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Module: Practice-Based Research

Module Code: LCHS7008

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Assignment Title: Component 2 Written Research Proposal

Title: A Systematic Review: The Impact of Ultra-Processed Food (UPF) Consumption on Health Outcomes among Adults in the United Kingdom (UK)

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Introduction and Background

Definition of the Issue

This systematic review investigates the consequences of consuming ultra-processed food (UPF) on overall health outcomes. The primary health concerns that it looks into are non-communicable diseases (NCDs), such as obesity, cardiovascular diseases, Type 2 diabetes, cancer and mental health. UPFs are highly processed products that often contain ingredients not typically used in home cooking, including preservatives, sweeteners and emulsifiers. These foods are high in calorie, salt, sugar and saturated fats, therefore, unchecked consumption has been associated with several NCDs, including obesity, diabetes, heart diseases and bowel cancer (NHS, 2024).

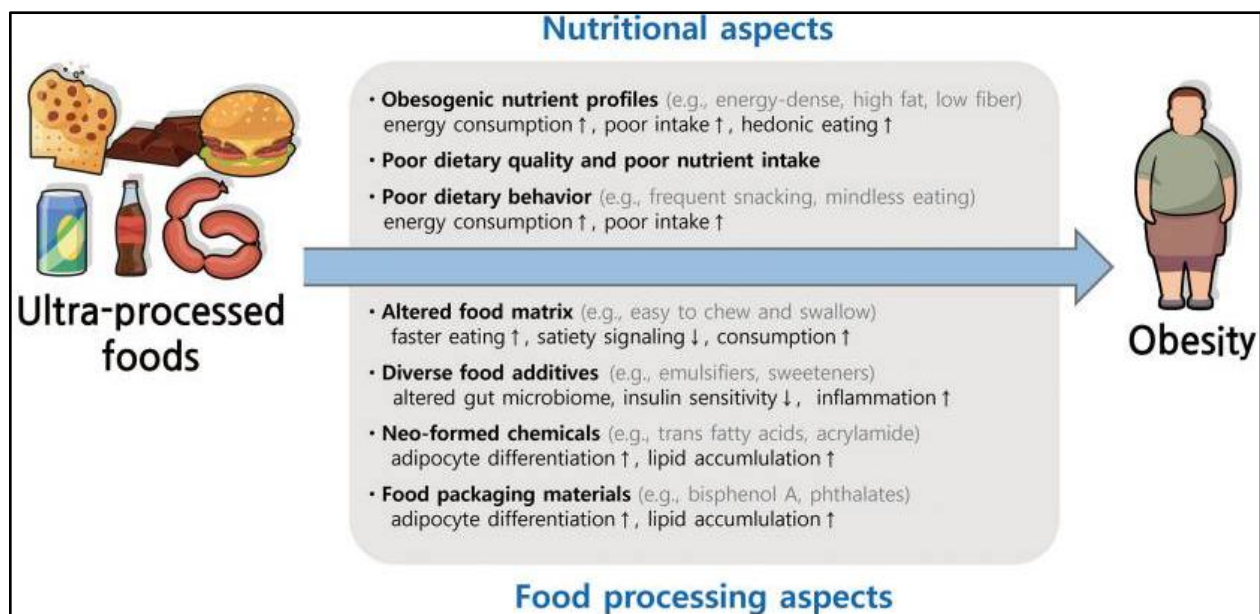


Figure 1: Impact of UPFs on occurrence of obesity

(Source: Shim, 2025)

Scale of the Issue

In the UK, adults obtain half of the daily energy (56.8%) from UPFs, the scale is higher amongst children and adolescents, resulting in a multitude of health issues (Shim, 2025; Essman *et al.*, 2026). The economic burden of overweight and obesity, diabetes, cancer, heart diseases and mental disorders on the UK economy are high and can be attributed to loss of productivity and premature deaths (nearly 14%) due to high consumption of UPF (Roxby, 2025).

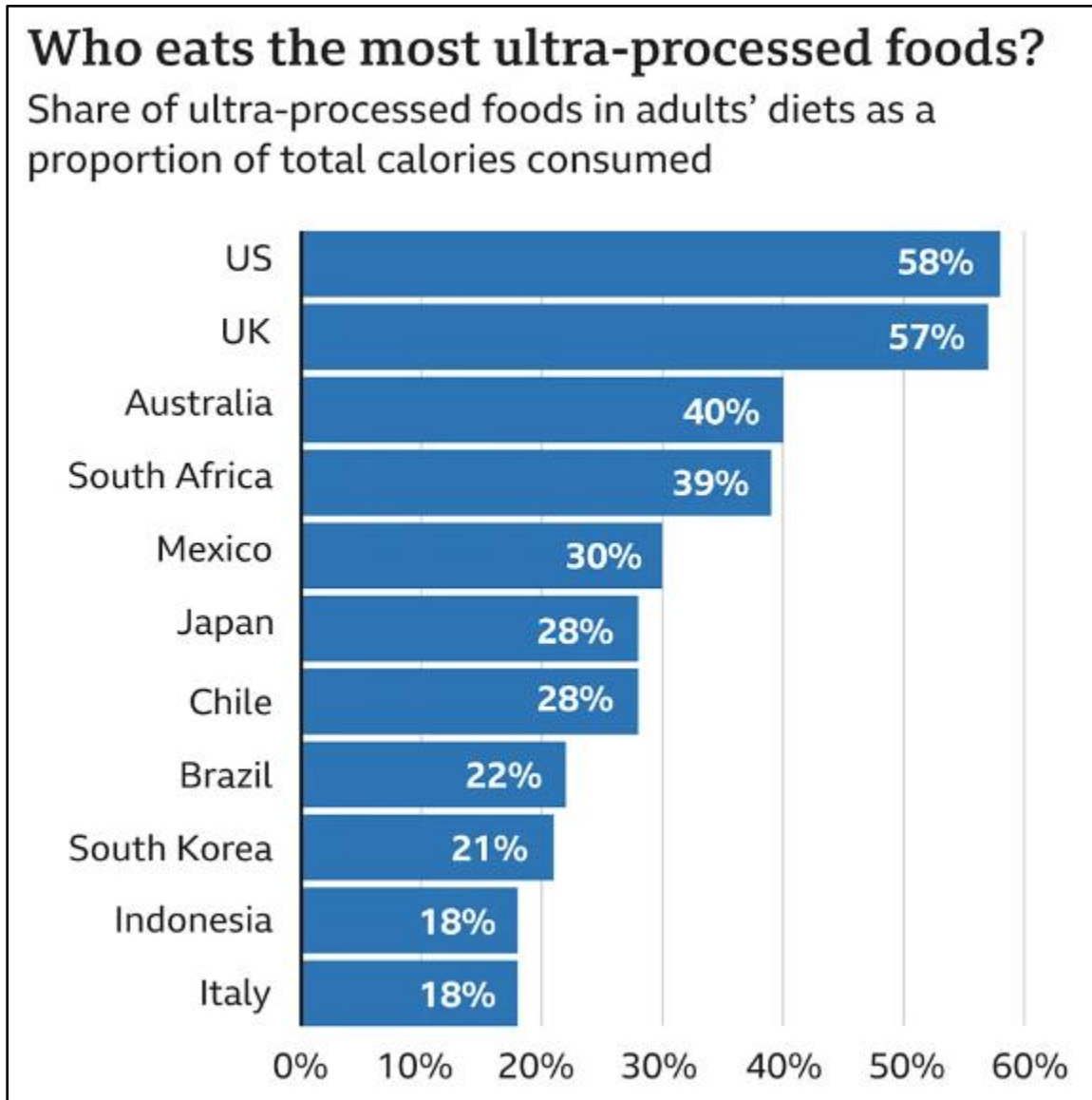


Figure 2: UK adults obtaining 56.8% daily calories from UPF

(Source: BBC, 2025)

Consequences of the Issue

Around/over 64%, 7%, 7 million, 0.42 million and 20% are living with overweight/obesity, type 2 diabetes, cardiovascular diseases, cancers and mental health issues, respectively (UK Parliament 2025, 2026a and 2026b; GOV UK, 2025a, WCRF, 2026). Consumption of UPF is not a singular cause behind these major public health issues, but is rapidly becoming one of the most significant causes. In most of the cases, the above discussed NCDs impact the quality of life and families because of productivity loss, income loss and social exclusion (OECD, 2026). Moreover,

it is observed that people living in deprivation and ethnic minorities are disproportionately burdened with these issues than people with less deprived conditions in the UK (BMA, 2026).

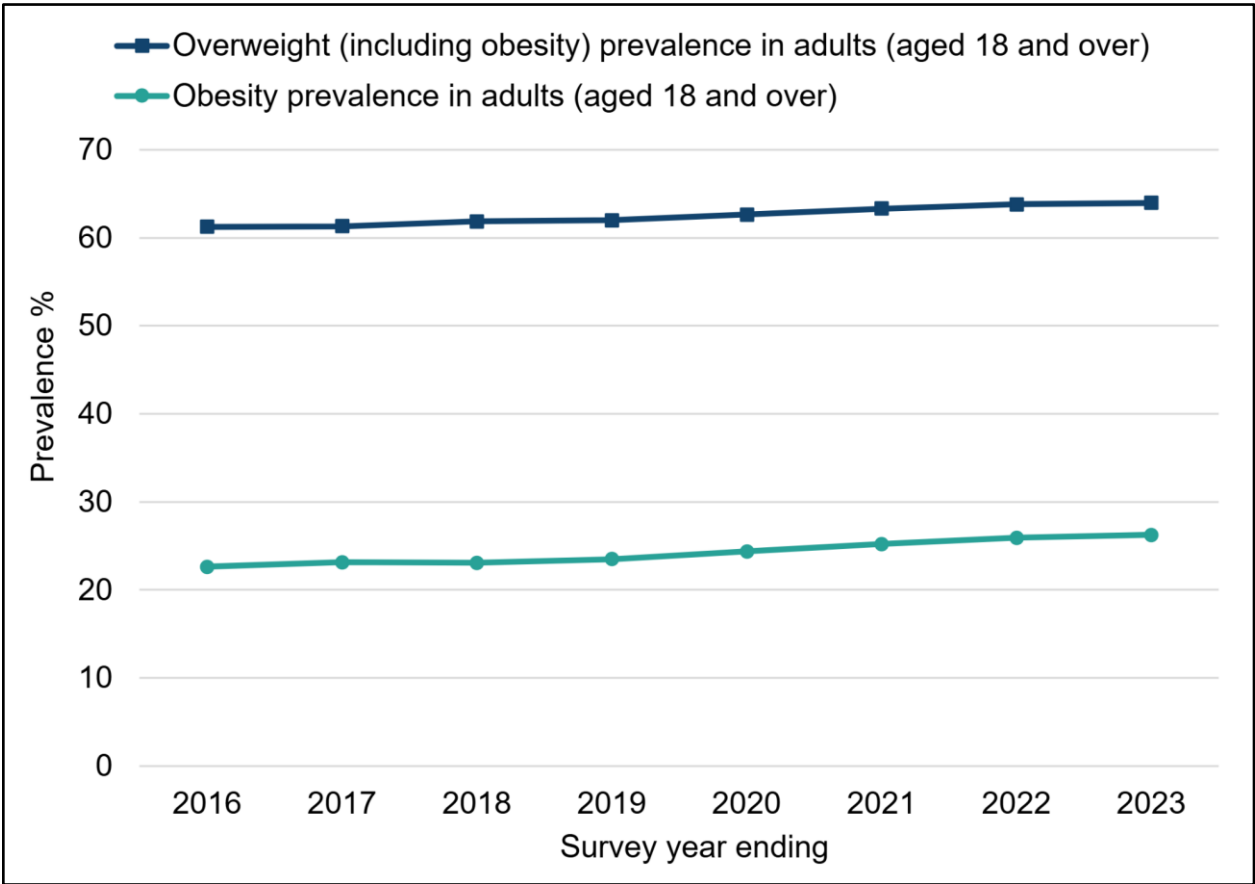


Figure 3: Prevalence of overweight and obesity amongst UK adults (2016-2023)
(Source: GOV UK, 2024)

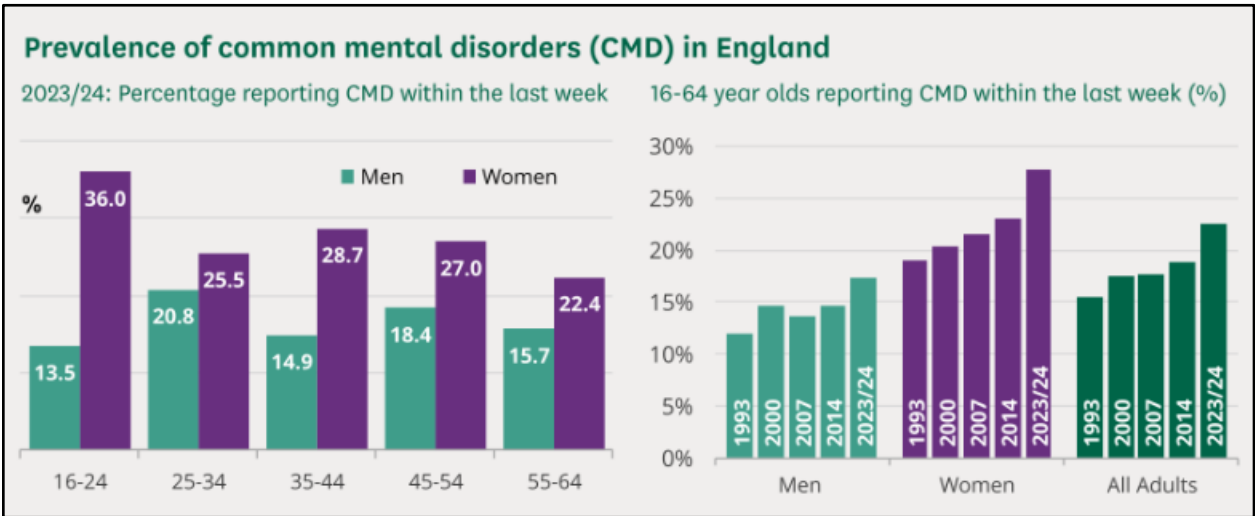


Figure 4: Prevalence of mental disorders amongst UK adults
(Source: UK Parliament, 2026b)

Narrowing the Focus

This systematic review will focus on UK adults aged between 25-50, who obtain a significant amount of daily energy intake from UPF consumption and how this translates into occurrence of several NCDs.

Research Problem, Rationale and Evidence Gap

Research Problem

Increasing consumption of UPF poses a significant public health concern in the UK (BBC, 2025). Higher amounts of UPF consumption has been linked to multiple adverse health outcomes, affecting every major human organ and causing diseases, such as obesity, cancers, type 2 diabetes, mental disorders and CVDs (Gregory, 2025). However, evidence across these NCDs remains fragmented and scattered, making their correlation with UPF consumption unclear. Therefore, this review will synthesise evidence across these NCDs to determine how UPF consumption correlates to their occurrence/incidence amongst UK adults (25-50).

Evidence Gap

Key statistics differ across studies in the same year. There is a significant scarcity of studies that synthesise evidence of multiple NCDs and their link to high UPF consumption. Most UPF-related studies are conducted in isolation with focus on single NCD, wherein they mention the common NCDs associated with high UPF consumption, but slowly shift to a single NCD (Essman *et al.*, 2026). Moreover, most research uses conflicting or older data (McManus, 2024). This does not provide a single connecting data, such as what percentage of UK adults are consuming them more or which amount of UPF consumption is resulting in which NCD. This limits understanding of how UPF consumption relates to multiple NCDs collectively amongst UK adults and directly supports the research objectives and question of this review.

Rationale

UPF consumption has been identified as a key contributor to obesity, termed by scholars as the 'silent epidemic', surpassing tobacco consumption and substance abuse (Shim, 2025; Salerno, 2026). A systematic review is therefore needed where a proper connection is made by using all secondary available evidence on UPF and its influence on mental health, type 2 diabetes, CVD, obesity and cancer becomes necessary to inform practice, policy and future research.

Literature Review

Individual Affordability and Convenience vs. Social Structure Deprivation

UPFs are industrially-processed food products with key focus on enhancing customer convenience, food taste and commercial profitability, making them a comfortable food choice (Essman *et al.*, 2026). Conversely, lower levels of education and socio-economic deprivation have been linked to higher intake of UPF by Chen *et al.* (2022), resulting in higher occurrence of CVDs, bridging the gap left by Essman *et al.* (2026). Therefore, it can be said that UPF consumption is influenced by both individual convenience and wider social aspects. While Essman *et al.* (2026) highlight convenience and affordability as drivers of UPF consumption, Chen *et al.* (2022) note that lower education levels and social deprivation are associated with higher UPF intake. This suggests that UPF consumption may not only reflect personal choice but also socioeconomic circumstances, highlighting the research gap.

Recent food inflation in the UK has exacerbated the situation, wherein UPF are being promoted as cheaper and convenient alternatives, favouring their growth. Despite relatively lower inflation on healthy foods, they are disproportionately expensive (£1.01/100Kcal for vegetables and fruits and £0.81/100Kcal for healthy foods) than non-healthy foods (£0.33/100Kcal), leaving the Britons with less room for choosing healthier food options (Hoenink *et al.*, 2024). In contrast, Springmann *et al.* (2021) note that food costs, when evaluated on a per-meal/per-day basis, whole foods healthy diets (whole grains, legumes, fruits, vegetables) reduce total food expenditure by 22-34% compared to standard diets based on UPF and animal products. These studies suggest that the correlation between food costs and healthy eating habits is linear. Whereas Hoenink *et al.* (2024) suggest that healthier foods are costlier per calorie, Springmann *et al.* (2021) find that healthy diets can reduce overall food costs in developed nations, such as the UK. This difference in affordability differs across how food costs and diets are measured, therefore, affordability cannot solely explain how UPF is consumed, reinforcing the identified research gap.

Ethnic Dynamics and UPF Consumption

Ethnic dynamics play an important role in UPF intake, as highlighted by Rauber *et al.* (2020), white British adults consume more UPF for energy intake compared to non-white ethnic minorities in the UK. Also, white British adults demonstrated much stronger prevalence of abnormal obesity than their non-white counterparts (Rauber *et al.*, 2020). Nevertheless, ethnic minorities in the UK, develop metabolic risks and CVDs at significantly lower BMI (body mass index) cut-offs than white

British populations (Caleyachetty *et al.*, 2021). Meaning, the connection of higher prevalence of obesity amongst white British adults due to higher UPF intake loses significance.

Together these studies prove that ethnicity should not be viewed as a direct explanation for differences in UPF consumption or obesity incidence. Given its affordability and energy-dense component, people living in deprivation may view UPF as the single best option for daily food intake. This will inevitably result in these people disproportionately being burdened with several NCDs. Although Rauber *et al.* (2020) found higher UPF intake and abnormal obesity prevalence amongst white British adults, Caleyachetty *et al.* (2021) show that ethnic minorities can face similar or worse health risks at lower BMI levels. Therefore, the link between UPF, obesity and other health risks differ across ethnic groups, further demonstrating the identified research gap.

Research Aim, Objectives and Question

Research Aim

To investigate and synthesise the evidence on the impact of ultra-processed food consumption on health outcomes amongst the adults in the UK.

Research Objectives

- To locate the studies evaluating the relationship between UPF consumption and health outcomes.
- To examine the impact of UPF intake on obesity-related health concerns.
- To investigate the correlation between UPF consumption and chronic diseases, such as cardiovascular diseases, diabetes and cancer.
- To evaluate the interaction between UPF consumption and mental health outcomes.

Research Question

What association does consumption of ultra-processed food have with obesity, cardio-metabolic health and overall health outcomes amongst adults in the United Kingdom (UK)?

Research Methodology

Review Design

This research will adopt a systematic review design because it will allow synthesis of existing evidence rather than collecting new primary data. Systematic review will be resource-efficient, cost and time-effective and needs no participant requirement, which are key constraints to research using primary data (Aiyegbusi *et al.*, 2022).

Review Framework

The review will use the PEO framework, which is better suited for examining the exposure (UPF consumption) and its associated health outcomes rather than intervention-focused PICO framework (Morgan *et al.*, 2018). The population will involve the UK adults aged between 25-50, matching the review's defined scope using the exposure to higher UPF consumption, compared against lower UPF consumption. The review outcome will be the identified associations between key health adversaries including obesity, CVD, type 2 diabetes, cancer and mental disorders.

Database

This review will use multiple databases for wider coverage of UPF-related health adversaries in the UK, including PubMed, Scopus, Web of Science and Google Scholar. PubMed will provide the strongest biomedical coverage for UPF-induced health outcomes research (Fajkić *et al.*, 2025). Scopus and Web of Science will provide broader multidisciplinary coverage, capturing nutrition, epidemiology and public health evidence (Fajkić *et al.*, 2025). Google Scholar will enable identification of relevant studies potentially missed by specialist databases (Cantrell, Booth and Chambers, 2024).

Search Terms

The search terms will involve the review-specific terms using the Boolean operator. The terms will be combined using AND to connect the PEO components, while NOT will exclude irrelevant populace and settings. For instance, 'ultra-processed foods' OR 'UPF' OR 'UPF consumption' OR 'UPF intake' AND 'UK' OR 'United Kingdom' AND 'adults' OR '25-50' AND 'obesity' OR 'CVD' OR 'type 2 diabetes' OR 'cancer' OR 'mental disorders' NOT 'children' OR 'adolescents'.

Inclusion and Exclusion Criteria

Studies involving UK adults aged between 25-50 and UPF impact will be included because they directly match the review's predefined population and geographical scope. Research involving UPF consumption/intake will be included because they address the specified dietary exposure of this review. Studies reporting on obesity, CVD, type 2 diabetes, cancer and mental health disorders will be selected because they align with stated research objectives, will help in answering the research question and fulfilling the research aim. UK-based empirical studies and official datasets will be included to provide evidence relevant to UK-specific health patterns. Also, quantitative observational studies based on relevance will be included because they will suit the review's exposure-outcome question without requiring an intervention. To ensure currency, all the included studies will strictly include the ones published in the last 10 years to gather recent data on the stated objectives.

Studies involving UK participants outside the adult age group and conducted outside the UK will be excluded to prevent evidence from conflicting with predefined population and geographic landscape. Studies involving processed foods without UPF classification and unrelated to specified health outcomes will be excluded to prevent imprecise exposure measurement and maintain relevance. Studies lacking sufficient methodological information will be excluded to inhibit entrance of unreliable evidence.

Screening Process

The screening process will involve PRISMA to guide screening and selection. Duplicate articles will be removed before title and abstract screening against the inclusion and exclusion criteria (Galletta *et al.*, 2024). Potentially eligible studies will undergo full-text screening to verify eligibility against the stated inclusion and exclusion criteria. Final included studies will be presented through a PRISMA flow diagram, demonstrating each selection stage transparently (Galletta *et al.*, 2026).

Quality Appraisal Tool

This review will adopt a CASP quality appraisal tool because it will provide a structured framework for assessing the quality, validity and relevance of diverse qualitative, quantitative and mixed-method studies (Smith, Smith and Carroll, 2021).

Data Extraction and Analysis Methods

The data extraction method will follow a 3-phase, 10-step process, designing relational structure, building validated entry forms and resolving discrepancies, with findings presented in structured tables and illustrative graphs (Afifi Stryhn and Sanchez, 2023). The analysis method will involve thematic analysis because it will allow identification of recurring themes and patterns in the findings, allowing UPF-health adversaries associations to be compared across studies (Khosravi *et al.*, 2024).

Synthesis Approach

The review will adopt a narrative synthesis approach allowing integration of findings systematically, particularly relevant for reviews involving differing study characteristics and outcome measures, and where meta-analysis is not feasible (Dawood and Anoma, 2026).

Ethical Considerations

This review will use secondary studies, thus to acknowledge original authors and maintain academic integrity, it will use accurate referencing by citing all sources correctly following the Harvard referencing format of the university. To avoid plagiarism, it will paraphrase appropriately while using borrowed idealism wording and evidence using proper citations (Yadav, 2023). To uphold transparent reporting, it will report search, selection, appraisal and synthesis procedures honestly and consistently. It will ensure fair representation by presenting findings accurately without bias/selective reporting, distortion or unjustified conclusions. Ethical standards and university guidelines will be applied throughout the review process to ensure ethical compliance, academic integrity and responsible use of secondary research.

Limitations

The review may include publication bias, involving studies that over represent significant findings, potentially distorting the evidence. This can be reduced by searching multiple databases and comparing findings across studies to identify inconsistent results. Inaccessible articles may hinder complete assessment of relevant evidence; seeking legally available versions or using institutional repositories can reduce this limitation to some extent. Variation in study designs and inconsistent outcome measures can be overcome by grouping studies according to design and similar outcome measures during synthesis. Researcher subjectivity can be reduced by using

predefined eligibility criteria and MMAT consistently throughout screening and appraisal processes.

Timeline and Expected Contribution

Timeline of the Review Stages

Table 1: Timeline of the main stages of the review

Review Stage	W1	W2	W3	W4	W5	W6	W7	W8
Develop search strategy								
Screening of studies								
Quality appraisal								
Data extraction								
Synthesis								
Writing								
Finalisation and submission								

(Source: Self-Created)

The review stages are estimated to be completed in 8 weeks. The development of strategy will take place in week 1. During weeks 2 and 3, screening of studies will be conducted. The quality appraisal will occur in week 4. Throughout weeks 4 and 5, data extraction and presentation will be conducted. In weeks 5 and 6, synthesis of secondary data will be completed, whereas the writing will start in week 5 and continue till week 7, with finalisation and submission in week 8.

Expected Contribution of the Review

Practice - This review will consolidate secondary evidence on UPF consumption and its impact on health outcomes amongst the UK adults aged between 25-50, and will support evidence-informed dietary discussions.

Policy - The findings of this review will inform the 'A UK Government Food Strategy for England, considering the wider UK food system' by providing additional evidence on UPF consumption practice and its correlation with health adversaries, particularly NCDs (GOV UK, 2025b).

Future Research - This review can identify gaps in existing UK evidence by locating inconsistent UPF measurement and the requirement for stronger research to justify whether the available

associations reflect the real UPF consumption itself or wider dietary pattern amongst the UK adults.

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