

Why has obesity increased?

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This post was written in response to a comment on this blog [in response to a comment on this blog](#).

Thanks for commenting. I am aware that you submitted a comment using a real name and email address that let me easily identify you. I have anonymised your comment in case a troll is impersonating you.

Whether really from a professor of nutrition, or not, your comment was from someone with some experience in this area, I think, and so I felt it worth responding to the issues raised.

Let me begin by noting that you are an academic in a field where funding from industry or industry-front organisations is commonplace. I note no mention of this on your website, either for you or your department. Might you please disclose all such sources of funding? I think it would be appropriate for you to do so. For the record, I have none relating to this issue.

I then note your comments, and will respond to them after reproducing your comments to contextualise my responses. First, you said:

The main problem is that there is no consensus that UPF as a category has a meaningful impact on health. All data comparing UPF with processed foods are from observational studies which rely on data that does usually not allow to identify UPF reliably. This is one reason why neither the UK nor the US nor the Nordic countries advise against UPF consumption.

I think your claim is misleading. Foods have been characterised using a NOVA scale, as follows:

- Group 1 - Unprocessed or minimally processed foods
- Group 2 - Processed culinary ingredients
- Group 3 - Processed foods

- Group 4 - Ultra-processed food and drink products

You claim that:

The difficulty in estimating intake means that even for supermarkets, it would be virtually impossible to distinguish between NOVA 3 and NOVA 4. Would – for example – chicory root extract make a good UPF? Would high speed mixing make bread UPF?

This, I suggest, is disingenuous. You seek spurious accuracy as an excuse for inaction, and yet you must know three things.

The first is that all data has a selection bias. The process of selecting what data to collect is based on ill-informed judgement in all cases. The data actually collected usually confirms the selection bias. To pretend that the data we have is insufficient because it lacks sufficient granularity is, in that case, absurd. All data is incomplete. All of it has a measurement problem at boundaries (which is where we usually measure it). Your first claim is then scientifically spurious. All supposed scientific data is subject to the classification problems you note. Are you suggesting we stop using data as a consequence?

Second, as I have already noted, decision making will either a) always be judgemental, or b) be judgemental, but be potentially informed by data. And let me be clear, even when data is supposedly used, judgement is always paramount. If you are in doubt, look at the decisions of the Bank of England Monetary Policy Committee. They collect vast amounts of data. They apply contested theory to it. They use a criteria for public policy determination which is simple in the extreme. They change lives by doing so. And how are the decisions made? On gut feelings, at best. This is how public policy decision making works. Prevailing narratives support the decisions made, whether right or wrong.

Third, you show no awareness of this when making this comment:

Regarding the intake of children: due to the difficulties of estimating UPF intake, UK bread is usually assumed to be always UPF – so a homemade sandwich as packed lunch will always be classed as UPF. Likewise fish fingers, even if they are generally considered to be a healthy and sustainable source of fish.

Again, I suggest this is disingenuous. You apparently extrapolate from single micro-situations (a sandwich, a fish finger) to entire population data, suggesting that data on the latter is invalid because of a single micro-data exception. Are you being serious? I have no idea, because you go on to say:

There is a wealth of data for nutrient composition and its effect on health. Why should we change this approach to something popular but without much evidence?

This comment directly contradicts the paragraph that preceded it, which I have noted,

and the one before that, also noted. The data you now claim we should use is apparently, also according to you, invalidated by classification problems, and by micro-data outliers meaning we cannot use it, and yet you want to. Your argument quite literally makes no sense because it is riddled with contradictions.

So, let's talk reality. Easy to follow ways of determining which foods are NOVA 3 and 4 are readily available (and you must be aware of them) and the average person with none of your training would find them easy to follow. This is exactly the type of heuristic almost invariably used for public policy making purposes. Why do you have a problem with this?

And as to why should we act, please explain why it is that we should not given that since those foods that contain high quantities of sugar, and most especially fructose, plus salt, fats and extensive chemically created artificial ingredients intended to both extend life and induce consumption via addiction, became commonplace forty years ago:

- Obesity has risen?
- Type 2 diabetes has risen?
- Metabolic diseases have risen?
- All conditions related to glucose induced inflammation have risen?

Are you suggesting:

- This has not happened?
- There is no connection with UPF consumption?
- There is another cause, in which case please suggest what it is?

Might you please also explain why , if UPF is not an issue, then:

- The food industry is the biggest employer of scientists in the UK, because processed food does not require them?
- The sugar lobby is so powerful?
- Scientific papers funded by the sugar lobby are ten times more likely to find no problem with sugar in diets than do those not funded by the sugar lobby?

I look forward to your responses.