

AFCA are examined in a separate paper (unpublished data).

The effect sizes reported in this study are similar to those calculated in the meta-analysis by Schab and Trinh.⁴ They estimated the effects of AFCA on hyperactivity to be 0.283 (95% CI 0.079–0.488), falling to 0.210 (0.007–0.414) when the smallest and lowest quality trials were excluded. It should be noted that this meta-analysis included studies of hyperactivity in clinical samples, whereas the present study was done on children in the general population with the full range of degrees of hyperactivity. These effect sizes recorded by Schab and Trinh are smaller than those reported for stimulant treatment for ADHD in children, for which one meta-analysis²³ reported a range of effect sizes from 0.78 (0.64–0.91) by teacher report to 0.54 (0.40–0.67) by parent report. We report effect sizes that average at about 0.18. Children with ADHD are generally about 2 SD higher on hyperactivity measures than those without the disorder,²² thus an effect size of 0.2 is about 10% of the behavioural difference between them.

This study provides evidence of deleterious effects of AFCA on children's behaviour with data from a whole population sample, using a combination of robust objective measures with strong ecological validity, based partly on observations in the classroom and ratings of behaviour made independently by teachers and by parents in the different context of the home and applying double-blinded challenges with quantities of additives equal to typical dietary intakes. It also replicates the effects of mix A previously reported on a large sample ($n=277$) of 3-year-old children,⁹ although significant effects were only seen with parental ratings in that study.

The specific deleterious compounds in the mix cannot be determined for the present study and need to be examined in subsequent studies. The effect of artificial colours needs to be differentiated from the effects of preservatives in a 2x2 design. Further investigation would also need to establish whether the age-related difference seen in the present study can be replicated—ie. the effects of mix A being greater for 3-year-old children than for 8/9-year-old children. We examined the effects of additives on changes in behaviour during an extended period in a community-based, double-blinded, placebo-controlled food challenge. A weakness in this approach is the lack of control over when the challenges are ingested in relation to the timing of measures of hyperactivity. This study design also needs extensive resources to obtain multisource and multicontext measures of hyperactivity. We have completed a pilot study showing that changes in hyperactivity in response to food additives can be produced within about 1 h. Therefore, future studies could use more feasible acute double-blinded challenges undertaken in more controlled settings.

The present findings, in combination with the replicated evidence for the AFCA effects on the behaviour of 3-year-old children, lend strong support for the case that

food additives exacerbate hyperactive behaviours (inattention, impulsivity, and overactivity) in children at least up to middle childhood. Increased hyperactivity is associated with the development of educational difficulties, especially in relation to reading, and therefore these adverse effects could affect the child's ability to benefit from the experience of schooling.²⁴ These findings show that adverse effects are not just seen in children with extreme hyperactivity (ie, ADHD),⁴ but can also be seen in the general population and across the range of severities of hyperactivity. Our results are consistent with those from previous studies and extend the findings to show significant effects in the general population. The effects are shown after a rigorous control of placebo effects and for children with the full range of levels of hyperactivity.

We have found an adverse effect of food additives on the hyperactive behaviour of 3-year-old and 8/9-year-old children. Although the use of artificial colouring in food manufacture might seem superfluous, the same cannot be said for sodium benzoate, which has an important preservative function. The implications of these results for the regulation of food additive use could be substantial.

Contributors

JS, JOW, and ES-B participated in the conception and design of the study. The Food Standards Agency assisted with the design of the study. DMC directed the execution of the study. AB, AC, DC, LD, EK, LP, and EP undertook assessments of the children and helped to develop the observational methods employed in the study. KG supervised and KL executed the nutritional aspects of the study in relation to the preparation of suitable challenge drinks and advice on diet for parents. DMC and JS analysed the data and wrote the manuscript with input from all the authors.

Conflict of interest statement

We declare that we have no conflict of interest.

Acknowledgments

We thank the children, families, and teachers in the participating schools and early years settings in the Southampton area for their help and assistance with the study; and Catherine Varcoe-Baylis and Jenny Scoles and the local steering committee for their assistance, especially Ulrike Munford and the representatives from Southampton City Council Children's Services and Learning and the Southampton Early Years Development and Childcare Partnership; and the Food Standards Agency for their significant advice and input into the study. This study received funding from the Food Standards Agency (grant T07040).

References

- Overmeyer S, Taylor E. Annotation: principles of treatment for hyperkinetic disorder: practice approaches for the UK. *J Child Psychol Psychiatry* 1999; 40: 1147–57.
- Feingold BF. Hyperkinesis and learning disabilities linked to artificial food flavors and colours. *Am J Nurs* 1975; 75: 797–803.
- Editorial. NIH consensus development conference: defined diets and childhood hyperactivity. *Clin Pediatr* 1982; 21: 627–30.
- Schab DW, Trinh NT. Do artificial food colours promote hyperactivity in children with hyperactive syndromes? A meta-analysis of double-blind placebo-controlled trials. *J Dev Behav Pediatr* 2004; 25: 423–34.
- Bushman B, Warner JO, Hutchinson E, et al. The effects of a double blind, placebo controlled, artificial food colourings and benzoate preservative challenge on hyperactivity in a general population sample of preschool children. *Arch Dis Child* 2000; 83: 506–11.
- DuPaul GJ, Power TJ, Anastopoulos AD, Reid R, McGoey K, Ikeda M. Teacher ratings of ADHD symptoms: Factor structure and normative data. *Psychol Assess* 1997; 9: 436–44.

- 7 Gregory JR, Collins ED, Davies PSW, Hughes JM, Clarke PC. National Diet and Nutrition Survey: children aged 1-5 to 4.5 years. Vol 1: Report of the Diet and Nutrition Survey. London: HM Stationery Office, 1995.
- 8 Egger J, Graham PJ, Carter CM, Gumley D, Soothill JF. Controlled trial of oligoantigenic treatment in the hyperkinetic syndrome. *Lancet* 1985; 325: 540-45.
- 9 Carter CM, Urbañowicz M, Hemsley R, et al. Effects of a few food diet in attention-deficit disorder. *Arch Dis Child* 1993; 69: 564-68.
- 10 Routh D. Hyperactivity. In: Magrab P, ed. Psychological management of pediatric problems. Baltimore: University Park Press, 1978: 3-8.
- 11 Thompson MJJ, Stevenson J, Sonuga-Barke E, et al. The mental health of preschool children and their mothers in a mixed urban/rural population. Prevalence and ecological factors. *Br J Psychiatry* 1996; 168: 16-20.
- 12 Hayward C, Killen J, Kraemer H, et al. Linking self-reported childhood behavioural inhibition to adolescent social phobia. *J Am Acad Child Adolesc Psychiatry* 1998; 37: 1308-16.
- 13 Mash EJ, Johnston C. Parental perceptions of child behaviour problems, parenting self-esteem and mother's reported stress in younger and older hyperactive and normal children. *J Consult Clin Psychol* 1983; 51: 86-99.
- 14 DuPaul GJ, Power TJ, Anastopoulos AD, Reid R. AD/HD rating scale IV: checklists, norms and clinical interpretation. New York: Guilford Press, 1998.
- 15 Abikoff H, Gittelman R. Classroom observation code—a modification of the stony-brook code. *Psychopharmacol Bull* 1985; 21: 901-09.
- 16 Conners CK. The Conners continuous performance test. Toronto, ON, Canada: Multi-Health Systems, 1994.
- 17 Epstein N, Erkanli A, Conners CK, Klaric J, Costello JE, Angold A. Relations between continuous performance test performance measures and ADHD behaviours. *J Abnorm Child Psychol* 2003; 31: 543-54.
- 18 Gueorguieva R, Krystal JH. Move over ANOVA: Progress in analysing repeated-measures data and its reflection in papers published in the Archives of General Psychiatry. *Arch Gen Psychiatry* 2004; 61: 310-17.
- 19 Mallinckrodt CH, Watkin JG, Molenburghs G, et al. Choice of the primary analysis in longitudinal clinical trials. *Pharm Stat* 2004; 3: 161-69.
- 20 Office for National Statistics. Standard occupational classification. London: Stationery Office, 2000.
- 21 Schachter HA, King J, Langford S, Moher D. How efficacious and safe is short-acting methylphenidate for the treatment of attention-deficit disorder in children and adolescents? A meta-analysis. *Can Med Assoc J* 2003; 165: 1475-88.
- 22 Swanson JM, Sergeant J, Taylor E, Sonuga-Barke EJS, Jensen PS, Cantwell DP. Attention-deficit hyperactivity disorder and hyperkinetic disorder. *Lancet* 1998; 351: 429-33.
- 23 McGee R, Prior M, Williams S, Smart D, Sanson A. The long-term significance of teacher-rated hyperactivity and reading ability in childhood: findings from two longitudinal studies. *J Child Psychol Psychiatry* 2002; 43: 1004-17.