

Why it is Important for School-age Children to Have Breakfast – A Commentary

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Objectives: In this commentary we emphasize the importance of breakfast for children, both from the point of view of proper nutritional education and as a strategy for the prevention of obesity. **Methods:** We reviewed the international literature, drawing particularly on information regarding the possible negative effects of skipping breakfast. **Results:** Obese children often do not eat breakfast and may face metabolic problems such as insulin resistance and hypercholesterolemia. The child who does not eat breakfast often becomes an adult who does not eat breakfast. The role of parents is fundamental in the acquisition of correct eating habits. **Conclusions:** The awareness that habits during childhood become elements of everyday life in adulthood, makes us understand the importance of the long-term consequences of skipping breakfast during childhood and adolescence.

Key words: breakfast; obesity; metabolic syndrome; child health; school health
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The central role of breakfast as part of a healthy lifestyle is well recognized and documented.^{1,2} Breakfast provides support for the energy and nutritional needs that are essential to face the day both physically and mentally.³ The promotion of a healthy breakfast is not only part of the nutrition education program, but also part of a more complex primary and secondary policy of overweight prevention in childhood.⁴ There is increasing evidence linking breakfast consumption and obesity, even in pediatric populations of different ethnicities.⁵⁻⁷ In fact, the first observations on the beneficial impact of breakfast in pediatric practice were published in the 1950s,⁸ but it was later, with the spread of adult and pediatric obesity, that its importance was defined in promoting a healthy lifestyle.

The risk of excess weight is higher in children who do not habitually eat breakfast.^{9,10} “Skipping” breakfast represents a predisposing factor for obesity-related metabolic complications: an increase in

the waist-to-height ratio, a validated index of abdominal obesity have been documented in adolescents who habitually fail to eat this first meal of the day.^{10,11} Not having breakfast also has been associated with dysmetabolic conditions such as insulin resistance and high LDL cholesterol levels.^{12,13} In parallel, the European study HELENA (*Healthy Lifestyle in Europe by Nutrition in Adolescence*) highlighted the strong positive correlation between daily breakfast intake and improved cardio-respiratory performance, as well as a better cardiovascular profile, especially in male adolescents.¹⁴ The risk of “abandonment” of breakfast seems to be higher in the adolescent age groups. There is, in fact, a significant association between age and lack of breakfast consumption.¹⁵ Moreover, there has been a downward age trend for this habit, so that it is now occurring even in younger children.⁵

Literature suggests that the parental role is fundamental in the acquisition or “non-acquisition” of the habit of eating breakfast.¹⁶ Children also learn

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through their parents at the table – that is, they tend to eat breakfast if their parents do, making it a “transmissible” habit.^{17,18} The influence of the parental model is also evident in adolescents,¹⁹ and although there are few studies focused on this complex interaction, lower socio-economic status and lower cultural level of the family environment seem to be factors contributing to the lack of breakfast consumption.^{20,21} Therefore, it is not surprising to note that higher levels of obesity seem to be reached in children who do not usually take meals together with their families.^{22,23}

Thus, to support the acquisition of a healthy lifestyle, the potential role of schools must be highlighted, because of their substantial educational contribution to children. The school environment offers opportunity to teach healthy nutrition. Several studies illustrate the positive impact of school cafeteria programming in promoting better food quality and encouraging breakfast consumption.²⁴⁻²⁶ Therefore, intervention strategies for the prevention of pediatric obesity must have the direct involvement of schools,²⁷ although such campaigns are not without possibility of failure, as reported in a Canadian study.²⁸ There are many factors that can determine the success or failure of these interventions, so adequate planning of the educational program is necessary to optimize the short- and long-term results, and probably should be part of a wider health promotion campaign.

The complex influence of breakfast on health has been studied from a neuro-psychological viewpoint.²⁹ There seems to be a greater state of stress, anxiety and depression of mood in adolescents who habitually skip breakfast.³⁰⁻³² However, the results on school and academic performance are controversial.³³⁻³⁵

Of course, dealing with breakfast means addressing the meaning of a “healthy breakfast.” The quality of consumed products must be considered, so much so that special measuring instruments have been created, such as the “Breakfast Quality Index.”³⁶ Furthermore, this item is so important that, when breakfast consumption is seen as the only objective, there is a real risk of observing an increase in weight, with a paradox and (partially) unintended results.³⁷

The literature clearly indicates the benefits of eating low glycemic index carbohydrates and fibers. In

particular, children who consume whole grains at breakfast not only have better vitamin and mineral intake, but more frequently are of normal weight than their peers, without the risk of increased sodium intake.^{4,38} In particular, the consumption of fortified cereals and milk at breakfast is a wise choice from a nutritional point of view, leading to a significant improvement in nutritional biomarkers such as ferritin, oltotranscobalamin, 5-methyltetrahydrofolate, 25 (OH) vitamin D and the activation coefficient of erythrocytic glutathione reductase.³⁹

It is well known that fiber intake is associated with a greater sensation of satiety, minimizing the intake of commercial snacks during the day.⁴⁰ On the other hand, evidence reveals that habitual consumption of a breakfast with a high glycemic index results in stimulation of insulin secretion and a consequent increased risk of metabolic syndrome.⁴¹ One should not forget that breakfast, in addition to representing an energetic start to the day, offers the opportunity to take important trace elements. A study conducted of children and youth aged 4-18 years in the United Kingdom showed that the habit of “breakfast skipping” negatively affects the intake of folate, vitamin C, calcium, iron and iodine.⁴² Children who habitually eat breakfast have a better diet in terms of fiber intake but also in terms of vitamin D, B-complex vitamins, zinc, and potassium, an observation recorded across different ethnic groups.⁴³

IMPLICATIONS FOR HEALTH BEHAVIOR OR POLICY

The awareness that habits during childhood become elements of everyday life in adulthood makes us understand the importance of the long-term consequences of food choices made during developmental ages. The child who does not eat breakfast frequently becomes the adult who does not eat breakfast and this “tracking” considerably amplifies cardio-metabolic risks.¹³

What is surprising, in the analysis of pediatric literature on the role of breakfast is the remarkable concordance of results in different populations and ethnicities, despite different eating habits,^{44,45} strengthening the awareness that paying attention to the “most important meal of the day” can be a strategy to promote the growth of a healthy child and the well-being of a healthy adult.

It would certainly be intriguing to evaluate, in the different ages of childhood and adolescence, the school performance among persons who regularly have breakfast, compared to those who skip it. Another interesting point of study would be to focus on the effects of a breakfast at the table with the whole family, particularly to see if this could promote the habit of taking breakfast regularly.

Breakfast is a key meal on which the nutritional balance of the whole day depends, especially for children and adolescents. Additionally, having children eat breakfast supports several guidelines and objectives of the World Health Organization.⁴⁶⁻⁴⁹ As they are growing, children's bodies need energy and nutrients to a larger extent than in adulthood. Breakfast also should be a moment of family sharing, with parents and children sitting at the table, and eating in a relaxed setting. The fight to prevent and control obesity for children and youth can begin at home by eating a breakfast that includes a variety of tasty and nutritious food that also offers an enjoyable and social moment of family sharing.

References

1. Szajewska H, Marek Ruszczynski. Systematic review demonstrating that breakfast consumption influences body weight outcomes in children and adolescents in Europe. *Crit Rev Food Sci Nutr.* 2010;50:113-119.
2. Arenaza L, Medrano M, Osés M, Amasene M, Díez I, Rodríguez-Vigil B, Labayen I. The effect of a family-based lifestyle education program on dietary habits, hepatic fat and adiposity markers in 8-12-year-old children with overweight/obesity. *Nutrients.* 2020;12(5):1443. doi:10.3390/nu12051443
3. Duma-Kocan P, Barud B, Glodek E, Gil M. Assessment of nutritional habits and preferences among secondary school students. *Rocz Panstw Zakl Hig.* 2017;68(1):91-97.
4. Fayet-Moore F, Kim J, Sritharan N, Petocz P. Impact of breakfast skipping and breakfast choice on the nutrient intake and body mass index of Australian children. *Nutrients.* 2016;8(8):487 doi:10.3390/nu8080487
5. Kesztyüs D, Traub M, Lauer R, Kesztyüs T, Steinacker JM. Skipping breakfast is detrimental for primary school children: cross-sectional analysis of determinants for targeted prevention. *BMC Public Health.* 2017;17(1):258.
6. Wadolowska L, Hamulka J, Kowalkowska J, et al. Skipping breakfast and a meal at school: its correlates in adiposity context. Report from the ABC of Healthy Eating Study of Polish Teenagers. *Nutrients.* 2019;11(7):1563. doi:10.3390/nu11071563
7. Jackson LW. The most important meal of the day: why children skip breakfast and what can be done about it. *Pediatr Ann.* 2013;42(9):184-187.
8. Tuttle WW, Daum K, Larsen R, Salzano J, Roloff L. Effect on school boys of omitting breakfast; physiologic responses, attitudes, and scholastic attainments. *J Am Diet Assoc.* 1954;30(7):674-677.
9. Mihrshahi S, Drayton BA, Bauman AE, Hardy LL. Associations between childhood overweight, obesity, abdominal obesity and obesogenic behaviors and practices in Australian homes. *BMC Public Health.* 2017;18(1):44.
10. Nilsen BB, Yngve A, Monteagudo C, Tellström R, Scander H, Werner B. Reported habitual intake of breakfast and selected foods in relation to overweight status among seven- to nine-year-old Swedish children. *Scand J Public Health.* 2017;45(8):886-894.
11. Gökler ME, Buğrul N, Metinbaş S, Kalyoncu C. Adolescent obesity and associated cardiovascular risk factors of rural and urban life (Eskisehir, Turkey). *Cent Eur J Public Health.* 2015;23(1):20-25.
12. Pendergast FJ, Livingstone KM, Worsley A, McNaughton SA. Correlates of meal skipping in young adults: a systematic review. *Int J Behav Nutr Phys Act.* 2016;13(1):125.
13. Smith KJ, Gall SL, McNaughton SA, Blizzard L, Dwyer T, Venn AJ. Skipping breakfast: longitudinal associations with cardiometabolic risk factors in the Childhood Determinants of Adult Health Study. *Am J Clin Nutr.* 2010;92(6):1316-1325
14. Hallström L, Labayen I, Ruiz JR, Patterson E, Vereecken CA, Breidenassel C, et al. Breakfast consumption and CVD risk factors in European adolescents: the HELENA (Healthy Lifestyle in Europe by Nutrition in Adolescence) Study. *Public Health Nutr.* 2013;16(7):1296-1305.
15. Zakrzewski-Fruer JK, Plekhanova T, Mandila D, Lekatis T, Tolfrey K. Effect of breakfast omission and consumption on energy intake and physical activity in adolescent girls: a randomised controlled trial. *Br J Nutr.* 2017;118(5):392-400.
16. Askelson NM, Golembiewski EH, Ghattas A, Williams S, Delger PJ, Scheidel CA. Exploring the parents' attitudes and perceptions about school breakfast to understand why participation is low in a rural Midwest state. *J Nutr Educ Behav.* 2017;49(2):107-116.e1.
17. Sánchez-Cruz JJ, de Ruiter I, Jiménez-Moleón JJ. Individual, family and environmental factors associated with pediatric excess weight in Spain: a cross-sectional study. *BMC Pediatr.* 2014;14:3. doi:10.1186/1471-2431-14-3
18. Gebremariam MK, Henjum S, Hurum E, Utne J, Teragni L, Torheim LE. Mediators of the association between parental education and breakfast consumption among adolescents: the ESSENS study. *BMC Pediatr.* 2017;17(1):61. doi:10.1186/s12887-017-0811-2
19. Kelly Y, Patalay P, Montgomery S, Sacker A. BMI development and early adolescent psychosocial well-being: UK Millennium Cohort Study. *Pediatrics.* 2016;138(6):e20160967.
20. Latorre Román PÁ, Mora López D, García Pinillos F. Feeding practices, physical activity, and fitness in Spanish preschoolers: influence of sociodemographic outcome measures. *Arch Argent Pediatr.* 2016;114(5):441-447.
21. Vondrova D, Kapsdorfer D, Argalasova L, Hirosova K, Samohyl M, Sevcikova L. The impact of selected environmental, behavioral and psychosocial factors on schoolchildren's somatic and mental health. *Rev Environ Health.* 2017;32(1-2):189-192.

22. Lee HJ, Lee SY, Park EC. Do family meals affect childhood overweight or obesity? Nationwide survey 2008-2012. *Pediatr Obes.* 2016;11(3):161-165.
23. Vik FN, Te Velde SJ, Van Lippevelde W, Manios Y, Kovacs E, Jan N, et al. Regular family breakfast was associated with children's overweight and parental education: results from the ENERGY cross-sectional study. *Prev Med.* 2016;91:197-203.
24. Vaudrin N, Lloyd K, Yedidia MJ, Todd M, Ohri-Vachaspati P. Impact of the 2010 US Healthy, Hunger-Free Kids Act on school breakfast and lunch participation rates between 2008 and 2015. *Am J Public Health.* 2018;108(1):84-86.
25. Au LE, Rosen NJ, Fenton K, Hecht K, Ritchie LD. Eating school lunch is associated with higher diet quality among elementary school students. *J Acad Nutr Diet.* 2016;116(11):1817-1824.
26. Olsta J. Bringing breakfast to our students: a program to increase school breakfast participation. *J Sch Nurs.* 2013;29(4):263-270.
27. Vanelli M, Monti G, Volta E, Finestrella V, Gklati D, Cangelosi M, et al. "GIOCAMBUS" - an effective school-based intervention for breakfast promotion and overweight risk reduction. *Acta Biomed.* 2014;84(3):181-188.
28. Leatherdale ST, Stefanczyk JM, Kirkpatrick SI. School breakfast-club program changes and youth eating breakfast during the school week in the COMPASS Study. *J Sch Health.* 2016;86(8):568-577. doi:10.1111/josh.12408
29. Lee G, Han K, Kim H. Problem neuro risk of mental health problems in adolescents skipping meals: the Korean National Health and Nutrition Examination Survey 2010 to 2012. *Nurs Outlook.* 2017;65(4):411-419.
30. Hall L, Tejada-Tayabas LM, Monárrez-Espino J. Neuro breakfast skipping, anxiety, exercise, and soda consumption are associated with diet quality in Mexican college students. *Ecol Food Nutr.* 2017;56(3):218-237.
31. Faught EL, Gleddie D, Storey KE, Davison CM, Veuglers PJ. Healthy lifestyle behaviours are positively and independently associated with academic achievement: an analysis of self-reported data from a nationally representative sample of Canadian early adolescents. *PLoS One.* 2017;12(7):e0181938. doi:10.1371/journal.pone.0181938
32. Adolphus K, Lawton CL, Champ CL, Dye L. The effects of breakfast and breakfast composition on cognition in children and adolescents: a systematic review. *Adv Nutr.* 2016;7(3):590S-612S.
33. Burrows T, Goldman S, Pursey K, Lim R. Is there an association between dietary intake and academic achievement: a systematic review. *Epidemiol Health.* 2016;31;38:e2016022.
34. Iovino I, Stuff J, Liu Y, Brewton C, Dovi A, Kleinman R, Nicklas T. Breakfast consumption has no effect on neuropsychological functioning in children: a repeated-measures clinical trial. *Am J Clin Nutr.* 2016;104(3):715-721.
35. Liu J, Hwang WT, Dickerman B, Compher C. Regular breakfast consumption is associated with increased IQ in kindergarten children. *Early Hum Dev.* 2013;89(4):257-262.
36. Monteagudo C, Palacín-Arce A, del Mar Bibiloni M, Pons A, Tur JA, Olea-Serrano F, Mariscal-Arcas M. Proposal for a breakfast quality index (BQI) for children and adolescents. *Public Health Nutr.* 2013;16:639-644.
37. Polonsky HM, Bauer KW, Fisher JO, Davey A, Sherman S, Abel ML, Hanlon A, et al. Effect of a breakfast in the classroom initiative on obesity in urban school-aged children: a cluster randomized clinical trial. 2019;173(4):326-333. doi:10.1001/jamapediatrics.2018.5531
38. Williams PG. The benefits of breakfast cereal consumption: a systematic review of the evidence base. *Adv Nutr.* 2014;5(5):636S-673S.
39. Powers HJ, Stephens M, Russell J, Hill MH. Fortified breakfast cereal consumed daily for 12 wk leads to a significant improvement in micronutrient intake and micronutrient status in adolescent girls: a randomised controlled trial. *Nutr J.* 2016;15(1):69. doi:10.1186/s12937-016-0185-6
40. Kranz S, Brauchla M, Campbell WW, Mattes RD, Schwichtenberg AJ. High-protein and high-dietary fiber breakfasts result in equal feelings of fullness and better diet quality in low-income preschoolers compared with their usual breakfast. *J Nutr.* 2017;147(3):445-452.
41. Nicholl A, du Heaume M, Mori TA, Beilin LJ, Oddy WH, Bremner AP, O'Sullivan TA. Higher breakfast glycaemic load is associated with increased metabolic syndrome risk, including lower HDL-cholesterol concentrations and increased TAG concentrations, in adolescent girls. *Br J Nutr.* 2014;28;112(12):1974-1983.
42. Coulthard JD, Palla L, Pot GK. Breakfast consumption and nutrient intakes in 4-18-year-olds: UK National Diet and Nutrition Survey Rolling Programme (2008-2012) *Br J Nutr.* 2017;118:280-290.
43. Afeiche MC, Taillie LS, Hopkins S, Eldridge AL, Popkin BM. Breakfast dietary patterns among Mexican children are related to total-day diet quality. *J Nutr.* 2017;147(3):404-412.
44. Doku D, Koivusilta L, Raisamo S, Rimpelä A. Socio-economic differences in adolescents' breakfast eating, fruit and vegetable consumption and physical activity in Ghana. *Public Health Nutr.* 2013;16(5):864-872.
45. Al-Haifi AA, AlMajed HT, Al-Hazzaa HM, Musaijer AO, Arab MA, Hasan RA. Relative contribution of obesity, sedentary behaviors and dietary habits to sleep duration among Kuwaiti adolescents. *Glob J Health Sci.* 2015;8(1):107-117.
46. World Health Organization (WHO). *Guideline: Sugars Intake for Adults and Children.* Geneva, Switzerland: WHO; 2015. https://apps.who.int/iris/bitstream/handle/10665/149782/9789241549028_eng.pdf?sequence=1. Published 2015. Accessed December 8, 2020.
47. World Health Organization (WHO). Obesity. https://www.who.int/health-topics/obesity#tab=tab_1. Published 2020. Accessed December 8, 2020.
48. World Health Organization (WHO). Child growth. <https://www.who.int/health-topics/child-growth>. Published 2020. Accessed December 8, 2020.
49. World Health Organization (WHO). Nutrition. <https://www.who.int/health-topics/nutrition>. Published 2020. Accessed December 8, 2020.