
Ultra-processed foods and all-cause mortality



One of the major drivers of chronic disease is nutrition. Clinical evidence clearly proves that dietary habits can have a significant influence on our cardiometabolic health and could lead to Type 2 diabetes, stroke, and heart disease. In addition, a poor quality diet also increases the overall economic burden on healthcare. In fact, studies have shown that dietary factors are one of the primary causes of the global burden of disease.

One of the major reasons why people today have such a poor quality diet is because of the easy availability and consumption of ultra-processed foods and food products that have low nutritional quality and high energy density. Statistics show that between 1990 and 2010, the consumption of ultra-processed foods has almost tripled, from 11% to 32% of daily energy intake. This is also interlinked with an increase in added sugar content. Even though ultra-processed food formulations contain very little intact food, they are low cost, convenient, durable, tasty, and ready-to-eat. That is why their use continues to increase, and dietary habits continue to become worse.

Clinical studies have found a significant association between the consumption of some specific ultra-processed foods and mortality. Researchers have also found a statistically significant association between higher consumption of ultra-processed foods and cancer and irritable bowel syndrome. Moreover, consumption of ultra-processed foods also increases the risk of obesity and hypertension.

In this study, researchers assessed the association between consumption of ultra-processed foods and mortality in the Seguimiento Universidad de Navarra (SUN) cohort. The SUN project is an open project where participants are followed-up every two years.

The type of diet consumed by the participants was assessed at baseline. The researchers used a 136 item semi-quantitative food frequency questionnaire. Frequencies of consumption were measured in nine categories, and the questionnaire also included a typical portion size for each item. Daily food consumption was estimated by multiplying the portion size by the frequency of consumption.

The four main food groups included unprocessed or minimally processed foods (such as fruits, vegetables, grains, flours, nuts and seeds, fresh and pasteurised milk, yogurt, meat, fish, tea, coffee, spices and herbs); processed culinary ingredients (salt, sugar, honey, vegetable oils, butter, lard and vinegar); processed foods (canned or bottled vegetables and legumes, fruits in syrup, canned fish, cheese, freshly made bread, salted or sugared nuts and seeds); and ultra-processed foods and drinks (carbonated drinks, sausages, biscuits and cookies, candy, fruit yogurts, packages soups and noodles, packaged snacks, sugared milk, and fruit drinks).

Findings from this analysis showed that participants who were placed in the highest quarter group, i.e., high consumption of ultra-processed foods had a higher hazard for all-cause mortality compared with participants who were in the lowest quarter. Each additional serving of ultra-processed foods increased all-cause mortality by 18%. Participants in the high consumption group had a higher average BMI; they were also more likely to be smokers, have a higher level of education and a family history of cardiovascular disease and depression. Moreover, participants in the high consumption group were also more likely to snack and watch television, use a computer for longer periods of time, have a higher intake of fat compared to protein and carbohydrate, and be more prone to nap and be sedentary. Overall, higher consumption of ultra-processed foods (classified as greater than 4 servings daily) was found to be independently associated with a 62% increase in all-cause mortality.

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