**Title**: Zygosity differences in height and body mass index of twins from infancy to old age: A study of the CODATwins project

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Running title: Zygosity differences in height and BMI

**Abstract**

A trend towards greater body size in dizygotic (DZ) than in monozygotic (MZ) twins has been suggested by some but not all studies, and this difference may also vary by age. We analyzed zygosity differences in means and variances of height and body mass index (BMI) among male and female twins from infancy to old age. Data were derived from an international database of 54 twin cohorts participating in the CODATwins project and included 842,951 height and BMI measurements from age 1 to 102 years. The results showed that DZ twins were consistently taller than MZ twins, with differences of up to 2.0 cm in childhood and adolescence and up to 0.9 cm in adulthood. Likewise, a greater mean BMI of up to 0.3 kg/m2 in childhood and adolescence and up to 0.2 kg/m2 in adulthood was observed in DZ twins, although the pattern was less consistent. DZ twins presented up to 1.7% greater height and 1.9% greater BMI than MZ twins; these percentage differences were largest in middle and late childhood and decreased with age in both sexes. The variance of height was similar in MZ and DZ twins at most ages. In contrast the variance of BMI was significantly higher in DZ than in MZ twins particularly in childhood. In conclusion, DZ twins were generally taller and had greater BMI than MZ twins, but the differences decreased with age in both sexes.

Twinning rates vary considerably across the world, ranging from 6-9 per 1000 maternities in South Asia, South-East Asia, and Latin America, 11–20 per 1000 maternities in Europe and North America, to above 18 per 1000 maternities in Central Africa (Hoekstra et al., 2008; Smits & Monden, 2011). In addition to regional differences, there are secular differences as well. Rates of twinning started to decline from around 1900 to the mid 20th century, but began to increase again in the late 1970s in most developed countries including the USA, Japan, South Korea and Western European countries (Hur & Song, 2009; Imaizumi, 2005; Macfarlane & Blondel, 2005; Martin et al., 2015). In developing countries, however, changes in twinning rates over time are small and not in a specific direction (Smits & Monden, 2011).

Since monozygotic (MZ) twinning generally occurs at a constant rate of about 4 per 1000 maternities worldwide, the variation in twinning rates is mostly due to differences in dizygotic (DZ) twinning (Blickstein et al., 2005; Bulmer, 1970). Spontaneous DZ twinning is influenced by genetic, maternal, and environmental factors (Campbell, 2005; Hoekstra et al., 2008). Maternal age has played a major role in twinning rate fluctuations during the last 100 years following demographic trends (Bulmer, 1970; Hoekstra et al., 2008), but the rise in DZ twins seen in developed countries during the last two or three decades has been related to the increase in the use of fertility treatments (Fauser et al., 2005; Martin et al., 2015; Tandberg et al., 2007). Moreover, some studies have found that mothers of DZ twins are significantly taller and heavier and smoke more often before the twin pregnancy than mothers of MZ twins (Corney et al., 1979; Hoekstra et al., 2010; Nylander, 1981; Reddy et al., 2005). Although MZ twinning has been considered an essentially random event, it has also been observed that the odds of producing MZ twins associated with fertility treatments are higher than in natural conception (Vitthala et al., 2009).

Approximately two-thirds of MZ twins are monochorionic and share the same placenta and nutritive source, and thus may have higher risk of experiencing intrauterine growth restriction as indicated by lower birth weight in MZ than in DZ twins (Boomsma et al., 2005; Corney et al., 1979; Johansson & Rasmussen, 2001; Loos et al., 2001; Ramos-Arroyo et al., 1988). Twin studies from infancy to adulthood have reported non-significant or very small mean differences in height and relative weight by zygosity; however, a closer look at these results indicates a trend towards greater body size in DZ compared with MZ twins (Antoniades et al., 2003; Boomsma et al., 2005; Estourgie-van Burk et al., 2006; Hur et al., 2008; Jelenkovic et al., 2011; Lajunen et al., 2009; Schousboe et al., 2003; Silventoinen et al., 2003; Silventoinen et al., 2007a; Silventoinen et al., 2007b; Silventoinen et al., 2008). It is largely unknown how these differences vary by age. Studies on age-dependent zygosity differences in height and body mass index (BMI) are scarce, and insufficient sample sizes make comparisons of the existing results problematic. Further, whether the variance of height and BMI differ between MZ and DZ twins has not been systematically studied previously.

Using international data obtained from twin cohorts in 22 countries, the present study aims to analyze zygosity differences in means and variances of height and BMI among males and females from infancy to old age, and to determine how these zygosity differences vary by age.

**Materials and methods**

Sample

This study is based on the data from the COllaborative project of Development of Anthropometrical measures in Twins (CODATwins) (Silventoinen et al., 2015). Briefly, the CODATwins project was launched in 2013 and was intended to recruit all twin projects in the world with information on zygosity and height and weight measurements. The present study included a total of 54 twin cohorts from 22 countries: one cohort from Africa (Guinea-Bissau Twin Study), three cohorts from Australia (Australian Twin Registry, Peri/Postnatal Epigenetic Twins Study and Queensland Twin Register), nine cohorts from East-Asia (Guangzhou Twin Eye Study, Japanese Twin Cohort, Korean Twin-Family Register, Mongolian Twin Registry, Osaka University Aged Twin Registry, South Korea Twin Registry, Qingdao Twin Registry of Adults, Qingdao Twin Registry of Children and West Japan Twins and Higher Order Multiple Births Registry), 22 cohorts from Europe (Adult Netherlands Twin Registry, Berlin Twin Register, Bielefeld Longitudinal Study of Adult Twins, Danish Twin Cohort, East Flanders Prospective Twin Survey, Finnish Older Twin Cohort, FinnTwin12, FinnTwin16, Gemini Study, Genesis 12-19 Study, Hungarian Twin Registry, Italian Twin Registry, Murcia Twin Registry, Norwegian Twin Registry, Portugal Twin Cohort, Swedish Twin Cohorts, Swedish Young Male Twins Study of Adults, Swedish Young Male Twins Study of Children, TCHAD-study, Twins Early Developmental Study, TwinsUK and Young Netherlands Twin Registry), three cohorts from South-Asia and Middle-East (Longitudinal Israeli Study of Twins, Sri Lanka Twin Registry and Turkish Twin Study) and 16 cohorts from North-America (Boston University Twin Project, California Twin Program, Carolina African American Twin Study of Aging, Colorado Twin Registry, Michigan Twins Study, Mid Atlantic Twin Registry, Minnesota Twin Family Study, Minnesota Twin Registry, NAS-NRC Twin Registry, Quebec Newborn Twin Study, SRI-international, Texas Twin Project, University of British Columbia Twin Project, University of Southern California Twin Study, University of Washington Twin Registry and Vietnam Era Twin Study of Aging). From these cohorts, 35 are longitudinal and included from two to more than ten measurements. A more detailed description of the participating twin cohorts was presented previously (Silventoinen et al., 2015).

In the original database, there were 960,859 height and weight measures from MZ and DZ (same- and opposite- sex) twins, at ages ranging from 1 to 103 years. Most of the height and weight measures were self-reported (67%) or parentally reported (19%) and only minority were based on measured values (14%). Age was classified to single-year age groups from age 1 to 19 years (e.g. age 1 refers to 0.5-1.5 years range) and decade age groups from age 20 to 103 years (e.g. 20-29,…, 70-79 and age ≥80). BMI was calculated as follows: weight (kg)/height (m2). Impossible values and outliers were checked by visual inspection of histograms for each age and sex group. Outliers were removed to obtain an approximately normal distribution of height, whereas the distribution of BMI was allowed to be positively skewed. The number of observations removed represented less than 0.2% of the whole database. For the purpose of this paper, we restricted the analyses to one observation per individual in each year/decade age group. In the final database we had 842,951 observations for both height and BMI and the maximum age at measurement was 102 years.

Statistical analyses

Equality of means between MZ and DZ twins by age group and sex was tested using linear regression adjusted for birth year and cohort, and corrected for clustering of twin pairs. Equality of variances was tested using the Levene’s clustered test based on the 10% trimmed mean as proposed by Iachine et al. (2010). This clustered version of the Levene’s test is robust under non-normality of the outcomes. Percentage difference (%) between DZ and MZ twins in the means [(DZ mean/MZ mean)\*100-100] and standard deviations (SD) [(DZ SD/MZ SD)\*100-100] of height and BMI were calculated. Statistical analyses were conducted using the Stata statistical software package (version 12.0; StataCorp, College Station, Texas, USA).

**Results**

Descriptive statistics by zygosity, age and sex are listed in Tables 1 and 2 for height and BMI, respectively. Sample size for each zygosity, age and sex group ranged between 1154 and 11426 individuals from age 1 through 19 years, and between 970 and 32,777 individuals in adulthood (≥20 years). The 6 and ≥80 year age groups had the smallest sample sizes. Briefly, mean height increased with age in childhood and adolescence and slightly decreased over adulthood (Table 1). Males were expectedly taller than females; only at ages 11 and 12 were girls slightly taller than boys. The SD of height was highest at 13 years in boys and 12 years in girls. Mean values for BMI declined slightly from age 1 to 5 and then started to increase; these mean values were higher in males than in females from age 1 to 6 and from age 16 onwards (Table 2). The SD of BMI increased with age but slightly decreased for the oldest age groups.

“Tables 1 and 2 about here”

DZ twins were consistently taller than MZ twins, demonstrating zygosity differences in mean height. Statistical significance was attained particularly in adulthood because of the larger sample size but also at many ages during childhood and adolescence (Table 1). Figure 1 illustrates the percentage difference (%) in the mean and SD of height between DZ and MZ twins. DZ twins presented up to 1.7% greater height than MZ twins; the greatest differences were observed in middle and late childhood and decreased with age to <0.6% in adulthood. The SD of height was not significantly different between MZ and DZ twins at most ages, and the greatest zygosity differences were observed at ages 1 and 2 (higher SD in MZ twins) and age 6 (higher SD in DZ twins) for both sexes.

“Figure 1 about here”

In contrast to the observations for height, mean BMI was not significantly different between MZ and DZ twins at young ages (Table 2). Significantly higher means in DZ than in MZ twins were observed at some ages from 11 to 30-39 years in males and from 10 to 50-59 years in females. The greatest mean differences between DZ and MZ twins ranged 1.3-1.7% in males (at ages 11, 14 and 17) and reached 1.9% in females (at ages 6, 8, 9 and 11), and then decreased with age (Figure 2). The SD of BMI was significantly higher in DZ than in MZ twins particularly in middle and late childhood; the highest difference was observed at age 6 for females (24%) and was below 20% for the rest of the age groups. MZ twins presented a slightly greater SD at ages 4 and 18 years in females and at ages 1 and 50-59 years in both sexes. Finally, because of the positively skewed distribution of BMI, we tested the equality of means and variances for the log-transformed data, which produced very similar results (results not shown).

“Figure 2 about here”

**Discussion**

The present study based on an international database of twin cohorts with 842,951 measurements from infancy to old age revealed zygosity differences in mean height and BMI in both male and female twins. Although zygosity was not associated with variance differences in height at most ages, the variance of BMI was significantly different in MZ and DZ twins, particularly in childhood. However, these zygosity differences in means and variances of height and BMI were generally modest and age-dependent.

Zygosity differences have been analyzed previously for several health related outcomes. For example, Oberg et al. (2012) reported no substantial differences in cumulative morbidity in CVD and overall cancer in adult Swedish MZ and DZ twins. Some studies have reported higher risks of breast and testicular cancers in DZ than in MZ twins (Swerdlow et al., 1997; Verkasalo et al., 1999), but this has not been corroborated with data from the Nordic Twin Cancer project (Hjelmborg et al., 2014). Large-scale register studies found no zygosity differences in the risk of diabetes (Johansson et al., 2008; Kaprio et al., 1992; Lehtovirta et al., 2010; Petersen et al., 2011); and although some studies have suggested that MZ twins have more adverse levels of glucose metabolism related traits (Poulsen et al., 2002; Poulsen & Vaag, 2006), the findings are inconsistent (Benyamin et al., 2007; Lehtovirta et al., 2000; Rahman et al., 2009; Souren et al., 2007). Regarding height and BMI, a trend towards greater mean values in DZ than in MZ twins has been observed in several studies. In Swedish males from birth to 18 years, although MZ twins tend to be taller at age two and four years, DZ twins showed slightly greater height at later ages (Silventoinen et al., 2007b) and BMI at most ages (Silventoinen et al., 2008). A study of five year old children from the Netherlands found that MZ twins were significantly shorter than DZ twins, but inconsistent differences were found for weight and BMI (Estourgie-van Burk et al., 2006). Finnish DZ twins at age 12, 14 and 17 years showed slightly higher values for height and BMI in both sexes (Jelenkovic et al., 2011; Lajunen et al., 2009). In a comparative study between Caucasian and East Asian adolescent twins of 13-15 years of age, a trend towards greater height in DZ twins was observed in Caucasian populations, but not in East Asians (Hur et al., 2008). Hur et al. (2008) found no differences for BMI in either ancestry group. In adulthood, Dutch DZ twins were significantly taller (Boomsma et al., 2005) and DZ women from the UK showed greater height, weight and BMI than MZ twins (Antoniades et al., 2003). Accordingly, twin studies in seven European populations and Australia found that DZ men and women had slightly greater height and BMI in the majority of populations (Schousboe et al., 2003; Silventoinen et al., 2003).

Our results from this very large international database confirmed previous findings of a greater mean height and BMI in DZ than in MZ twins and additionally showed that these differences (lower than 2 % at all ages) decrease with age. The small but significant zygosity differences observed in this study demonstrate the importance of large sample sizes to detect such differences; for example, to detect a difference of 1 cm in mean adult height (equal variances by zygosity) at a significance level of 0.05 and a power of 90%, we would need about 1000 twins in each zygosity, age and sex group. Thus, the non-significant findings reported in many earlier studies, based on smaller samples, would be primarily due to the lack of statistical power to detect such small differences.

The reasons for the zygosity differences in height and BMI are not clear. It is possible that vascular and placental circumstances characterizing monochorionic pregnancies might be important; an indicator of the more adverse intra-uterine environment of monochorionic MZ twins is their significantly lower birth weight compared with dichorionic MZ and DZ twins (Dube et al., 2002; Loos et al., 2001). Low birth weight predicts lower adult height and BMI in twins (Johansson & Rasmussen, 2001; Pietiläinen et al., 2001); however, the difference in body size between monochorionic and dichorionic twins has been observed to diminish during childhood (Falkner & Matheny, 1995). The decreasing mean differences between MZ and DZ twins observed with age in our study, which were more evident for height, could be explained by the rapid catch-up growth that occurs in MZ twins, especially during the first years of life. Accordingly, a study on zygosity and chorion type showed that the prenatal disparities between monochorionic and dichorionic MZ twins did not result in larger intra-pair differences of adult height and BMI in monochorionic twins, as would be predicted from the prenatal programming hypothesis (Loos et al., 2001).

According to the ‘natural selection’ hypothesis, women who are predisposed to having twins are more likely to produce them in a healthy reproductive environment (Helle et al., 2004; Lummaa et al., 1998). Because the variation in twinning is mostly due to differences in DZ twinning rates, and favorable reproductive conditions would be expected to result in more robust phenotypes in offspring, our findings of a greater height and BMI in DZ twins are in line with this hypothesis. Since height and BMI are highly heritable traits, the evidence that mothers of DZ twins are taller and heavier than mothers of MZ twins (Corney et al., 1979; Hoekstra et al., 2010; Nylander, 1981; Reddy et al., 2005) offers a further possible explanation. Basso et al. (2004) observed that the association of maternal height and BMI with the odds of twinning was slightly stronger when singleton mothers were compared with opposite-sex twin mothers (i.e., DZ twin mothers) than with all twin mothers. Although information on the zygosity of the same-sex twin pairs was not available in that study, it may reflect that DZ twin mothers not only differ from MZ twin mothers, but also from non-twin mothers. Therefore, DZ twin parents might represent a group from the population with enrichment for a particular set of genes, and the greater height and BMI in DZ twins would be a reflection of this inheritance. However, our finding of decreasing zygosity differences with age suggests that genetics is not the only reason for the observed differences.

Another explanation for the observed zygosity differences might be fertility treatments, which generally produce DZ twins. It has been reported that parents of twins conceived via fertility treatments are better educated and better off financially than those of naturally conceived twins (Burt and Klump, 2012; Davies et al., 2012). Due to expense of fertility treatments in many countries, these treatments would be more accessible to parents of a better socioeconomic status (SES), which is in turn associated with taller height (Bogin, 2001). The association of SES with BMI is more complex and depends on the country’s social and economic prosperity, and is generally inverse in developed countries (McLaren, 2007). However, because obesity has been associated with a higher risk of infertility (Lash & Armstrong, 2009; Ramlau-Hansen et al., 2007), an increased use of fertility treatments among overweight and obese women could also account for the higher BMI in DZ compared with MZ twins. Because the larger increase in DZ twinning rates started in the late 1980s (Blickstein et al., 2005), it can be assumed that virtually no twins born before 1980 are the result of fertility treatments. Additional analyses of the data reported herein revealed that zygosity differences were also present in cohorts born before 1980 (results not shown), thus suggesting that differences between MZ and DZ twins are not related to fertility treatments.

The variance of height was overall similar in MZ and DZ twins, except at ages 1 and 2. Likewise, other studies have reported no zygosity difference in height variance and the small differences between MZ and DZ twins did not show any consistent pattern (Antoniades et al., 2003; Boomsma et al., 2005; Hur et al., 2008; Jelenkovic et al., 2011; Silventoinen et al., 2003; Silventoinen et al., 2007a; Silventoinen et al., 2008). It should be noted that the zygosity difference in the variance of both height and BMI observed in females at age 6 was considerably greater than for the rest of age and sex groups, and thus its significance should be interpreted with caution.

In contrast to the observations for height, we found significant differences in the variance of BMI between MZ and DZ twins in middle and late childhood. Our findings are in agreement with the slightly greater variance in MZ twins until age 4 but greater in DZ twins from age 5 in Swedish males (Silventoinen et al., 2007b). Other studies have also shown a trend towards a slightly greater variance of BMI for DZ twins in adolescence and adulthood (Antoniades et al., 2003; Lajunen et al., 2009; Schousboe et al., 2003). A possible explanation is social interaction, which cause the variance of a phenotype to depend on the degree of relationship of the social actors (Rietveld et al., 2003). Social interactions can have important implications for quantitative genetic models because they produce systematic differences in twin variances; cooperation results in greater total phenotypic variance in MZ than in DZ twins, whereas competition results in greater total phenotypic variance in DZ twins. Competition or contrast effects, in which a high trait value in one sibling tends to act in the opposite direction in the other, might be expected to be especially marked in environments in which there is competition for limited resources (Rietveld et al., 2003). The greatest zygosity differences in the variance of BMI observed during childhood in our study might be indicating competition for nutritional resources in a period highly sensitive to environmental influences, when the individualized parental care provided during the first years of life becomes less important.

The main strength of the present study is the large sample size of our international database of twin cohorts, with height and weight measures covering the whole lifespan. In contrast to earlier meta-analyses of twin data on height and BMI, our analysis is based on individual (though anonymized) data. However, a limitation is that countries or regions are not equally represented and the database is heavily weighted towards Caucasian populations following Westernized lifestyles. Another limitation of the data is that overall unadjusted descriptive statistics reflect not only within population differences, but also differences in the distribution within each age group of the different cohorts. Multiple testing may have resulted in false-positive differences between MZ and DZ twins; however, means and variances showed a quite consistent pattern across ages and sexes, which provides considerable robustness to the results. Moreover, information on chorionicity is crucial to determine whether the observed zygosity differences in height and BMI are explained, at least in part, by differences in monochorionic and dichorionic MZ twins. Finally, another important issue is whether twins differ from singletons in their height and BMI. Some studies reported that the differences in body size between twins and singletons disappear in childhood, while others showed these differences to remain until adulthood (Buckler & Green, 2004; Eriksen et al., 2013; Estourgie-van Burk et al., 2006; Estourgie-van Burk et al., 2010; Pietiläinen et al., 1999; Silventoinen et al., 2008). In the present study we do not have comparable sampling schemes for singletons; however, differences between twins and singletons would not invalidate the twin method, but depending on the cause of these differences offer an interesting opportunity for further research. Further research in twins and their siblings first needs to determine whether early life differences in body size between twins and the general population disappear in childhood or remain until adulthood. Mechanistic searches for possible causes for complete or incomplete catch-up growth in twins may focus on whether these causes differ for DZ and MZ twins, and maybe even shed light on the genes that are associated with twinning itself.

We observed that DZ twins were generally taller and had greater BMI than MZ twins. However these zygosity differences were modest and decreased with age in both sexes, but still may be associated with genes that also influence DZ twinning itself. Alternatively, social explanations may be of importance where for example the greater variance observed in DZ twins for BMI in childhood might indicate competition for nutritional resources. These findings have theoretical significance and might help to shed light on the underlying mechanisms linking zygosity status and body size in future research.

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**Conflict of interest**

None

**References**

Antoniades, L., MacGregor, A. J., Andrew, T., & Spector, T. D. (2003). Association of birth weight with osteoporosis and osteoarthritis in adult twins. *Rheumatology (Oxford, England), 42*(6), 791-796.

Basso, O., Nohr, E. A., Christensen, K., & Olsen, J. (2004). Risk of twinning as a function of maternal height and body mass index. *Jama, 291*(13), 1564-1566.

Benyamin, B., Sørensen, T. I., Schousboe, K., Fenger, M., Visscher, P. M., & Kyvik, K. O. (2007). Are there common genetic and environmental factors behind the endophenotypes associated with the metabolic syndrome? *Diabetologia, 50*(9), 1880-1888.

Blickstein, I., Keith, L. G., & Keith, D. M. (Eds.). (2005). *Multiple pregnancy* (2nd ed.). London and New York: Taylor and Francis Group.

Bogin, B. (2001). *The growth of humanity*. New York: Wiley-Liss.

Boomsma, D., Willemsen, G., Geus, E., Kupper, N., Posthuma, D., IJzerman, R., Heijmans, B., Slagboom, E., Beem, L., & Dolan, C. (2005). Twins and the fetal origins hypothesis: An application to growth data. *Hormones and the brain* (pp. 29-46). Heidelberg: Springer-Verlag Berlin.

Buckler, J. M., & Green, M. (2004). A comparison of the early growth of twins and singletons. *Annals of Human Biology, 31*(3), 311-332.

Bulmer, M. G. (1970). *The biology of twinning in man*. Oxford: Clarendon Press.

Burt, S.A., Klump, K.L. (2012). How does the inclusion of twins conceived via fertility treatments influence the results of twin studies? *Twin Research and Human Genetics, 15*(6),746-52.

Campbell, D.M. (2005). Natural Factors Influencing Multiple Gestation: Perspectives

from long-term observations in Scotland. In I. Blickstein, L. G. Keith & D. M. Keith (Eds.), *Multiple pregnancy* (2nd ed., pp. 87-93). London and New York: Taylor and Francis Group.

Corney, G., Seedburgh, D., Thompson, B., Campbell, DM., MacGillivray, I., Timlin, D. (1979). Maternal height and twinning. *Annals of Human Genetics, 43*(1), 55-9.

Corney, G., Thompson, B., Campbell, D. M., MacGillivray, I., Seedburgh, D., & Timlin, D. (1979). The effect of zygosity on the birth weight of twins in aberdeen and northeast scotland. *Acta Geneticae Medicae Et Gemellologiae, 28*(4), 353-360.

Davies, M.J., Moore, V.M., Willson, K.J., Van Essen, P., Priest, K., Scott, H. Haan, E. A., & Chan, A. (2012) . Reproductive technologies and the risk of birth defects. *New England Journal of Medicine*, *366*(19),1803-13

Dube, J., Dodds, L., & Armson, B. A. (2002). Does chorionicity or zygosity predict adverse perinatal outcomes in twins? *American Journal of Obstetrics and Gynecology, 186*(3), 579-583.

Eriksen, W., Sundet, J. M., & Tambs, K. (2013). Adult body height of twins compared with that of singletons: A register-based birth cohort study of Norwegian males. *American Journal of Epidemiology, 177*(9), 1015-1019.

Estourgie-van Burk, G. F., Bartels, M., Boomsma, D. I., & Delemarre-van de Waal, H. A. (2010). Body size of twins compared with siblings and the general population: From birth to late adolescence. *The Journal of Pediatrics, 156*(4), 586-591.

Estourgie-van Burk, G. F., Bartels, M., van Beijsterveldt, T. C., Delemarre-van de Waal, H. A., & Boomsma, D. I. (2006). Body size in five-year-old twins: Heritability and comparison to singleton standards. *Twin Research and Human Genetics, 9*(5), 646-655.

Falkner, F., & Matheny, A. (1995). The long-term development of twins: Anthropometric factors and cognition. In L. G. Keith, E. Papiernik, D. M. Keith & B. Luke (Eds.), *Multiple pregnancy* (pp. 613-624). New York: The Parthenon Publishing Group.

Fauser, B. C., Devroey, P., & Macklon, N. S. (2005). Multiple birth resulting from ovarian stimulation for subfertility treatment. *Lancet, 365*(9473), 1807-1816.

Helle, S., Lummaa, V., & Jokela, J. (2004). Selection for increased brood size in historical human populations. *Evolution; International Journal of Organic Evolution, 58*(2), 430-436.

Hjelmborg, J. B., Scheike, T., Holst, K., Skytthe, A., Penney, K. L., Graff, R. E., Pukkala, E., Christensen, K., Adami, H. O., Holm, N. V., Nuttall, E., Hansen, S., Hartman, M., Czene, K., Harris, J. R., Kaprio, J., & Mucci, L. A. (2014). The heritability of prostate cancer in the nordic twin study of cancer. *Cancer Epidemiology, Biomarkers & Prevention, 23*(11), 2303-2310.

Hoekstra, C., Willemsen, G., van Beijsterveldt, C. E., Lambalk, C. B., Montgomery, G. W., & Boomsma, D. I. (2010). Body composition, smoking, and spontaneous dizygotic twinning. *Fertility and Sterility, 93*(3), 885-893.

Hoekstra, C., Zhao, Z. Z., Lambalk, C. B., Willemsen, G., Martin, N. G., Boomsma, D. I., & Montgomery, G. W. (2008). Dizygotic twinning. *Human Reproduction Update, 14*(1), 37-47.

Hur, Y. M., Kaprio, J., Iacono, W. G., Boomsma, D. I., McGue, M., Silventoinen, K., Martin, N. G., Luciano, M., Visscher, P. M., Rose, R. J., He, M., Ando, J., Ooki, S., Nonaka, K., Lin, C. C., Lajunen, H. R., Cornes, B. K., Bartels, M., van Beijsterveldt, C. E., Cherny, S. S. & Mitchell, K. (2008). Genetic influences on the difference in variability of height, weight and body mass index between caucasian and east asian adolescent twins. *International Journal of Obesity, 32*(10), 1455-1467.

Hur, Y. M., & Song, T. B. (2009). A recent rise in twin birth rates and demographic changes in mothers of twins in South Korea: 2003-2007. *Twin Research and Human Genetics, 12*(1), 118-122.

Iachine, I., Petersen, H. C., & Kyvik, K. O. (2010). Robust tests for the equality of variances for clustered data. *Journal of Statistical Computation and Simulation, 80*(4), 365-377.

Imaizumi, Y. (2005). Demographic trends in Japan and Asia. In I. Blickstein, L. G. Keith & D. M. Keith (Eds.), *Multiple pregnancy* (2nd ed., pp. 33-38). London and New York: Taylor and Francis Group.

Jelenkovic, A., Ortega-Alonso, A., Rose, R. J., Kaprio, J., Rebato, E., & Silventoinen, K. (2011). Genetic and environmental influences on growth from late childhood to adulthood: A longitudinal study of two Finnish twin cohorts. *American Journal of Human Biology, 23*(6), 764-773.

Johansson, M., & Rasmussen, F. (2001). Birthweight and body mass index in young adulthood: The swedish young male twins study. *Twin Research, 4*(5), 400-405.

Johansson, S., Iliadou, A., Bergvall, N., de Faire, U., Kramer, M. S., Pawitan, Y., Pedersen, N. L., Norman, M., Lichtenstein, P., & Cnattingius, S. (2008). The association between low birth weight and type 2 diabetes: Contribution of genetic factors. *Epidemiology, 19*(5), 659-665.

Kaprio, J., Tuomilehto, J., Koskenvuo, M., Romanov, K., Reunanen, A., Eriksson, J., Stengård, J., & Kesäniemi, Y. A.. (1992). Concordance for type 1 (insulin-dependent) and type 2 (non-insulin-dependent) diabetes mellitus in a population-based cohort of twins in finland. *Diabetologia, 35*(11), 1060-1067.

Lajunen, H. R., Kaprio, J., Keski-Rahkonen, A., Rose, R. J., Pulkkinen, L., Rissanen, A., & Silventoinen, K. (2009). Genetic and environmental effects on body mass index during adolescence: A prospective study among Finnish twins. *International Journal of Obesity, 33*(5), 559-567.

Lash, M. M., & Armstrong, A. (2009). Impact of obesity on women's health. *Fertility and Sterility, 91*(5), 1712-1716.

Lehtovirta, M., Kaprio, J., Forsblom, C., Eriksson, J., Tuomilehto, J., & Groop, L. (2000). Insulin sensitivity and insulin secretion in monozygotic and dizygotic twins. *Diabetologia, 43*(3), 285-293.

Lehtovirta, M., Pietiläinen, K. H., Levalahti, E., Heikkila, K., Groop, L., Silventoinen, K., Koskenvuo, M., & Kaprio, J. (2010). Evidence that BMI and type 2 diabetes share only a minor fraction of genetic variance: A follow-up study of 23,585 monozygotic and dizygotic twins from the finnish twin cohort study. *Diabetologia, 53*(7), 1314-1321.

Loos, R. J., Beunen, G., Fagard, R., Derom, C., & Vlietinck, R. (2001). The influence of zygosity and chorion type on fat distribution in young adult twins consequences for twin studies. *Twin Research, 4*(5), 356-364.

Lummaa, V., Haukioja, E., Lemmetyinen, R., & Pikkola, M. (1998). Natural selection on human twinning. *Nature, 394*(6693), 533-534.

Macfarlane, A., & Blondel, B. (2005). Demographic trends in Western European countries. In I. Blickstein, L. G. Keith & D. M. Keith (Eds.), *Multiple pregnancy* (2nd ed., pp. 11-21). London and New York: Taylor and Francis Group.

Martin, J. A., Hamilton, B. E., Osterman, M. J., Curtin, S. C., & Matthews, T. J. (2015). Births: Final data for 2013. *National Vital Statistics Reports, 64*(1), 1-68.

Nylander, P. (1981). The factors that influence twinning rates. *Acta Genet Med Gemellol (Roma)*, *30*(3),189-202.

McLaren, L. (2007). Socioeconomic status and obesity. *Epidemiologic Reviews, 29*, 29-48.

Oberg, S., Cnattingius, S., Sandin, S., Lichtenstein, P., Morley, R., & Iliadou, A. N. (2012). Twinship influence on morbidity and mortality across the lifespan. *International Journal of Epidemiology, 41*(4), 1002-1009.

Petersen, I., Nielsen, M. M., Beck-Nielsen, H., & Christensen, K. (2011). No evidence of a higher 10 year period prevalence of diabetes among 77,885 twins compared with 215,264 singletons from the Danish birth cohorts 1910-1989. *Diabetologia, 54*(8), 2016-2024.

Pietiläinen, K. H., Kaprio, J., Rasanen, M., Winter, T., Rissanen, A., & Rose, R. J. (2001). Tracking of body size from birth to late adolescence: Contributions of birth length, birth weight, duration of gestation, parents' body size, and twinship. *American Journal of Epidemiology, 154*(1), 21-29.

Pietiläinen, K. H., Kaprio, J., Rissanen, A., Winter, T., Rimpelä, A., Viken, R. J., & Rose, R. J. (1999). Distribution and heritability of BMI in finnish adolescents aged 16y and 17y: A study of 4884 twins and 2509 singletons. *International Journal of Obesity and Related Metabolic Disorders, 23*(2), 107-115.

Poulsen, P., Levin, K., Beck-Nielsen, H., & Vaag, A. (2002). Age-dependent impact of zygosity and birth weight on insulin secretion and insulin action in twins. *Diabetologia, 45*(12), 1649-1657.

Poulsen, P., & Vaag, A. (2006). The intrauterine environment as reflected by birth size and twin and zygosity status influences insulin action and intracellular glucose metabolism in an age- or time-dependent manner. *Diabetes, 55*(6), 1819-1825.

Rahman, I., Bennet, A. M., Pedersen, N. L., de Faire, U., Svensson, P., & Magnusson, P. K. (2009). Genetic dominance influences blood biomarker levels in a sample of 12,000 swedish elderly twins. *Twin Research and Human Genetics, 12*(3), 286-294.

Ramlau-Hansen, C. H., Thulstrup, A. M., Nohr, E. A., Bonde, J. P., Sørensen, T. I., & Olsen, J. (2007). Subfecundity in overweight and obese couples. *Human Reproduction, 22*(6), 1634-1637.

Ramos-Arroyo, M. A., Ulbright, T. M., Yu, P. L., & Christian, J. C. (1988). Twin study: Relationship between birth weight, zygosity, placentation, and pathologic placental changes. *Acta Geneticae Medicae Et Gemellologiae, 37*(3-4), 229-238.

Reddy, U. M., Branum, A. M., & Klebanoff, M. A. (2005). Relationship of maternal body mass index and height to twinning. *Obstetrics and Gynecology, 105*(3), 593-597.

Rietveld MJ, Posthuma lD, Dolan CV, & Boomsma DI. (2003). ADHD: sibling interaction or dominance: an evaluation of statistical power. *Behavior Genetics, 33*(3), 247-55.

Schousboe, K., Willemsen, G., Kyvik, K.O., Mortensen, J., Boomsma, D.I., Cornes, B.K., Davis, C. J., Fagnani, C., Hjelmborg, J., Kaprio, J., De Lange, M., Luciano, M., Martin, N. G., Pedersen, N., Pietiläinen, K. H., Rissanen, A., Saarni, S., Sørensen, T. I. A., Van Baal, G. C. & Harris, J. R. (2003). Sex differences in heritability of BMI: A comparative study of results from twin studies in eight countries. *Twin Research, 6*(5), 409-421.

Silventoinen, K., Bartels, M., Posthuma, D., Estourgie-van Burk, G. F., Willemsen, G., van Beijsterveldt, T. C., & Boomsma, D. I. (2007a). Genetic regulation of growth in height and weight from 3 to 12 years of age: A longitudinal study of dutch twin children. *Twin Research and Human Genetics, 10*(2), 354-363.

Silventoinen, K., Jelenkovic, A., Sund, R., Honda, C., Aaltonen, S., Yokoyama, Y., Tarnoki, A. D., Tarnoki, D. L., Ning, F., Ji, F., Pang, Z., Ordoñana, J. R., Sánchez-Romera, J. F., Colodro-Conde, L., Burt, S. A., Klump, K. L., Medland, S. E., Montgomery, G. W., Kandler, C., McAdams, T. A., Eley, T. C., Gregory, A. M., Saudino, K. J., Dubois, L., Boivin, M., Haworth, C. M., Plomin, R., Öncel, S. Y., Aliev, F., Stazi, M. A., Fagnani, C., D'Ippolito, C., Craig, J. M., Saffery, R., Siribaddana, S. H., Hotopf, M., Sumathipala, A., Spector, T., Mangino, M., Lachance, G., Gatz, M., Butler, D. A., Bayasgalan, G., Narandalai, D., Freitas, D. L., Maia, J. A., Harden, K. P, Tucker-Drob, E. M., Christensen, K., Skytthe, A., Kyvik, K. O., Hong, C., Chong, Y., Derom, C. A., Vlietinck, R. F., Loos, R. J., Cozen, W., Hwang, A. E., Mack, T. M., He, M., Ding, X., Chang, B., Silberg, J. L., Eaves, L. J., Maes, H. H., Cutler, T. L., Hopper, J. L., Aujard, K., Magnusson, P. K., Pedersen, N. L., Aslan, A. K., Song, Y. M., Yang, S., Lee, K., Baker, L. A., Tuvblad, C., Bjerregaard-Andersen, M., Beck-Nielsen, H., Sodemann, M., Heikkilä, K., Tan, Q., Zhang, D., Swan, G.E., Krasnow, R., Jang, K. L., Knafo-Noam, A., Mankuta, D., Abramson, L., Lichtenstein, P., Krueger, R. F., McGue, M., Pahlen, S., Tynelius, P., Duncan, G. E., Buchwald, D., Corley, R. P., Huibregtse, B. M., Nelson, T. L., Whitfield, K. E., Franz, C. E., Kremen, W. S., Lyons, M. J., Ooki, S., Brandt, I., Nilsen, T.S., Inui, F., Watanabe, M., Bartels, M., van Beijsterveldt ,T.C., Wardle, J., Llewellyn, C. H., Fisher, A., Rebato, E., Martin, N. G., Iwatani, Y., Hayakawa, K., Rasmussen, F., Sung, J., Harris, J. R, Willemsen, G., Busjahn, A., Goldberg, J. H., Boomsma, D. I., Hur, Y. M., Sørensen, T. I., Kaprio, J. (2015). The CODAtwins project: The cohort description of COllaborative project of development of anthropometrical measures in twins to study macro-environmental variation in genetic and environmental effects on anthropometric traits. *Twin Research and Human Genetics, 27*, 1-13.

Silventoinen, K., Magnusson, P. K., Tynelius, P., Kaprio, J., & Rasmussen, F. (2008). Heritability of body size and muscle strength in young adulthood: A study of one million Swedish men. *Genetic Epidemiology, 32*(4), 341-349.

Silventoinen, K., Pietiläinen, K. H., Tynelius, P., Sørensen, T. I., Kaprio, J., & Rasmussen, F. (2007b). Genetic and environmental factors in relative weight from birth to age 18: The Swedish young male twins study. *International Journal of Obesity, 31*(4), 615-621.

Silventoinen, K., Pietiläinen, K. H., Tynelius, P., Sørensen, T. I., Kaprio, J., & Rasmussen, F. (2008). Genetic regulation of growth from birth to 18 years of age: The Swedish young male twins study. *American Journal of Human Biology, 20*(3), 292-298.

Silventoinen, K., Sammalisto, S., Perola, M., Boomsma, D.I., Cornes, B. K., Davis, C., Dunkel, L., De Lange, M., Harris, J. R., Hjelmborg, J. V., Luciano, M., Martin, N. G., Mortensen, J., Nistico, L., Pedersen, N. L., Skytthe, A., Spector, T. D., Stazi, M. A., Willemsen, G. & Kaprio, J. (2003). Heritability of adult body height: A comparative study of twin cohorts in eight countries. *Twin Research, 6*(5), 399-408.

Smits, J., & Monden, C. (2011). Twinning across the developing world. *PloS One, 6*(9), e25239.

Souren, N. Y., Paulussen, A. D., Loos, R. J., Gielen, M., Beunen, G., Fagard, R., Derom, C., Vlietinck, R., & Zeegers, M.P. (2007). Anthropometry, carbohydrate and lipid metabolism in the east flanders prospective twin survey: Heritabilities. *Diabetologia, 50*(10), 2107-2116.

Swerdlow, A. J., De Stavola, B. L., Swanwick, M. A., & Maconochie, N. E. (1997). Risks of breast and testicular cancers in young adult twins in England and Wales: Evidence on prenatal and genetic aetiology. *Lancet, 350*(9093), 1723-1728.

Tandberg, A., Bjorge, T., Bordahl, P. E., & Skjaerven, R. (2007). Increasing twinning rates in Norway, 1967-2004: The influence of maternal age and assisted reproductive technology (ART). *Acta Obstetricia Et Gynecologica Scandinavica, 86*(7), 833-839.

Verkasalo, P. K., Kaprio, J., Pukkala, E., & Koskenvuo, M. (1999). Breast cancer risk in monozygotic and dizygotic female twins: A 20-year population-based cohort study in Finland from 1976 to 1995. *Cancer Epidemiology, Biomarkers & Prevention, 8*(3), 271-274.

Vitthala, S., Gelbaya, T. A., Brison, D. R., Fitzgerald, C. T., & Nardo, L. G. (2009). The risk of monozygotic twins after assisted reproductive technology: A systematic review and meta-analysis. *Human Reproduction Update, 15*(1), 45-55.

**Tables**

Table 1. Number of twin individuals, mean and standard deviation of height (cm) by zygosity, age and sex

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Males | | | | |  | Females | | | | |
|  |  | N | Mean | *p* valuea | SD | *p* valueb |  | N | Mean | *p* valuea | SD | *p* valueb |
| Age 1 | MZ | 5791 | 74.2 | 0.009 | 4.12 | <0.001 |  | 6104 | 72.9 | 0.002 | 4.14 | <0.001 |
| DZ | 10128 | 75.0 | 3.84 |  | 9685 | 73.6 | 3.85 |
| Age 2 | MZ | 4682 | 86.7 | 0.046 | 4.31 | <0.001 |  | 4748 | 85.5 | 0.001 | 4.33 | 0.013 |
| DZ | 8350 | 87.5 | 4.14 |  | 7751 | 86.4 | 4.20 |
| Age 3 | MZ | 5908 | 95.9 | 0.001 | 4.39 | 0.477 |  | 6572 | 94.9 | 0.005 | 4.42 | 0.124 |
| DZ | 11426 | 96.7 | 4.40 |  | 11030 | 95.6 | 4.54 |
| Age 4 | MZ | 3421 | 102.1 | 0.011 | 5.29 | 0.977 |  | 3436 | 101.1 | 0.497 | 5.29 | 0.449 |
| DZ | 6697 | 102.8 | 5.33 |  | 6406 | 101.6 | 5.30 |
| Age 5 | MZ | 2816 | 110.7 | 0.003 | 5.87 | 0.845 |  | 2934 | 110.1 | 0.008 | 6.12 | 0.466 |
| DZ | 5439 | 111.9 | 5.98 |  | 5050 | 111.0 | 6.21 |
| Age 6 | MZ | 1365 | 114.7 | 0.084 | 6.38 | 0.005 |  | 1154 | 113.5 | 0.424 | 5.77 | <0.001 |
| DZ | 1957 | 116.2 | 6.90 |  | 1698 | 115.4 | 6.86 |
| Age 7 | MZ | 4996 | 123.5 | 0.001 | 6.65 | 0.065 |  | 5396 | 122.8 | 0.002 | 6.54 | 0.777 |
| DZ | 8771 | 124.6 | 6.61 |  | 8547 | 123.8 | 6.63 |
| Age 8 | MZ | 2519 | 127.8 | 0.052 | 6.32 | 0.607 |  | 2526 | 127.0 | 0.680 | 6.59 | 0.896 |
| DZ | 3983 | 129.5 | 6.52 |  | 3634 | 128.3 | 6.72 |
| Age 9 | MZ | 2805 | 133.4 | 0.068 | 6.93 | 0.204 |  | 2734 | 132.2 | 0.022 | 6.88 | 0.095 |
| DZ | 4261 | 134.8 | 7.11 |  | 4012 | 134.0 | 7.15 |
| Age 10 | MZ | 4364 | 139.9 | <0.001 | 7.18 | 0.476 |  | 4575 | 139.6 | <0.001 | 7.49 | 0.065 |
| DZ | 7167 | 141.5 | 7.15 |  | 6870 | 141.0 | 7.34 |
| Age 11 | MZ | 3566 | 143.7 | 0.001 | 7.22 | 0.530 |  | 3742 | 144.4 | 0.015 | 7.56 | 0.209 |
| DZ | 5583 | 145.3 | 7.42 |  | 5220 | 145.6 | 7.87 |
| Age 12 | MZ | 4860 | 151.3 | 0.047 | 8.22 | 0.044 |  | 5039 | 152.3 | 0.052 | 8.08 | 0.303 |
| DZ | 7280 | 152.4 | 7.90 |  | 7243 | 153.3 | 8.28 |
| Age 13 | MZ | 1967 | 158.1 | 0.045 | 9.50 | 0.310 |  | 1862 | 157.6 | 0.032 | 7.43 | 0.309 |
| DZ | 3141 | 159.4 | 9.17 |  | 2999 | 158.8 | 7.75 |
| Age 14 | MZ | 3572 | 165.6 | 0.134 | 9.04 | 0.552 |  | 3976 | 161.8 | <0.001 | 6.77 | 0.801 |
| DZ | 6115 | 166.0 | 8.84 |  | 6245 | 162.7 | 6.80 |
| Age 15 | MZ | 2263 | 171.2 | 0.012 | 8.67 | 0.774 |  | 2300 | 164.1 | 0.001 | 6.91 | 0.478 |
| DZ | 3641 | 172.3 | 8.71 |  | 3520 | 165.0 | 6.89 |
| Age 16 | MZ | 3118 | 175.5 | 0.054 | 7.50 | 0.637 |  | 3785 | 164.5 | <0.001 | 6.48 | 0.679 |
| DZ | 5627 | 175.9 | 7.55 |  | 5826 | 165.4 | 6.53 |
| Age 17 | MZ | 4447 | 176.0 | 0.001 | 7.63 | 0.030 |  | 4163 | 165.5 | <0.001 | 6.64 | 0.242 |
| DZ | 7199 | 177.1 | 7.44 |  | 6218 | 166.3 | 6.46 |
| Age 18 | MZ | 7578 | 175.4 | <0.001 | 7.61 | 0.663 |  | 3747 | 166.1 | 0.003 | 6.80 | 0.326 |
| DZ | 9831 | 176.3 | 7.63 |  | 5041 | 166.6 | 6.71 |
| Age 19 | MZ | 4538 | 176.6 | <0.001 | 7.83 | 0.614 |  | 4142 | 165.7 | <0.001 | 6.87 | 0.008 |
| DZ | 6685 | 177.9 | 7.70 |  | 5336 | 166.9 | 6.61 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age 20-29 | MZ | 21958 | 177.3 | <0.001 | 7.55 | 0.003 |  | 24132 | 165.1 | <0.001 | 6.69 | 0.856 |
| DZ | 32777 | 178.0 | 7.43 |  | 29812 | 165.9 | 6.69 |
| Age 30-39 | MZ | 14350 | 178.0 | <0.001 | 7.11 | 0.206 |  | 22196 | 164.5 | <0.001 | 6.73 | 0.019 |
| DZ | 24698 | 178.7 | 7.02 |  | 30720 | 165.2 | 6.64 |
| Age 40-49 | MZ | 17490 | 176.9 | <0.001 | 6.94 | 0.707 |  | 17612 | 163.6 | <0.001 | 6.61 | 0.010 |
| DZ | 29653 | 177.7 | 6.97 |  | 28839 | 164.3 | 6.46 |
| Age 50-59 | MZ | 11886 | 176.1 | <0.001 | 6.88 | 0.842 |  | 14924 | 162.7 | <0.001 | 6.41 | 0.011 |
| DZ | 24718 | 176.7 | 6.91 |  | 27520 | 163.5 | 6.23 |
| Age 60-69 | MZ | 9778 | 175.3 | <0.001 | 6.76 | 0.446 |  | 9731 | 161.6 | <0.001 | 6.25 | 0.326 |
| DZ | 17609 | 175.7 | 6.80 |  | 17565 | 162.4 | 6.23 |
| Age 70-79 | MZ | 5362 | 174.1 | <0.001 | 6.84 | 0.988 |  | 4355 | 160.7 | 0.093 | 6.50 | 0.132 |
| DZ | 8453 | 174.4 | 6.90 |  | 7535 | 161.2 | 6.34 |
| Age ≥80 | MZ | 970 | 172.3 | 0.399 | 7.18 | 0.575 |  | 1265 | 159.6 | 0.006 | 6.45 | 0.709 |
| DZ | 1621 | 172.2 | 7.15 |  | 2299 | 160.3 | 6.48 |

*p* valuea: *p* value for equality of means, *p* valueb: *p* value for equality of variances, SD: standard deviation.

Table 2. Number of twin individuals, mean and standard deviation of BMI (kg/m2) by zygosity, age and sex

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Males | | | | |  | Females | | | | |
|  |  | N | Mean | *p* valuea | SD | *p* valueb |  | N | Mean | *p* valuea | SD | *p* valueb |
| Age 1 | MZ | 5791 | 17.15 | 0.789 | 1.41 | 0.210 |  | 6104 | 16.75 | 0.730 | 1.40 | 0.002 |
| DZ | 10128 | 17.12 | 1.37 |  | 9685 | 16.72 | 1.35 |
| Age 2 | MZ | 4682 | 16.52 | 0.503 | 1.38 | 0.963 |  | 4748 | 16.08 | 0.495 | 1.37 | 0.950 |
| DZ | 8350 | 16.45 | 1.39 |  | 7751 | 16.10 | 1.37 |
| Age 3 | MZ | 5908 | 15.94 | 0.672 | 1.39 | <0.001 |  | 6572 | 15.62 | 0.328 | 1.47 | 0.043 |
| DZ | 11426 | 15.92 | 1.50 |  | 11030 | 15.67 | 1.54 |
| Age 4 | MZ | 3421 | 15.85 | 0.911 | 1.78 | 0.063 |  | 3436 | 15.63 | 0.389 | 1.96 | 0.148 |
| DZ | 6697 | 15.87 | 1.84 |  | 6406 | 15.69 | 1.87 |
| Age 5 | MZ | 2816 | 15.26 | 0.798 | 1.52 | 0.202 |  | 2934 | 15.06 | 0.181 | 1.61 | 0.161 |
| DZ | 5439 | 15.28 | 1.59 |  | 5050 | 15.17 | 1.68 |
| Age 6 | MZ | 1365 | 15.49 | 0.267 | 1.78 | 0.049 |  | 1154 | 15.19 | 0.216 | 1.66 | <0.001 |
| DZ | 1957 | 15.55 | 1.92 |  | 1698 | 15.49 | 2.06 |
| Age 7 | MZ | 4996 | 15.38 | 0.212 | 1.73 | 0.001 |  | 5396 | 15.40 | 0.130 | 1.94 | 0.013 |
| DZ | 8771 | 15.44 | 1.87 |  | 8547 | 15.52 | 2.05 |
| Age 8 | MZ | 2519 | 15.67 | 0.173 | 1.76 | <0.001 |  | 2526 | 15.66 | 0.059 | 1.97 | <0.001 |
| DZ | 3983 | 15.81 | 2.07 |  | 3634 | 15.95 | 2.26 |
| Age 9 | MZ | 2805 | 16.42 | 0.349 | 2.27 | <0.001 |  | 2734 | 16.40 | 0.130 | 2.44 | <0.001 |
| DZ | 4261 | 16.60 | 2.52 |  | 4012 | 16.72 | 2.73 |
| Age 10 | MZ | 4364 | 16.67 | 0.716 | 2.33 | 0.127 |  | 4575 | 16.68 | 0.020 | 2.49 | 0.001 |
| DZ | 7167 | 16.68 | 2.41 |  | 6870 | 16.92 | 2.63 |
| Age 11 | MZ | 3566 | 17.25 | 0.001 | 2.54 | <0.001 |  | 3742 | 17.42 | 0.014 | 2.82 | <0.001 |
| DZ | 5583 | 17.54 | 2.79 |  | 5220 | 17.76 | 3.03 |
| Age 12 | MZ | 4860 | 17.87 | 0.013 | 2.75 | <0.001 |  | 5039 | 17.98 | 0.006 | 2.85 | <0.001 |
| DZ | 7280 | 18.02 | 2.99 |  | 7243 | 18.20 | 3.06 |
| Age 13 | MZ | 1967 | 18.59 | 0.598 | 2.95 | 0.105 |  | 1862 | 18.94 | 0.623 | 3.19 | 0.248 |
| DZ | 3141 | 18.69 | 3.12 |  | 2999 | 18.93 | 3.14 |
| Age 14 | MZ | 3572 | 19.33 | <0.001 | 2.88 | 0.001 |  | 3976 | 19.71 | 0.047 | 3.14 | 0.897 |
| DZ | 6115 | 19.60 | 3.17 |  | 6245 | 19.83 | 3.17 |
| Age 15 | MZ | 2263 | 19.95 | 0.045 | 3.23 | 0.473 |  | 2300 | 20.18 | 0.272 | 3.23 | 0.721 |
| DZ | 3641 | 20.05 | 3.15 |  | 3520 | 20.33 | 3.32 |
| Age 16 | MZ | 3118 | 20.70 | 0.075 | 3.01 | 0.613 |  | 3785 | 20.57 | 0.002 | 2.94 | 0.092 |
| DZ | 5627 | 20.82 | 3.02 |  | 5826 | 20.84 | 3.15 |
| Age 17 | MZ | 4447 | 21.08 | <0.001 | 2.68 | 0.002 |  | 4163 | 20.71 | 0.002 | 2.97 | 0.358 |
| DZ | 7199 | 21.36 | 2.83 |  | 6218 | 20.91 | 2.92 |
| Age 18 | MZ | 7578 | 21.53 | <0.001 | 2.54 | 0.005 |  | 3747 | 21.19 | 0.044 | 3.24 | 0.054 |
| DZ | 9831 | 21.80 | 2.74 |  | 5041 | 21.24 | 3.10 |
| Age 19 | MZ | 4538 | 21.97 | 0.118 | 2.71 | 0.904 |  | 4142 | 21.34 | <0.001 | 3.16 | 0.432 |
| DZ | 6685 | 22.01 | 2.73 |  | 5336 | 21.52 | 3.27 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Age 20-29 | MZ | 21958 | 22.97 | <0.001 | 3.04 | 0.781 |  | 24132 | 21.93 | <0.001 | 3.74 | 0.432 |
| DZ | 32777 | 23.14 | 3.06 |  | 29812 | 22.06 | 3.75 |
| Age 30-39 | MZ | 14350 | 24.62 | <0.001 | 3.31 | 0.384 |  | 22196 | 23.05 | <0.001 | 4.20 | 0.195 |
| DZ | 24698 | 24.76 | 3.36 |  | 30720 | 23.25 | 4.27 |
| Age 40-49 | MZ | 17490 | 25.33 | 0.087 | 3.23 | 0.001 |  | 17612 | 24.20 | 0.001 | 4.45 | 0.028 |
| DZ | 29653 | 25.43 | 3.33 |  | 28839 | 24.28 | 4.33 |
| Age 50-59 | MZ | 11886 | 25.99 | 0.613 | 3.59 | 0.009 |  | 14924 | 24.98 | 0.002 | 4.39 | 0.001 |
| DZ | 24718 | 25.97 | 3.45 |  | 27520 | 25.07 | 4.20 |
| Age 60-69 | MZ | 9778 | 26.00 | 0.821 | 3.57 | 0.407 |  | 9731 | 25.43 | 0.536 | 4.36 | 0.489 |
| DZ | 17609 | 26.06 | 3.54 |  | 17565 | 25.51 | 4.31 |
| Age 70-79 | MZ | 5362 | 25.66 | 0.323 | 3.35 | 0.037 |  | 4355 | 24.92 | 0.224 | 4.23 | 0.208 |
| DZ | 8453 | 25.68 | 3.43 |  | 7535 | 25.04 | 4.16 |
| Age ≥80 | MZ | 970 | 24.65 | 0.673 | 3.30 | 0.266 |  | 1265 | 23.66 | 0.770 | 3.91 | 0.827 |
| DZ | 1621 | 24.65 | 3.39 |  | 2299 | 23.67 | 4.03 |

*p* valuea: *p* value for equality of means, *p* valueb: *p* value for equality of variances, SD: standard deviation.

**Figure legends**

Figure 1. Mean and standard deviation differences (%) in height between DZ and MZ twins across ages.

Figure 2. Mean and standard deviation differences (%) in BMI between DZ and MZ twins across ages.



