

## Supplement: Excluded during full-text screening

This document contains additional information about papers that were excluded during the full-text screening stage.

### Reasons for exclusion (53 excluded in total)

- 3 not on two or more cohorts
- 12 on wrong outcome
- 10 with no age overlap
- 7 on wrong population
- 9 on wrong outcome measure
- 11 tier 2 papers excluded due to sample restriction to respondents at different ages (see Appendix A for more information)
- 1 pooled analysis only

| Key | Authors           | Date | Journal                      | Title  | Reason                | Comments   |
|-----|-------------------|------|------------------------------|--|-----------------------|--|
| 2   | Berman et al      | 2024 | Cleft Palate Craniofacial J  | Prevalence and factors associated with behavioural problems in 5-year-old children born with cleft lip and/or palate from the Cleft Collective       | Wrong population      | Subset of children with cleft lip/palate.  |
| 3   | Gronholm et al    | 2022 | J Mental Health Policy Econ  | Health service costs in adulthood associated with adolescent mental health problems in three British cohorts   | Wrong outcome measure | Health condition not comparable (teacher assessed versus parent assessed mental health). |
| 4   | de la Torre et al | 2021 | Lancet Healthy Longev        | Depressive symptoms during early adulthood and the development of physical multimorbidity in the UK: an observational cohort study                   | Pooled analysis       | Results not presented stratified by cohort.  |
| 5   | Fluharty et al    | 2020 | J Epidemiol Community Health | Socioeconomic inequalities across life and premature mortality from 1971 to 2016: Findings from three British birth cohorts born 1946, 1958 and 1970 | Wrong outcome         | All-cause mortality  |
| 6   | Wood et al        | 2020 | J Epidemiol Community Health | Childhood correlated of adult positive mental well-being in three British longitudinal studies   | No age overlap        | Outcomes at age 60-64 in NSHD, 50 in NCDS and 42 in BCS70                                |

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| 7  | Abuabara et al | 2021 | JAMA Dermatol                 | Patterns of atopic eczema disease activity from birth through midlife in two British birth cohorts   | Tier 2: sample restriction | Restricted to different target populations (age 46 and age 50). Another paper by the same first author explores change in lifetime prevalence and was included in the review. |
| 10 | Maddock et al  | 2020 | J Gerontol A Biol Sci Med Sci | DNA methylation age and physical and cognitive aging   | Wrong outcome              | DNA methylation and cognitive ability not the focus of this review. Comparisons do not overlap in age except for cognitive performance.                                       |
| 12 | Goisis et al   | 2017 | PNAS                          | Decline in the negative association between low birth weight and cognitive ability   | Wrong outcome              | Birthweight   |
| 13 | Lacey et al    | 2017 | Int J Obesity                 | Work-family life courses and BMI trajectories in three British birth cohorts   | Wrong population           | Results stratified by family trajectory. Composition of these groups likely to have changed across cohorts  |
| 16 | Cole et al     | 2016 | Int J Epidemiol               | Using Super-Imposition by Translation and Rotation (SITAR) to relate pubertal growth to health in later life: The Medical Research Council (MRC) National Survey of Health and Development | No age overlap             | Both ALSPAC and NSHD but no age overlap for comparable outcomes   |
| 19 | Taulbut et al  | 2014 | BMC Pediatr                   | Comparing early years and childhood experiences and outcomes in Scotland, England, and three city-regions: A plausible explanation for Scottish 'excess' mortality?                        | Tier 2: sample restriction | Restricted to different target populations, main outcome is mortality, no age overlap for health measure  |
| 20 | Park et al     | 2013 | PLOS One                      | Overweight in childhood, adolescence and adulthood and cardiovascular disease in later life: Pooled analysis of three British birth cohorts  | Tier 2: sample restriction | Restricted to different target populations (age 53, 46 and 34)  |
| 21 | Goodwin et al  | 2011 | Ann Epidemiol                 | Psychopathology and physical activity as predictors of chronic fatigue syndrome in the 1958 British birth cohort: A replication study of the 1946 and 1970 birth cohorts                   | Not on two or more cohorts | Only NSHD   |

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| 23 | Fertig              | 2009 | Health Econ         | Selection and the effect of prenatal smoking   | Wrong outcome              | Birthweight   |
| 25 | Orfei et al         | 2007 | Arch Dis Child      | Early influences on adult lung function in two national birth cohorts  | Wrong population           | Only presented ,stratified by occupation. The composition of these groups has likely changed markedly across cohorts  |
| 28 | Cooper et al        | 2007 | Mauritas            | Is there an association between hysterectomy and subsequent adiposity?   | Tier 2: sample restriction | Restricted to different target populations (age 53 and 44-45)   |
| 29 | Toschke et al       | 2007 | J Perinat Med       | Paternal smoking is associated with a decreased prevalence of type 1 diabetes mellitus among offspring in two national British birth cohort studies (NCDS and BCS70) | No age overlap             | Effectively restricted to respondents at different ages since using information on the outcome up to age 42 in NCDS and up to age 30 in BCS70.                      |
| 32 | Stewart-Brown et al | 2005 | Eur J Public Health | Parent-child relationships and health problems in adulthood in three UK national birth cohort studies  | No age overlap             | Outcomes measured at 42 in NSHD, 33 in NCDS and 26 in BCS70   |
| 34 | Ehlin et al         | 2003 | Gut                 | Prevalence of gastrointestinal diseases in two British national cohorts  | Wrong outcome measure      | Different validation strategies, analytical sample conditioned on response at different ages (age 42 and 30)  |
| 36 | Montgomery et al    | 2002 | Diabetic Med        | Pertussis infection in childhood and subsequent Type 1 diabetes mellitus   | Wrong outcome measure      | Different validation strategies, analytical sample conditioned on response at different ages (age 42 and 30).   |
| 37 | Montgomery et al    | 2002 | Br J Cancer         | Childhood indicators of susceptibility to subsequent cervical cancer   | No age overlap             | Cancer at 42 in NCDS and 30 in BCS70. Prevalence of risk factors cannot be compared as pooled across several childhood sweeps so age-for-age comparison is unclear. |

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| 39 | Maughan et al       | 1997 | Psychol Med                  | Secular change in psychosocial risks: The case of teenage motherhood  | Wrong population           | Results are only reported stratified by whether cohort member was a teenage mother. Composition of this group is likely to have changed across cohorts.   |
| 41 | Strachan et al      | 1990 | J Epidemiol Community Health | Regional variations in wheezing illness in British children: Effect of migration during early childhood                   | No age overlap             | Asthma measured at 5 and 7 which is not a close enough overlap for this condition in childhood  |
| 43 | Stewart-Brown et al | 1985 | J Epidemiol Community Health | Visual acuity in a sample of 10-year-old children   | Not on two or more cohorts | Only BCS70. Results for studies in NSHD and NCDS are mentioned, but publication could not be traced and there was no information on comparability of the methods.   |
| 44 | Riglin et al        | 2024 | Eur Child Adolesc Psychiatr  | Emotional problems across development: examining measurement invariance across childhood, adolescence and early adulthood | Wrong outcome measure      | Primary purpose of this paper is to explore measurement invariance across age <i>within</i> cohorts, not across cohorts. Single item scores are presented rather than a measure capturing poor mental health more generally. There are a large number of papers explicitly exploring change in mental health across the same cohorts (ALSPAC/MCS), hence the exclusion of this publication. |

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| 45 | Farooq et al    | 2024 | Child Psychol Psychiatr      | The relationship between type, timing and duration of exposure to adverse childhood experiences and adolescent self-harm and depression: Findings from three UK prospective population-based cohorts | No age overlap        | Comparisons of self-harm poor mental health at 14 and 16, which is known to be near peak during adolescence. Other papers explicitly compare across the same cohorts with more robust methodology.  |
| 46 | Moulton et al   | 2023 | Psychol Med                  | Association between psychological distress trajectories from adolescence to midlife and mental health during the pandemic: Evidence from two British birth cohorts                                   | No age overlap        | Prevalence of psychological distress during COVID-19 pandemic so age 62 for NCDS and 50 for BCS70. Trajectories of psychological distress across the lifecourse (up to age 46 in BCS70 and age 50 in NCDS) rather than prevalence at specific ages. |
| 47 | Attanasio et al | 2020 | J Public Econ                | Inequality in socio-emotional skills: A cross-cohort comparison  | Wrong outcome         | Comparing <i>inequality</i> in socioemotional skills. Additionally, results are stratified by maternal education.   |
| 49 | King et al      | 2024 | Soc Psychiatry Psychiatr Med | Effects of mental health status during adolescence on primary care costs in adulthood across three British cohorts   | Wrong outcome measure | Health condition not comparable (teacher assessed versus parent assessed mental health).  |

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| 51 | Bountziouka et al    | 2023 | Eur J Public Health                | Trends in the long-term impact of childhood visual impairment on health and social outcomes in the UK: A cross-cohort study across three decades of disability-related legislation and implementation | Wrong outcome measure      | Paper reports changes in association rather than in prevalence. Supplementary Material contained details on prevalence but a paper by the same authors using the same data and focusing explicitly on cohort differences in prevalence has already been included in the review. |
| 53 | Bilgin et al         | 2021 | JPP Adv                            | Changes in emotional problems, hyperactivity and conduct problems in moderate to late preterm children and adolescents born between 1958 and 2002 in the United Kingdom                               | Wrong outcome              | Gestational age   |
| 58 | Herle et al          | 2023 | Eur J Epidemiol                    | Could interventions on physical activity mitigate genomic liability for obesity? Applying the health disparity framework in genetically informed studies  | No age overlap             | BMI not measured at overlapping ages (age 11 in MCS and 14 in ALSPAC)   |
| 59 | Bridger Staatz et al | 2023 | J Epidemiol Global Health          | Age of first overweight and obesity, COVID-19 and long COVID in two British birth cohorts   | Tier 2: sample restriction | Restricted to different target populations (age 50 in BCS70 and age 62 in NCDS)   |
| 60 | Moulton et al        | 2023 | Soc Psychiatry Psychiatr Epidemiol | Adult life-course trajectories of psychological distress and economic outcomes in midlife during the COVID-19 pandemic: evidence from the 1958 and 1970 British birth cohorts                         | Tier 2: sample restriction | Restricted to different target populations (age 46 and 50). Compares trajectories rather than prevalence.   |
| 61 | Blodgett et al       | 2023 | J Affective Disorders              | Does moderate to vigorous physical activity mediate the association between depression and physical function in midlife? Evidence from two British cohort studies.                                    | Tier 2: sample restriction | Restricted to different target populations (age 46 and 50).   |
| 62 | Machlitt-Northern    | 2022 | Genes                              | Gene-environment correlation over time: A longitudinal analysis of polygenic risk scores for schizophrenia and major depression in three British cohort studies                                       | Wrong outcome              | Polygenic risk scores (additionally, not available at similar ages across cohorts)  |

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| 64 | McMunn et al   | 2021 | Adv Lifecourse Res                 | Work-family life courses and psychological distress: Evidence from three British birth cohort studies  | Wrong outcome measure      | Cohort differences in psychological distress are minimally addressed. Some descriptives provided in the Appendix, but entries are identical across rows so may have been a data entry error here. Also some ambiguity in sample/outcome definition and operationalisation. |
| 65 | Scarpato et al | 2021 | J Psychiatr Res                    | Dynamics between psychological distress and body mass index through adult life: Evidence from 3 large cohort studies   | Tier 2: sample restriction | Restricted to different target populations (age 42 and 50).  |
| 67 | Thornton et al | 2021 | Child Dev                          | Does early child language predict internalising symptoms in adolescence? An investigation in two birth cohorts born 30 years apart                                       | Wrong outcome measure      | Only comparable health indicator was birthweight   |
| 69 | Ning et al     | 2021 | Soc Psychiatry Psychiatr Epidemiol | Early life mental health and problematic drinking in mid-adulthood: Evidence from two British birth cohorts  | Wrong outcome measure      | Outcome measure presented is IRT-derived factor score, not prevalence measure  |
| 70 | Scarpato et al | 2019 | Psychol Med                        | Disentangling trait, occasion-specific and accumulated situational effects of psychological distress in adulthood: Evidence from the 1958 and 1970 British birth cohorts | Tier 2: sample restriction | Restricted to different target populations (age 34 and 42)   |
| 75 | Pinto-Pereira  | 2020 | Int J Epidemiol                    | Adult obesity and mid-life physical functioning in two British birth cohorts: Investigating the role of physical inactivity  | Tier 2: sample restriction | Restricted to different target populations (age 50 and 60-64)  |

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| 78 | Jivraj et al        | 2019 | Health Place              | Are there sensitive neighbourhood effect periods during the lifecourse on midlife health and wellbeing   | No age overlap   | Outcome measured at age 55 in NCDS and 42 in BCS70. Sensitivity checks at age 42 in both cohorts mentioned but not reported. Descriptives only for highest and lowest deprivation deciles. |
| 80 | Silva et al         | 2019 | J Child Psychol Psychiatr | Birthweight, verbal cognition in early adolescence, and lexical and reading skills in late adolescence: A formal mediation analysis using a potential outcomes approach                | Wrong outcome    | Birthweight  |
| 81 | Okuda et al         | 2019 | Early Hum Dev             | Influence of birthweight on childhood balance: Evidence from two British birth cohorts   | Wrong outcome    | Birthweight  |
| 85 | Bann et al          | 2018 | Lancet Public Health      | Socioeconomic inequalities in body mass index across adulthood: Coordinated analyses of individual participant data from three British cohort studies initiated in 1946, 1958 and 1970 | Wrong population | Descriptives are only presented stratified by social class. Other included papers by the same authors provide information on cohort trends.  |
| 87 | McAllister et al    | 2014 | J Fluency Disorders       | Birth weight and stuttering: Evidence from three birth cohorts   | Wrong outcome    | Birthweight. Stutter could not be compared as measured at different ages in the three cohorts (ages 3, 5 and 7)  |
| 88 | Sigle-Rushton et al | 2005 | Demography                | Parental divorce and subsequent disadvantage: A cross-cohort comparison  | Wrong population | Restricted to children living with both parents. Composition of this group likely to have changed substantially between NCDS and BCS70.  |
| 90 | Cozzani             | 2023 | Genus                     | Inequalities at birth: Stable socioeconomic differences in birth outcomes in three British cohorts   | Wrong outcome    | Birthweight  |



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| 92 | Lacey et al      | 2012 | Longitud Life Course Studies | Parental separation and adult psychological distress: Evidence for the 'reduced effect' hypothesis?                       | Wrong population           | Sample is restricted to those whose mothers were married/in a relationship when children were born. This may have changed across cohorts. While descriptives are provided for psychological distress at age 30/33, there are many other studies that have explicitly focus on cohort differences in poor mental health in NCDS and BCS70, including at this age. |
| 93 | Silverwood et al | 2009 | Longitud Life Course Studies | Long-term trends in BMI: Are contemporary childhood BMI growth references appropriate when looking at historical datasets | Wrong outcome measure      | Focus of this paper is on measurement, specifically on growth references. Other papers which have been included in the review have focused explicitly on comparison of BMI across cohorts.   |
| 96 | Richards et al   | 2010 | Longitud Life Course Studies | Health returns to cognitive capital in the 1946 birth cohort  | Not on two or more cohorts | Only NSHD  |
| 98 | Fleche et al     | 2021 | J Econ Behavior Organization | The long-lasting effects of family and childhood on adult wellbeing: Evidence from British cohort data                    | Tier 2: sample restriction | Restricted to different target populations (33 and 42)   |