**Supplement Tables**

**Supplement Table 1a: Associations between overeating trajectories and disordered eating and EDs outcomes age 16 years, girls only**

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| **Childhood overeating**  |
| **Binge eating, girls only (n= 2,767)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low overeating$ (N=1929)** | 0.15 | 0.13, 0.16 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=333)** | 0.01 | -0.04, 0.05 | 0.705 |
| **Late increasing (N=369)** | **0.07** | **0.03, 0.12** | **0.001** |
| **Early increasing (N=136)** | 0.07 | -0.01, 0.15 | 0.052 |
| **Purging, girls only (n=2,779)** |
|  | **BR** | **95% CI** | ***p-value*** |
| **Low overeating $ (N=1938)** | 0.08 | 0.07, 0.10 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=334)** | 0.03 | -0.01, 0.07 | 0.104 |
| **Late increasing (N=370)** | 0.02 | -0.01, 0.05 | 0.185 |
| **Early increasing (N=137)** | 0.06 | -0.004 , 0.13 | 0.066 |
| **Binge eating disorder, girls only (n= 2,804) (not adjusted for maternal education)** |
|  | **BR** | **95% CI** | ***p-value*** |
| **Low overeating$ (N=1937)** | 0.01 | 0.01, 0.02 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=336)** | 0.01 | -0.01, 0.03 | 0.217 |
| **Late increasing (N=372)** | **0.02** | **0.00, 0.04** | **0.016** |
| **Early increasing (N=138)** | 0.01 | -0.02, 0.04 | 0.501 |

BR= Baseline risk; RD = Risk difference, $ Reference class

**Supplement Table 1b. Associations between undereating trajectories and disordered eating and EDs outcomes age 16 years, girls only**

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| **Childhood undereating** |
| **Anorexia Nervosa**, g**irls only (N=2,804)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low undereating$ (N=679)** | 0.02 | 0.01, 0.03 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=1,050)** | 0.00 | -0.01, 0.02 | 0.760 |
| **Low and decreasing (N=565)** | 0.01 | 0.00, 0.03 | 0.156 |
| **High transient (N=363)** | 0.01 | -0.01, 0.03 | 0.273 |
| **High decreasing (N=93)** | 0.02 | -0.02, 0.06 | 0.376 |
| **High persistent (N=54)** | **0.06** | **0.00, 0.13** | **0.043** |
| **Fasting, girls only (N=2,760)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low undereating $ (N=667)**  | 0.23 | 0.20, 0.26 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=1,035)** | **-0.04** | **-0.08, 0.00** | **0.033** |
| **Low and decreasing (N=557)** | -0.04 | -0.09, 0.01 | 0.113 |
| **High transient (N=359)** | -0.02 | -0.08, 0.03 | 0.442 |
| **High decreasing (N=89)** | 0.00 | -0.09, 0.09 | 0.975 |
| **High persistent (N=53)** | 0.00 | -0.13, 0.12 | 0.991 |
| **Bulimia Nervosa, girls only (N= 2,804)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low undereating $ (N=679)** | 0.02 | 0.001, 0.03 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=1,050)** | -0.01 | -0.02, 0.001 | 0.336 |
| **Low and decreasing (N=565)** | -0.01 | -0.02, 0 | 0.060 |
| **High transient (N=363)** | 0.01 | -0.01, 0.022 | 0.454 |
| **High decreasing (N=93)** | 0.02 | -0.02, 0.05 | 0.364  |
| **High persistent (N=54)** | 0.01 | -0.01, 0.05 | 0.605 |
| **Excessive exercise, girls only (N=2,526)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low undereating $ (N=600)**  | 0.08 | 0.06, 0.11 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=962)** | -0.01 | -0.04, 0.02 | 0.476 |
| **Low and decreasing (N=503)** | **-0.03** | **-0.06, 0.00** | **0.040** |
| **High transient (N=330)** | -0.02 | -0.05, 0.02 | 0.327 |
| **High decreasing (N=83)** | 0.01 | -0.05, 0.08 | 0.699 |
| **High persistent (N=48)** | 0.00 | -0.08, 0.09 | 0.920 |

 $ Reference class; BR= Baseline risk; RD = Risk difference

**Supplement Table 1c. Associations between fussy eating trajectories and disordered eating and EDs outcomes age 16 years, girls only**

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| **Childhood fussy eating** |
| **Anorexia Nervosa, Girls only (N=2,804)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low fussy eating $ (N=605)** | 0.02 | 0.01, 0.03 | <0.001  |
|  | **RD\*** | **95% CI** | ***p-value*** |
| **Low transient (N=404)** | 0.00 | -0.02, 0.01 | 0.780 |
| **Low and increasing (N=753)** | 0.00 | -0.01, 0.01 | 0.935 |
| **Early and decreasing (N=455)** | 0.03 | 0.01, 0.05 | 0.009 |
| **Rapidly increasing (N=347)** | -0.01 | -0.02, 0.01 | 0.414 |
| **High persistent (N=240)** | 0.03 | 0.00, 0.06 | 0.029 |
| **Fasting, girls only (N=2,760)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low fussy eating $ (N=598)** | 0.21 | 0.18, 0.24 | <0.001 |
|  | **RD\*** | **95% CI** | ***p-value*** |
| **Low transient (N=400)**  | -0.04 | -0.09, 0.01 | 0.153 |
| **Low and increasing (N=735)** | 0.00 | -0.04, 0.05 | 0.961  |
| **Early and decreasing (N=447)** | -0.01 | -0.06, 0.04 | 0.766 |
| **Rapidly increasing (N=345)** | 0.01 | -0.05, 0.06 | 0.801  |
| **High persistent (N=235)** | -0.03 | -0.09, 0.03 | 0.302 |
| **Excessive exercise**, g**irls only (N=2,526)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low fussy eating $ (N=538)** | 0.08 | 0.06, 0.10 | <0.001  |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=369)**  | -0.02 | -0.05, 0.02 | 0.338 |
| **Low and increasing (N=669)** | 0.00 | -0.03, 0.03 | 0.920  |
| **Early and decreasing (N=420)** | -0.03 | -0.06, 0.00 | 0.087 |
| **Rapidly increasing (N=314)** | -0.02 | -0.05, 0.02 | 0.378  |
| **High persistent (N=216)** | -0.02 | -0.06, 0.03 | 0.460 |
| **Bulimia Nervosa, girls only (N=2,804)** |
|  | **BR\*** | **95% CI** | ***p-value*** |
| **Low fussy eating $ (N=605)** | 0.01 | 0.00, 0.02 | <0.001 |
|  | **RD** | **95% CI** | ***p-value*** |
| **Low transient (N=404)**  | 0.01 | -0.01, 0.03 | 0.253 |
| **Low and increasing (N=753)** | -0.00 | -0.01, 0.01 | 0.602 |
| **Early and decreasing (N=455)** | 0.00 | -0.01, 0.02 | 0.558 |
| **Rapidly increasing (N=347)** | -0.01 | -0.02, 0.00 | 0.239  |
| **High persistent (N=240)** | -0.01 | -0.02, 0.01 | 0.502 |

$ Reference class; BR= Baseline risk; RD = Risk difference

Supplementary Figures

Supplement Figure 1. Groups of childhood overeating across the first 10 years of life



Supplement Figure 2. Groups of childhood undereating across the first 10 years of life



Supplement figure 3. Groups of childhood fussy eating across the first 10 years of life





**Supplement Figure 4**Estimatedmean probability of disordered eating behaviors and eating disorder (ED) diagnoses by overeating trajectory, derived from logistic regression models adjusted for sex, gestational age, birthweight, maternal age, and maternal education. BED = binge-eating disorder

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**Supplement Figure 5** Estimated mean probability of disordered eating behaviors and eating disorder (ED) diagnoses by undereating, derived from logistic regression models adjusted for sex, gestational age, birth weight, maternal age, and maternal education



**Supplement Figure 6** Estimated mean probability of disordered eating behaviors and eating disorder (ED) diagnoses by fussy eating trajectory, derived from logistic regression models, adjusted for sex, gestational age, birthweight, maternal age, and maternal education