greater explicit liking sweet appeal bias (explicit liking for sweet relative to savoury
507 food) in the higher BES group compared to the lower BES group. Kampov-Polevoy et al. (2006)
508 suggested that craving and impaired control over eating sweets is related to sweet liking. Earlier,
509 Greeno et al. (2000) also linked the hedonic response to sweet taste to binge eating.

510 Moreover, the BES score was an independent predictor of explicit wanting and liking for
511 high fat sweet food and explicit wanting sweet appeal bias. A greater wanting and liking (hedonic
512 hunger) for high fat sweet foods in the absence of hunger (fed condition) on individuals who
513 scored higher on BES was observed. In fact, highly palatable food continues to be consumed
514 even when energetic needs are satisfied, which does not happen to the same extent with
515 standard food (Finlayson et al., 2007; Kenny, 2011) and this outcome for binge eating
516 strengthens the validation of the LFPQ-BR. Previously, Nasser et al (2008) have demonstrated
517 that obese individuals with binge eating showed increased motivation for food when satiated,
518 but not when hungry. Therefore, we suggest that in the presence of physiological hunger the
519 results would be more balanced between higher binge eating and lower binge eating groups and
520 the difference would become greater when hunger was suppressed.

521 Although the manipulation of hunger state was efficient (evaluated using a 100mm
522 visual analog scale before and after the test meal) we observed a negative association between
523 fullness and binge eating scores at fed condition and a positive association between binge eating
524 scores and hunger also after the meal, but this last result only approached significance. It is
525 important to mention that reward-driven eating has been suggested to override the effect of
526 satiety (Berthoud and Morrison, 2008), however, this is still a provocative idea because it has
527 also been shown that weakened satiety and elevated post prandial hunger are features of binge
528 eating disorders (Sysko et al., 2007). Therefore, in accordance with Finlayson et al. (2011), the
529 results presented in this study would indicate that trait binge eating would be related to
530 differences in both hunger and reward. Future studies are needed to confirm this hypothesis as
531 (a) we have not evaluated a binge eating clinical sample and (b) we did not have high levels of
532 binge eating severity in our sample. Thus, these findings should be interpreted with caution.

533 This study has some strengths and limitations. As cited, we did not evaluate a binge
534 eating clinical sample, which could have given more clear results. Nevertheless, we were able to

535 distinguish responses related to hedonic eating in individuals who scored higher or lower on the
536 binge eating scale. On the other hand, we used a wide range of BMI and this could be taken as
537 a strength of the present study, along with the effort of having a measure of hunger/satiation
538 to test the state manipulation. Another limitation was the sample size. Because our study is
539 complex and employed a number of steps, it was hard to recruit participants. Some non-
540 significant effects and differences observed in the univariate analysis could be significant in a
541 larger sample. Furthermore, investigating a more heterogeneous sample in terms of
542 socioeconomic status would be a very interesting issue for future research.

543 **In conclusion**, the LFPQ-BR, evaluated before and after a fixed test meal, demonstrated
544 good consistency with previously reported outcomes using the original version of the platform.
545 We were able to distinguish responses according to adiposity and perturbed eating behavior and
546 demonstrated important sex-dependent food choices. Therefore, the results presented here
547 indicate that the LFPQ-BR is a potentially useful instrument for the evaluation of liking and
548 wanting for food in the Brazilian population.

549

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552 REFERENCES

- 553 Alkahtni, S.A., Dalton, M., Abuzaid, O., Obeid, O., Finlayson, G., 2016. Validation of
554 the Leeds Food Preference Questionnaire in Arabs. **Asia Pacific Journal of**
555 **Clinical Nutrition** 25, 257–264.
- 556 Beaver, J.D., 2006. Individual Differences in Reward Drive Predict Neural Responses
557 to Images of Food. **Journal of Neuroscience** 26, 5160–5166.
558 <https://doi.org/10.1523/JNEUROSCI.0350-06.2006>
- 559 Berthoud, H.-R., 2006. Homeostatic and Non-homeostatic Pathways Involved in the
560 Control of Food Intake and Energy Balance. **Obesity** 14, 197S-200S.
561 <https://doi.org/10.1038/oby.2006.308>
- 562 Berthoud, H.-R., Morrison, C., 2008. The Brain, Appetite, and Obesity. **Annual Review**
563 **of Psychology** 59, 55–92.
564 <https://doi.org/10.1146/annurev.psych.59.103006.093551>

- 565 Blundell, J.E., Finlayson, G., 2004. Is susceptibility to weight gain characterized by
566 homeostatic or hedonic risk factors for overconsumption? **Physiology &**
567 **Behavior** 82, 21–25. <https://doi.org/10.1016/j.physbeh.2004.04.021>
- 568 Cameron, J.D., Goldfield, G.S., Finlayson, G., Blundell, J.E., Doucet, É., 2014. Fasting
569 for 24 Hours Heightens Reward from Food and Food-Related Cues. **PLoS ONE**
570 9, e85970. <https://doi.org/10.1371/journal.pone.0085970>
- 571 Dalton, M., Blundell, J., Finlayson, G., 2013a. Effect of BMI and Binge Eating on Food
572 Reward and Energy Intake: Further Evidence for a Binge Eating Subtype of
573 Obesity. **Obesity Facts** 6, 348–359. <https://doi.org/10.1159/000354599>
- 574 Dalton, M., Finlayson, G., 2014. Psychobiological examination of liking and wanting
575 for fat and sweet taste in trait binge eating females. **Physiology & Behavior**
576 136, 128–134. <https://doi.org/10.1016/j.physbeh.2014.03.019>
- 577 Dalton, M., Finlayson, G., Esdaile, E., King, N., 2013b. Appetite, Satiety, and Food
578 Reward in Obese Individuals: A Behavioral Phenotype Approach. **Current**
579 **Nutrition Reports** 2, 207–215. <https://doi.org/10.1007/s13668-013-0060-4>
- 580 Finlayson, G., Arlotti, A., Dalton, M., King, N., Blundell, J.E., 2011. Implicit wanting
581 and explicit liking are markers for trait binge eating. A susceptible phenotype for
582 overeating. **Appetite** 57, 722–728. <https://doi.org/10.1016/j.appet.2011.08.012>
- 583 Finlayson, G., Bordes, I., Griffioen-Roose, S., de Graaf, C., Blundell, J.E., 2012.
584 Susceptibility to Overeating Affects the Impact of Savory or Sweet Drinks on
585 Satiation, Reward, and Food Intake in Nonobese Women. **The Journal of**
586 **Nutrition** 142, 125–130. <https://doi.org/10.3945/jn.111.148106>
- 587 Finlayson, G., King, N., Blundell, J., 2008. The role of implicit wanting in relation to
588 explicit liking and wanting for food: Implications for appetite control. **Appetite**
589 50, 120–127. <https://doi.org/10.1016/j.appet.2007.06.007>
- 590 Finlayson, G., King, N., Blundell, J.E., 2007. Is it possible to dissociate ‘liking’ and
591 ‘wanting’ for foods in humans? A novel experimental procedure. **Physiology &**
592 **Behavior** 90, 36–42. <https://doi.org/10.1016/j.physbeh.2006.08.020>
- 593 Freitas, S., Lopes, C.S., Coutinho, W., Appolinario, J.C., 2001. Tradução e adaptação
594 para o português da Escala de Compulsão Alimentar Periódica. **Revista**
595 **Brasileira de Psiquiatria** 23, 215–220. <https://doi.org/10.1590/S1516-44462001000400008>
- 596
- 597 Gormally, J., Black, S., Daston, S., Rardin, D., 1982. The assessment of binge eating
598 severity among obese persons. **Addictive Behaviors** 7, 47–55.
- 599 Greeno, C.G., Wing, R.R., Shiffman, S., 2000. Binge antecedents in obese women with
600 and without binge eating disorder. **Journal of Consulting and Clinical**
601 **Psychology** 68, 95–102.
- 602 Griffioen-Roose, S., Finlayson, G., Mars, M., Blundell, J.E., de Graaf, C., 2010.
603 Measuring food reward and the transfer effect of sensory specific satiety.
604 **Appetite** 55, 648–655. <https://doi.org/10.1016/j.appet.2010.09.018>
- 605 Griffioen-Roose, S., Hogenkamp, P.S., Mars, M., Finlayson, G., de Graaf, C., 2012.
606 Taste of a 24-h diet and its effect on subsequent food preferences and satiety.
607 **Appetite** 59, 1–8. <https://doi.org/10.1016/j.appet.2012.03.013>
- 608 Griffioen-Roose, S., Mars, M., Finlayson, G., Blundell, J.E., de Graaf, C., 2011. The
609 effect of within-meal protein content and taste on subsequent food choice and
610 satiety. **British Journal of Nutrition** 106, 779–788.
611 <https://doi.org/10.1017/S0007114511001012>
- 612 Hetherington, M.M., Macdiarmid, J.I., 1993. “Chocolate Addiction”: a Preliminary
613 Study of its Description and its Relationship to Problem Eating. **Appetite** 21,
614 233–246. <https://doi.org/10.1006/appe.1993.1042>

615 Hopkins, M., Gibbons, C., Caudwell, P., Blundell, J.E., Finlayson, G., 2016. Differing
616 effects of high-fat or high-carbohydrate meals on food hedonics in overweight
617 and obese individuals. **British Journal of Nutrition** 115, 1875–1884.
618 <https://doi.org/10.1017/S0007114516000775>

619 Horstmann, A., 2017. It wasn't me; it was my brain – Obesity-associated characteristics
620 of brain circuits governing decision-making. **Physiology & Behavior** 176, 125–
621 133. <https://doi.org/10.1016/j.physbeh.2017.04.001>

622 Januszewska, R., Pieniak, Z., Verbeke, W., 2011. Food choice questionnaire revisited in
623 four countries. Does it still measure the same? **Appetite** 57, 94–98.
624 <https://doi.org/10.1016/j.appet.2011.03.014>

625 Kampov-Polevoy, A.B., Alterman, A., Khalitov, E., Garbutt, J.C., 2006. Sweet
626 preference predicts mood altering effect of and impaired control over eating
627 sweet foods. **Eating Behaviors** 7, 181–187.
628 <https://doi.org/10.1016/j.eatbeh.2005.09.005>

629 Kenny, P.J., 2011. Reward Mechanisms in Obesity: New Insights and Future
630 Directions. **Neuron** 69, 664–679. <https://doi.org/10.1016/j.neuron.2011.02.016>

631 Leenaars, C.H.C., Zant, J.C., Aussems, A., Faatz, V., Snackers, D., Kalsbeek, A., 2016.
632 The Leeds food preference questionnaire after mild sleep restriction — A small
633 feasibility study. **Physiology & Behavior** 154, 28–33.
634 <https://doi.org/10.1016/j.physbeh.2015.11.007>

635 Lutter, M., Nestler, E.J., 2009. Homeostatic and Hedonic Signals Interact in the
636 Regulation of Food Intake. **The Journal of Nutrition** 139, 629–632.
637 <https://doi.org/10.3945/jn.108.097618>

638 Macdiarmid, J.I., Vail, A., Cade, J.E., Blundell, J.E., 1998. The sugar-fat relationship
639 revisited: differences in consumption between men and women of varying BMI.
640 **International Journal of Obesity and Related Metabolic Disorders** 22,
641 1053–1061.

642 Malta, D.C., Andrade, S.C., Claro, R.M., Bernal, R.T.I., Monteiro, C.A., 2014. Trends
643 in prevalence of overweight and obesity in adults in 26 Brazilian state capitals
644 and the Federal District from 2006 to 2012. **Revista Brasileira de**
645 **Epidemiologia** 17, 267–276. <https://doi.org/10.1590/1809-4503201400050021>

646 Marchioni, D.M., Claro, R.M., Levy, R.B., Monteiro, C.A., 2011. Patterns of food
647 acquisition in Brazilian households and associated factors: a population-based
648 survey. **Public Health Nutrition** 14, 1586–1592.
649 <https://doi.org/10.1017/S1368980011000486>

650 Ministério do Trabalho e Emprego, 2006. Portaria Interministerial n° 66, de 25 de
651 agosto de 2006. Altera os parâmetros nutricionais do Programa de Alimentação
652 do Trabalhador (PAT).

653 Ministry of Health of Brazil, 2014. Dietary Guidelines for the Brazilian Population.

654 Nasser, J.A., Evans, S.M., Geliebter, A., Pi-Sunyer, F.X., Foltin, R.W., 2008. Use of an
655 Operant Task to Estimate Food Reinforcement in Adult Humans With and
656 Without BED. **Obesity** 16, 1816–1820. <https://doi.org/10.1038/oby.2008.281>

657 Nijs, I.M.T., Muris, P., Euser, A.S., Franken, I.H.A., 2010. Differences in attention to
658 food and food intake between overweight/obese and normal-weight females
659 under conditions of hunger and satiety. **Appetite** 54, 243–254.
660 <https://doi.org/10.1016/j.appet.2009.11.004>

661 Ong, Z.Y., Wanasuria, A.F., Lin, M.Z.P., Hiscock, J., Muhlhausler, B.S., 2013. Chronic
662 intake of a cafeteria diet and subsequent abstinence. Sex-specific effects on gene
663 expression in the mesolimbic reward system. **Appetite** 65, 189–199.
664 <https://doi.org/10.1016/j.appet.2013.01.014>

- 665 Prescott, J., Young, O., O'Neill, L., Yau, N.J., Stevens, R., 2002. Motives for food
666 choice: a comparison of consumers from Japan, Taiwan, Malaysia and New
667 Zealand. **Food Quality and Preference** 13, 489–495.
668 [https://doi.org/10.1016/S0950-3293\(02\)00010-1](https://doi.org/10.1016/S0950-3293(02)00010-1)
- 669 Pryer, J.A., 2001. Dietary patterns among a national random sample of British adults.
670 **Journal of Epidemiology & Community Health** 55, 29–37.
671 <https://doi.org/10.1136/jech.55.1.29>
- 672 Ribeiro, G., Santos, O., 2013. Recompensa alimentar: mecanismos envolvidos e
673 implicações para a obesidade. **Revista Portuguesa de Endocrinologia,
674 Diabetes e Metabolismo** 8, 82–88. <https://doi.org/10.1016/j.rpedm.2013.09.001>
- 675 Swinburn, B.A., Sacks, G., Hall, K.D., McPherson, K., Finegood, D.T., Moodie, M.L.,
676 Gortmaker, S.L., 2011. The global obesity pandemic: shaped by global drivers
677 and local environments. **The Lancet** 378, 804–814.
678 [https://doi.org/10.1016/S0140-6736\(11\)60813-1](https://doi.org/10.1016/S0140-6736(11)60813-1)
- 679 Sysko, R., Devlin, M.J., Walsh, B.T., Zimmerli, E., Kissileff, H.R., 2007. Satiety and
680 test meal intake among women with binge eating disorder. **International
681 Journal of Eating Disorders** 40, 554–561. <https://doi.org/10.1002/eat.20384>
- 682 Tuomisto, T., Hetherington, M.M., Morris, M.F., Tuomisto, M.T., Turjanmaa, V.,
683 Lappalainen, R., 1999. Psychological and physiological characteristics of sweet
684 food “addiction.” **International Journal of Eating Disorders** 25, 169–175.
- 685 van Strien, T., Cebolla, A., Etchemendy, E., Gutiérrez-Maldonado, J., Ferrer-García,
686 M., Botella, C., Baños, R., 2013. Emotional eating and food intake after sadness
687 and joy. **Appetite** 66, 20–25. <https://doi.org/10.1016/j.appet.2013.02.016>
- 688 Wansink, B., Cheney, M., Chan, N., 2003. Exploring comfort food preferences across
689 age and gender1. **Physiology & Behavior** 79, 739–747.
690 [https://doi.org/10.1016/S0031-9384\(03\)00203-8](https://doi.org/10.1016/S0031-9384(03)00203-8)
691