

POSITION STATEMENT: ULTRA-PROCESSED FOODS

KEY MESSAGES

- Ultra-processed foods (UPFs) are classified by the NOVA classification system, which considers the extent of industrial processing and manufacturing methods involved in production
- Most UPFs are nutritionally unbalanced, and overconsumption can increase risk of overweight and obesity, type 2 diabetes, some cancers and cardiovascular disease
- Over 10 countries have updated dietary guidance to include recommendations on limiting consumption of UPFs. However, the Scientific Advisory Committee on Nutrition (SACN) has stated that the evidence is not strong enough to change current UK guidance on healthy eating

Overview

Food processing has been used since prehistoric times to make food safe, palatable and longer lasting. However, over the last few decades, manufacturing techniques have been increasingly used to produce ultra-processed food and drink products (UPFs) [1], which now account for almost 60% of total energy intake in the UK diet [2]. The processes and ingredients used to make UPFs are designed to create hyper-palatable, highly profitable and inherently less healthy products [3]. Consequently, global consumption of UPFs is higher among low-income populations, where cheap and convenient UPFs may be the most feasible option [4]. The NOVA classification system has emerged as the most recognised model to define UPF. Unlike other dietary guidelines which are nutrient-orientated, NOVA classifies all food products into four groups according to the extent of industrial processing, and considers the physical, biological and chemical methods used during manufacturing, including the use of additives [5].

Group 1: unprocessed or minimally processed foods, such as fresh fruit, vegetables, grains, legumes, meat, milk.

Group 2: processed culinary ingredients, including substances extracted from group 1 (fats, oils, sugars and salt used to cook and season group 1 foods, not intended for consumption on their own.

Group 3: processed foods, including products made by adding group 2 to group 1 (e.g. canned vegetables in brine, tinned fish in oil, fruit in syrup, some cheeses, smoked salmon, bacon).

Group 4: ultra-processed foods, including packaged snacks, chocolate and confectionary, soft

drinks, margarines, pastries, pizzas, sausages, burgers, hot dogs, and many other products that may typically be classified as high fat, sugar and/or salt (HFSS). Common UPF ingredients include sugars, modified oils, modified sources of proteins, modified starches and cosmetic additives (and glazing agents) [6].

What does the evidence say?

- UPFs make up over half of the total dietary energy consumed in the UK (57%) [7]. British children consume 65% of their daily calorie intake from UPFs, the highest level in Europe [8].
- Most UPF products are nutritionally unbalanced, high in energy, fat, sugar and/or salt and low in dietary fibre and micronutrients [9].
- A meta-analysis found UPF intake to be collated with a decrease in protein, zinc, magnesium, vitamins A, C, D, E, B12 and niacin [7].
- Population-based studies in several countries indicate an association between UPF consumption and obesity rates [8]. There have also been associations reported with other health outcomes such as type 2 diabetes, some cancers and cardiovascular disease [7]. Evidence suggests these foods can also disrupt satiety signalling, which can lead to overeating [10].
- 72% of seven- to nine-month-olds in the UK have eaten an ultra-processed baby meal as their main meal of the day [11].
- UPF-rich diets in early childhood are associated with increased energy intake, encouragement of snacking and lifelong preference for UPFs [6].
- Major UK manufacturers of UPFs, such as Cadbury, Coca-Cola and Nestle, have strong marketing campaigns which are often aimed at children [12].

Policy context

Globally, governments have started to update their national dietary guidance to include UPFs and encourage the public to reduce their consumption of such foods, with some countries including specific recommendations to reduce UPF consumption in the early years [6].

The Scientific Advisory Committee on Nutrition (SACN) recently stated that the evidence is not strong enough to amend current UK guidance on healthy eating, or update current policies and models used to define foods (such as the Nutrient Profiling Model or categories in the Sugar and Calorie Reduction Programmes) to include processing [13].

The statement did however state that the NOVA classification would be the most applicable definition for the UK population. SACN concluded that some of the studies included in the review were flawed, largely because they were observational by design, failing to mention that most nutrition studies are flawed to some degree due to the challenges of accurate dietary measurement [14]. Yet, the evidence on UPFs and health points to consistent findings, for example, Kevin Hall's in-patient randomised controlled trial of food intake [15].

There is concern that some UK healthy eating guidance encourages the consumption of UPFs through the Better Health, Healthier Families campaign (previously Change for Life) For example, the NHS Food Scanner App labels various foods, considered to be UPFs, as a 'good choice'. This has led to campaign groups to call on the government to remove such endorsements and ensure current dietary advice includes recommendations to reduce consumption of UPFs, particularly for children [12]. Many UPFs do fall within restrictions to legislate for a reduction in the advertising and marketing of less healthy food and drink, however, many of the policies proposed have been subject to significant delays.

Our position and what we will do

Reducing consumption of UPFs, and increasing consumption of minimally processed foods, will have a positive impact on population health and diet quality. We will continue to review the emerging evidence base on UPFs and consider how this may affect Food Active's policy calls. We will continue to lobby and advocate for the implementation of legislation to limit the advertising and marketing of less healthy food and drink, of which many UPFs will fall into, through our membership of the Obesity Health Alliance.

RECOMMENDATIONS

- Policymakers, relevant government agencies and advisory bodies, including SACN, should regularly review the emerging evidence base on UPFs and update guidance based on this.
- Increase access to minimally processed foods and drinks for low-income households, including expanding eligibility and value of the Healthy Start Scheme.
- Implement policies designed to limit the marketing and advertising of less healthy food and drink, of which will include many UPFs.

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