

## 2014 Dietary Salt Fact Sheet of the World Hypertension League, International Society of Hypertension, Pan American Health Organization Technical Advisory Group on Cardiovascular Disease Prevention Through Dietary Salt Reduction, the World Health Organization Collaborating Centre on Population Salt Reduction, and World Action on Salt & Health

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### DIETS HIGH IN SALT (SODIUM) ARE ASSOCIATED WITH A HIGH BURDEN OF PREMATURE DEATH AND DISABILITY

- High dietary salt increases blood pressure (BP) in individuals with and without hypertension. One half of blood pressure-related disease occurs in people with higher levels of BP even within the normal range.
- High dietary salt causes an estimated 30% of hypertension or over 300 million people to have hypertension.<sup>1,2</sup>
- Increased BP is a leading preventable risk factor for heart disease (heart attack and heart failure), stroke, and kidney failure, and is a major contributor to premature death, dementia, disability, and health-care costs.<sup>2</sup>
- In the Global Burden of Disease Study, best evidence estimated more than 3 million deaths, 61 million years of disability (DALYs), and 57 million years of life lost in 2010 as a result of excess dietary salt (<http://viz.healthmetricsandevaluation.org/gbd-compare/>).
- Other diseases associated with high salt intake include gastric cancer (probable procarcinogen), recurrent kidney stones (causal association), osteoporosis, obesity, and direct renal, vascular, and cardiac damage.<sup>3</sup>

### GLOBALLY, PEOPLE CONSUME TOO MUCH SALT

- The recommended daily intake level of salt for healthy adults is <5 g/d (sodium <2000 mg/d) and with lower levels in children based on their lower caloric needs.<sup>4</sup>
- Globally, the average intake of salt per adult is 10 g/d (sodium 4000 mg/d), with higher intakes in Asia.<sup>5</sup>

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DOI: 10.1111/jch.12402

- Salt intake in fully developed economies largely comes from prepackaged, processed, and restaurant foods. In undeveloped economies, the largest source is “discretionary” and added in cooking and at the table. Only a small portion (one tenth) is naturally found in food. In developing economies, nutritional transition is increasing the exposure of populations to salt in processed foods.<sup>6,7</sup>

### THERE IS A STRONG CONSENSUS THAT REDUCTION IN DIETARY SALT SAVES LIVES, HEALTHCARE RESOURCES, AND DOLLARS

- Reducing dietary salt is one of the most impactful and cost-effective mechanisms to improve population health and is considered one of a few “best buys” to prevent chronic disease by the World Health Organization.<sup>6,7</sup>
- The threat to the global economy and development posed by noncommunicable diseases led the United Nations to make nine targets for prevention and control—reducing dietary salt by 30% was one of the key recommendations.<sup>8</sup>
- Repeated comprehensive critical appraisals of the literature under the auspices of national governments and high-profile scientific organizations uniformly conclude that dietary salt needs to be reduced and that high dietary salt causes disease.<sup>4,9–30</sup> Only the food and salt industry, their consultants, and a few dissenting scientists are in disagreement.

### APPROACHES TO REDUCE DIETARY SALT NEED TO BE STRENGTHENED GLOBALLY

- Governments in most countries need to take action to develop and implement multisectoral national strategies to reduce salt.
- Regulatory approaches are most effective while voluntary approaches with strong government oversight have had some success.<sup>13,25</sup>
- Public education is important, especially where discretionary salt is the major dietary source.<sup>31</sup>
- Close monitoring of salt intake, sources of salt in the diet, salt levels in foods, and knowledge, attitudes, and behaviors of the public are essential components of salt reduction programs.<sup>32</sup>

- Integrating efforts to reduce dietary salt with those to prevent iodine deficiency through salt fortification are important to optimize population health.<sup>33,34</sup>
- Global networks of concerned healthcare professionals and scientists have formed to help support reductions in dietary salt. The World Action on Salt & Health sponsors World Salt Week during the second week of March annually ([www.worldactiononsalt.com/](http://www.worldactiononsalt.com/)). Other organizations include the Australian Division of World Action on Salt & Health ([www.awash.org.au](http://www.awash.org.au)), the Consensus Action on Salt & Health (<http://www.actiononsalt.org.uk/>), and the Latin American Action on Health & Salt Coalition (<http://www.alass.net/>).

## THE WORLD HYPERTENSION LEAGUE ACTIONS

- The World Hypertension League and the International Hypertension Society have developed a policy statement to support the World Health Organization's recommended salt intake levels. ([http://www.worldhypertensionleague.org/documents/WHL\\_ISH\\_Salt\\_Policy\\_Statement.pdf](http://www.worldhypertensionleague.org/documents/WHL_ISH_Salt_Policy_Statement.pdf)).
- The World Hypertension League has developed annual certificates of excellence and of notable achievement to recognize organizations and individuals who have contributed to efforts to reduce dietary salt on the population level (<http://www.worldhypertensionleague.org/pages/awardscommittee.aspx>).
- Assisting the global and national efforts to reduce dietary salt is a top priority of the World Hypertension League.

*Acknowledgment: This fact sheet was developed by the authors, with assistance and input from the supporting organizations in the title.*

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