



Ultra-Processed Foods: How Harmful Are They Really?

Ultra-processed foods are rarely out of the headlines, and for good reason. The definition is straightforward: factory-made products containing ingredients you would not find in a home kitchen, such as emulsifiers, preservatives, sweeteners, colours and flavourings. They go through industrial processes like frying, moulding and chemical modification, and end up bearing little resemblance to their natural origins. As one writer put it, these are not foods your grandmother would recognise.

One trend worth watching is the marketing of ultra-processed foods to young children, including toddler milk formula. These products have little nutritional justification and can foster a preference for sweetness that undermines a whole food diet. A simple test for ultra-processing is whether the ingredient list reads like a chemistry exam. Manufacturers often add protein, fibre, vitamins and minerals to give an impression of healthfulness, but that does not negate the underlying problems.

Emerging evidence links childhood and adolescent diet, including ultra-processed foods, to the rise in early-onset bowel cancer, possibly through changes to the gut microbiome¹. The global escalation in ultra-processed food production has paralleled the obesity epidemic, and many of these foods are engineered to override satiety signals and encourage overconsumption of fat and sugar. In Australia, around 40% of dietary intake is now classified as ultra-processed². The Health Star Rating is not a reliable guide either, since manufacturers can reformulate products to score well while remaining ultra-processed.

The health risks are significant. Ultra-processed foods are associated with higher rates of obesity, cardiovascular disease and premature mortality, along with several cancers, particularly bowel cancer³. Some of this is a direct effect, and some comes from these foods displacing whole foods such as vegetables, lean meats, fish and fruit.

There are practical swaps worth suggesting, often at no extra cost:

- Swap manufactured cereals for oats or multigrain options
- Be cautious with alternative milks, as many are ultra-processed, though some are free from added oils, emulsifiers and sugars
- Skip soft drinks and sports drinks in favour of water or milk, and treat juice as an occasional option
- Choose bakery breads over white sliced loaves
- Swap ice-cream for plain yoghurt
- Choose plain yoghurts over flavoured ones
- Opt for minimally processed meats instead of sausages
- Pick crackers with the shortest ingredient lists

Not all ultra-processed foods are equally harmful, but the direction of the evidence is clear. The less processed the food, the better the outcome for long-term health.

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The B6 problem the new rules won't solve

Vitamin B6 supplementation can cause peripheral neuropathy, the nerve damage that brings on pins and needles, pain and numbness. The effects can be permanent. The catch is that people can be taking B6 without realising it, because it turns up in many products and is easy to miss unless you read the label.

It was once thought nerve damage only occurred at high intakes, but it is now clear it can happen at much lower levels, well within the range many would consider harmless. The risk cannot be excluded even below 50mg a day, and it rises when someone is taking more than one B6-containing product.

Australian regulators have responded over the years with warning labels and dose restrictions. All products delivering more than 10mg a day already carry a peripheral neuropathy warning. From 1 June 2027, oral preparations providing more than 50mg but not more than 200mg per recommended daily dose will become pharmacist-only (Schedule 3), while anything above 200mg will stay prescription-only.

Recent Australian research suggests these changes have made little difference to how much B6 is being bought, and the risk of high intakes remains. The analysis drew on pharmacy sales data covering roughly three quarters of national complementary medicines sales, and identified over one million higher-risk transactions a year involving combined daily doses of 50mg or more, including multiple-product and duplicate purchases. Pharmacy data also understates the true picture, since B6-containing products are widely sold in supermarkets and elsewhere. When high-dose products became harder to get, buyers shifted to lower-dose but still risky preparations. The net effect is that a great many people are still exceeding recommended intake¹.

The clinical takeaway is simple. Very few people actually need vitamin B6, yet many are taking it without realising it's even in the bottle. It is worth asking about supplement use in anyone presenting with sensory symptoms, and checking labels for hidden B6, which commonly appears in magnesium and zinc combinations, multivitamins, energy drinks and weight-loss shakes. Peripheral neuropathy is a miserable and avoidable condition, and a label check is one of the easiest ways to head it off.

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The health effects of hair removal

The attraction to hairless bodies is nothing new. The ancient Greeks and Romans prized smooth skin, and their art rarely depicted body hair, especially pubic hair, until the 19th century. Today there is a booming industry in waxing, electrolysis and laser, alongside at-home shaving and depilatory creams. The question worth answering for patients who ask is whether any of it actually harms their health, particularly the skin microbiome, the natural community of bacteria, viruses and fungi that live on the skin.

The short answer is that the evidence for harm is thin. Some studies have suggested a link between pubic hair removal and sexually transmissible infections, but they are methodologically weak and do not adequately control for sexual activity. Removing axillary hair has been associated with changes in body odour, and the evidence actually leans towards improvement. In one study, raters found the shaved side more pleasant and less intense, though the effect was short-lived and depended on whether the person shaved regularly¹.

Nose hair is a more interesting case. People with alopecia, and those losing body hair during chemotherapy, often report increased nasal discharge, which suggests nose hairs help trap and redirect secretions. There are concerns that removing nasal hair could raise rates of nasal allergies and asthma, but the evidence is limited and there is no clear link to viral infection².

So the risk is rarely the hairlessness itself. It is the method. Waxing should be done somewhere hygienic, and double-dipping spatulas is a red flag. The patients worth counselling are those with fragile skin, whether from retinoids, diabetes or immune deficiency, for whom any technique that risks tearing the skin can lead to infection or scarring. For pubic hair specifically, injury is the main concern, and self-removal while lying down carries more risk.

The American Academy of Dermatology sets out the pros and cons of six common methods, from shaving to depilation, and most of the advice comes down to hygiene and common sense³. The message for patients is not about whether to remove hair, but about doing it safely, which matters most for anyone whose skin is already compromised.

References

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