

1 **Title: ENERGY COMPENSATION IN THE REAL WORLD: GOOD COMPENSATION FOR SMALL**  
2 **PORTIONS OF CHOCOLATE AND BISCUITS OVER SHORT TIME PERIODS IN COMPLICIT CONSUMERS**  
3 **USING COMMERCIALY AVAILABLE FOODS**

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13

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15 **ABSTRACT**

16 While investigations using covert food manipulations tend to suggest that individuals are poor at  
17 adjusting for previous energy intake, in the real world adults rarely consume foods of which they are  
18 ill-informed. This study investigated the impact in fully complicit consumers of consuming  
19 commercially available dark chocolate, milk chocolate, sweet biscuits and fruit bars on subsequent  
20 appetite. Using a repeated measures design, participants received four small portions (4 x 10-11g) of  
21 either dark chocolate, milk chocolate, sweet biscuits, fruit bars or no food throughout five separate  
22 study days (counterbalanced in order), and test meal intake, hunger, liking and acceptability were  
23 measured. Participants consumed significantly less at lunch following dark chocolate, milk chocolate  
24 and sweet biscuits compared to no food (smallest  $t(19)=2.47$ ,  $p=0.02$ ), demonstrating good energy  
25 compensation (269-334%). No effects were found for fruit bars ( $t(19)=1.76$ ,  $p=0.09$ ), in evening meal  
26 intakes ( $F(4,72)=0.62$ ,  $p=0.65$ ) or in total intake (lunch + evening meal + food portions) ( $F(4,72)=0.40$ ,  
27  $p=0.69$ ). No differences between conditions were found in measures of hunger (largest  $F(4,76)=1.26$ ,  
28  $p=0.29$ ), but fruit bars were significantly less familiar than all other foods (smallest  $t(19)=3.14$ ,  
29  $p=0.01$ ). These findings demonstrate good compensation over the short term for small portions of  
30 familiar foods in complicit consumers. Findings are most plausibly explained as a result of participant  
31 awareness and cognitions, although the nature of these cognitions can not be discerned from this  
32 study. These findings however, also suggest that covert manipulations may have limited transfer to  
33 real world scenarios.

34

35 **INTRODUCTION**

36 Appetite is commonly investigated using covert manipulations, with the deliberate intention that  
37 participants remain as unaware as possible of any differences between different manipulations (e.g.  
38 Almiron-Roig, Palla, Guest, et al, 2013; Blundell, de Graaf, Hulshof, et al, 2010). While clearly  
39 valuable and necessary for the investigation of physiological effects (Blundell et al, 2010), consumers  
40 in the real world do not only consume in response to their physiology (Blundell et al, 2010), and are  
41 rarely faced with foods about which they know nothing, or about which the information they have  
42 might be grossly incorrect.

43  
44 Studies using covert manipulations of energy content typically demonstrate poor adjustment for  
45 previous energy intake at subsequent time points (see Almiron-Roig et al, 2013; Blundell et al, 2010).  
46 Limited studies however, also demonstrate better compensation where consumers are informed of  
47 the foods they are consuming (overt manipulations) compared to uninformed (Roberto, Larsen,  
48 Agnew, Baik & Brownwell, 2010; Shide & Rolls, 1995).

49  
50 Using foods with which they are familiar, individuals in the real world thus, may be more able to  
51 adjust their energy intake appropriately than is suggested by studies using covert manipulations.  
52 This issue is important when transferring the results of laboratory studies into the real world, and  
53 particularly where the results of laboratory studies may deter individuals or professionals from  
54 making or following recommendations. One current example lies in the recommendations to  
55 consume dark chocolate.

56  
57 The consumption of dark chocolate (high-cocoa, flavanol-rich) has recently been positively  
58 associated with health benefits, including improved endothelial function and coronary circulation  
59 (Faridi, Njike, Dutta, et al, 2008; Flammer, Hermann, Sudano, et al, 2007; Hermann, Spieker,  
60 Ruschitzka, et al, 2006; Shiina, Funabashi, Lee, et al, 2009; Vlachopoulos, Aznaouridis, Alexopoulos et  
61 al, 2005), blood pressure (Grassi, Lippi, Necozione, et al, 2005; Shiina et al, 2009; Vlachopoulos et al,  
62 2005), insulin sensitivity (Grassi et al, 2005), and lipid profiles (Jia, Liu, Bai, et al, 2010), to result in  
63 suggestions that individuals may benefit from the daily consumption of dark chocolate at levels of  
64 40-60g/day (e.g. Flammer et al, 2007; Hermann et al, 2006). Benefits are suggested to result from  
65 both specific flavanols and antioxidants, and from the possible synergy of multiple components as  
66 found naturally in both cocoa and chocolate (Flammer et al, 2007; Hermann et al, 2006), but until  
67 mechanisms are elucidated and/or specific components can be isolated, suggestions for health

68 benefits focus on the consumption of dark chocolate and dark chocolate-based products as whole  
69 foods (Flammer et al, 2007; Hermann et al, 2006).

70

71 Chocolate, however, is an energy-dense, sweet, high-fat, highly pleasurable food (Dillinger, Barriga,  
72 Escarcega, et al, 2000; Hetherington, 2001), and concerns regarding negative impacts on body  
73 weight and obesity have been voiced (e.g. Golomb, Koperski & White, 2012; Zomer, Owen,  
74 Maglaino, Liew & Reid, 2012). Sweet, high-fat foods have previously been suggested to contribute  
75 disproportionately to growing increases in obesity and body weight (e.g. see Lawton, Delargy, Smith,  
76 et al, 1998; Mazlan, Horgan, Whybrow, et al, 2006), and chocolate is among the most sought after of  
77 these sweet high-fat foods (Hetherington, 2001). Chocolate is also often consumed as a snack food  
78 (ie. outside of meals) (Dillinger et al, 2000; Bes-Rastrollo, Sanchez-Villegas, Basterra-Gortari, Nunez-  
79 Cordoba, Toledo & Serrano-Martinez, 2010), and the contribution of high-fat snacks to increased  
80 energy intake and body weight has also been suggested (Mazlan et al, 2006; Bes-Rastrollo et al,  
81 2010; de Graaf, 2006; Hill, Wyatt, Reed, et al, 2003). Repeated studies suggest that the energy  
82 content of snacks particularly, is poorly compensated for in daily energy intakes, resulting in  
83 increased cumulative intakes and increased body weights over the longer term (e.g. Mazlan et al,  
84 2006; Bes-Rastrollo et al, 2010).

85

86 Concerns of poor energy compensation often stem from studies using covert manipulations.  
87 Individuals consuming dark chocolate in the real world however, will be very aware that they are  
88 doing so, and will be aware (or can make themselves aware) of the potential implications of  
89 chocolate consumption for their weight and health. Consuming dark chocolate in the real world  
90 thus, in full knowledge of the fact, may have much less of an impact on body weight and weight-  
91 related health than would be suggested from studies using covert manipulations. A recent  
92 epidemiological study in fact, demonstrates frequent chocolate consumption to be associated with a  
93 low, not a high body weight (Golomb et al, 2012). The demonstration of good compensation for  
94 previous consumption using a more realistic scenario may allay fears regarding the impact of  
95 recommendations to consume chocolate on body weight. This study aimed to investigate the impact  
96 of consuming dark chocolate on subsequent appetite using commercially available foods and fully  
97 complicit consumers.

98

## 99 **METHODS**

### 100 **Design**

101 The study used a repeated measures design and preloading procedure, where dark chocolate was  
102 given as a fixed preload, and appetite was subsequently measured. A preloading procedure is a  
103 commonly used and validated procedure for the study of appetite (Blundell et al, 2010). Given the  
104 research on health benefits, and on frequent consumption, 40g of dark chocolate was used, and  
105 provided to participants as four small portions (4 x 10g) for consumption throughout the day.  
106 Appetite was measured using test meal intake and subjective ratings, and effects of dark chocolate  
107 were compared to the effects on appetite of comparable small portions of similar sweet foods (milk  
108 chocolate, sweet biscuits, fruit bars), and no food.

109

### 110 **Participants**

111 Twenty participants (11 males, 9 females), recruited via advertisements from the staff and students  
112 of Queen's University, Belfast, took part in the study. Participants had a mean age of  $33 \pm 12$  years, a  
113 mean measured BMI of  $24.2 \pm 3.3$  kg/m<sup>2</sup>, were unrestrained (scores of <1 on the Dutch Eating  
114 Behavior Questionnaire (van Strien, Frijters, Bergers & Defares, 1986)), regularly consumed three  
115 meals a day and between-meal snacks, were non-smokers, in good health, not taking any appetite  
116 influencing medications, were familiar with and not allergic to any of the foods provided in the  
117 study, and were not aware of the purpose of the study. Participants were informed that the study  
118 was investigating 'individual responses to specific foods', and were made aware that each study day  
119 would be the same with the exception that on each day they would receive 'either dark chocolate,  
120 milk chocolate, sweet biscuits, fruit bars or no food, in addition to all other foods'. The study was  
121 approved by the Research Ethics Committee of the School of Psychology, Queen's University,  
122 Belfast, and conducted in accordance with the Declaration of Helsinki (2000).

123

### 124 **Study foods**

125 Four study foods were provided: dark chocolate - *Lindt 70% chocolate (Lindt & Sprungli, Switzerland)*  
126 *(70% cocoa)*; milk chocolate - *Tesco (Cheshunt, UK) chocolate flavoured cake-covering* (a UK  
127 commercially available cooking product, that resembles milk chocolate in every characteristic (look,  
128 taste, and texture), and is often used as a cheap alternative to chocolate, but remains too low in  
129 cocoa content to warrant the name 'chocolate') (6% cocoa); sweet biscuits - *Tesco (Cheshunt, UK)*  
130 *Rich tea biscuits*, and fruit bars – *Humzingers dried fruit bars (Sunsweet Growers Inc., Kingston-upon-*  
131 *Hull, UK)*. Milk chocolate and sweet biscuits were used as familiar alternative sweet foods also  
132 commonly consumed in small portions in similar situations. The milk chocolate was also intended to  
133 allow investigations due to cocoa content as a possible explanation for effects, if appropriate. Fruit  
134 bars were included as an alternative sweet food that could also be consumed in small portions in

135 similar situations, as a healthy alternative. The use of fruit bars allowed additional comparison of  
136 foods perceived to be healthy with those more commonly perceived as unhealthy. Dark chocolate  
137 was provided in 4 x 10g (1 square) portions (daily portion: 4 squares, 40g, 870kJ) and other foods  
138 were provided in portion sizes of similar energy content (see table 1). Food portions were provided  
139 four times throughout the day at 11am (mid-morning), 13pm (after lunch), 15.30pm (mid-afternoon)  
140 and 17.30pm (after evening meal), for consumption in 5 minutes, and contributed 5 - 12% daily  
141 energy intake (mean  $9 \pm 2\%$ ), depending on amount consumed at other meals. The timing of the  
142 food portions was intended to be natural. The study was not intending to investigate effects of  
143 snacking behaviour, thus foods were not specifically provided as snacks. A no food condition was  
144 also used to test for effects due to consumption.

145

#### 146 **Short term appetite**

147 Appetite was measured using test meal intake at lunch and evening meal, and subjective  
148 perceptions throughout the day. These measures are validated measures of appetite, commonly  
149 used in laboratory studies such as this (Blundell et al, 2010).

150

151 Lunch intake was measured using an *ad-libitum* test meal comprised of *Tesco (Cheshunt, UK)* pasta,  
152 *Dolmio (Dublin, Ireland)* tomato sauce and *Tesco* olive oil, combined and served hot with *Tesco*  
153 *(Cheshunt, UK)* medium cheddar cheese. The meal as served provided 12.0MJ., and participants  
154 were free to consume as little or as much as they wished. Evening meal intake was measured using  
155 an *ad-libitum* buffet test meal comprised of *Hovis (York, UK)* *Best of both* bread, *Dromona (Dromona,*  
156 *Ireland)* margarine, *Tesco (Cheshunt, UK)* medium cheddar cheese, *Tesco (Cheshunt, UK)* wafer thin  
157 ham, *Tesco (Cheshunt, UK)* wafer thin chicken, *Heinz (Lincs., UK)* mayonnaise, *Branston (Lincs., UK)*  
158 pickle, Iceberg lettuce, *Walkers (Dublin, Ireland)* ready salted crisps, *Spelga (Dublin, Ireland)*  
159 strawberry yoghurt, *McVities (Bradford, UK)* chocolate digestive biscuits, and sliced Granny Smith  
160 apples. The meal as served provided 12.5MJ., and participants were again free to consume as little  
161 or as much as they wished. Quantity consumed at each test meal was determined by weighing, and  
162 converted into energy consumed using manufacturer's information.

163

164 Subjective perceptions were assessed using paper and pencil 100mm visual analogue scales (VAS) of  
165 'hunger', 'desire to eat', 'fullness', 'prospective consumption', 'thirst' and 'desire to drink'. These  
166 VAS were completed hourly or half-hourly on each study day from 11:00am – 20.30pm.

167

168 Liking for all foods was also assessed following consumption of each food portion using 100mm VAS  
169 of 'pleasantness', 'liking', 'sweetness', 'saltiness', 'familiarity', and 'satisfaction', and acceptability of  
170 each food was assessed at the end of each day, using questions asking '*how content would you be to*  
171 *consume this food (in various situations)?*', '*how likely would you be to consume this food (in various*  
172 *situations)?*' and '*how likely would you be to buy this food?*'.

173

#### 174 **Procedure**

175 All participants undertook all four conditions in the Eating Behaviour Unit, Queen's University,  
176 Belfast, on separate days, one week apart, in a counterbalanced order. A time line for each study day  
177 is given in Figure 1. Participants were asked to consume an identical breakfast on each day and not  
178 to undertake any heavy physical activity on the day before or the day of the study. Participants were  
179 required to attend the Unit at 11am for their first food portion, and for both meals, but were free to  
180 leave the Unit between these times, took food portions and ratings scales with them for  
181 consumption / completion at appropriate times, and were asked not to eat anything else in this  
182 period. Participants were also asked not to consume anything following the evening meal on each  
183 study day, but were permitted to drink as they wished. Compliance with all instructions was  
184 confirmed by all participants. All study days were identical excepting the food portions consumed.

185

186 Figure 1 about here

187

#### 188 **Analyses**

189 Test meal intake data were analysed per time point (lunch, evening meal), as cumulative test meal  
190 intake (lunch + evening meal) and as total intake (lunch + evening meal + food portions), using  
191 repeated measures ANOVA to investigate differences between conditions. Subjective perceptions  
192 through the morning (11:00, 11:30, 12:00, 12:30 (pre-lunch)), the afternoon (13:00 (post-lunch),  
193 13:30, 14:30, 15:30, 16:00, 16:30, 17:00 (pre-evening meal)) and the evening (17:30 (post-evening  
194 meal), 18:30, 19:30, 20:30) were investigated using repeated measures ANOVA to investigate  
195 differences between conditions over time. Liking data were analysed by ANOVA over the two time  
196 points where food portions were consumed by themselves, and acceptability data were analysed by  
197 one-way ANOVA. Complete data sets were achieved for each participant, and data were checked  
198 prior to analysis to ensure compliance with the assumptions of ANOVA. Initial analyses revealed  
199 differences between genders in measures of energy intake, and differences between conditions in  
200 baseline hunger ratings, thus gender was used as a factor in all intake analyses, and baseline hunger  
201 ratings were adjusted for in morning hunger rating analyses. Baseline hunger ratings were not

202 adjusted for in afternoon and evening analyses due to expected and demonstrable normalisation of  
203 hunger ratings by the lunch meal. Significance was defined using  $p < 0.05$ . Significant differences were  
204 investigated using t-tests. Data were analysed using SPSS (IBM).

205

## 206 **RESULTS**

### 207 **Test Meal intake**

208 Following one food portion, significant differences were found between conditions in lunch intake  
209 ( $F(4,72)=2.85$ ,  $p=0.03$ ). Participants consumed significantly less energy following dark chocolate, milk  
210 chocolate and sweet biscuits compared to the no food condition (smallest  $t(19)=2.47$ ,  $p=0.02$ ), and  
211 no differences were found between these three food conditions ( $F(2,36)=0.13$ ,  $p=0.88$ ). No  
212 differences were found between fruit bar and no food conditions ( $t(19)=1.76$ ,  $p=0.09$ ). Using a  
213 calculation where % energy compensation =  $((\text{energy intake in the no food condition} - \text{energy intake}$   
214  $\text{in each preload condition})/\text{energy in the preload}) \times 100$ , the differences in intake reflect a  
215 compensation of 269%, 274%, 334% and 65% for the energy provided in the dark chocolate, milk  
216 chocolate, sweet biscuit and fruit bar preloads respectively.

217

218 Following three food portions, no differences were found between conditions in evening meal intake  
219 ( $F(4,72)=0.62$ ,  $p=0.65$ ). However, in cumulative test meal intake (lunch + evening meal), participants  
220 again consumed significantly less energy in dark chocolate, milk chocolate and sweet biscuit  
221 conditions compared to the no food condition (smallest  $t(19)=2.12$ ,  $p=0.047$ ). Again, no differences  
222 were found between the three food conditions ( $F(2,36)=0.42$ ,  $p=0.66$ ), but no differences were  
223 found between fruit bar and no food conditions ( $t(19)=0.40$ ,  $p=0.69$ ). These differences reflect an  
224 energy compensation of 99%, 92%, 133% and 18% for the energy provided by the three dark  
225 chocolate, milk chocolate, sweet biscuit and fruit bar preloads respectively.

226

227 When food portions were added to cumulative intakes (lunch + evening meal + food portions = total  
228 intake), no effects were found ( $F(4,72)=1.78$ ,  $p=0.14$ ). Energy consumed at lunch, evening meal, and  
229 from all food portions is shown in Figure 2.

230

231 Figure 2 about here

232

### 233 **Subjective Ratings**

234 No differences were found between conditions in morning hunger ratings after adjusting for  
235 baseline hunger ratings (largest  $F(4,76)=1.26$ ,  $p=0.29$ ), and no differences were found between



236 conditions across the afternoon or evening (largest  $F(4, 76)=1.83, p=0.13$ ). Consistent effects of time,  
237 as expected, were demonstrated (smallest  $F(2,38)=17.11, p<0.01$ ). Subjective ratings for hunger are  
238 provided in Figure 3.

239

240 Figure 3 about here

241

### 242 **Liking and Acceptability**

243 No differences were also found between food portions in measures of pleasantness, liking,  
244 satisfaction and saltiness (largest  $F(3,57)=1.58, p=0.20$ ), but fruit bars were rated as significantly less  
245 familiar than all other food portions (smallest  $t(19)=4.08, p<0.01$ ), and milk chocolate and fruit bars  
246 were rated as significantly more sweet than dark chocolate and biscuits (smallest  $t(19)=3.25,$   
247  $p<0.01$ ). No effects of time were found ( $F(1,19)=1.58, p=0.23$ ), expecting in familiarity, where  
248 participants became more familiar with all foods with experience ( $t(19)=2.52, p=0.02$ ). Participants  
249 also reported no differences between foods in how content they would be to consume them  
250 ( $F(3,57)=1.65, p=0.19$ ), but reported being more likely to consume biscuits and milk chocolate than  
251 dark chocolate and fruit bars (smallest  $t(19)=2.83, p<0.01$ ), and more likely to buy biscuits and milk  
252 chocolate than fruit bars (smallest  $t(19)=2.26, p=0.04$ ). Subjective perceptions of all liking and  
253 acceptability ratings are provided in Table 2.

254

255 Table 2 about here

256

### 257 **DISCUSSION**

258 This study investigated the impact of four small portions (4 x 10g) of dark chocolate on short-term  
259 appetite, and compared these to the effects on appetite of comparable small portions of similar  
260 sweet foods and to no food. The study was undertaken using commercially available foods and  
261 consumers who were fully aware of the foods they were consuming.

262

263 Under these conditions, dark chocolate, milk chocolate, and sweet biscuits, but not fruit bars  
264 resulted in a decrease in appetite at subsequent meals, and to an extent that good compensation for  
265 previous energy intake was achieved. Effects furthermore, were comparable following dark  
266 chocolate, milk chocolate and sweet biscuits. The comparability of these findings suggests that any  
267 effects on appetite are unlikely to be unrelated to the specific contents of the foods provided. As a  
268 result of the use of commercially available foods, the three foods used here, while similar in usual  
269 use, familiarity and energy available, were notably different in cocoa and ingredient content,

270 macronutrient composition and sensory characteristics. Cocoa has previously been suggested to  
271 impact on appetite (e.g. Dillinger et al, 2000; Simon, 2007), macronutrient content is well known to  
272 impact on appetite (e.g. Saris & Tarnopolsky, 2003; Westerterp-Plantenga & Lejeune, 2005), and  
273 sensory characteristics also have been found to impact on appetite (e.g. Appleton & Blundell, 2007;  
274 Sorensen & Astrup, 2011; Sorensen et al, 2003). While all of these characteristics may impact on  
275 appetite, however, it is unlikely that any of these differences can account for the effects found here.

276

277 Effects are also unlikely to have arisen as a result of the energy provided. The energy provided by the  
278 food portions was small, and effects on appetite of small energy loads have previously been  
279 reported (Almiron-Roig et al, 2013), but the fruit bars in this study provided similar amounts of  
280 energy, yet had much more limited effects on appetite. The consideration of the fruit bar results  
281 alongside those from the other foods suggests that the results of this study are most plausibly a  
282 result of participant awareness and related cognitions. The participants of this study were aware of  
283 the foods they were consuming on each occasion, and could easily have deliberately adjusted their  
284 later consumption to account for this. We can not distinguish between small physiological and  
285 cognitive effects in this study, but the good energy compensation for some foods in this study  
286 compared to the usual poor compensation using covert manipulations suggest that effects here are  
287 more likely to be a result from cognitive influences. The inclusion of only unrestrained eaters  
288 however, would also suggest that these cognitive influences are more implicit or unconscious  
289 cognitive influences on food intake, such as those based on prior learning, previous experience,  
290 memory and motivation (e.g. Appleton, Martins & Morgan, 2011; Benoit, Davis & Davidson, 2010;  
291 Day, Kyriazakis & Rogers, 1998; Higgs, 2005; Higgs, 2008), than the more deliberate and conscious  
292 control of food intake as achieved through dietary restraint (e.g. Johnson, Pratt & Wardle, 2012).  
293 The poor compensation following the fruit bars compared to other foods could have resulted from  
294 either the lesser familiarity with the fruit bars compared to the other foods, suggesting again a role  
295 for learning and previous experience, or could have resulted from perceptions of the fruit bars as  
296 more healthy, but we can not distinguish between these possibilities here. The fruit bar condition in  
297 this study more closely reflects the covert manipulations that also often demonstrate only poor  
298 compensation. Regardless of the specific cognitive influences responsible, the findings of this study  
299 demonstrate nicely the potential importance of cognitive influences in the real world and in real  
300 world consumption.

301

302 Cognitive influences may also have resulted in a deliberate increase in consumption in the no food  
303 condition, but it is not possible to tell from this study whether intakes were deliberately increased in

304 the no food condition, or deliberately decreased in the food conditions. This possible impact  
305 however, does not present a limitation to the findings of this study. While use of a repeated  
306 measures design will highlight differences between conditions (Rogers, in press), individuals  
307 consuming any of the foods in this study in the real world will, of course, be able to adjust their  
308 intakes of other foods down or up as they wish. The demonstration of naturalistic behaviour was the  
309 purpose of this investigation.

310

311 Interestingly, effects were only found at lunch intake following one food portion and were not found  
312 in evening intake following a further two portions. No effects were also found in subjective ratings in  
313 the evening following all four. The absence of effects in evening meal intake and evening ratings is  
314 likely to result from the small contribution of the food portions to daily energy intake, making  
315 accurate physiological or cognitive adjustment difficult over time (see Almiron-Roig, et al, 2013;  
316 Blundell et al, 2010).

317

318 Interestingly, however, the small portions provided by the familiar foods in this study also did not  
319 increase total energy intake compared to no food. Previous work has also demonstrated a minimal  
320 impact of additional small food items on overall energy intake (Lawton et al, 1998; Johnstone,  
321 Shannon, Whybrow, Reid & Stubbs, 2000; Poston, Haddock, Pinkston, et al, 2005). The limited  
322 effects of the food portions in this study may be a result of the very specific situation in which they  
323 were consumed (i.e. in small portions, surrounded by controlled consumption, and over a single  
324 day), but the findings of this study suggest that the complicit consumption of small food items such  
325 as 10g squares of dark chocolate or 2 biscuits may be unlikely to result in overall increases in energy  
326 intake. Given the significant health benefits conferred by the consumption of dark chocolate (Faridi  
327 et al, 2008; Grassi et al, 2005; Jia et al, 2010; Shiina et al, 2009; Vlachopoulos et al, 2005), concern  
328 over potential negative health impacts as a result of increased dark chocolate consumption, thus  
329 may be unwarranted. Various other studies also suggest a beneficial role for small food items and  
330 snacks for increasing dietary variety, dependent on food type (Bellisle, Dalix, Mennen, et al, 2003;  
331 Lawton et al, 2010; Johnstone et al, 2000 Poston et al, 2005). The possibility of a cumulative effect  
332 over time as a result of the repeated consumption of small food items however can not be dismissed  
333 from this study, and it is small but repeated increases in energy intake that are frequently held  
334 responsible for weight gain (Hill et al, 2003). Energy intakes are (marginally) higher in this study in  
335 both chocolate conditions, compared to no food, and compensation is not complete in either of  
336 these conditions following repeated portions, thus repeated consumption may result in a  
337 detrimental impact on body weight over the longer term. A role for snacks particularly, in increasing

338 the energy density and fat content of the diet and in promoting overconsumption and obesity has  
339 been suggested (Mazlan et al, 2006; Bes-Rastrollo et al, 2010; de Graaf, 2006), although recent  
340 reviews suggest minimal associations between snacking, meal frequency and body weight, when  
341 data are corrected for plausible energy intake reporting and other possible methodological errors  
342 (Leidy, Harris & Campbell, 2011; McCrory, Howarth, Roberts & Huang, 2011). Longer term studies  
343 would clearly be of interest.

344

345 Our study is limited in some respects by the differences between the foods provided as discussed.  
346 Our main outcome however was energy intake, and the difference in the energy provided by the  
347 preloads was 30kJ. across the whole day. Considering expected daily energy intakes of 8300-10500  
348 kJ., a 30 (0.2-0.25%) kJ. difference in energy between preloads is unlikely to have significant impact.  
349 We also allowed participants to leave the laboratory between meal times, so we can not be sure that  
350 the mid-afternoon food portion, and afternoon and evening VAS measures were consumed /  
351 completed at the correct time. All participants however confirmed compliance with all instructions  
352 on each day, we have no reason to suspect any were lying, or that this likely to have been systematic  
353 across conditions. Possible violations of the procedure are thus unlikely to have resulted in any  
354 changes to our findings. We also made no attempt to investigate the physiological / cognitive  
355 influences responsible for effects. Our inclusion of unrestrained eaters in the study intended to  
356 access more implicit or unconscious cognitive influences on food intake, such as those based on  
357 prior learning, previous experience and memory, but more deliberate cognitive controls may have  
358 also been utilised. The use of unrestrained consumers is possibly a limitation of the work. The  
359 investigation of effects in restrained eaters, while potentially complicated by the addition of more  
360 deliberate cognitive control and some of the side effects of this deliberate control such as  
361 disinhibition, would clearly be of interest.

362

### 363 **CONCLUSIONS**

364 In conclusion, these findings suggest that the consumption of small portions of familiar sweet foods -  
365 dark chocolate, milk chocolate and sweet biscuits can be well compensated for in complicit  
366 consumers, so that consumption of these small portions compared to no food, has limited effects on  
367 appetite. Poorer compensation was found for one unfamiliar food – fruit bars. Findings are most  
368 plausibly explained as a result of participant awareness and cognitions. These findings also suggest  
369 that covert manipulations may have limited transfer to real world scenarios and that concerns  
370 regarding impacts on body weight as a result of advice to consume dark chocolate may be  
371 unwarranted. Longer term studies however, are clearly required.

372

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377

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380

381 **CONFLICTS OF INTEREST**

382 There are no conflicts of interest.

383

384 **AUTHORSHIP**

385 All authors formulated the research question, KMA designed and ran the study, analysed all data,  
386 and wrote the manuscript. All authors contributed to interpretation of results and manuscript  
387 revision.

388

389 **REFERENCES**

390 Almiron-Roig, E., Palla, L., Guest, K., Ricchiuti, C., Vint, N., Jebb, S.A., Drewnowski, A. (2013). Factors  
391 that determine energy compensation: a systematic review of preload studies. *Nutrition Reviews*, *71*,  
392 458-73.

393

394 Appleton, K.M., Blundell, J.E. (2007). Habitual high and low consumers of artificially sweetened  
395 beverages: Effects of sweet taste and energy on short-term appetite. *Physiology & Behaviour*, *92*,  
396 479-486.

397

398 Appleton, K.M., Martins, C., Morgan, L.M. (2011). Age and experience predict accurate short-term  
399 energy compensation in adults. *Appetite*, *56*, 602-606

400

401 Bellisle, F., Dalix, A.M., Mennen, L., et al. (2003). Contribution of snacks and meals in the diet of  
402 French adults: a diet-diary study. *Physiology and Behavior*, *79*, 182-189.

403

404 Benoit, S.C., Davis, J.F., Davidson, T.F. (2010). Learned and cognitive controls of food intake. *Brain*  
405 *Research*, *1350*, 71-6.

406

407 Bes-Rastrollo, M., Sanchez-Villegas, A., Basterra-Gortari, F.J., Nunez-Cordoba, J.M., Toledo, E.,  
408 Serrano-Martinez, M. (2010). Prospective study of self-reported usual snacking and weight gain in a  
409 Mediterranean cohort: The SUN project. *Clinical Nutrition*, 29, 323-30.

410

411 Blundell, J., de Graaf, C., Hulshof, T., Jebb, S., Livingstone, B., Lluch, A., Mela, D., Salah, S., Schuring,  
412 E., van der Knaap, H., Westerterp, M. (2010). Appetite control: methodological aspects of the  
413 evaluation of foods. *Obesity Reviews*, 11, 251-270.

414

415 Day, J.E., Kyriazakis, I., Rogers, P.J. (1998). Food choice and intake: Towards a unifying framework of  
416 learning and feeding motivation. *Nutrition Research Reviews*, 11, 25-43.

417

418 De Graaf, C. (2006). Effects of snacks on energy intake: An evolutionary perspective. *Appetite*, 47,  
419 18-23.

420

421 Dillinger, T.L., Barriga, P., Escarcega, S., et al. (2000). Food of the gods: cure for humanity? A cultural  
422 history of the medicinal and ritual use of chocolate. *Journal of Nutrition*, 130, 2057S-72S.

423

424 Faridi, Z., Njike, V.Y., Dutta, S., et al. (2008). Acute dark chocolate and cocoa ingestion and  
425 endothelial function: a randomized controlled crossover trial. *American Journal of Clinical Nutrition*,  
426 88, 58-63.

427

428 Flammer, A.J., Hermann, F., Sudano, I., et al. (2007). Dark chocolate improves coronary vasomotion  
429 and reduces platelet reactivity. *Circulation*, 116, 2376-82.

430

431 Golomb, B.A., Koperski, S., White, H.L. (2012). Association between more frequent chocolate  
432 consumption and lower Body Mass Index. *Archives of Internal Medicine*, 176, 519-21.

433

434 Grassi, D., Lippi, C., Necozione, S., et al. (2005). Short term administration of dark chocolate is  
435 followed by a significant increase in insulin sensitivity and a decrease in blood pressure in healthy  
436 persons. *American Journal of Clinical Nutrition*, 81, 611-4.

437

438 Hermann, F., Spieker, L.E., Ruschitzka, F., et al. (2006). Dark chocolate improves endothelial and  
439 platelet function. *Heart*, 92, 119-120.

440  
441 Hetherington, M.M. (2001). Chocolate: from adoration to addiction. In Hetherington, M. (ed.). Food  
442 craving and addiction. Surrey, England: Leatherhead. Pp. 295-319.  
443  
444 Higgs S. (2005). Memory and its role in appetite regulation. *Physiology and Behavior*, 85, 67-72.  
445  
446 Higgs S. (2008). Cognitive influences on food intake: The effect of manipulating memorz for recent  
447 eating. *Physiology and Behavior*, 94, 734-9.  
448  
449 Hill, J.O., Wyatt, H.R., Reed, G.W., et al. (2003). Obesity and the Environment: Where Do We Go from  
450 Here? *Science*, 299, 853-855.  
451  
452 Jia, L., Liu, X., Bai, Y.Y., et al. (2010). Short term effects of cocoa product consumption on lipid  
453 profile: a meta-analysis of randomized controlled trials. *American Journal of Clinical Nutrition*, 92,  
454 218-25.  
455  
456 Johnson, F., Pratt, M., Wardle, J. (2012). Dietary restraint and self-regulation in eating behavior.  
457 *International Journal of Obesity*, 36, 665-74.  
458  
459 Johnstone, A.M., Shannon, E., Whybrow, S., Reid, C.A., Stubbs, R.J. (2000). Altering the temporal  
460 distribution of energy intake with isoenergetically dense foods given as snacks does not affect total  
461 energy intake in normal-weight men. *British Journal of Nutrition*, 83, 7-14  
462  
463 Lawton, C.L., Delargy, H.J., Smith, F.C., et al. (1998). A medium-term intervention study on the  
464 impact of high- and low-fat snacks varying in sweetness and fat content: Large shifts in daily fat  
465 intake but good compensation for daily energy intake. *British Journal of Nutrition*, 80, 149-161.  
466  
467 Leidy, H.J., Harris, C.T., Campbell, W.W. (2011). The effect of eating frequency on appetite control  
468 and food intake: Brief synopsis of controlled feeding studies. *Journal of Nutrition*, 141, 154S-7S.  
469  
470 McCrory, M.A., Howarth, N.C., Roberts, S.B., Huang, T.T.-K. (2011). Eating frequency and energy  
471 regulation in free-living adults consuming self-selected diets. *Journal of Nutrition*, 141, 148S-153S.  
472

473 Mazlan, N., Horgan, G., Whybrow, S., et al. (2006). Effects of increasing increments of fat- and sugar-  
474 rich snacks in the diet on energy and macronutrient intake in lean and overweight men. *British*  
475 *Journal of Nutrition*, 96, 596-606.

476

477 Poston, W.S.C., Haddock, C.K., Pinkston, M.M., Pace, P., Karakoc, N.D., Reeves, R.S., Foreyt, J.P.  
478 (2005). Weight loss with meal replacement and meal replacement plus snacks: a randomized trial.  
479 *International Journal of Obesity*, 29, 1107-1114.

480

481 Roberto, C.A., Larsen, P.D., Agnew, H., Baik, J., Brownell, K.D. (2010). Evaluating the impact of menu  
482 labelling on food choices and intake. *American Journal of Public Health*, 100, 312-8.

483

484 Rogers, P.J. (in press). Measuring satiety effects: study design makes a difference to the results.  
485 *Appetite*.

486

487 Saris, W.H., Tarnopolsky, M.A. (2003). Controlling food intake and energy balance: which  
488 macronutrient should we select? *Curr Opin in Clinical Nutr Metab Care* 6, 609-13

489

490 Shide, D.J., Rolls, B.J. (1995). Information about the fat content of preloads influences energy intake  
491 in healthy women. *Journal of the American Dietetic Association*, 95, 993-8.

492

493 Shiina, Y., Funabashi, N., Lee, K., et al. (2009). Acute effect of oral flavanoid-rich dark chocolate  
494 chocolate intake on coronary circulation, as compared with non-flavanoid white chocolate, by  
495 transthoracic Doppler echocardiography in health adults. *International Journal of Cardiology*, 131,  
496 424-9.

497

498 Simon, H.B. (2007). I've been called a "chocoholic" because I love chocolate and eat a piece after  
499 dinner every night. My weight is fine and my cholesterol is, too. Is there any reason to change my  
500 ways?. *Harvard Mens Health Watch*, 12, 7-8.

501

502 Sorensen, L.B., Astrup, A. (2011). Eating dark and milk chocolate: a randomized crossover study of  
503 effects on appetite and energy intake. *Nutrition and Diabetes*, 1, e21.

504



505 Sorensen, L.B., Moller, P., Flint, A., Martens, M., Raben, A. (2003). Effect of sensory perception of  
506 foods on appetite and food intake: A review of studies on humans. *International Journal of Obesity*,  
507 27, 1152-66.

508

509 Van Strien, T., Fritjers, J.E.R., Bergers, G.P.A., Defares, P.B. (1986). The Dutch Eating Behavior  
510 Questionnaire for assessment of restrained, emotional and external eating behavior. *International*  
511 *Journal of Eating Disorders*, 5, 295-315.

512

513 Vlachopoulos, C., Aznaouridis, K., Alexopoulos, N., et al. (2005). Effect of dark chocolate on arterial  
514 function in healthy individuals. *American Journal of Hypertension*, 18, 785-91.

515

516 Westerterp-Plantenga, M.S., Lejeune, M.P. (2005). Protein intake and body weight regulation.  
517 *Appetite*, 45, 187-90.

518

519 Zomer, E., Owen, A., Maglaino, D.J., Liew, D., Reid, C.M. (2012) The effectiveness and cost  
520 effectiveness of dark chocolate consumption as prevention therapy in people at high risk of  
521 cardiovascular disease: best case scenario using a Markov model. *British Medical Journal*, 344,  
522 e3657.

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524 **Figure Legends**

525 Figure 1: Time line for each study day

526 Figure 2: Mean and std. error energy (kJ.) consumed at lunch, evening meal and from all food  
527 portions by all participants (N=20) in all five study conditions

528 Figure 3: Hunger ratings across the day for all participants (N=20) in all four study conditions. Ratings  
529 following dark chocolate are represented by diamonds, milk chocolate by squares, sweet biscuits by  
530 triangles; fruit bars by crosses, and no food by stars.

531 Table 1: Preloads provided per small portion and per day in quantity, weight (g) and energy (kJ.) in all  
 532 four study conditions

533

Preload	Dark chocolate	Milk chocolate	Sweet biscuits	Fruit bars	No food
Single portion	1 square	1 <sup>2</sup> / <sub>3</sub> squares	2 <sup>1</sup> / <sub>4</sub> biscuits	1 <sup>1</sup> / <sub>4</sub> bars	-
Daily portion	4 squares	7 squares	9 biscuits	5 bars	-
Weight provided / day (g)	40	44	45	75	0
Energy provided / day (kJ)	870	903	887	874	0
Carbohydrate (g/100g)	34	52	73	0	0
Of which, sugars (g/100g)	29	48	21	0	0
Fat (g/100g)	41	31	14	0	0
Protein (g/100g)	9.5	2.9	7.2	0	0

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535

536 Table 2: Mean (st. dev.) liking and acceptability ratings for all preload foods.

Rating	Dark chocolate	Milk chocolate	Sweet Biscuits	Fruit bars
Pleasantness (mm) <sup>1</sup>	60 (34)	58 (35)	65 (24)	57 (32)
Liking (mm) <sup>1</sup>	60 (32)	58 (36)	67 (23)	57 (33)
Sweetness (mm) <sup>1</sup>	49 (31) <sup>a</sup>	81 (19) <sup>b</sup>	57 (19) <sup>a</sup>	73 (16) <sup>b</sup>
Saltiness (mm) <sup>1</sup>	14 (11)	13 (19)	16 (18)	8 (10)
Familiarity (mm) <sup>1</sup>	63 (30) <sup>a</sup>	74 (22) <sup>a</sup>	76 (25) <sup>a</sup>	33 (25) <sup>b</sup>
Satisfaction (mm) <sup>1</sup>	55 (29)	48 (32)	57 (21)	49 (27)
Content to consume (mm) <sup>2</sup>	67 (32)	76 (28)	75 (20)	58 (35)
Likely to consume (mm) <sup>2</sup>	46 (37) <sup>a</sup>	61 (31) <sup>c</sup>	62 (30) <sup>b</sup>	31 (31) <sup>ad</sup>
Likely to buy (mm)	42 (35)	61 (34) <sup>b</sup>	50 (33) <sup>b</sup>	32 (32) <sup>a</sup>

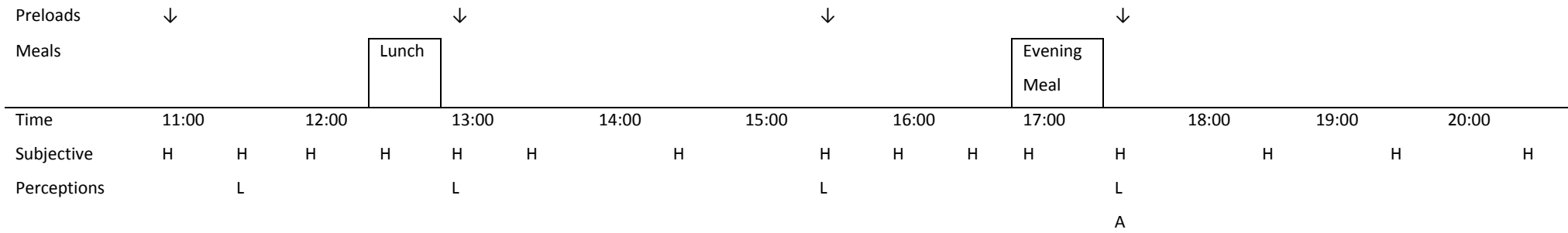
537 <sup>1</sup>Liking ratings are combined over two time points, where food portions were consumed alone.

538 <sup>2</sup>Acceptability ratings are combined over three questions based on different situations.

539 <sup>ab</sup>Significant differences (p<0.05) within row between letter pairs a/b, c/d.

540 Figure 1: Time line for each study day

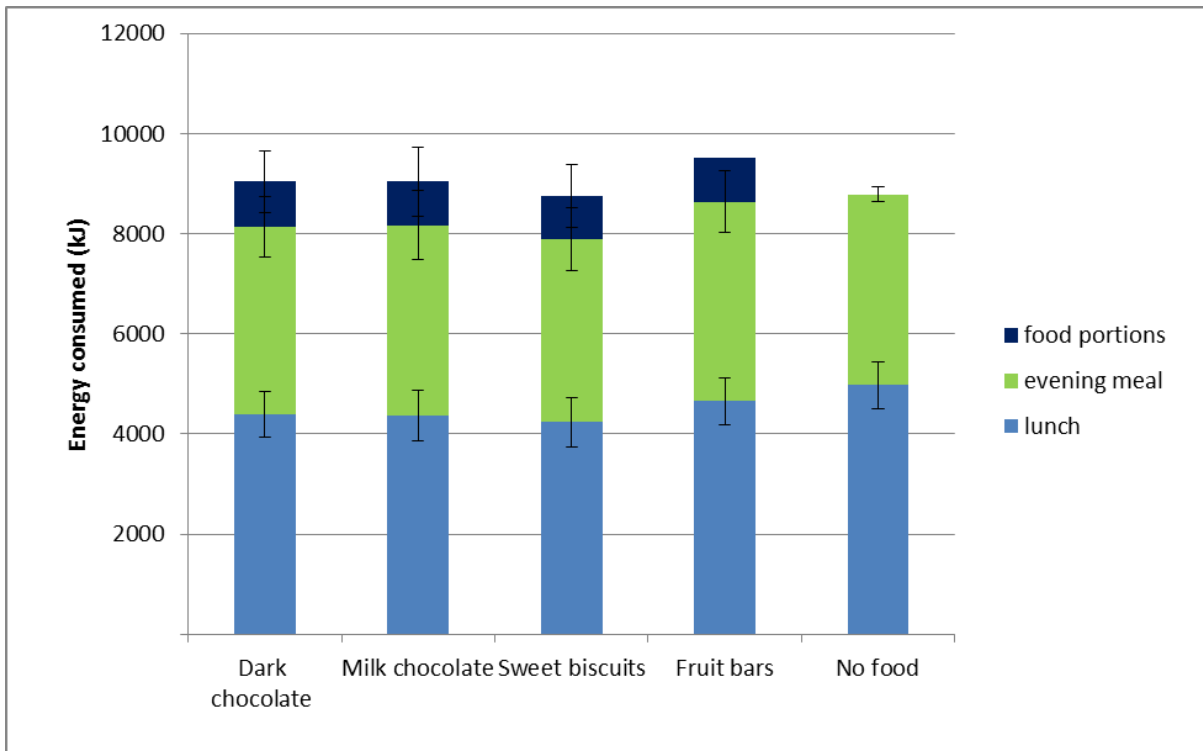
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542 H – hunger ratings; L – liking ratings; A – acceptability ratings

543 Figure 2: Mean and std. error energy (kJ.) consumed at lunch, evening meal and from all food  
544 portions by all participants (N=20) in all five study conditions.

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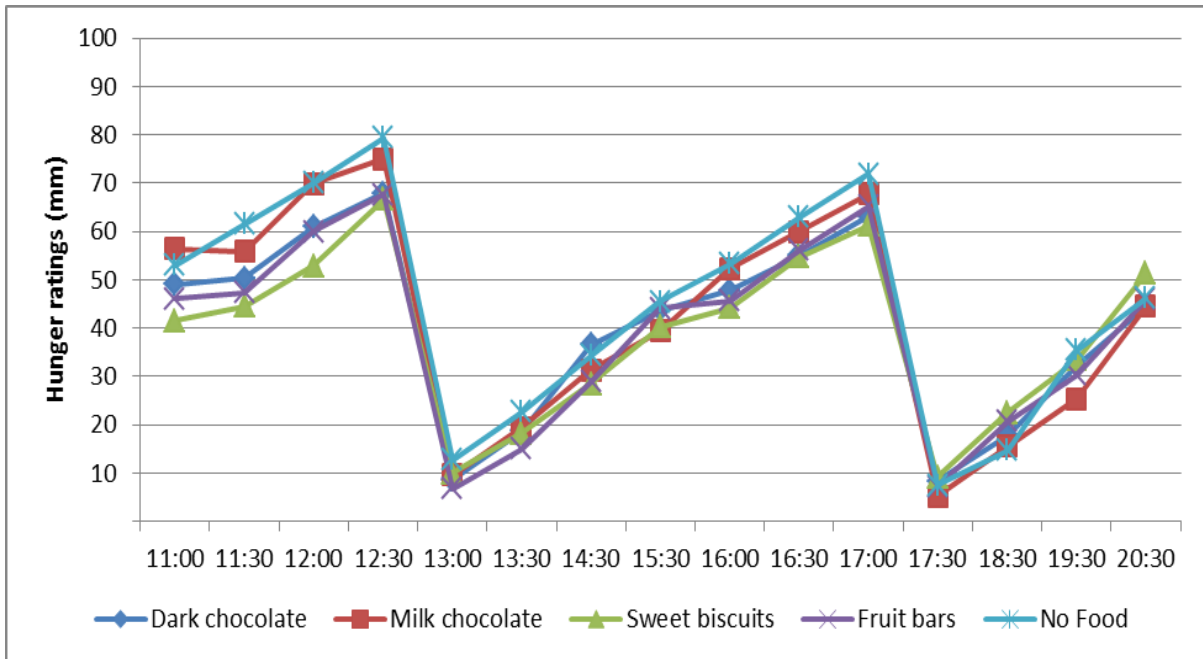


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548 Figure 3: Hunger ratings across the day for all participants (N=20) in all four study conditions. Ratings  
549 following dark chocolate are represented by diamonds, milk chocolate by squares, sweet biscuits by  
550 triangles; fruit bars by crosses, and no food by stars.

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