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# Reply to BP Marriott et al

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### **Dear Sir**

We thank Marriott et al for their interest and comments in response to our recent publication on the trends in added-sugar intake in the US diet (1). Their letter highlights work that they have done to describe added-sugar consumption in the United States in relation to the intake of key nutrients. Their publication (2) is a valuable contribution to the literature, and we regret that we neglected to reference it in our study.

As indicated by Marriott et al, the data used in their study were the same as those used for a portion of ours, but the analytic approaches used were different. This is to be expected because the purposes of our respective studies were different. The purpose of the Marriott et al study was to provide an updated estimate of the consumption of added sugars in the US diet and to examine how this consumption relates to the intake of selected nutrients. As was appropriate, they used statistical adjustments to account for the within-person variation in order to characterize nutritional adequacy for different population subgroups. The purpose of our study was to assess recent national trends in the mean intake of added sugars. Because the mean intake of commonly consumed nutrients is not affected by within-person variation (3), methods to account for it were not required. To facilitate comparisons with earlier estimates, we used methods similar to those used by Guthrie and Morton (4) who reported on sources of added sugar in 1994–1996 and those used by Popkin and Nielsen (5), which provided an estimate of added-sugar intake trends from 1977–1978 to 1994–1998.

The authors reported no conflicts of interest.

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We are pleased to note that, despite the varying purposes and methods of the 2 studies, the mean intake of added sugar and the relative importance of its key sources, as estimated by both, were consistent.

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# References

- 1. Welsh JA, Sharma AJ, Grellinger L, Vos MB. Consumption of added sugars is decreasing in the United States. Am J Clin Nutr. 2011; 94:726–34. [PubMed: 21753067]
- Marriott BP, Olsho L, Hadden L, Connor P. Intake of added sugars and selected nutrients in the United States, National Health and Nutrition Examination Survey (NHANES) 2003–2006. Crit Rev Food Sci Nutr. 2010; 50:228–58. [PubMed: 20301013]
- Dodd KW, Guenther PM, Freedman LS, Subar AF, Kipnis V, Midthune D, Tooze JA, Krebs-Smith SM. Statistical methods for estimating usual intake of nutrients and foods: A review of the theory. J Am Diet Assoc. 2006; 106:1640–50. [PubMed: 17000197]
- Guthrie JF, Morton JF. Food sources of added sweeteners in the diets of Americans. J Am Diet Assoc. 2000; 100:43–51. [PubMed: 10646004]
- 5. Popkin BM, Nielsen SJ. The sweetening of the world's diet. Obes Res. 2003; 11:1325–32.10.3945/ajcn.111.026559. [PubMed: 14627752]