



## Association of skipping breakfast and short sleep duration with the prevalence of metabolic syndrome in the general Japanese population: Baseline data from the Japan Multi-Institutional Collaborative cohort study

Sakurako Katsuura-Kamano<sup>a,\*</sup>, Kokichi Arisawa<sup>a</sup>, Hirokazu Uemura<sup>a,b</sup>, Tien Van Nguyen<sup>a</sup>, Toshiro Takezaki<sup>c</sup>, Rie Ibusuki<sup>c</sup>, Sadao Suzuki<sup>d</sup>, Takahiro Otani<sup>d</sup>, Rieko Okada<sup>e</sup>, Yoko Kubo<sup>e</sup>, Takashi Tamura<sup>e</sup>, Asahi Hishida<sup>e</sup>, Teruhide Koyama<sup>f</sup>, Daisuke Matsui<sup>f</sup>, Kiyonori Kuriki<sup>g</sup>, Naoyuki Takashima<sup>h,i</sup>, Naoko Miyagawa<sup>j</sup>, Hiroaki Ikezaki<sup>k,1</sup>, Yuji Matsumoto<sup>1</sup>, Yuichiro Nishida<sup>m</sup>, Chisato Shimano<sup>n</sup>, Isao Oze<sup>o</sup>, Keitaro Matsuo<sup>o,p</sup>, Haruo Mikami<sup>q</sup>, Miho Kusakabe<sup>q</sup>, Kenji Takeuchi<sup>e</sup>, Kenji Wakai<sup>e</sup>, for the Japan Multi-Institutional Collaborative Cohort J-MICC Study

<sup>a</sup> Department of Preventive Medicine, Tokushima University Graduate School of Biomedical Sciences, 3-18-15 Kuramoto-cho, Tokushima 770-8503, Japan

<sup>b</sup> Department of Health and Welfare System, College of Nursing Art and Science, University of Hyogo, Akashi 673-8588, Japan

<sup>c</sup> Department of International Island and Community Medicine, Kagoshima University Graduate School of Medical and Dental Sciences, 8-35-1 Sakuragaoka, Kagoshima 890-8544, Japan

<sup>d</sup> Department of Public Health, Nagoya City University Graduate School of Medical Sciences, 1 Kawasumi, Mizuho-cho, Mizuho-ku, Nagoya 467-8601, Japan

<sup>e</sup> Department of Preventive Medicine, Nagoya University Graduate School of Medicine, 65 Tsurumai-cho, Showa-ku, Nagoya 466-8550, Japan

<sup>f</sup> Department of Epidemiology for Community Health and Medicine, Kyoto Prefectural University of Medicine, 465 Kajicho, Kamigyo-ku, Kyoto 602-8566, Japan

<sup>g</sup> Laboratory of Public Health, Division of Nutritional Sciences, School of Food and Nutritional Sciences, University of Shizuoka, 52-1 Yada, Suruga-ku, Shizuoka 422-8526, Japan

<sup>h</sup> Department of Public Health, Faculty of Medicine, Kindai University, Ono-Higashi 377-2, Osaka-Sayama, Osaka 589-8511, Japan

<sup>i</sup> Department of Public Health, Shiga University of Medical Science, Seta Tsukinowa-cho, Otsu 520-2192, Japan

<sup>j</sup> Department of Preventive Medicine and Public Health, Keio University School of Medicine, 35 Shinanomachi, Shinjuku-ku, Tokyo 160-8582 Japan

<sup>k</sup> Department of Comprehensive General Internal Medicine, Faculty of Medical Sciences, Kyushu University, 3-1-1 Maidashi, Higashi-ku, Fukuoka 812-8582, Japan

<sup>1</sup> Department of Environmental Medicine and Infectious Disease, Graduate School of Medical Sciences, Kyushu University, 3-1-1 Maidashi, Higashi-ku, Fukuoka 812-8582, Japan

<sup>m</sup> Department of Preventive Medicine, Faculty of Medicine, Saga University, 5-1-1 Nabeshima, Saga 849-8501, Japan

<sup>n</sup> Department of Pharmacy, Saga University Hospital, 5-1-1 Nabeshima, Saga 849-8501, Japan

<sup>o</sup> Division of Cancer Epidemiology and Prevention, Aichi Cancer Center Research Institute, 1-1 Kanokoden, Chikusa-ku, Nagoya 464-8681, Japan

<sup>p</sup> Division of Cancer Epidemiology, Nagoya University Graduate School of Medicine, 65 Tsurumai-cho, Showa-ku, Nagoya 466-8550, Japan

<sup>q</sup> Cancer Prevention Center, Chiba Cancer Center Research Institute, 666-2 Nitona-cho, Chuo-ku, Chiba 260-8717, Japan

### ARTICLE INFO

### ABSTRACT

#### Keywords:

Skipping breakfast

**Abbreviations:** BMI, Body mass index; CI, Confidence interval; CVD, Cardiovascular diseases; FFQ, Food-frequency questionnaire; HDL, High-density lipoprotein; MET, Metabolic equivalent; MetS, Metabolic syndrome; OR, Odds ratio; SD, Standard deviation.

\* Corresponding author at: Department of Preventive Medicine, Tokushima University Graduate School of Biomedical Sciences, 3-18-15, Kuramoto-cho, Tokushima, Japan.

**E-mail addresses:** [skamano@tokushima-u.ac.jp](mailto:skamano@tokushima-u.ac.jp) (S. Katsuura-Kamano), [karisawa@tokushima-u.ac.jp](mailto:karisawa@tokushima-u.ac.jp) (K. Arisawa), [hirokazu\\_uemura@cnas.u-hyogo.ac.jp](mailto:hirokazu_uemura@cnas.u-hyogo.ac.jp) (H. Uemura), [tiennv@tbump.edu.vn](mailto:tiennv@tbump.edu.vn) (T. Van Nguyen), [takezaki@m.kufm.kagoshima-u.ac.jp](mailto:takezaki@m.kufm.kagoshima-u.ac.jp) (T. Takezaki), [iburie@m2.kufm.kagoshima-u.ac.jp](mailto:iburie@m2.kufm.kagoshima-u.ac.jp) (R. Ibusuki), [ssuzuki@med.nagoya-cu.ac.jp](mailto:ssuzuki@med.nagoya-cu.ac.jp) (S. Suzuki), [otani@med.nagoya-cu.ac.jp](mailto:otani@med.nagoya-cu.ac.jp) (T. Otani), [rieokada@med.nagoya-u.ac.jp](mailto:rieokada@med.nagoya-u.ac.jp) (R. Okada), [protonk@med.nagoya-u.ac.jp](mailto:protonk@med.nagoya-u.ac.jp) (Y. Kubo), [ttamura@med.nagoya-u.ac.jp](mailto:ttamura@med.nagoya-u.ac.jp) (T. Tamura), [a-hishi@med.nagoya-u.ac.jp](mailto:a-hishi@med.nagoya-u.ac.jp) (A. Hishida), [k.takeuchi@med.nagoya-u.ac.jp](mailto:k.takeuchi@med.nagoya-u.ac.jp) (T. Koyama), [d-matsui@koto.kpu-m.ac.jp](mailto:d-matsui@koto.kpu-m.ac.jp) (D. Matsui), [kuriki@u-shizuoka-ken.ac.jp](mailto:kuriki@u-shizuoka-ken.ac.jp) (K. Kuriki), [n.takashima@med.kindai.ac.jp](mailto:n.takashima@med.kindai.ac.jp) (N. Takashima), [naocom@belle.shiga-med.ac.jp](mailto:naocom@belle.shiga-med.ac.jp) (N. Miyagawa), [ikezaki.hiroaki.149@m.kyushu-u.ac.jp](mailto:ikezaki.hiroaki.149@m.kyushu-u.ac.jp) (H. Ikezaki), [matsumoto.yuji.551@m.kyushu-u.ac.jp](mailto:matsumoto.yuji.551@m.kyushu-u.ac.jp) (Y. Matsumoto), [ynishida@cc.saga-u.ac.jp](mailto:ynishida@cc.saga-u.ac.jp) (Y. Nishida), [chisatos@cc.saga-u.ac.jp](mailto:chisatos@cc.saga-u.ac.jp) (C. Shimano), [i\\_oze@aichi-cc.jp](mailto:i_oze@aichi-cc.jp) (I. Oze), [kmatsuo@aichi-cc.jp](mailto:kmatsuo@aichi-cc.jp) (K. Matsuo), [hmikami@chiba-cc.jp](mailto:hmikami@chiba-cc.jp) (H. Mikami), [mkusakabe@chiba-cc.jp](mailto:mkusakabe@chiba-cc.jp) (M. Kusakabe), [tkoyama@koto.kpu-m.ac.jp](mailto:tkoyama@koto.kpu-m.ac.jp) (K. Takeuchi), [wakai@med.nagoya-u.ac.jp](mailto:wakai@med.nagoya-u.ac.jp) (K. Wakai).

<https://doi.org/10.1016/j.pmedr.2021.101613>

Received 19 April 2021; Received in revised form 14 October 2021; Accepted 22 October 2021

Available online 25 October 2021

2211-3355/© 2021 The Authors.

Published by Elsevier Inc.

This is an open access article under the CC BY-NC-ND license

(<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Short sleep duration  
Metabolic syndrome  
Japanese  
Cross-Sectional Studies

The purpose of the study was to investigate sex-specific associations of skipping breakfast and short sleep duration with metabolic syndrome (MetS) and their interaction. We analyzed baseline data of 14,907 men and 14,873 women aged 35–69 years, who participated in the Japan Multi-Institutional Collaborative Cohort Study from 2005. MetS was diagnosed using a modification of the National Cholesterol Education Program Adult Treatment Panel III revised definition (NCEP-R 2005), using body mass index instead of waist circumference. Breakfast consumption was classified into two categories:  $\geq 6$  days/week (consumers) or  $< 6$  days/week (skippers). Sleep duration was classified into three categories:  $< 6$  h, 6 to  $< 8$  h, and  $\geq 8$  h/day. Multivariate logistic regression analysis was performed to estimate odds ratios (ORs) and 95 % confidence intervals (CIs) and examine the presence of interaction. In men, skipping breakfast and short sleep duration were independently associated with an increased prevalence of MetS (OR 1.26, 95%CI 1.12–1.42 and OR 1.28, 95%CI 1.12–1.45, respectively), obesity, and components of MetS. However, no significant interaction was observed between skipping breakfast and short sleep duration. In women, skipping breakfast and short sleep duration were associated with an increased prevalence of obesity, but not with MetS. These findings indicate that breakfast consumption and moderate sleep duration may be associated with a lower risk of MetS, particularly in men.

## 1. Introduction

Metabolic syndrome (MetS) is a condition characterized by a clustering of risk factors for cardiovascular diseases (CVD), such as large waist circumference, high blood pressure, elevated serum triglyceride and blood glucose levels, and low serum levels of high-density lipoprotein (HDL) cholesterol. MetS is known to increase the risk of developing type 2 diabetes, CVD, stroke, myocardial infarction, and all-cause mortality (Mottillo et al., 2010; Sattar et al., 2003). Therefore, early prevention of MetS is important for public health.

Breakfast is an important source of energy required for daily activities, and it is associated with the regulation of the circadian rhythm (Wehrens et al., 2017). In Japan, the National Health and Nutrition Survey of 2016 showed that 15.4% of men and 10.7% of women skipped breakfast. Several studies have shown an association between skipping breakfast and MetS (Chung et al., 2015; Odegaard et al., 2013; Uzhova et al., 2017); however, the results are not always consistent (Deshmukh-Taskar et al., 2013; Kutsuma et al., 2014).

Recently, modern lifestyles have led to a reduction in habitual sleep duration. In meta-analyses on the association between sleep and MetS, short sleep duration was shown to be positively associated with MetS, whereas long sleep duration was not (Hua et al., 2020; Xi et al., 2014). Meanwhile, a U-shaped relationship between sleep duration and adverse health outcomes, including obesity, cardiovascular disease and all-cause mortality, has been reported (Kim et al., 2017; Liu et al., 2017; Magee et al., 2012).

There are not many studies that assessed the sex-specific association between skipping breakfast or sleep duration and MetS (Kim et al., 2018; Kutsuma et al., 2014; Suliga et al., 2017; Wu et al., 2015; Wu et al., 2012). The purpose of this study was to investigate the sex-specific effects of breakfast consumption and sleep duration on MetS and their interaction. Our report may be the first to observe gender differences in the association between skipping breakfast and MetS.

## 2. Methods

### 2.1. Study subjects

The Japan Multi-Institutional Collaborative Cohort (J-MICC) Study was designed to detect and confirm gene-environment interactions for lifestyle-related diseases; the details of this cohort have been previously described (Hamajima and J-MICC Study Group, 2007; Takeuchi et al., 2020; Wakai et al., 2011). Briefly, the J-MICC Study was started in 2005 except for 2 areas where the survey began earlier (in 2004). Subjects aged 35–69 years were enrolled from 14 areas of Japan through 2014. Written informed consent was obtained from each participant, and the study protocol was approved by the ethics committees of Nagoya University Graduate School of Medicine (the affiliation of the present principal investigator Kenji Wakai) (IRB No. 2010–0939-8), Tokushima University Hospital (IRB No. 466–2), and each participating institution.

Of the 14 research sites, two did not collect biochemical data from the study participants, two did not measure fasting plasma glucose levels, and two used different questionnaires. Excluding these six research sites, 43,444 individuals (20,510 men and 22,934 women) from the remaining eight research sites were initially included in the current study (Version 2020.12.21 data set). Of the 43,444 participants, 13,664 were excluded due to the following reasons (with overlapping): (i) history of ischemic heart disease ( $n = 1,082$ ) and cerebrovascular disease ( $n = 699$ ); (ii) lack of data on breakfast consumption ( $n = 291$ ) and sleep duration ( $n = 25$ ); (iii) receiving anti-insomnia medication ( $n = 1,742$ ); (iv) implausible high or low estimated total energy intake ( $< 1,000$  kcal/day or greater than 4,000 kcal/day,  $n = 848$ ); (v) lack of data on the following items: body mass index (BMI), blood pressure, serum triglycerides, HDL cholesterol, fasting plasma glucose, or medical histories essential for the diagnosis of MetS (8,197 individuals); and (vi) lack of data on smoking status, alcohol drinking status, daily life activity, leisure-time exercise, or menopausal status (2,633 individuals). A total of 29,780 participants (14,907 men and 14,873 women) were ultimately eligible for the present analyses. Women made up a higher proportion of the excluded participants than of included participants. Excluded men were older, more educated, and had lower total energy intake. Excluded women had shorter duration of education and lower total energy intake (Supplementary Table 1).

### 2.2. Questionnaire

Lifestyle factors, including smoking and drinking habits, physical activity, current medication, disease history, breakfast consumption, sleep duration, and education level were investigated using a self-administered questionnaire, and the data were checked by trained staff. Smoking habit was asked as three categories: never, former, and current smokers. Drinking habit was also asked as three categories: never, former, and current drinkers ( $\geq$  one time/month), and was re-categorized them into two (never and former, and current drinkers). Daily life activity was estimated by multiplying each metabolic equivalent (MET) level ( $\geq 2.0$  METs): behaviors that require muscle power (4.5 METs); walking (3.0 METs); and standing (2.0 METs) by the average duration (hours). The MET-h/week of daily life activity was calculated by summing the three levels of activities. The leisure-time exercise was estimated using a questionnaire, similar to a short format of the International Physical Activity Questionnaire (Craig et al., 2003) and was estimated by multiplying the frequency (five categories from none to  $\geq 5$  times/week) and the average duration (six categories from  $\leq 30$  min to  $\geq 4$  h) of light (e.g., walking, hiking; 3.4 METs), moderate (e.g., jogging, swimming; 7.0 METs), and vigorous-intensity exercise (e.g., marathon running, combative sports; 10.0 METs). The MET-h/week of leisure-time exercise was calculated by summing the three levels of exercises.

A validated food-frequency questionnaire (FFQ), which was developed by the Nagoya City University Graduate School of Medical Sciences, asked about the intake frequency of 47 foods and beverages over

the past year (Imaeda et al., 2007; Tokudome et al., 2004; Tokudome et al., 2005). The daily total energy and nutrient intake were calculated using an original program based on the Standard Tables of Food Composition in Japan. Nutrient patterns were considered as dietary quality (Iwasaki et al., 2019). Nutrient patterns were extracted by factor analysis from 26 nutrient intakes. Factor 1 (nutrient pattern 1, like prudent dietary pattern) had the high factor loadings for folate, insoluble dietary fiber, carotene, iron, soluble dietary fiber, and vitamin C. Thus, nutrient pattern 1 was used as a potential confounding factor.

The participants' last education background was also obtained and educational level was classified into four categories: ( $\leq 9$  years, 10–15 years,  $\geq 16$  years, and unknown).

### 2.3. Breakfast consumption and sleep duration

For breakfast consumption, participants were asked to fill in a numerical value (0–7) as the frequency of habitual breakfast intake (per week) during the past year. Habitual breakfast consumption was classified into five categories: every day, 6 days, 3–5 days, 1–2 days, and none/week. A uniform definition of breakfast skipping has not been established. Thus, based on the previous reports and the fact that more than 85% of both men and women ate breakfast  $\geq 6$  days/week, participants were divided into breakfast consumers ( $\geq 6$  days/week) and breakfast skippers (0–5 days/week). The average sleep duration was classified into three categories based on the response to the question “What is the average amount of sleep you usually get in a day?”:  $< 6$ h/day (short sleep), 6 to  $< 8$  h/day, and  $\geq 8$  h/day (long sleep).

### 2.4. Anthropometric and biochemical measurements

Anthropometric and biochemical measurements were conducted in each research site at the health screening using standardized protocols. Height (to the nearest 0.1 cm) and weight (to the nearest 0.1 kg) were measured with shoes off. BMI was calculated as weight (kg)/[height (m)]<sup>2</sup>. Systolic and diastolic blood pressure (mmHg) were measured while participants were in a sitting position at rest. Plasma glucose (mg/dL), serum triglycerides (mg/dL) and serum HDL cholesterol levels (mg/dL) were measured using overnight fasting venous blood.

### 2.5. Diagnosis of metabolic syndrome

We assessed the prevalence of MetS by using the National Cholesterol Education Program Adult Treatment Panel III revised definition (Grundy et al., 2005) with some modifications. Because waist circumference was not measured in all participants, we used BMI alternatively. BMI is closely correlated with abdominal circumference (Lauria et al., 2013). MetS was diagnosed when participants had at least three of the following five conditions: (i) Obesity: BMI  $\geq 25$  kg/m<sup>2</sup> instead of high waist circumference; (ii) High blood pressure: systolic blood pressure  $\geq 130$  mmHg and/or diastolic blood pressure  $\geq 85$  mmHg or receiving treatment for hypertension; (iii) Elevated triglycerides: serum triglyceride level  $\geq 150$  mg/dL; (iv) Low HDL cholesterol: serum HDL cholesterol level  $< 40$  mg/dL in men or  $< 50$  mg/dL in women; and (v) Elevated blood glucose: fasting plasma glucose level  $\geq 100$  mg/dL or receiving treatment for diabetes.

### 2.6. Statistical analyses

All analyses were separately conducted for both the sexes. For continuous variables of background characteristics, *t*-tests, and Wilcoxon's rank-sum tests were applied to assess the differences according to the presence or absence of MetS, and  $\chi^2$  tests were used for the categorical variables. To analyze the associations between breakfast consumption or sleep duration and MetS or its components, a multivariate logistic regression analysis was used. Model 1 was adjusted for age (continuous) and research site (7 categories); model 2 was adjusted for

model 1 plus education level (4 categories), smoking habit (3 categories), drinking habit (2 categories), daily life activity (quartiles), leisure-time exercise (quartiles), total energy intake (quartiles), and menopause status (post-menopause or other) in women; model 3 was adjusted for model 2 plus nutrient pattern 1 (quartiles); and model 4 was adjusted for model 2 plus BMI (quartiles). Linear trends were assessed using ordinal categorical variables (1 to 4) in each statistical model, using a likelihood ratio test. Statistical significance for the interaction between skipping breakfast (2 categories) and sleep duration (3 categories) was also evaluated using a likelihood ratio test (degree of freedom = 2). All analyses were performed using the SAS software (Version 9.4; SAS Institute, Cary, NC, USA). Statistical significance was set at  $P < 0.05$ .

## 3. Results

The mean  $\pm$  standard deviation (SD) of ages was  $54.6 \pm 9.7$  years in men and  $53.8 \pm 9.5$  years in women. We found that 14.6% of the men and 10.1% of the women skipped breakfast more than 2 days/week. As for the sleep duration, 10.1% of men and 13.3% of women slept  $< 6$  h, 68.0% of men and 70.8% of women slept from 6 to  $< 8$  h, and 21.9% of men and 14.6% of women slept  $\geq 8$  h.

Table 1 shows the sex-specific characteristics of the study participants according to MetS status. The prevalence of MetS was 22.6% in men and 10.5% in women. Among men, participants with MetS were slightly older ( $55.6 \pm 9.0$  years) than those without MetS ( $54.3 \pm 9.8$ ), had higher percentage of current drinkers, lower percentage of never smokers, higher percentage of breakfast skippers, shorter years of education, shorter sleep duration, and less daily life activity. Among women, participants with MetS were older (mean  $\pm$  SD,  $58.3 \pm 7.9$  vs.  $53.3 \pm 9.6$ ), had high percentage of longer sleep duration, had low percentage of current drinker and shorter years of education. The characteristics of each research site are shown in Supplementary Table 2. The proportion of MetS in the Kagoshima site was relatively high compared to the other sites, but this was probably due to the higher average BMI.

When the study participants were divided into five categories by frequency of breakfast consumption, men who consumed breakfast 3–5 days or 1–2 days per week had a significantly higher prevalence of MetS compared with those who ate breakfast every day (Supplementary Table 3). There was a significant linear trend between the frequency of breakfast and MetS ( $P$  for linear trend = 0.022). Given more than 85% of both men and women ate breakfast  $\geq 6$  days/week, we divided the study participants into breakfast consumers ( $\geq 6$  days/week) and breakfast skippers (0–5 days/week) (Table 2). In men, breakfast skipping was associated with a significantly higher prevalence of MetS (odds ratio [OR] 1.26, 95% confidence interval [CI] 1.12–1.42), obesity (OR 1.15, 95% CI 1.03–1.28), high blood pressure (OR 1.19, 95% CI 1.07–1.33), and elevated triglyceride levels (OR 1.21, 95% CI 1.09–1.36). When further adjusted for nutrient pattern 1 (like prudent dietary pattern), obesity was no longer significant (model 3). In women, skipping breakfast was significantly associated with obesity (OR 1.18, 95% CI 1.02–1.36), but not with MetS (OR 1.00, 95% CI 0.82–1.21). In women, meanwhile, obesity was no longer significant with additional nutrient pattern 1 adjustment, as in men (model 3). Further adjustment for BMI (instead of nutrient pattern 1) did not significantly alter the results in both sexes (model 4).

Table 3 shows the association between sleep duration and MetS for both the sexes. In men, short sleep duration was significantly associated with MetS (OR 1.28, 95% CI 1.12–1.45), obesity (OR 1.40, 95% CI 1.25–1.57), and high blood glucose (OR 1.15, 95% CI 1.03–1.29). When further adjusted for nutrient pattern 1, the results were not greatly altered (model 3). After adjustment for BMI, short sleep duration was no longer significantly associated with high blood glucose (model 4). In women, short sleep duration was positively associated with obesity (OR 1.28, 95% CI 1.14–1.44), but not with MetS (OR 1.13, 95% CI

**Table 1**  
Baseline characteristics of the participants according to metabolic syndrome status by sex.

	Men (n = 14,907)			Women (n = 14,873)		
	Metabolic syndrome (Yes)	Metabolic syndrome (No)	P-value	Metabolic syndrome (Yes)	Metabolic syndrome (No)	P-value
N (%)	3,371 (22.6)	11,536 (77.4)		1,562 (10.5)	13,311 (89.5)	
Age (years) <sup>a</sup>	55.6 ± 9.0	54.3 ± 9.8	<0.001	58.3 ± 7.9	53.3 ± 9.6	<0.001
Education level (years) <sup>b</sup>						
≤9	445 (13.2)	1,256 (10.9)	<0.001	347 (22.2)	1,367 (10.3)	<0.001
10–15	1,735 (51.5)	5,792 (50.2)		1,055 (67.5)	9,753 (73.3)	
≥16	1,065 (31.6)	4,110 (35.6)		92 (5.9)	1,708 (12.8)	
Unknown	126 (3.7)	378 (3.3)		68 (4.4)	483 (3.6)	
Smoking habit <sup>b</sup>						
Current	908 (26.9)	3,200 (27.7)	<0.001	80 (5.1)	737 (5.5)	0.28
Past	1,514 (44.9)	4,630 (40.1)		98 (6.3)	964 (7.2)	
Never	949 (28.2)	3,706 (32.1)		1,384 (88.6)	11,610 (87.2)	
Drinking habit <sup>b</sup>						
Current	2,672 (79.3)	8,857 (76.8)	0.002	468 (30.0)	5,255 (39.5)	<0.001
Past or Never	699 (20.7)	2,679 (23.2)		1,094 (70.0)	8,056 (60.5)	
Daily life activity (MET-h/week) <sup>a</sup>	136.1 ± 111.9	142.2 ± 114.1	0.01	160.7 ± 101.9	160.5 ± 98.5	0.96
Leisure-time exercise (MET-h/week) <sup>a</sup>	15.0 ± 22.7	16.7 ± 26.6	<0.001	14.5 ± 22.4	13.7 ± 21.8	0.16
Total energy intake (kcal/day) <sup>a</sup>	1,924 ± 358	1,929 ± 349	0.54	1,539 ± 229	1,555 ± 229	0.01
Body mass index (kg/m <sup>2</sup> ) <sup>a</sup>	26.6 ± 2.9	22.9 ± 2.6	<0.001	26.8 ± 3.6	21.9 ± 2.9	<0.001
Systolic blood pressure (mmHg) <sup>a</sup>	138 ± 16	125 ± 17	<0.001	139 ± 16	122 ± 18	<0.001
Diastolic blood pressure (mmHg) <sup>a</sup>	85 ± 10	78 ± 10	<0.001	82 ± 10.0	73.8 ± 10.7	<0.001
Triglycerides (mg/dL) <sup>c</sup>	178 (129, 240)	96 (71, 131)	<0.001	157 (105, 202)	77 (58, 104)	<0.001
HDL cholesterol (mg/dL) <sup>a</sup>	51 ± 14	61 ± 15	<0.001	54 ± 13	72 ± 16	<0.001
Fasting glucose (mg/dL) <sup>c</sup>	106 (100, 118)	95 (90, 101)	<0.001	103 (96, 113)	90 (85, 96)	<0.001
Obesity (%) <sup>b</sup>	2,605 (77.3)	1,857 (16.1)	<0.001	1,166 (74.7)	1,649 (12.4)	<0.001
High blood pressure (%) <sup>b</sup>	2,950 (87.5)	4,943 (42.9)	<0.001	1,373 (87.9)	4,638 (34.8)	<0.001
Elevated triglycerides (%) <sup>b</sup>	2,313 (68.6)	1,759 (15.3)	<0.001	867 (55.5)	866 (6.5)	<0.001
Low HDL cholesterol (%) <sup>b</sup>	736 (21.8)	346 (3.0)	<0.001	746 (47.8)	660 (5.0)	<0.001
Elevated blood glucose (%) <sup>b</sup>	2,620 (77.7)	3,453 (29.9)	<0.001	1,085 (69.5)	1,870 (14.1)	<0.001
Breakfast intake (days/week) <sup>a</sup>	6.3 ± 1.7	6.4 ± 1.7	0.016	6.6 ± 1.3	6.6 ± 1.3	0.69
Sleep duration (h/day) <sup>a</sup>	6.8 ± 1.1	6.7 ± 1.0	0.23	6.6 ± 1.0	6.5 ± 1.0	<0.001
Breakfast intake (days/week) <sup>c</sup>						
≥6	2,866 (85.0)	10,059 (87.2)	0.001	1,414 (90.5)	11,958 (89.8)	0.39
<6	505 (15.0)	1,477 (12.8)		148 (9.5)	1,353 (10.2)	
Sleep duration (h/day) <sup>c</sup>						
<6	375 (11.1)	1,134 (9.8)	<0.001	224 (14.3)	1,944 (14.6)	0.001
6 to <8	2,200 (65.3)	7,930 (68.7)		1,061 (67.9)	9,471 (71.2)	
≥8	796 (23.6)	2,472 (21.4)		277 (17.7)	1,896 (14.2)	

MET, metabolic equivalent.

Data are presented as mean ± SD<sup>a</sup>, number (%)<sup>b</sup>, or median (25%, 75%)<sup>c</sup>.

0.96–1.32). Longer sleep duration was not associated with MetS or obesity in either sex. However, longer sleep was positively associated with high blood pressure in men (OR 1.12, 95% CI 1.03–1.23), elevated triglycerides in both men and women (OR 1.13, 95% CI 1.03–1.24; OR 1.16, 95% CI 1.01–1.33, respectively), and low HDL cholesterol in women (OR 1.22, 95% CI 1.05–1.42).

With regard to the interaction between breakfast consumption (2 categories) and sleep duration (3 categories) on MetS (Table 4), the ORs were significantly higher in the group with short sleep or skipping breakfast in men when the breakfast eaters/sleeping 6 to < 8 h were used as reference. P-values for interaction were greater than 0.05 in both sexes. When we performed the subgroup analysis as short sleep duration (<6h) vs. others (≥6h), we found that the highest OR was found in the group of men who had short duration of sleep and skipping breakfast (data not shown). P values for interaction were also not significant.

#### 4. Discussion

In this study, skipping breakfast and short sleep duration was associated with MetS only in men. However, some components of MetS were associated with skipping breakfast and sleep duration in women.

In a cohort study, Odegaard et al. reported a hazard ratio of 0.82 (95% CI 0.69–0.98) for MetS among daily breakfast eaters compared with those who consumed breakfast 0–3 days per week (Odegaard et al., 2013). Although Chung et al. and Uzhova et al. defined skipping breakfast by 24-hour recall or dietary records, both cross-sectional studies reported that skipping breakfast was associated with a higher

OR for MetS (Chung et al., 2015; Uzhova et al., 2017). Conversely, several cross-sectional studies have reported no significant associations (Deshmukh-Taskar et al., 2013; Kutsuma et al., 2014). In our study, skipping breakfast was associated with MetS and high blood pressure only in men, but with obesity in both sexes. A meta-analysis of 19 cross-sectional studies reported that skipping breakfast was associated with a higher prevalence of obesity (Horikawa et al., 2011). Blom et al. reported that intake at lunch as well as hunger ratings were significantly increased after skipping breakfast (by 144 kcal) (Blom et al., 2005), this may lead to increased insulin response and fat storage. Owing to poor diet quality in the breakfast skipping group as previously reported (Cappuccio et al., 2008), we adjusted for nutrient pattern 1 (like prudent dietary pattern). Consequently, skipping breakfast was no longer significantly associated with obesity in both sexes. In our previous study, nutrient pattern 1 was inversely associated with MetS and its components (Iwasaki et al., 2019). Results of the present study suggest that diet quality may intermediate the association between skipping breakfast and obesity. Regarding components of MetS other than obesity/abdominal obesity, positive associations between breakfast skipping and high blood pressure (Odegaard et al., 2013; Uzhova et al., 2017), high triglycerides, low HDL cholesterol, and high fasting glucose (Uzhova et al., 2017) have been reported. In most previous studies, skipping breakfast was associated with obesity/overweight, but the results were not always consistent for MetS or other components. Moreover, few reports have examined the association between skipping breakfast and MetS by gender, and our report may be the first to observe gender differences.



**Table 2**  
Multivariate-adjusted odds ratios of metabolic syndrome and each components according to breakfast consumption by sex.

	Men		Women	
	Breakfast eaters	Breakfast skippers	Breakfast eaters	Breakfast skippers
	(6–7 days/week, n = 12,925) OR (reference)	(0–5 days/week, n = 1,982) OR (95% CI)	(6–7 days/week, n = 13,372) OR (reference)	(0–5 days/week, n = 1,501) OR (95% CI)
Metabolic syndrome				
Model 1	1.00	1.29 (1.15–1.45)	1.00	1.15 (0.95–1.38)
Model 2	1.00	1.26 (1.12–1.42)	1.00	1.00 (0.82–1.21)
Model 3	1.00	1.20 (1.06–1.35)	1.00	0.96 (0.79–1.17)
Obesity (BMI $\geq$ 25 kg/m <sup>2</sup> )				
Model 1	1.00	1.13 (1.01–1.25)	1.00	1.20 (1.05–1.37)
Model 2	1.00	1.15 (1.03–1.28)	1.00	1.18 (1.02–1.36)
Model 3	1.00	1.10 (0.99–1.23)	1.00	1.14 (0.99–1.32)
High blood pressure				
Model 1	1.00	1.11 (1.00–1.23)	1.00	0.94 (0.84–1.07)
Model 2	1.00	1.19 (1.07–1.33)	1.00	0.94 (0.82–1.06)
Model 3	1.00	1.13 (1.01–1.26)	1.00	0.92 (0.81–1.04)
Model 4	1.00	1.16 (1.03–1.30)	1.00	0.88 (0.77–1.00)
Elevated triglycerides				
Model 1	1.00	1.34 (1.21–1.49)	1.00	1.23 (1.04–1.45)
Model 2	1.00	1.21 (1.09–1.36)	1.00	1.05 (0.88–1.25)
Model 3	1.00	1.18 (1.05–1.31)	1.00	1.02 (0.85–1.21)
Model 4	1.00	1.18 (1.05–1.32)	1.00	0.98 (0.82–1.18)
Low HDL cholesterol				
Model 1	1.00	1.41 (1.18–1.67)	1.00	1.20 (1.00–1.44)
Model 2	1.00	1.20 (0.99–1.43)	1.00	1.08 (0.89–1.31)
Model 3	1.00	1.18 (0.98–1.42)	1.00	1.05 (0.86–1.28)
Model 4	1.00	1.16 (0.96–1.39)	1.00	1.02 (0.84–1.24)
Elevated blood glucose				
Model 1	1.00	1.08 (0.98–1.20)	1.00	1.21 (1.05–1.39)
Model 2	1.00	1.08 (0.96–1.20)	1.00	1.17 (1.00–1.35)
Model 3	1.00	1.04 (0.94–1.16)	1.00	1.14 (0.98–1.32)
Model 4	1.00	1.05 (0.94–1.17)	1.00	1.12 (0.96–1.30)

OR, odds ratio; 95% CI, 95% confidence interval.

Model 1: Adjusted for age and research site.

Model 2: Adjusted for age, research site, education level, smoking habit, drinking habit, daily life activity, leisure-time exercise, total energy intake, and menopause status (women only).

Model 3: Adjusted for variables in model 2 plus nutrient pattern 1.

Model 4: Adjusted for variables in model 2 plus BMI (quartiles).

The association between short sleep duration and MetS has been reported in *meta*-analyses of prospective and cross-sectional studies (Hua et al., 2020; Xi et al., 2014). Hua et al. reported short sleep duration was positively associated with MetS in cohort studies (relative risk 1.15, 95% CI 1.05–1.25) and for cross-sectional studies (OR 1.12, 95% CI 1.08–1.18). Short sleep duration could lead to endocrine changes, by affecting carbohydrate metabolism, the hypothalamic-pituitary adrenal axis, and sympathetic activity (Hua et al., 2020). Additionally, the association between short sleep duration and obesity has been reported in *meta*-analyses and reviews (Nielsen et al., 2011; Patel and Hu, 2008; Taheri et al., 2004). In our analysis, short sleep duration was significantly associated with elevated blood glucose in men, albeit not significantly after additional BMI adjustment. This result suggests that obesity may intermediate the association between short sleep duration and elevated blood glucose. Previous reports (Hua et al., 2020; Xi et al., 2014) and our results suggest that obesity is the main contributor to the association between shorter sleep duration and MetS. Some previous studies that investigated the association between sleep duration and MetS conducted gender-stratified analyses (Hua et al., 2020), but most of the authors did not insist on gender difference. In our study, there were no differences in the number of subjects or mean age between sexes, but the prevalence of MetS was lower in women than in men. Lower statistical power because of the lower prevalence might be one of the reasons why a significant association between short sleep duration and MetS was not detected in women. However, the gender difference between short sleep duration and MetS is still open to

discussion.

Long sleep duration was associated with elevated blood pressure (men), elevated triglycerides (both sexes), and low HDL cholesterol (women) in our study. Xi et al. reported that a *meta*-analysis of 13 cross-sectional studies found a significant positive association between prolonged sleep and elevated blood pressure in adults (Xi et al., 2014), but a *meta*-analysis of 5 cohort studies did not (Kaneita et al., 2008). A positive association between long sleep duration and elevated triglyceride levels has also been reported (Grandner and Drummond, 2007; Kim et al., 2018; Zheng et al., 2015). All significant associations between long sleep duration and MetS components were independent of obesity in our study; thus, pathways other than obesity could be involved in these relationships. This mechanism is unclear because the negative effects of prolonged sleep have not been investigated widely. In this study, only 55 were being treated for depression, and so this effect could not be considered. A positive association between long sleep duration and low HDL cholesterol levels has been reported in women (Kim et al., 2018; Zheng et al., 2015). The underlying mechanism has not been elucidated, but it has frequently been observed that people with high triglycerides have low HDL cholesterol (Kim et al., 2018; Zheng et al., 2015). In addition, a female-specific hormonal balance could also affect lipoprotein metabolism (Kim et al., 2018).

This study has some limitations. First, owing to the study's cross-sectional design, the temporal relationship between the exposure and the outcome is not ensured. Second, because data on waist circumference were lacking, BMI was alternatively used for the diagnosis of MetS.

**Table 3**  
Multivariate-adjusted odds ratios of metabolic syndrome and each component according to sleep duration by sex.

	Men			Women		
	Sleep duration (<6h)	Sleep duration (6 to <8 h)	Sleep duration (≥8h)	Sleep duration (<6h)	Sleep duration (6 to <8 h)	Sleep duration (≥8h)
	(n = 1,509)	(n = 10,130)	(n = 3,268)	(n = 2,168)	(n = 10,532)	(n = 2,173)
	OR (95% CI)	OR (reference)	OR (95% CI)	OR (95% CI)	OR (reference)	OR (95% CI)
<b>Metabolic syndrome</b>						
Model 1	1.27 (1.12–1.44)	1.00	1.02 (0.93–1.13)	1.15 (0.99–1.34)	1.00	1.10 (0.95–1.27)
Model 2	1.28 (1.12–1.45)	1.00	1.02 (0.92–1.12)	1.13 (0.96–1.32)	1.00	1.07 (0.92–1.24)
Model 3	1.27 (1.12–1.45)	1.00	1.01 (0.91–1.11)	1.13 (0.97–1.33)	1.00	1.07 (0.93–1.24)
<b>Obesity (BMI ≥25 kg/m<sup>2</sup>)</b>						
Model 1	1.40 (1.24–1.56)	1.00	0.91 (0.83–1.00)	1.31 (1.16–1.47)	1.00	1.03 (0.91–1.16)
Model 2	1.40 (1.25–1.57)	1.00	0.92 (0.84–1.00)	1.28 (1.14–1.44)	1.00	1.02 (0.90–1.14)
Model 3	1.40 (1.25–1.57)	1.00	0.91 (0.83–1.00)	1.28 (1.14–1.44)	1.00	1.02 (0.90–1.14)
<b>High blood pressure</b>						
Model 1	1.08 (0.97–1.21)	1.00	1.13 (1.03–1.23)	1.05 (0.95–1.16)	1.00	1.04 (0.94–1.15)
Model 2	1.10 (0.98–1.23)	1.00	1.12 (1.03–1.23)	1.05 (0.95–1.16)	1.00	1.03 (0.93–1.14)
Model 3	1.09 (0.97–1.22)	1.00	1.11 (1.02–1.21)	1.05 (0.95–1.17)	1.00	1.03 (0.93–1.14)
Model 4	1.01 (0.90–1.14)	1.00	1.20 (1.09–1.31)	1.01 (0.91–1.13)	1.00	1.06 (0.95–1.17)
<b>Elevated triglycerides</b>						
Model 1	1.04 (0.92–1.17)	1.00	1.14 (1.05–1.25)	0.92 (0.79–1.07)	1.00	1.17 (1.02–1.34)
Model 2	1.04 (0.92–1.18)	1.00	1.13 (1.03–1.24)	0.91 (0.78–1.06)	1.00	1.16 (1.01–1.33)
Model 3	1.04 (0.92–1.18)	1.00	1.13 (1.03–1.23)	0.91 (0.78–1.06)	1.00	1.16 (1.01–1.34)
Model 4	0.96 (0.85–1.09)	1.00	1.21 (1.10–1.33)	0.87 (0.75–1.02)	1.00	1.20 (1.04–1.38)
<b>Low HDL cholesterol</b>						
Model 1	0.99 (0.80–1.22)	1.00	0.97 (0.83–1.14)	1.13 (0.96–1.33)	1.00	1.24 (1.07–1.43)
Model 2	0.98 (0.79–1.21)	1.00	0.99 (0.84–1.16)	1.11 (0.93–1.30)	1.00	1.22 (1.05–1.42)
Model 3	0.98 (0.79–1.21)	1.00	0.99 (0.84–1.16)	1.11 (0.94–1.30)	1.00	1.22 (1.05–1.42)
Model 4	0.90 (0.73–1.12)	1.00	1.04 (0.88–1.23)	1.05 (0.89–1.24)	1.00	1.26 (1.08–1.47)
<b>Elevated blood glucose</b>						
Model 1	1.15 (1.02–1.28)	1.00	0.94 (0.87–1.03)	0.97 (0.86–1.10)	1.00	1.07 (0.95–1.20)
Model 2	1.15 (1.03–1.29)	1.00	0.93 (0.86–1.01)	0.97 (0.85–1.09)	1.00	1.06 (0.94–1.19)
Model 3	1.15 (1.02–1.29)	1.00	0.93 (0.85–1.01)	0.97 (0.85–1.09)	1.00	1.06 (0.94–1.19)
Model 4	1.09 (0.97–1.23)	1.00	0.96 (0.88–1.05)	0.93 (0.82–1.06)	1.00	1.08 (0.96–1.22)

OR, odds ratio; 95% CI, 95% confidence interval.

Model 1: Adjusted for age and research site.

Model 2: Adjusted for age, research site, education level, smoking habit, drinking habit, daily life activity, leisure-time exercise, total energy intake, and menopause status (women only).

Model 3: Adjusted for variables in model 2 plus nutrient pattern 1.

Model 4: Adjusted for variables in model 2 plus BMI (quartiles).

**Table 4**  
Sex-specific odds ratios of metabolic syndrome according to breakfast consumption stratified by sleep duration (3 categories).

	Sleep duration (<6h)	Sleep duration (6 to <8 h)	Sleep duration (≥8h)	P-interaction
	OR (95% CI)	OR (95% CI)	OR (95% CI)	
<b>Men</b>				
Breakfast eaters	1.30 (1.13–1.50)	1.00 (reference)	1.00 (0.90–1.10)	0.47
Breakfast skippers	1.35 (1.02–1.75)	1.19 (1.03–1.37)	1.30 (1.02–1.66)	
<b>Women</b>				
Breakfast eaters	1.17 (0.98–1.38)	1.00 (reference)	1.07 (0.92–1.24)	0.66
Breakfast skippers	0.94 (0.62–1.38)	0.99 (0.77–1.25)	1.11 (0.69–1.70)	

95% CI, 95% confidence interval.

Adjusted for age, research site, educational level, smoking habit, drinking habit, daily life activity, leisure-time exercise, total energy intake, menopause status (women only), and nutrient pattern 1.

However, it has been reported that BMI is closely correlated with abdominal circumference. Third, as breakfast consumption status was self-reported, and there may be some degree of misclassification.

However, the direction of the effect of misclassification could be non-differential. Fourth, no information on the food or the nutritional content of the breakfast was collected, thereby impossible to assess the effect of breakfast quality. However, the overall quality of the diet (nutrient pattern) could be adjusted. Nutrient pattern 1 (like prudent dietary pattern) scores of breakfast skippers were significantly lower than those of breakfast consumers in both sexes (data not shown). Fifth, sleep duration was evaluated using a self-administered questionnaire. However, a moderate positive correlation ( $r = 0.45–0.57$ ) between self-reported and objectively measured sleep duration has been reported (Cespedes et al., 2016; Lauderdale et al., 2008). Sixth, no data on sleep quality was obtained, although positive associations have been reported between poor sleep quality (Lian et al., 2019) or obstructive sleep apnea syndrome (Castaneda et al., 2018) and MetS. Therefore, the possibility of confounding by sleep disorder cannot be denied. Seventh, we cannot eliminate the possibility of bias caused by measurement error of components of MetS, even if adjusted for research site. Finally, some characteristics between included and excluded participants were significantly different. Therefore, the generalizability of our findings may be limited.

## 5. Conclusions

Skipping breakfast and short sleep duration was independently

associated with a high prevalence of MetS in men. These lifestyle factors were positively associated with obesity, but not with MetS, in women. Further studies are needed to clarify the reason for differences in results between the sexes.

## Funding

This work was supported by Grants-in-Aid for Scientific Research on Priority Areas of Cancer (No. 17015018), on Innovative Areas (No. 221S0001), and Platform of Supporting Cohort Study and Biospecimen Analysis (CoBiA, JSPS KAKENHI Grant Number JP16H06277) from the Japanese Ministry of Education, Culture, Sports, Science and Technology, and by Grants-in-Aid for Research Activity Start-up (JSPS KAKENHI Grant Number 19K24258) and for Scientific Research (C) (JSPS KAKENHI Grant Number 18K10086) from the Japan Society for the Promotion of Science.

## CRedit authorship contribution statement

**Sakurako Katsuura-Kamano:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Writing – original draft. **Kokichi Arisawa:** Data curation, Funding acquisition, Investigation, Methodology, Project administration, Validation, Writing – original draft. **Hirokazu Uemura:** Data curation, Investigation, Methodology, Writing – review & editing. **Tien Van Nguyen:** Investigation, Methodology. **Toshiro Takezaki:** Data curation, Investigation, Project administration. **Rie Ibusuki:** Data curation, Investigation. **Sadao Suzuki:** . **Takahiro Otani:** Data curation, Investigation. **Rieko Okada:** Data curation, Investigation. **Yoko Kubo:** Data curation, Investigation. **Takashi Tamura:** Data curation, Investigation. **Asahi Hishida:** Data curation, Investigation. **Teruhide Koyama:** Data curation, Investigation. **Daisuke Matsui:** Data curation, Investigation. **Kiyonori Kuriki:** Data curation, Investigation, Project administration. **Naoyuki Takashima:** Data curation, Investigation. **Naoko Miyagawa:** Data curation, Investigation. **Hiroaki Ikezaki:** Data curation, Investigation, Project administration, Writing – review & editing. **Yuji Matsumoto:** Data curation, Investigation. **Yuichiro Nishida:** Data curation, Investigation, Writing – review & editing. **Chisato Shimano:** Data curation, Investigation. **Isao Oze:** Data curation, Investigation. **Keitaro Matsuo:** Data curation, Investigation, Project administration. **Haruo Mikami:** Data curation, Investigation, Project administration. **Miho Kusakabe:** Data curation, Investigation. **Kenji Takeuchi:** Data curation, Investigation, Project administration. **Kenji Wakai:** Data curation, Funding acquisition, Investigation, Methodology, Supervision, Project administration, Writing – review & editing.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Acknowledgements

We wish to thank previous principal investigators of the J-MICC Study, Drs. Nobuyuki Hamajima and Hideo Tanaka for their efforts put into the establishment and follow-up of the cohort. The authors thank Shinkan Tokudome from National Institute of Health and Nutrition (formerly Nagoya City University), Chiho Goto from Nagoya Bunri University, Nahomi Imaeda from Shigakkan University, Yuko Tokudome from Nagoya University of Arts and Sciences, Masato Ikeda from University of Occupational and Environmental Health, and Shinzo Maki from Aichi Prefectural Dietetic Association, for providing a useful food-frequency questionnaire and program to calculate nutritional intake.

## Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.pmedr.2021.101613>.

## References

- Blom, W.A., Stafleu, A., de Graaf, C., Kok, F.J., Schaafsma, G., Hendriks, H.F., 2005. Ghrelin response to carbohydrate-enriched breakfast is related to insulin. *Am. J. Clin. Nutr.* 81, 367–375. <https://doi.org/10.1093/ajcn.81.2.367>.
- Cappuccio, F.P., Taggart, F.M., Kandala, N.B., Currie, A., Peile, E., Stranges, S., Miller, M.A., 2008. Meta-analysis of short sleep duration and obesity in children and adults. *Sleep* 31, 619–626. <https://doi.org/10.1093/sleep/31.5.619>.
- Castaneda, A., Jauregui-Maldonado, E., Ratnani, I., Varon, J., Surani, S., 2018. Correlation between metabolic syndrome and sleep apnea. *World J. Diabetes* 9 (4), 66–71. <https://doi.org/10.4239/wjcd.v9.i4.66>.
- Cespedes, E.M., Hu, F.B., Redline, S., Rosner, B., Alcantara, C., Cai, J., Hall, M.H., Loredo, J.S., Mossavar-Rahmani, Y., et al., 2016. Comparison of self-reported sleep duration with actigraphy: results from the Hispanic Community Health Study/Study of Latinos Sueno Ancillary Study. *Am. J. Epidemiol.* 183, 561–573. <https://doi.org/10.1093/aje/kwv251>.
- Chung, S.J., Lee, Y., Lee, S., Choi, K., 2015. Breakfast skipping and breakfast type are associated with daily nutrient intakes and metabolic syndrome in Korean adults. *Nutr. Res. Pract.* 9, 288–295. <https://doi.org/10.4162/nrp.2015.9.3.288>.
- Craig, C.L., Marshall, A.L., Sjoström, M., Bauman, A.E., Booth, M.L., Ainsworth, B.E., Pratt, M., Ekelund, U., Yngve, A., Sallis, J.F., Oja, P., 2003. International physical activity questionnaire: 12-country reliability and validity. *Med. Sci. Sports Exerc.* 35 (8), 1381–1395. <https://doi.org/10.1249/01.MSS.0000078924.61453.FB>.
- Deshmukh-Taskar, P., Nicklas, T.A., Radcliffe, J.D., O'Neil, C.E., Liu, Y., 2013. The relationship of breakfast skipping and type of breakfast consumed with overweight/obesity, abdominal obesity, other cardiometabolic risk factors and the metabolic syndrome in young adults. *The National Health and Nutrition Examination Survey (NHANES): 1999–2006. Public Health Nutr.* 16 (11), 2073–2082. <https://doi.org/10.1017/S1368980012004296>.
- Grandner, M.A., Drummond, S.P.A., 2007. Who are the long sleepers? Towards an understanding of the mortality relationship. *Sleep Med. Rev.* 11 (5), 341–360. <https://doi.org/10.1016/j.smrv.2007.03.010>.
- Grund, S.M., Cleeman, J.I., Daniels, S.R., Donato, K.A., Eckel, R.H., Franklin, B.A., Gordon, D.J., Krauss, R.M., Savage, P.J., Smith, S.C., Spertus, J.A., Costa, F., 2005. Diagnosis and management of the metabolic syndrome: an American Heart Association/National Heart, Lung, and Blood Institute Scientific Statement. *Circulation* 112 (17), 2735–2752. <https://doi.org/10.1161/CIRCULATIONAHA.105.169404>.
- Hamajima, N., Group, J.M.S., 2007. The Japan Multi-Institutional Collaborative Cohort Study (J-MICC Study) to detect gene-environment interactions for cancer. *Asian Pac. J. Cancer Prev.* 8, 317–323.
- Horikawa, C., Kodama, S., Yachi, Y., Heianza, Y., Hirasawa, R., Ibe, Y., Saito, K., Shimano, H., Yamada, N., Sone, H., 2011. Skipping breakfast and prevalence of overweight and obesity in Asian and Pacific regions: a meta-analysis. *Prev. Med.* 53 (4–5), 260–267. <https://doi.org/10.1016/j.ypmed.2011.08.030>.
- Hua, J., Jiang, H., Fang, Q., 2020. Sleep duration and the risk of metabolic syndrome: a systematic review and meta-analysis. *medRxiv* 2020, 2020. <https://doi.org/10.1101/2020.08.30.20184747>.
- Imaeda, N., Goto, C., Tokudome, Y., Hirose, K., Tajima, K., Tokudome, S., 2007. Reproducibility of a short food frequency questionnaire for Japanese general population. *J. Epidemiol.* 17 (3), 100–107. <https://doi.org/10.2188/jea.17.100>.
- Iwasaki, Y., Arisawa, K., Katsuura-Kamano, S., Uemura, H., Tsukamoto, M., Kadomatsu, Y., Okada, R., Hishida, A., Tanaka, K., et al., 2019. Associations of nutrient patterns with the prevalence of metabolic syndrome: results from the baseline data of the Japan Multi-Institutional Collaborative Cohort Study. *Nutrients* 11 (5), 990. <https://doi.org/10.3390/nu11050990>.
- Kaneita, Y., Uchiyama, M., Yoshiike, N., Ohida, T., 2008. Associations of usual sleep duration with serum lipid and lipoprotein levels. *Sleep* 31, 645–652. <https://doi.org/10.1093/sleep/31.5.645>.
- Kim, C.E., Shin, S., Lee, H.W., Lim, J., Lee, J.K., Shin, A., Kang, D., 2018. Association between sleep duration and metabolic syndrome: a cross-sectional study. *BMC Public Health* 18, 720. <https://doi.org/10.1186/s12889-018-5557-5558>.
- Kim, K., Shin, D., Jung, G.-U., Lee, D., Park, S.M., 2017. Association between sleep duration, fat mass, lean mass and obesity in Korean adults: the fourth and fifth Korea National Health and Nutrition Examination Surveys. *J. Sleep Res.* 26 (4), 453–460. <https://doi.org/10.1111/jsr.2017.26.issue-410.1111/jsr.12504>.
- Kutsuma, A., Nakajima, K., Suwa, K., 2014. Potential association between breakfast skipping and concomitant late-night-dinner eating with metabolic syndrome and proteinuria in the Japanese population. *Scientifica (Cairo)* 2014, 1–9. <https://doi.org/10.1155/2014/253581>.
- Lauderdale, D.S., Knutson, K.L., Yan, L.L., Liu, K., Rathouz, P.J., 2008. Self-reported and measured sleep duration: how similar are they? *Epidemiology* 19, 838–845. <https://doi.org/10.1097/EDE.0b013e318187a7b0>.
- Lauria, M.W., Moreira, L.M., Machado-Coelho, G.L., Neto, R.M., Soares, M.M., Ramos, A.V., 2013. Ability of body mass index to predict abnormal waist circumference: receiving operating characteristics analysis. *Diabetol. Metab. Syndr.* 5, 74. <https://doi.org/10.1186/1758-5996-5-74>.

- Lian, Y., Yuan, Q., Wang, G., Tang, F., 2019. Association between sleep quality and metabolic syndrome: a systematic review and meta-analysis. *Psychiatry Res.* 274, 66–74. <https://doi.org/10.1016/j.psychres.2019.01.096>.
- Liu, T.-Z., Xu, C., Rota, M., Cai, H., Zhang, C., Shi, M.-J., Yuan, R.-X., Weng, H., Meng, X.-Y., Kwong, J.S.W., Sun, X., 2017. Sleep duration and risk of all-cause mortality: a flexible, non-linear, meta-regression of 40 prospective cohort studies. *Sleep Med. Rev.* 32, 28–36. <https://doi.org/10.1016/j.smrv.2016.02.005>.
- Magee, C.A., Kritharides, L., Attia, J., McElduff, P., Banks, E., 2012. Short and long sleep duration are associated with prevalent cardiovascular disease in Australian adults. *J. Sleep Res.* 21, 441–447. <https://doi.org/10.1111/j.1365-2869.2011.00993.x>.
- Mottilo, S., Filion, K.B., Genest, J., Joseph, L., Pilote, L., Poirier, P., Rinfret, S., Schiffrin, E.L., Eisenberg, M.J., 2010. The metabolic syndrome and cardiovascular risk: a systematic review and meta-analysis. *J. Am. Coll. Cardiol.* 56 (14), 1113–1132. <https://doi.org/10.1016/j.jacc.2010.05.034>.
- Nielsen, L.S., Danielsen, K.V., Sorensen, T.I., 2011. Short sleep duration as a possible cause of obesity: critical analysis of the epidemiological evidence. *Obes. Rev.* 12, 78–92. <https://doi.org/10.1111/j.1467-789X.2010.00724.x>.
- Odegaard, A.O., Jacobs Jr., D.R., Steffen, L.M., Van Horn, L., Ludwig, D.S., Pereira, M.A., 2013. Breakfast frequency and development of metabolic risk. *Diabetes Care* 36, 3100–3106. <https://doi.org/10.2337/dc13-0316>.
- Patel, S.R., Hu, F.B., 2008. Short sleep duration and weight gain: a systematic review. *Obesity (Silver Spring)* 16, 643–653. <https://doi.org/10.1038/oby.2007.118>.
- Sattar, N., Gaw, A., Scherbakova, O., Ford, I., O'Reilly, D.S.J., Haffner, S.M., Isles, C., Macfarlane, P.W., Packard, C.J., Cobbe, S.M., Shepherd, J., 2003. Metabolic syndrome with and without C-reactive protein as a predictor of coronary heart disease and diabetes in the West of Scotland Coronary Prevention Study. *Circulation* 108 (4), 414–419. <https://doi.org/10.1161/01.CIR.0000080897.52664.94>.
- Suliga, E., Koziele, D., Cieřla, E., Reębak, D., Gluszek, S., 2017. Sleep duration and the risk of metabolic syndrome – a cross-sectional study. *Med. Stud.* 3, 169–175. <https://doi.org/10.5114/ms.2017.70342>.
- Taheri, S., Lin, L., Austin, D., Young, T., Mignot, E., Froguel, P., 2004. Short sleep duration is associated with reduced leptin, elevated ghrelin, and increased body mass index. *PLoS Med.* 1 (3), e62. <https://doi.org/10.1371/journal.pmed.0010062>.
- Takeuchi, K., Naito, M., Kawai, S., Tsukamoto, M., Kadomatsu, Y., Kubo, Y., Okada, R., Nagayoshi, M., Tamura, T., et al., 2020. Study profile of the Japan Multi-institutional Collaborative Cohort (J-MICC) study. *J. Epidemiol. advpub.* <https://doi.org/10.2188/jea.JE20200147>.
- Tokudome, S., Goto, C., Imaeda, N., Tokudome, Y., Ikeda, M., Maki, S., 2004. Development of a data-based short food frequency questionnaire for assessing nutrient intake by middle-aged Japanese. *Asian Pac. J. Cancer Prev.* 5, 40–43.
- Tokudome, Y., Goto, C., Imaeda, N., Hasegawa, T., Kato, R., Hirose, K., Tajima, K., Tokudome, S., 2005. Relative validity of a short food frequency questionnaire for assessing nutrient intake versus three-day weighed diet records in middle-aged Japanese. *J. Epidemiol.* 15 (4), 135–145. <https://doi.org/10.2188/jea.15.135>.
- Uzhova, I., Fuster, V., Fernández-Ortiz, A., Ordovás, J.M., Sanz, J., Fernández-Friera, L., López-Melgar, B., Mendiguren, J.M., Ibáñez, B., Bueno, H., Peñalvo, J.L., 2017. The importance of breakfast in atherosclerosis disease: insights from the PESA study. *J. Am. Coll. Cardiol.* 70 (15), 1833–1842. <https://doi.org/10.1016/j.jacc.2017.08.027>.
- Wakai, K., Hamajima, N., Okada, R., Naito, M., Morita, E., Hishida, A., Kawai, S., Nishio, K., Yin, G., Asai, Y., Matsuo, K., Hosono, S., Ito, H., Watanabe, M., Kawase, T., Suzuki, T., Tajima, K., Tanaka, K., Higaki, Y., Hara, M., Imaizumi, T., Taguchi, N., Nakamura, K., Nanri, H., Sakamoto, T., Horita, M., Shintchi, K., Kita, Y., Turin, T.C., Rumana, N., Matsui, K., Miura, K., Ueshima, H., Takashima, N., Nakamura, Y., Suzuki, S., Ando, R., Hosono, A., Imaeda, N., Shibata, K., Goto, C., Hattori, N., Fukatsu, M., Yamada, T., Tokudome, S., Takezaki, T., Niimura, H., Hirasada, K., Nakamura, A., Tatebo, M., Ogawa, S., Tsunematsu, N., Chiba, S., Mikami, H., Kono, S., Ohnaka, K., Takayanagi, R., Watanabe, Y., Ozaki, E., Shigetani, M., Kuriyama, N., Yoshikawa, A., Matsui, D., Watanabe, I., Inoue, K., Ozasa, K., Mitani, S., Arisawa, K., Uemura, H., Hiyoshi, M., Takami, H., Yamaguchi, M., Nakamoto, M., Takeda, H., Kubo, M., Tanaka, H., 2011. Profile of participants and genotype distributions of 108 polymorphisms in a cross-sectional study of associations of genotypes with lifestyle and clinical factors: a project in the Japan Multi-Institutional Collaborative Cohort (J-MICC) Study. *J. Epidemiol.* 21 (3), 223–235. <https://doi.org/10.2188/jea.JE20100139>.
- Wehrens, S.M.T., Christou, S., Isherwood, C., Middleton, B., Gibbs, M.A., Archer, S.N., Skene, D.J., Johnston, J.D., 2017. Meal timing regulates the human circadian system. *Curr. Biol.* 27 (12), 1768–1775.e3. <https://doi.org/10.1016/j.cub.2017.04.059>.
- Wu, J., Xu, G., Shen, L., Zhang, Y., Song, L., Yang, S., Yang, H., Liang, Y., Wu, T., Wang, Y., 2015. Daily sleep duration and risk of metabolic syndrome among middle-aged and older Chinese adults: cross-sectional evidence from the Dongfeng-Tongji cohort study. *BMC Public Health* 15 (1). <https://doi.org/10.1186/s12889-015-1521-z>.
- Wu, M.-C., Yang, Y.-C., Wu, J.-S., Wang, R.-H., Lu, F.-H., Chang, C.-J., 2012. Short sleep duration associated with a higher prevalence of metabolic syndrome in an apparently healthy population. *Prev. Med.* 55 (4), 305–309. <https://doi.org/10.1016/j.ypmed.2012.07.013>.
- Xi, B., He, D., Zhang, M., Xue, J., Zhou, D., 2014. Short sleep duration predicts risk of metabolic syndrome: a systematic review and meta-analysis. *Sleep Med. Rev.* 18, 293–297. <https://doi.org/10.1016/j.smrv.2013.06.001>.
- Zheng, Y., Wang, A., Pan, C., Lu, J., Dou, J., Lu, Z., Ba, J., Wang, B., Mu, Y., 2015. Impact of night sleep duration on glycemic and triglyceride levels in Chinese with different glycemic status. *J. Diabetes* 7, 24–30. <https://doi.org/10.1111/1753-0407.12186>.