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Obesogenic Environment: Our Modern Life Promotes Obesity

Our modern environment is profoundly obesogenic, meaning it is structured in ways that actively encourage weight gain and make maintaining a healthy body composition extraordinarily difficult. This human-built environment promotes sedentary behavior—people spend hours commuting in vehicles, sitting at desks, and relaxing in front of screens. The average adult now spends over 6 hours daily on digital devices, which not only reduces energy expenditure but also exposes them to constant advertising for calorie-dense foods. Workplaces contribute too, with long hours, stress, and vending machines stocked with snacks, while schools often prioritize academics over physical education, leaving children with minimal recess time.

Social and cultural factors amplify this. Food marketing targets vulnerable populations, especially children, with aggressive promotions of sugary drinks and fast food via social media and TV. Portion sizes have ballooned—restaurant meals are often double or triple what they were decades ago, normalizing overconsumption. Economic pressures also play a role. Junk food tends to be cheap calories.

Sleep deprivation, driven by shift work, artificial light, and screen time, disrupts hormones like leptin and ghrelin, increasing hunger and cravings. Even air pollution and noise can indirectly contribute by raising stress levels and inflammation, which impair metabolic function. Collectively, these elements create a "toxic" environment where obesity is the default outcome for many, as human biology—evolved for scarcity—clashes with abundance and inactivity.

The Obesogenic Food Supply: Engineered for Overconsumption

The food supply has been transformed into an obesogenic force, dominated by ultra-processed foods (UPF) that are cheap, convenient, and hyper-palatable. These products—think sodas, chips, ready meals, and cereals—are formulated with high levels of added sugars, refined fats, and salt to hijack the brain's reward system, much like addictive substances. They often contain emulsifiers, preservatives, and flavor enhancers that disrupt gut microbiota, leading to increased calorie absorption and inflammation. The rise of UPF correlates directly with obesity rates; studies show that

diets high in these foods lead to unintentional overeating—people consume 500+ extra calories daily without realizing it. Soft textures, liquid calories, and rapid digestion fail to trigger satiety signals.

Availability is key: supermarkets dedicate prime shelf space to these items, while fast-food chains cluster in urban areas, making unhealthy choices the easiest. Agricultural subsidies favor corn, soy, and wheat—ingredients in many processed goods—keeping prices low, while fruits and vegetables receive far less price support. Globalization exacerbates this, flooding markets with high-fructose corn syrup and palm oil. Even "healthy" labeled foods often hide obesogenic elements, like hidden sugars in yogurt or dressings. This supply chain prioritizes profit over health, creating an environment where nutrient-dense, whole foods are sidelined, and metabolic disruption becomes inevitable.

The Role of Toxins: Hidden Obesogens in Everyday Life

Toxins in our environment and food supply act as obesogens—chemicals that interfere with hormonal and metabolic pathways to promote fat storage and weight gain. These endocrine disruptors mimic or block hormones like estrogen, thyroid hormones, and insulin, altering how the body processes energy. Common examples include bisphenol A (BPA) and phthalates in plastics, which leach into food from packaging and containers; per- and polyfluoroalkyl substances (PFAS) in non-stick cookware and water; and pesticides like organophosphates on produce. Acrylamide, formed in fried or baked starchy foods, has been linked to obesogenic effects by disrupting mitochondrial function and increasing oxidative stress.

Persistent organic pollutants (POPs) such as PCBs, DDT, and dioxins accumulate in fatty tissues and the food chain, especially in animal products, impairing mitochondrial efficiency and promoting inflammation that leads to insulin resistance. These toxins can program fat cells to proliferate, reduce energy expenditure, and affect fetal development, increasing obesity risk in offspring. Modern pollution creates a biochemical environment primed for fat gain.

The Role of Pharmaceuticals: Iatrogenic Contributors to Weight Gain

Pharmaceuticals add another layer to the obesogenic landscape, with many commonly prescribed drugs inadvertently promoting weight gain—a phenomenon known as iatrogenic obesity. These "obesogenic medications" are often used for chronic conditions like depression, psychosis, hypertension, and inflammation, which already overlap with obesity risks. For instance, certain antidepressants (e.g., tricyclic antidepressants and some SSRIs like paroxetine) increase appetite and slow metabolism; antipsychotics (e.g., olanzapine, clozapine) can cause rapid weight gain by blocking histamine and serotonin receptors, leading to hyperphagia and fat accumulation. Corticosteroids like prednisone, used for autoimmune diseases, elevate blood sugar and promote visceral fat storage, while beta-blockers for heart conditions reduce energy expenditure.

This creates a vicious cycle: obesity heightens the need for these drugs (e.g., for diabetes or joint pain), but the medications exacerbate weight issues, making loss harder. Studies show that exposure to obesogenic drugs can blunt the effects of lifestyle interventions, with patients losing less weight or regaining it faster. Guidelines recommend avoiding such meds when possible in overweight individuals, but alternatives are limited. While anti-obesity drugs like GLP-1 agonists (e.g., semaglutide) counteract this by promoting weight loss, the widespread use of obesogenic pharmaceuticals underscores how medical treatments, intended to heal, can unwittingly contribute to the obesity epidemic in an already challenging environment.