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Ultra-Processed Food Consumption: What Are the Risks?

Dr. Buch:

Welcome to *GI Insights* on ReachMD. I'm your host, Dr. Peter Buch. And today we're joined by Dr. Marianna Arvanitakis, who will discuss ultra-processed foods, or UPFs for short. Dr. Arvanitakis is an Associate Clinical Professor in the Department of Gastroenterology, Hepatic Pancreatology, and Digestive Oncology from the HUB Erasme Hospital in Brussels, Belgium.

Dr. Arvanitakis, welcome to the program.

Dr. Arvanitakis:

Hello. Thank you very much for having me.

Dr. Buch:

To start us off, Dr. Arvanitakis, what should we know about NOVA Food Classifications? And how should it be utilized?

Dr. Arvanitakis:

So in Europe, we already have some experience with classifying foods according to their nutrition value, so that's the Nutri-Score, but the NOVA is a bit different, and it stratifies foods according to their extent and purpose of their processing. So we have four classifications, and if we go quickly through these classifications, Group 1 is unprocessed or minimally processed foods in that you have your vegetables, your fruits, your fish, your meat, legumes and nuts, and milk, really food in their pure form of origin or minimal processing. So Group 2 is if you take food from Group 1 and there's minimal processing by pressing, refining, grinding, milling, and drying, so it's plant oils, animal fats like butter, sugar, maple syrup; salt is in that category. This is culinary ingredients. Group 3 is there is some processed foods, so it's Group 1 or Group 2 foods having undergone addition of oil, salt, sugar, means of canning, pickling, smoking, currying and fermentation, so there you will find bread but not industrial bread, wine, beers, canned legumes, and fruits and vegetables, cheese and cured meat like salami and bacon. And then we have Group 4; these are the ultra-processed foods. In this category, the foods are deconstructed completely, and they're into chemical constituents, and they are altered and recombined with additives, and they become these products that are ready to consume. They are affordable due to the use of low-cost ingredients and highly palatable, and as we'll talk a bit later maybe, they're extremely addictive as well. And in there you will find sugar-sweetened beverages, sweet and savory packaged snacks, preprepared frozen dishes like pizza, hamburger, ice cream, chicken nuggets, so these are what we call the ultra-processed foods. So the normal classification, it gives you an idea about the extent of processing. We see that the nutrient contents, of course, can be viable in the three first groups. Usually, it's quite low in Group 4.

Dr. Buch:

So moving on from there, what are your thoughts regarding the cause of food addictions? And why are food addictions associated with UPFs?

Dr. Arvanitakis:

So UPFs, as I said, they're easy to consume. There are lots of easily accessible carbohydrates and fats. And we know that these foods within the brain can cause addiction between the pathways of satisfaction, and this is probably also the background of obesity in many cases. And there are some studies showing that addictive behavior is more often observed with Group 4. Of course, I mean, I don't know many people that have an addiction to broccoli or to salads, so we can easily imagine why these foods can be addictive.

Dr. Buch:

Are there any other pathways besides that satisfaction pathway as far as you're aware?

Dr. Arvanitakis:

Well, I think also it's a matter of what's available, what's cheap, and what's easy to find. If you are used to eating anything else or having a healthy diet, this is what you have, and this is what you might get addicted to.

Dr. Buch:

In the United States, we use the term "food desert." There are certain parts of the country where there are very few opportunities of picking up the early categories of NOVA food classifications, and it's much easier to pick up the Class 4 classification. So moving on from there, is there a relationship between UPFs and irritable bowel syndrome?

Dr. Arvanitakis:

So irritable bowel syndrome, this is something very frequent. We have a lot of patients in our outpatient clinics that come for this problem. And, of course, the nutrition and what we eat in this case is very important, and this is one of the main elements of our history-taking. And we can imagine that what we eat will play a crucial role on the microbiota. This is all the bacteria that are in our intestines, in our colon, and that will have a role in how we digest, how the interaction is with the nerves in the intestine, if we feel pain, if we feel bloating. So probably these ultra-processed foods have an impact on our microbiota, and this can aggravate symptoms of irritable bowel syndrome. And sometimes we know that the first advice we're going to give to patients that come with these complaints, and we have done a workup and there's nothing else that has been identified as a problem in this case, the first advice that we'll give is for them to follow a healthy lifestyle with going towards less processed foods, more healthy foods, some physical activity, and this already might improve the problem.

Dr. Buch:

Now, Dr. Arvanitakis, why are UPFs more important to Americans compared to Europeans?

Dr. Arvanitakis:

So as you said, there are areas in the States where it's the food desert, as you say, and with very, very difficult limited access to Group 1 and Group 2. UPFs will represent about half of food consumption in America compared to Europe, so that along with obesity is, I think, a major problem that should be tackled.

Dr. Buch:

For those just tuning in, you're listening to *GI Insights* on ReachMD. I'm Dr. Peter Buch, and I'm speaking with Dr. Marianna Arvanitakis about ultra-processed foods.

So, Dr. Arvanitakis, what should we know about the association of UPFs and colon cancer in men but not in women?

Dr. Arvanitakis:

So this is a very interesting question. There's this US investigation that included 60,000 individuals, men and women, and they really assessed what they were eating with dietary questionnaires. They were followed up for more than 25 years, so you can imagine the coordination of this study. And they saw that there was an association only in men, not in women, with a 30 percent increased risk of developing colorectal cancer in men that had a high consumption of UPFs. This involved only the left colon. And interestingly, it remained significant even after we adjusted these differences for body mass index or if there was obesity or not and other indicators of nutritional quality of the diet. So one of the explanations that the authors gave was that maybe there were some hormones like estrogen that protected a bit, maybe also that we talk about UPFs—they're all in one category, but you still have really nasty, unhealthy UPFs and some others that could be considered a bit less nasty—like the women usually preferred some dairy products and maybe some kind of yogurts that had some processed also were in the Group 4, but with the calcium they had a bit of protective factor compared to maybe the frozen, prepared dishes and what men would eat, so these are some explanations that they gave.

Of course, the UPFs cannot be the only explanation in this study. We have to consider other factors like other additives, of course gut microbiota, genetic factors, and also ingredients such as nitrates and acrylamide, which can be also found in ultra-processed foods. For example, in fries, when they want to make them resistant to heat, they might put these additives inside, and all these are "substances of interest" as we call it because they might have some effect of carcinogenesis that we don't know about.

Dr. Buch:

And before we conclude, what else should our audience know about ultra-processed foods?

Dr. Arvanitakis:

So there's also an effect on mortality. This is something that's even more difficult to highlight because there are many different factors that are involved there, but globally, I think that the message is to have a healthy lifestyle and to decrease the consumption of ultraprocessed foods. Another interesting finding is that if we decrease our consumption of UPFs, we probably have an impact on the environment. And there is a study that came out in a population, and it was in Southern Europe, where they decided to change the frequency of UPFs in their regime, and they saw that each individual had a decreased CO2 impact because he ate differently, so this finally can also have an impact on our environment and on our future of our planet.

Dr. Buch:

This was an excellent review on the GI consequences of ultra-processed foods, and I want to thank my guest, Dr. Marianna Arvanitakis for sharing her insights.

Dr. Arvanitakis, thanks so much for joining us today.

Dr. Arvanitakis:

Thank you very much. It was a very pleasant conversation.

Dr. Buch:

For ReachMD, I'm Dr. Peter Buch. To access this and other episodes in this series, visit ReachMD.com/GIInsights where you can Be Part of the Knowledge. Thanks for listening, and see you next time.