

Advances in Nutrition: Perspective

Measuring sweetness in foods, beverages, and diets: toward understanding the role of sweetness in health

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Word count: 5701 words (text, excluding references); **Figures:** 3; **Tables:** 2; **Boxes:** 1

Running head: Measuring sweetness in foods, beverages, and diets

Sources of financial support: This work was supported by the North American Branch of the International Life Sciences Institute (ILSI North America) Low-Calorie Sweeteners Committee. ILSI North America is a public, nonprofit science foundation that provides a forum to advance understanding of scientific issues related to the nutritional quality and safety of the food supply. ILSI North America receives support primarily from its industry membership. This review, in part, includes information shared in a meeting, “Think Tank: Measuring Sweetness in Foods, Beverages and Diets,” organized by ILSI North America and held on 12 December 2019 in Washington, DC (see <https://ilsina.org/event/think-tank-measuring-sweetness-in-foods-beverages-and-diets/>). PRT, KMA, KdG, JEH, GKB, JDF, RDM, and PMW received travel funding to participate in the December 2019 ILSI North America meeting. PRT received funding support to prepare the manuscript. DJB, JTD, and DMK confirm that no financial support was received for this work.

Conflicts of interest

PRT serves as an independent consultant on projects supported by the ILSI North America Carbohydrate Committee. She has served as a consultant to PepsiCo, Ocean Spray, Bioneutra, Lantmännen, Hayashibara, GlaxoSmithKline, and 8Greens, and received speaker travel expenses from the Council for Responsible Nutrition that are not related to sweetness or sweeteners. In connection with research on sweetness, KMA has received funding from Unilever R&D Vlaardingen, Netherlands; has current funding from TIFN, Netherlands (in collaboration with Arla Foods, Denmark; American Beverage Association, United States; Cargill, United States; Dutch Knowledge Centre for Sugar, Netherlands; Firmenich, Switzerland; the International Sweeteners Association, Belgium; SinoSweet, China; and Unilever, Netherlands), and from the

International Sweeteners Association; and has received speaker's expenses from the International Sweeteners Association and PepsiCo. KdG has current funding from TIFN, NL (in collaboration with Arla Foods, DK, American Beverage Association, US, Cargill, US, Dutch Knowledge Centre for Sugar, NL, Firmenich, CH, the International Sweeteners Association, SinoSweet, China, Unilever, NL), and he received speaker's expenses from the International Sweeteners Association for a symposium held in 2018. In relation to his research on taste perception, JEH has received travel expenses from Kerry Health & Nutrition and the North American Branch of the International Life Sciences Institute (ILSI North America); he has also received research support from the Sugar Association and the World Sugar Research Organisation for unrelated research on sweetness, and funding from PepsiCo for research not related to sweetness. Also, JEH is the Director of the Sensory Evaluation Center at Penn State, which routinely conducts taste tests for industrial clients to facilitate experiential learning opportunities for undergraduate and graduate students. PMW has received travel and/or research funding from various companies in the food, beverage, ingredient, and pharmaceutical industries, including past research related to sweetness from PepsiCo. The only current research funding for PMW related to sweetness is a competitive grant from the US NIH (National Institute on Deafness and Other Communication Disorders). GKB receives no personal funds, including speaker fees, from any commercial entity. Ajinomoto provides a consulting fee to the Monell Chemical Senses Center that is used to support a small portion of his research. His research on sweetness is supported by a competitive grant from the US NIH (National Institute on Deafness and Other Communication Disorders). GKB is a member of the Board of Directors of ILSI North America. JTD is a member of the scientific advisory boards of the Mushroom Council, McCormick Science Institute, and Bay State Milling. She serves as a nonpaid advisor to the Low-Calorie Sweeteners and Bioactives

Committees of ILSI North America. She served on the Conagra scientific advisory board until 2018 and on a scientific advisory group for Gerber Nestle until 2019, and advised Motif Foodworks in 2019. She holds stock in several food and drug companies. She is editor of *Nutrition Today*, a nutrition journal, and is a professor at Tufts University School of Medicine and Senior Scientist at the Jean Mayer USDA Human Nutrition Research Center on Aging. JDF is a scientific advisor to the International Glutamate Technical Committee (Brussels, Belgium) and to ILSI North America (Washington, DC). RDM has received research and travel support as well as honoraria from various sources related to sweeteners but has no current support relevant to the topic of this manuscript. DJB and DMK serve as government liaisons to the ILSI North America Lipids and Carbohydrates Committees, respectively, and DJB serves as an unpaid member of the Sabra Wellness and Nutrition Advisory Board, Avocado Nutrition Science Advisory Group, and the California Walnut Commission Health Research Advisory Group, and funding research on sweetness research supported by a competitive grant from the US NIH (National Institute on Deafness and Other Communication Disorders) (other funding is unrelated to sweetness or other topics of this manuscript).

Abbreviations: CS, category scaling; CSIRO, Commonwealth Scientific and Industrial Research Organisation; DA, descriptive analysis; DNF, Dutch National Food; gLMS, general labeled magnitude scale; LMS, labeled magnitude scale; ME, magnitude estimation; NQ+, Nutrition Questionnaires plus; QDA, quantitative descriptive analysis; VAS, visual analogue scale.

1 **Abstract**

2 Various global public health agencies recommend minimizing exposure to sweet-tasting foods or
3 beverages. The underlying rationale is that reducing exposure to the perception of sweet tastes,
4 without regard to the source of sweetness, may reduce preferences for sweetness, added sugar
5 intake, caloric intake, and body weight. However, the veracity of this sequence of outcomes has
6 yet to be documented, as revealed by findings from recent systematic reviews on the topic.
7 Efforts to examine and document the effects of sweetness exposure are needed to support
8 evidence-based recommendations. They require a generally agreed-upon methodology for
9 measuring sweetness in foods, beverages, and in the overall diet. Although well-established
10 sensory evaluation techniques exist for individual foods in laboratory settings, they are expensive
11 and time consuming, and agreement on the optimal approach for measuring the sweetness of the
12 total diet is lacking. If such a measure could be developed, it would permit researchers to
13 combine data from different studies and populations and facilitate the design and conduct of new
14 studies to address unresolved research questions about dietary sweetness. This narrative review
15 includes an overview of available sensory techniques, their strengths and limitations, recent
16 efforts to measure the sweetness of foods and diets across countries and cultures, and a proposed
17 future direction for improving methods for measuring sweetness toward developing the data
18 required to support evidence-based recommendations around dietary sweetness.

19 **Keywords:** sweetness, sensory measure(s), taste, diet, nutrition

20 **Introduction**

21 The WHO currently recommends that the intake of free sugars (defined as monosaccharides and
22 disaccharides added to foods, plus sugars that are naturally present in honey, syrups, and fruit
23 juices) be reduced to less than 10% of total energy intake (1, 2). This recommendation is based
24 on moderate evidence from observational studies on risk of dental caries. However,
25 overconsumption of sugar, a high-calorie, low nutrient-density food ingredient, is widely
26 assumed to contribute to obesity and associated health conditions, through the energy it provides
27 directly and, perhaps more importantly, also through enhancing the overall appeal of a broader
28 portion of the diet. Thus, weight control is another presumed benefit of reduced sugar intake.

29 To assist in reducing sugar consumption, various governmental organizations currently
30 recommend reducing the consumption of sweet-tasting foods and beverages, regardless of the
31 source of the sweet taste (i.e., caloric and low/no-calorie sweeteners) (2-6). The *Cambridge*
32 *English Dictionary* (7) defines sweet as having a taste similar to that of sugar (not bitter or salty).
33 The *Oxford Learner's Dictionary* (8) defines sweetness as the quality of being pleasant, or the
34 quality of tasting or smelling sweet. Both a specific ingredient or a quality or sensation are
35 elements of these various definitions and both aspects appear to be important. From a
36 physiological perspective, one could consider sweetness to be the generally appetitive sensation
37 that arises when sugars or other sweet compounds stimulate specialized receptor proteins
38 expressed in a subset of cells in taste buds. The rationale for these recommendations is the
39 hypothesis that reduced exposure to sweetness will lead to reduced preferences for sweet-tasting
40 foods and beverages, reduced preferences will lead to reduced consumption of sweet-tasting
41 foods and beverages, and ultimately reduced consumption will decrease caloric intake and favor
42 weight management. However, many links in this presumed causal chain still require empirical

43 confirmation. Elsewhere, a substantial body of research demonstrates that a reduction in dietary
44 sodium intake for a period of several months reduces the preferred saltiness of foods, facilitating
45 the reduction of subsequent sodium intake in the entire diet (9, 10). Interestingly, exposure
46 altered liking, but not sensitivity ratings. These observations are referenced in support of the
47 current CDC (11) and FDA (12) policies recommending gradual reductions in the sodium
48 content of foods and the overall food supply. By analogy, it is assumed that parallel adjustments
49 may also occur for sweetness, but empirical evidence to support this assumption is lacking. The
50 situation is more complicated with sweet ingredients than with sodium, an ingredient that does
51 not contribute to energy intake. Energy-yielding sweeteners may contribute positive energy
52 balance via two primary mechanisms. First, processed sweet food may be energy dense, not so
53 much because of the sugar itself, but because sugar is often combined with fat, a primary driver
54 of energy density. Small quantities of these products can contribute a disproportionate amount of
55 energy. Second, in children and adults, 41% and 33% of added sugars are obtained from sugar-
56 sweetened beverages (13, 14), which are extremely energy dilute but are consumed in high
57 quantities. Reductions in the preferred sweetness level of foods and beverages in the diet could
58 modify the appeal of both types of products and help to moderate energy intake and body weight.

59 It has been hypothesized that dietary exposure to sweetness influences the way
60 individuals perceive foods and beverages, what and how much is consumed, and/or how the
61 body processes and reacts to what is consumed (15-18). Indeed, an ability to detect and savor
62 simple sugars, the major source of sweetness in nature, reflects the importance of glucose as the
63 major energy source in humans and many other species (19). For example, a strong attraction to
64 honey as a food source in many primates, particularly humans, is consistent with its high levels
65 of glucose and fructose and hence honey's intense sweetness (20, 21).

66 Appleton et al. (15) conducted a systematic review of published data on the influence of
67 dietary exposure to sweet-tasting foods or beverages on the subsequent generalized acceptance,
68 preference, or choice of sweet foods and beverages in the diet. These studies provided no
69 consistent support for a relationship between sweet taste exposure and subsequent preferences or
70 subsequent sweet food intake. (15)(15)Public Health England (4) reached a similar conclusion
71 based on a literature review. Thus, empirical evidence about the relationship between
72 consumption of sweet-tasting foods and subsequent preferences for or consumption of sweet
73 foods is lacking, as is the assumption that consumption of lesser amounts of sweet foods (apart
74 from all other intake) will bring about decreased caloric intake and decreased body weight.
75 Whether the incongruous responses to salt and sweet exposure reflect a true mechanistic
76 difference is not known. However, it is notable that unlike the case with salt, preliminary
77 evidence suggests that exposure effects for sweetness alter intensity ratings but not hedonic
78 responses (22). If sweet intensity perception does not result in a shift in the preferred sweetness
79 of foods, it is not clear that food choice will be altered.

80 Numerous studies over several decades have found that overweight and obese individuals
81 have similar sweetness perception and preferences compared to normal-weight individuals (23-
82 26), but the WHO (1) found evidence from observational studies conducted in adults and
83 children (moderate and low strength, respectively) for an association between body weight and
84 intake of free sugars, primarily from sugar-sweetened beverages. Less is known about the
85 association between the sweetness of the *whole diet* and energy intake and health-related
86 outcomes.

87 Clearly, further work is needed to elucidate putative effects of dietary sweetness on
88 preference for sweet foods, intake of sweet foods, body weight, and associated health outcomes.

89 Critically, the perception of sweetness cannot be measured simply by quantifying concentrations
90 of sugars in the diet and therefore must be measured by the experiences of human observers.
91 First, a generally agreed-upon and validated measure of dietary sweetness is needed. Methods to
92 measure the effects of sweetness on consumption have generally used a combination of measures
93 including sweetness intensity or preference ratings of individual food items with a measure of
94 food intake.

95 Given clear evidence that dietary patterns are relevant to long-term health, an effective
96 measure would need to capture the sweetness of an entire diet or dietary pattern, not merely the
97 sweetness of specific foods or food categories. The 2015–2020 Dietary Guidelines for
98 Americans (27), as well as the Scientific Report of the 2020 Dietary Guidelines Advisory
99 Committee (28), emphasize the importance of overall eating patterns for health, as compared to a
100 focus on individual foods. This narrative review sets the stage for examination of 1) the current
101 approaches for measuring perceived sweetness of individual foods and diets and 2) the extant
102 databases related to the sweetness of whole diets. Based on this review, research questions are
103 identified for improving the measurement of the perception of sweetness.

104 **Available methods to measure perception of sweetness of individual foods and** 105 **diets**

106 To support the collection of data on the relationships between sweetness and diet, validated
107 measures of sweetness are needed that are well accepted across the scientific and public health
108 communities. The most relevant parameters of exposure remain unknown but may include mean
109 sweetness across foods in the diet, maximum sweetness among all items consumed, and
110 frequency with which people consume items of some minimum level of sweetness. Because the
111 most important parameters are unknown, an ideal method would capture as much information as

112 possible about the sensory properties of the diet. Ideally, the measurement method should 1) be
113 easy for participants, experimenters, and possibly clinicians to complete, 2) be low cost, and 3)
114 allow valid comparisons between groups of people with different cultures, numeracy, and
115 literacy.

116 **Sweetness measurement theory**

117 Before discussing specific techniques to measure sweetness, it may be useful to consider a
118 general concept from theory of measurement, viz. that some measures provide more information
119 than others. In 1946, Stevens (29) proposed a hierarchical framework to describe various levels
120 of measurement and types of data: nominal, ordinal, interval, and ratio (**Table 1**). Ordered data
121 (ordinal scale) provide a ranking but no indication of spacing between items. Interval data are
122 equally spaced, but the zero value may not have a real meaning (e.g., 20°F is not twice as warm
123 as 10°F). The most informative approach to measure perceived sweetness intensity of sweet
124 substances is to use a ratio-level measurement with a true zero, because this allows for
125 meaningful ratios to be constructed and for more powerful statistical evaluation. For example, a
126 liquid at 310K does in fact have 14% more heat than a 273K liquid, because the zero is
127 meaningful on a Kelvin scale. Only with ratio-level measurement can it be determined that, for
128 example, a food assigned a number twice as high has twice the perceived sweetness. Why might
129 this matter? As discussed in the paragraph above, the most relevant parameters of exposure to
130 sweetness remain unknown. The ability, for example, to perform valid calculations of the ratio of
131 minimum to maximum sweetness for foods consumed within a meal or over the course of some
132 period of time may not prove important for understanding the impact of exposure to sweetness.
133 However, all else being equal, a measure that provides more information will allow more options
134 for valid analyses.

135 **Examples of techniques for measuring sweetness: direct and indirect methods**

136 Perception is an internalized experience that cannot be directly observed by another individual.
137 Some indirect methods infer perceived sweetness from observable behaviors (e.g., how well
138 people can discriminate between different concentrations of a sweetener). Despite the advantage
139 of being based on objective data, such techniques are not practical for assessing the sweetness of
140 a large number of foods and beverages, due in large part to their intensive nature. For example,
141 indirect measurement of an intensity versus concentration function for sucrose in water required
142 3600 judgments collected over months (30). In contrast, direct methods rely on the observer to
143 report how intense a sensation is. A number of such techniques for measuring sweetness are
144 discussed below and a general summary of each, including the limitations, is provided in **Table**
145 **2**.

146 Magnitude estimation (ME) is perhaps the “gold standard” direct method for ratio-level
147 measurement. In various forms of ME, subjects assign numbers to sensations proportional to
148 perceived intensity. Thus, a sugar solution that tastes twice as sweet as another would be
149 assigned a number twice as large, while a solution that tastes half as sweet would be assigned a
150 number half as large (31). ME has been cross-validated, in part, via comparisons across different
151 sensory modalities and to neural activity recorded from taste nerves (32, 33). ME has played an
152 important role in developing and validating other indirect methods (including the general labeled
153 magnitude scale [gLMS], discussed below). However, ME is probably not ideal for measuring
154 sweetness in the diet since it provides only relative information regarding perceived intensity (no
155 semantic information regarding intensity is provided) and ME can be difficult for participants
156 with low numeracy.

157 Because researchers often desire semantic information that ME cannot provide, another
158 widely used direct method is category scaling (CS). In CS, participants select one of a fixed
159 number of responses; the response options may or may not have numbers visible to participants,
160 but researchers typically code these with integers to provide ordinal data. For taste
161 intensity, various CS approaches have been used (e.g., a 9-point scale with labels
162 “no sweetness” at 1, “slightly sweet” at 3, moderately sweet” at 5, “strongly sweet” at 7, and
163 “extremely sweet” at 9) (34, 35). For measurements of sweetness using a CS, one can reasonably
164 conclude that a sample scored 4 tastes sweeter than a sample scored 2. Critically, however, it
165 cannot be assumed that the intensity is twice as large, unlike a ratio-level measure like ME.
166 However, labels associated with the categories provide some useful semantic information about
167 the absolute level of sweetness, and category scales tend to be easy and intuitive for participants
168 to use, so they remain popular despite this limitation. Also, it should be noted that the semantic
169 labels may not indicate the same level of sensation across individuals or between groups that
170 differ systematically (e.g., by age, dietary exposure, or genetics) (36-38).

171 The line scale/visual analogue scale (VAS) is another widely used direct scaling method.
172 In this method, participants rate sensation by marking a line segment with anchored endpoints at
173 the extremes (e.g., minimum and maximum). These differ from CS in that participants can mark
174 at any point on the line resulting in the data being roughly continuous rather than being discrete.
175 These scales may yield better resolution, and some empirical work is consistent with this idea
176 (39-41), although other work finds that a 9-point category scale, a VAS, and ME are comparable
177 in their reliability and ability to resolve small differences among stimuli (42, 43). Regardless,
178 participants are not usually instructed to make ratio judgments, and therefore ratio-level data are

179 not typically assumed. However, some variant of the VAS may yield ratio-level data with
180 appropriate construction and orientation (44, 45).

181 Another direct scaling technique, the labeled magnitude scale (LMS), attempts to
182 combine the semantic information of CS, the continuous response properties of the VAS, and the
183 ratio measurement of ME. This scale has semantic intensity labels (barely detectable and
184 strongest imaginable [taste or oral] sensation at the extremes, with intermediate labels such as
185 moderate). Unlike CS, spacing of descriptors is empirically determined according to ME ratings
186 for these labels, and therefore nonlinear (46-48). Slopes of intensity versus concentration
187 (“psychophysical functions”) measured using a LMS agree well with slopes measured using ME
188 (44, 47, 49), suggesting that a LMS yields ratio-level data. A common variant called the gLMS
189 anchors the top of the scale with “the strongest imaginable sensation of any kind,” which was
190 intended in part to allow valid comparisons between groups of people who differ in sensitivity to
191 taste or oral sensations (36, 38). Thus, the gLMS combines the strengths of various other direct
192 methods outlined above, although there is a tendency for participants to cluster ratings near the
193 verbal labels (44), suggesting that some participants may use it in a manner similar to a CS.
194 Further, the gLMS requires more extensive training and instructions than CS.

195 All of the methods mentioned above have originated in the academic literature and have
196 been used largely in studies using naïve participants. These methods will now be contrasted with
197 another set of methods that first arose in industrial practice, discussed below, which rely on
198 highly trained observers.

199 **Descriptive analysis methods for measurement of sweetness**

200 As a family of methods, descriptive analysis (DA) techniques were initially created by
201 practitioners to meet the needs of food and consumer goods companies [e.g., (50, 51)] who,

202 unlike academic psychophysicists, had a practical need to quantify the sensations from foods and
203 consumer products (52). The basic approach includes 1) selection of panelists, 2) development of
204 a common language that comprehensively and accurately describes product attributes, 3) training
205 panelists to align use of these common product attributes and the use of intensity scales in the
206 products being tested, and 4) blinded evaluation of the products (52).

207 To quantify sweetness, a simplified version of DA is sometimes used where participants
208 are trained to rate sweetness relative to standard reference solutions of sucrose, often from 0 to
209 20% sucrose by weight (or “brix,” a measure of the sugar content of an aqueous solution). Thus,
210 a sample that tastes as sweet as 8% sucrose is rated as 8, a sample that tastes as sweet as 12%
211 sucrose is rated as 12, and so forth [e.g., (53)]. Using such physical referents instead of semantic
212 intensity labels provide an unambiguous means to communicate results and, within the context of
213 a particular product, can provide simple direct information to guide concentration adjustments to
214 match a target level of sweetness. Repeated resampling of the references during blind testing
215 may reduce the amount of training needed beforehand, but their addition might also cause
216 sensory adaptation that alters the accuracy of the rating; with practice, participants are able to
217 rely less on references. However, even if performance was functionally perfect, using a physical
218 concentration as a reference would not result in ratio properties in regard to perceived sweetness,
219 since intensity is usually a nonlinear function of concentration (i.e., doubling the concentration of
220 sucrose does not double perceived sweetness) (49).

221 More broadly, two major approaches to DA emerged in the 1970s: Quantitative
222 Descriptive Analysis (QDA) and Spectrum Descriptive Analysis (Spectrum). These two methods
223 use the same general approach—trained panelists are aligned on descriptors, and then products
224 are rated blind for intensity of each descriptor—but they have some nuanced differences in their

225 implementation (54). In QDA, all intensity ratings are considered relative to the other items
226 tested, whereas Spectrum uses what is termed a “universal scale.” Typically, this is a 150-point
227 scale (classically 15 cm, measured to one decimal point) meant to encompass the entire range of
228 sensations one might encounter in commercial food products. Participants then receive extensive
229 training on use of this scale, with intensity anchors tied back to specific references, which may
230 be simple model systems or real commercial products as this method arose from industrial
231 practice (54). For sweetness, a 2 would be 2% sucrose, a 7 would be the sweetness of lemonade,
232 and a 9 would be a specific national brand of soft drink. In Spectrum scaling, a 6 for intensity is
233 meant to be equal across qualities, so a 6 for sourness should equal the intensity of a 6 for
234 sweetness. A putative strength of this approach is that training with references that evoke
235 multiple qualities (i.e., lemonade is both sweet and sour) should encourage an analytic mindset
236 while rating but also clarify distinctions between attributes (55). Regardless of whether
237 Spectrum or QDA is used, heavy use of exemplars during training helps reduce conceptual
238 ambiguity of what panelists are rating in perceptually complex foods. Information on multiple
239 sensation qualities can also allow analyses of how other flavors modulate perceived sweetness
240 and how well the overall flavor profile predicts nutrient content. The scales used in QDA and
241 Spectrum are rarely discussed within Stevens’ measurement typology (29), but ratio-level data
242 cannot be assumed.

243 **Factors affecting ratings of perceived intensity**

244 Numerous factors affect the perceived intensity of sweetness. Three important factors are
245 discussed below. In addition to these, it may be useful to characterize color, as there is some
246 evidence (albeit inconsistent) for an effect of color on sweetness perception (56).

247 **Sweetener concentration**

248 Most obviously, sweetener concentration is a major factor in the sensation of sweetness and it is
249 routinely changed to alter sweetness intensity of products (57). Rated sweetness increases with
250 sweetener concentration over a wide range of concentrations (22, 58-60). Ratings made using all
251 of the methods outlined above increase with sweetener concentration to some point, suggesting
252 that all offer at least ordinal measurements of sweetness. It is critical to distinguish between the
253 amount of sugar in a product and the rated sweetness it evokes. As shown in **Figure 1**, the same
254 amount of sucrose (920 mg) tastes roughly half as sweet when presented in twice the amount of
255 water. Nutritionally, these samples are functionally identical from the amount of sugars and
256 calories they provide, but perceptually, they are not.

257 **Range of presented stimuli (context)**

258 There are also other factors that affect ratings of intensity sensation. One important factor
259 concerns the concentration range of stimuli that are experienced within a test session. For ME,
260 exponents of rated intensity versus concentration functions are flatter when the range of
261 presented stimuli is wide and steeper when the range of presented stimuli is narrow (35). Lawless
262 and colleagues (61) showed that category scales, VASs, and two forms of LMS showed range
263 bias as well. Participants also tend to rate a given stimulus as less intense in the presence of
264 stronger stimuli and more intense in the presence of weaker stimuli (a contrast effect) (61).
265 Sensory adaptation, or fatigue, could contribute to such effects, but they still occur when
266 adaptation is controlled (61). Thus, intensity ratings ultimately cannot be regarded as simple
267 reflections of underlying sensation outside the context of a particular method (58, 62). A key
268 question here is whether these contexts affect how participants mentally map responses into
269 sensations, or how the sensations are actually perceived. For example, if someone rates a 10% by

270 weight sucrose solution as “moderate” when presented after a 5% solution, but “weak” when
271 presented after a 20% solution, did the perceived sweetness of the solution really change, or did
272 the rater simply choose a different response?

273 **Food matrix**

274 The same amount of a sweetener might taste very different depending on the food matrix. Taste
275 differences may be due to physical effects, such as effectively sequestering sweeteners so that
276 they are less able to dissolve in saliva and interact with sweet receptors. Although sweetness is
277 clearly related to concentrations of sugars in foods, this relationship can be decoupled in several
278 ways: sweetness is imparted by nonsugar ingredients (e.g., low-calorie sweeteners), or sweetness
279 can be masked by other ingredients. Sweetness can be inhibited centrally (in the brain), as
280 exemplified by mutual suppression of sweetness and bitterness, such that adding a bitter
281 compound to a fixed concentration of sweetener makes the solution taste less sweet (63, 64).
282 This is the reason, for example, why people might underestimate the sugar content of tonic water
283 containing bitter quinine (see Figure 1). Enhancement effects, including synergy between
284 different sweeteners, also occur (65) and such effects are part of what shapes rated
285 sweetness during the consumption of foods and beverages. Assuming that rated sweetness
286 reflects sweetness sensation, food matrix and enhancement effects are not problematic for
287 measuring the sweetness of the diet. Such effects, however, may affect the influence of dietary
288 sweetness on food choice, intake, and physiological responses to foods. Furthermore, these
289 interactions highlight the point that added sugars and perceived sweetness are not
290 interchangeable.

291 **Individual differences and their effects on the measurement of sweetness**

292 Even within a particular context, people differ markedly in how they rate sensations (35). If one
293 person rates a given concentration of sugar as sweeter than does a second person, do the people
294 differ in what they actually taste, differ in how they rate what they taste, or both? At least some
295 individual differences in sensitivity to the sweetness of sugar are associated with differences in
296 genes which encode sweet receptors expressed in taste buds (66-68). Thus, people probably do
297 differ in what they actually taste. However, people are often consistent in their tendency to
298 assign relatively high or low ratings across sensory modalities (69). Accordingly, researchers
299 have proposed various ways to use cross-modal information to adjust for such
300 individual idiosyncrasies (70, 71). An important assumption is that individual differences in the
301 modality that is used to “control” for differences in how people use scales (e.g., the loudness of
302 tones or the brightness of lights) are at least partially independent of individual differences in the
303 modality of interest (in the current context, sweet taste). Regardless, measuring the intensity of
304 sensation in more than one kind of sensory modality on the same scale can offer potential
305 advantages in understanding individual differences (72).

306 **The subject’s concept of sweetness**

307 Ratings of intensity depend, in part, on the raters’ concept of the sensation to be rated. Few
308 people with an otherwise normal sense of taste would fail to recognize sucrose (table sugar) as
309 sweet. However, in sensory experiments, adding some nominally tasteless aromas, such as fruity
310 esters or vanilla, can cause subjects to rate both simple sugar solutions and real foods as sweeter
311 (73-76). In many studies, sweetness enhancement by aroma is less likely if the participants rate
312 both sweetness and aroma (e.g., “fruitiness”) than if they just rate sweetness (77-79). Clark and
313 Lawless (77) have framed such enhancement effects as a scaling bias called “dumping.” In this

314 explanation, participants perceive a distinct sensation from the added aroma but, lacking an
315 appropriate option to rate this aroma, they assign the sensation to ratings of sweetness. Notably,
316 however, odors less congruent (or compatible) with sweetness like peanut butter do not enhance
317 sweetness (80). Further, training raters to adopt an analytic approach (analyze sensation into
318 components) rather than a synthetic approach (respond to flavor as a whole, a natural tendency
319 for untrained consumers) (81) also makes it less likely for aroma to influence ratings of taste
320 intensity, even if subjects rate sweetness but not aroma (82, 83). Accordingly, odor enhancement
321 of sweetness is not purely an artifact of the rating task (84). Rather, it appears that the concept of
322 “sweetness” can include compatible nontaste sensations, depending on how experimenters ask
323 the question and how raters approach the task (83). While overall flavor is widely believed to be
324 important for food choice and eating behavior (83), the relative importance of odor and taste in
325 determining food choice and satiety is unclear (85); thus, additional research is needed. Ideally,
326 ratings of sweetness would be obtained from both naïve consumers *and* more trained,
327 analytically oriented panels, since both may convey important and potentially complementary
328 information.

329

330 **Conclusions and future directions regarding measurement of sweetness**

331 Key features, strengths and weaknesses of the various techniques discussed above are presented
332 in **Table 2**, and some directions for future work are presented in **Box 1**. Regarding the various
333 subjective scales used (ME, category, VAS, gLMS), it is important to remember that all meet the
334 most important criterion for validity, viz. that rated sweetness increases over a broad range of
335 concentrations of sweetener. Thus, all provide potentially useful information. ME and gLMS
336 may provide more information in Stevens’ theoretical framework of level of measurement, and

337 thus allow a broader array of valid analyses of parameters of dietary sweetness. However, ME
338 might prove difficult for people of low numeracy to use, and gLMS labels might be difficult to
339 translate for use across various cultures. VAS and the closely related scales used in the
340 SPECTRUM-derived techniques do not have these limitations, but may or may not provide ratio-
341 level measurement. However, relatively little effort would be required to validate a particular
342 VAS for sweetness against ME to establish level of measurement.

343 Regardless of the particular scale used, ratings of sweetness will depend on factors such
344 as context (crucially, the overall range of sweetness intensity among presented samples) and
345 panelists' concept of the sensations they rate (e.g., how completely they separate "sweet" aroma
346 from sweet taste). Since these factors are in turn methods-dependent, perhaps the most important
347 consideration in developing a technique various laboratories can use to build a joint data-base is
348 to establish a more comprehensive set of overall procedures for training and testing panelists.
349 The SPECTRUM-derived techniques embody these principles, even if they have not been
350 perfectly standardized to date. A possible area for further development is to determine if
351 comparable data can be obtained with less intensive, long-term training of panelists.

352 **Current taste databases for the measurement of sweetness in diets**

353 **Development of sensory databases**

354 Three studies developed taste databases that measured the sweetness intensities of foods in
355 Australia (86), France (87), and the Netherlands and Malaysia (88). These studies all used a
356 modified Spectrum approach for measuring the perception of sweetness (89) using trained
357 sensory panelists for developing the taste databases for each country. These standardized scales
358 allow for a comparison of the data collected across studies, with multiple panels, and even allow

359 for a comparison of the rated intensities of sensory attributes across the different types of foods
360 (90, 91). These rigorous approaches have potential utility for evaluating the sweetness of diets on
361 a population level but are likewise resource intensive. To note, sucrose and food standards, even
362 if they were entirely consistent across panels, might not allow valid between-group comparisons
363 if groups differ systematically in how they perceive the standards. Granted, the Spectrum-
364 inspired techniques also include ratings of other sensation qualities, but all tend to be focused on
365 taste or oral sensation, which might in turn be correlated with sweetness (92). A possible
366 modification would be to include some uncorrelated sensations, such as loudness of sounds or
367 brightness of lights, as in the method of magnitude matching.

368 Lease et al. (86) developed a Sensory-Diet database using an Australian children's
369 national nutrition survey. Foods were selected as representing the total diet based on frequency,
370 food grouping, nutritional, and/or sensory differences. Database development involved
371 measuring basic taste intensities (sweet, salt, sour, bitter, umami) and texture profiles of 377
372 single foods based on the Australian food consumption survey. From the 377 foods, the
373 researchers imputed the sensory profile of 3758 foods.

374 A similar approach was used by Teo et al. (88) for the Netherlands and Malaysia, where
375 469 Dutch and 423 Malaysian foods were profiled for the five basic taste intensities and fat
376 sensation. In the Netherlands, mostly single foods were characterized, whereas in Malaysia,
377 mixed dishes were profiled. The profiles of the measured intensities were used to create a taste
378 database of 1407 Malaysian foods and 1346 Dutch foods, representative of 97% and 99% of
379 energy intakes in Malaysia and the Netherlands, respectively.

380 Martin et al. (87) created a food "taste" database following intensive panel training
381 similar to that conducted by Lease and colleagues (86). A slightly different approach was used,

382 in that a trained panel profiled the five basic taste intensities and fat sensation of predominantly
383 mixed dishes as eaten at home. In total, 590 foods/dishes were profiled. Using cluster analyses,
384 the foods were categorized into six taste clusters: 1) salty, umami, fatty (253 foods; 43%); 2)
385 sweet (155 foods); 3) sweet, sour, bitter (57 foods); 4) bitter (24 foods); 5) salt, umami, bitter,
386 sour (58 foods); and 6) salt (43 foods).

387 The Dutch and Australian taste databases are based on single foods that are frequently
388 consumed using the Dutch and Australian food consumption surveys. The Dutch database has
389 also been validated using a food frequency questionnaire and biomarkers of nutrient exposure
390 (93), and therefore would be useful in evaluating sweetness exposure and health outcomes in
391 large prospective cohort studies. The French database is based on composite foods consumed by
392 a group of about 15 trained subjects, which makes it more difficult to make a connection with the
393 overall sweetness exposure of the French diet. The critical gap with all three databases is that
394 they have not yet been used in relation to the large prospective cohort studies.

395 **Panel training and performance**

396 Teo et al. (88) aimed to assess the extent to which an extensive training procedure with two
397 panels from different cultures yields similar results with respect to the taste profiles of 15
398 reference taste solutions and a selection of 19 identical control foods. Both taste panels were
399 monitored for their discriminatory power, explanatory power agreement within the group, and
400 repeatability. Panelists were checked on whether they used the same range of scale, scored the
401 product in the same magnitude, discriminated the products, perceived the same taste attributes,
402 and scored the products similarly to the rest of the panel during each training session. **Figure 2**
403 shows the mean sweetness intensity ratings of 19 identical products of the Malaysian panel as a
404 function of the mean sweetness ratings of the Dutch panel. The two panels yielded similar

405 sweetness ratings for each food. This study demonstrates that extensive panel training resulted in
406 similar taste evaluation results, regardless of cultural and geographical backgrounds. Whether
407 such performance will be achievable with untrained consumers is not known.

408 **Relationship between sweetness and nutrient content of foods**

409 The taste database developed by Martin et al. (87) and a French Food Composition table were
410 used to obtain a dataset combining sensory and nutritional information for 365 foods (94). The
411 sweet taste intensity ratings correlated with the carbohydrate content ($r = 0.57$, $P < 0.0001$) and
412 strongly correlated with the mono-disaccharide content ($r = 0.84$, $P < 0.0001$). No strong
413 correlations were observed with other nutrients.

414 **Sweetness exposure, energy intake, and diet quality**

415 Van Langeveld et al. (94) assessed dietary taste patterns in the Netherlands by sex, BMI, age,
416 and education. Six taste clusters were identified among 476 profiled foods: “neutral” (27%),
417 “sweet and sour” (14%), “sweet and fat” (23%), “bitter” (4%), “salt/umami/fat” (24%), and
418 “fat” (8%). Two population-based cohorts (Dutch National Food [DNF], $n = 1351$; and Nutrition
419 Questionnaires plus [NQ+] study, $n = 944$) were used to calculate the contribution of each of
420 these taste clusters to the overall energy intake of the diet. Women consumed a higher percentage
421 of energy from sweet and fat-tasting (15% [DNF] and 15% [NQ+]) and sweet and sour-tasting
422 (13% [DNF] and 12% [NQ+]) foods compared with men (sweet and fat: 13% [DNF] and 12%
423 [NQ+], $P < 0.001$; sweet and sour: 13% [DNF] and 10% [NQ+], $P < 0.001$). Notably, energy
424 intake from sweet and sour- and sweet and fat-tasting foods was relatively higher during
425 snacking occasions compared with main meals, which corresponds with reported intakes of
426 monosaccharides and disaccharides with snack consumption. The conclusion was that taste can
427 be related to macronutrient intake of individual foods, as well as the total diet. The data also

428 showed that the contribution of sweet-tasting foods to energy intake in the diet is generally
429 similar among people with normal weight, overweight, and obesity (**Figure 3**).

430 Cox et al. (95) quantified the sensory profiles of different food groups (e.g., fruits,
431 vegetables, grain, meats) in Australia using the validated Sensory-Diet tool database (89),
432 representing the specific foods covered in each question of the Commonwealth Scientific and
433 Industrial Research Organisation (CSIRO) Healthy Diet Score survey used to estimate food
434 intake. The CSIRO Healthy Diet Score survey was also used to calculate a diet quality score.
435 Average sensory scores (weighted by frequency of consumption) were calculated for each
436 grouping of food covered per survey question. Reported intake of each food group was
437 multiplied by the sensory scores for each food group. To determine the total sensory value of an
438 individual's diet, sensory values of each food group were then summed to give a total dietary
439 sensory score. Sweetness of the diet was quantified by multiplying grams of each food consumed
440 by the sweetness intensity of that food. By dividing the sweetness value by the total energy
441 intake, the sweetness density of the diet was calculated for approximately 10,000 adults and 2700
442 children. Higher diet quality was associated with higher sweet and bitter scores, but a greater
443 proportion of this sweetness was from healthy core foods (e.g., fruit, vegetables, grains, and
444 dairy) rather than discretionary foods (e.g., chocolate and confectionary, cakes and biscuits, pies
445 and pastries).

446 **Conclusions**

447 Some governments and influential health organizations recommend diets low in sweetness based
448 on a widespread and longstanding belief in a causal chain: a highly sweet diet leads to changes in
449 perception of sweet foods and beverages, which in turn leads to overconsumption of sugar,
450 which finally leads to negative health outcomes. However, no link in this proposed causal chain

451 has strong empirical support. Empirical evaluation of at least the first two links will require
452 measures of human perception of sweetness. Some of the important research questions that have
453 been identified are provided in **Box 1**.

454 There are important challenges in measuring perceptions of sweetness of individual foods
455 and beverages. The challenges are even more daunting when attempting to measure the
456 sweetness of entire diets. Ratings of sweetness depend on the scale one uses, the context (i.e., the
457 range of intensities presented in a test session and perhaps the level of sweetness raters
458 experience in daily life), and how raters approach their task (e.g., whether their concept of
459 sweetness includes “sweet” aromas like vanilla). In short, ratings of sweetness are not
460 independent of the set of procedures that are used. Further, it is not known if differences are due
461 to how a person perceives sweetness and/or how the person uses the rating tool/scale.
462 Accordingly, agreement on a standard set of procedures to facilitate comparisons across studies
463 toward an integrated database is one priority.

464 With a reliable method, studies related to the effects of sweetness on health-related
465 outcomes could be evaluated. Although well-established sensory evaluation techniques in
466 laboratory settings exist for individual foods, agreement on the optimal approach for measuring
467 the sweetness of the total diet is lacking, particularly in settings other than in the laboratory. The
468 development of such measures would permit researchers to combine data from different studies
469 and populations. This would facilitate the design and conduct of new studies to address
470 unresolved research questions about dietary sweetness in foods and diets and relationships to
471 health outcomes. This is a second priority.

472 Future research, including longitudinal research, is needed to understand 1) the role, if
473 any, of sweet-tasting foods, beverages, and diets, as well as sweetness intensity, in food

474 preferences, energy intake, dietary intake, and health-related outcomes such as obesity and dental
475 caries, and 2) if so, in what way these factors operate. Findings from the Netherlands using a
476 taste database (94) indicate that it may be possible to profile diets based on their taste
477 characteristics. If this is accomplished, the association between sweetness in the diet and food
478 preferences and health-related outcomes could be evaluated, along with the role of
479 sociodemographic/cultural variables. Addressing these is a third priority.

480 **Acknowledgments**

481 This review, in part, includes information shared in a meeting, “Think Tank: Measuring
482 Sweetness in Foods, Beverages and Diets,” organized by ILSI North America and held on 12
483 December 2019 in Washington, DC (see [https://ilsina.org/event/think-tank-measuring-sweetness-
484 in-foods-beverages-and-diets/](https://ilsina.org/event/think-tank-measuring-sweetness-in-foods-beverages-and-diets/)). The authors acknowledge Prof. France Bellisle (University of
485 Paris) for her valuable contributions and Suzanne Pecore (P&D Consulting) for her contributions
486 provided at the December 2019 event.

487 **Author contributions**

488 The authors’ responsibilities were as follows: PRT, KMA, KdG, JEH, PMW, and RDM wrote
489 the manuscript. DJB, GKB, JTD, JDF, and DMK had roles in the conceptualization, review, and
490 editing. All authors read and approved the final manuscript.

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Figure 1. Sweetness ratings of three samples that each contain 920 mg of sucrose. Bars are group means and standard errors, and dots are the individual ratings. All samples were presented in a counterbalanced Williams design; ratings were obtained using a general labeled magnitude scale (gLMS) by 61 participants (Brodock, Alshouse, & Hayes, unpublished data). BD, barely detectable.

Figure 2. Mean sweetness intensity of 19 identical products rated by the trained Malaysian panel as a function of the mean sweetness intensity of the trained Dutch panel. Figure is based on data provided in Teo et al. (88).

Figure 3. Contribution of sweet-tasting foods to energy intake in the diet among individuals with normal weight, overweight, and obesity. Data adapted from van Langeveld et al. (94).

Table 1. Hierarchical levels of measurement

Levels of measurement	Data description
Nominal	Named variable No specific order $A = B$ or $A \neq B$
Ordinal	Named + ordered $A > B$
Interval	Named + ordered + proportionate interval between variables A is 2.3 units greater than B
Ratio-level	Named + ordered + proportionate interval between variables + can accommodate absolute zero A is 35% higher than B

Table 2. Available methods to measure perceptions of sweetness of individual foods and diets

Method	Direct, indirect, objective, or subjective	Easy to implement and score	Requires a large number of judgments	Other features, including challenges and limitations
Discrimination	Indirect	No	Yes	For foods, fixed standard of comparison impossible
	Objective			Can be unclear about what cues people use to make the judgment Slow and labor intensive
Magnitude estimation	Direct	Yes	No	Considered the “gold standard” for ratio-level measurement of intensity
	Subjective			Obtained values are only meaningful in relation to a fixed concentration (e.g., modulus), and provide no semantic information about absolute intensity Difficult for some raters to use, particularly those with low numeracy
Category scale	Direct	Yes	No	Only provides rank-order data
	Subjective			Provides semantic information about absolute intensity (but is easy and intuitive for raters)
Visual analogue scale	Direct	Yes	No	Provides no semantic information about absolute intensity
	Subjective			Usually does not provide ratio-level data (but is relatively easy and intuitive to use)
Spectrum method of descriptive analysis	Direct	No	No, once panelists are trained	Panelists are typically screened for sensory acuity and ability to make sensory judgments

and quantitative
descriptive analysis

Subjective

and undergo many hours of rigorous training
before data collection begins

A concern is whether highly trained panels,
selected and coached to uniformity, provide
sensory profiles that reflect differences in the
perception of randomly selected naïve
consumers

No effort is made to check or ensure ratio
properties of ratings

Labeled magnitude
scale

Direct

Yes

No

Provides ratio-level data and semantic
information about absolute intensity

Subjective

Can require more
extensive
instructions and
practice compared
to other methods

Translating the verbal intensity descriptors
between languages and cultures might prove
difficult

Magnitude matching

Direct

Easy to score

No

Less ambiguous language to communicate
results

Subjective; can
include an
objective
component

Relatively more
difficult to
implement

Accuracy of the judgments depends in part on
how well participants have been trained

Ordinal measurement

Box 1. Key research questions about the measurement of sweetness to support evidence-based recommendations on dietary sweetness

- How should sweetness be defined?
- What are appropriate methods for judging sweetness intensity in individual foods?
- What are the key food matrix and processing effects that affect sweetness ratings of individual foods?
- How can quantitative data on sweetness from individual foods be translated to the sweetness of a meal, entire diet, or dietary pattern?
- For profiling dietary sweetness, what current or additional databases are available or needed?
- Does experience with different levels of sweetness influence subsequent sweet preferences? Does this influence operate similarly based on sweetness level, regardless of food type/category?
- Do preferences for the sweetness of individual foods and beverages predict long-term preferences for sweetness levels of foods and beverages?