

Published in hard copy and on the web at [www.saltmatters.org](http://www.saltmatters.org)

*The business address of the Salt Skip Program is Queensland Hypertension Association  
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Use the academic address when writing about salt control—see the panel on page 4.*

## Send us your postcode

Please send your postcode to Pauline Hancock for our computer database, if you have not already done so.

### What the **POSTCODE** can do

Peter Chamberlain of NSW had no trouble ordering a whole carton of 12 packets of NAS chips at a small IGA supermarket recently. They insisted on giving him a discount as well. Think about that.

The shop didn't normally stock those chips, and even small shops have to order at least one carton.

A dozen packets would be rather a lot to buy at once, but **think how different it would be if you had a dozen salt skipping neighbours who could share the carton with you.**

Even better—a dozen regular low salt customers would give the shop a worthwhile turnover of low salt foods. The shop could order a carton of any low salt food and expect to sell it.

**It might happen in your own shopping centre if you sent us your POSTCODE.**

Just send it for inclusion in the saltmatters database. You can send it to Pauline Hancock by ordinary mail, phone, FAX, mobile or email.

The details she needs for the saltmatters computer database are:

- your name
- postal address including postcode, for contact with you
- shopping postcodes
- home, work and mobile phone numbers if you have them (optional).

### **PAULINE'S ADDRESS**

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### **SHARING INFORMATION**

If you have a computer you can go to [www.saltmatters.org](http://www.saltmatters.org) and click on **EMAIL CHAT GROUP**.

That will take you to a page that tells you all about the saltmatters email discussion list and how to join it.

That list is where new people learn a lot from old hands, and where we all hear about new products that somebody has just spotted. If you can join us you will be glad you did.

# Big trouble with hospital catering

References on page 4

## THE PROBLEM

People with Meniere's Disorder (MD) who prevent the vertigo with low salt foods, are often amazed to discover a **hospital** that cannot supply low salt foods that comply with the Australian Dietary Guidelines!

This email from Pauline Hancock is typical:

I'm back from having major surgery last week and feel the need to discuss a huge problem I had getting a low salt or low sodium meal.

I had put in my request a week before being admitted and the meals that were presented to me absolutely appalled me.

I could not eat for a day and a half as I was offered for my first meal.....

Soup, Shepherds Pie  
Bread and butter

Second meal was....

Pea and Ham soup  
Seafood Crepe, Bread and butter  
Breakfast consisted of Corn Flakes and toast and butter.

I made SO many requests through the staff that I felt exhausted and eventually I was able to get a staff member to toast some of my No Added Salt bread (which no-one seemed to understand what to do with).

I gave up on the 5th day when I was given a salad that had Parmesan Cheese (a large clump), black olives and coleslaw.

I am extremely concerned with how to attack this problem—do I write a letter to the dietitian and send a copy to the management of the hospital or is there a higher authority? Sorry to be long-winded but I am extremely angry and frustrated.

Pauline Hancock

- [pmhan@bigpond.net.au](mailto:pmhan@bigpond.net.au)

## THE PAST

Dietitians prescribed low salt diets—seen as an artificial 'salt restriction'—for patients with salt-related health problems (caused or aggravated by salt) who could no longer tolerate so-called 'normal' food.

## THE PRESENT

Doctors nowadays rely more and more on diuretics (drugs that force the kidneys to excrete salt faster than normal). Australia has whole hospitals with doctors no longer

prescribing low salt diets—except for patients in acute heart failure and kidney failure (who get meals from the diet kitchen).

The high salt intake of industrial societies however is associated with one or more salt-related health problems in at least **half the adult population** [1].

**All Australians should control their salt intake**, and replace the high salt diet of a sick society with more normal foods—which will give them a more physiologically normal dietary electrolyte balance for the first time since they were breastfed.

Patients who follow the Australian Dietary Guideline *to choose foods low in salt* [2] get **good clinical results** when they apply the definition of low salt foods in the Food Standards Code (sodium 120 mg/100g or less).

The Nutrition Information Panel that is now mandatory on processed foods makes this easier, although time-consuming.

Sydney teaching hospitals control the vertigo of MD like this, and find the resulting sodium excretion rate (under 50 mmol/day) [3] is '**more effective and less troublesome than a diuretic**' [4].

## THE FUTURE

If Australia adopted the UK Traffic Light food labels it would take low salt foods out of their present niche market and launch them on the mass market with a green light for salt, with amber and red warning lights for all the saltier foods (previously called 'normal').

Time would show if this had the intended effect of reducing the prevalence of salt-related health problems, meanwhile it would immediately simplify their treatment.

Pauline Hancock could tell that hospital:

- she is only asking for foods with a **green light for salt** when sold in a supermarket;
- she just needs **the healthier foods she eats at home** (no amber or red lights).

Hospitals of course have ethical and medico-legal obligations **NOW** to withhold the saltier foods that trigger severe vertigo attacks.

**Salt skippers can click HOSPITAL** on [www.saltmatters.org](http://www.saltmatters.org) and download a note to take to the hospital on their next admission.

# Cheese—good food or bad food?

## Cheese—is it a ‘healthy’ food?

The debate about Traffic Light labels has thrown up this important comment:

‘Cheese, which is a healthy product, will automatically get a red light because it’s high in saturated fat and salt – yet we all know it’s good for our bones’.

Of course most cheeses will get not **one** red light, but **three** red lights (for fat, saturated fat and salt).

Blanket recommendation of cheese as a source of calcium is surely much too simplistic.

It is a single judgement—a tick or no tick—based on one single attribute (its calcium content).

In the real world nutrition is not only complex but different for each individual. Boiling it down to a tick or no tick for everybody is too simplistic.

For instance calcium is not a big worry for an overweight middle-aged man with high blood pressure and dangerously high blood cholesterol. He definitely needs to see those red lights for fat, saturated fat and salt.

Middle-aged women may need more calcium, but a woman suffering from similar weight, blood pressure and cholesterol problems would be better off getting her calcium from safer sources like skim milk and calcium tablets.

## What Traffic Lights **CAN** do

Traffic Light food labels can help us to control the epidemics of preventable disease, by spelling out precisely where a food stands (high, medium or low) with all the four nutrients that the Dietary Guidelines warn us to eat in moderation.

Red lights indicate **nutrient excess associated with preventable health problems**, including:

- obesity, high blood pressure, stroke
- heart disease, fluid retention
- metabolic syndrome, diabetes.

It is high time to start **PREVENTING** these preventable epidemic diseases.

## Traffic Lights need to be kept simple

They could also promote the beneficial nutrients like calcium and fibre, but these can be promoted in the Nutrition Information Panel, and with nutritional claims (where permitted).

## New evidence about cheese

Nutrition is not only complex, but the message for the consumer constantly changes in the light of new evidence.

‘Choice’ for October 2006 announced that three small serves of cheese a day had no effect on blood cholesterol, even though butter with the same amount of dairy fat did raise blood cholesterol, as expected. There is no consensus yet that the effect is big enough to take very seriously.

If this became widely accepted, how could the Traffic Lights cope with it? The answer is that they can be **flexible**.

## Flexible Traffic Lights

If the whole intention of Traffic Light labels is to **guide the food traffic**, the best approach would be flexible, holistic and targeted to each food.

An amber light for total fat could recommend olive oil in moderation, even though it is 100% total fat. Likewise the clinical response to the total fat and saturated fat that needs red lights in butter might only justify amber lights if it is really much less severe in cheese.

The expert committees advising FSANZ (Food Standards of ANZ) on Traffic Lights could always set flexible boundaries and update them regularly with the latest scientific consensus.

Traffic Lights like these would be the very opposite of **simplistic**—and they would be extremely valuable for being so **simple** for everybody to understand.

# Professional tips on spices

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Salt Skip News will  
continue to be distributed  
in hard copy in The BP  
Monitor (QHA newsletter)

## THE SALTMATTERS RESIDENT CHEF

Salt Skip News offers a warm welcome to Liane Colwell, who joined the saltmatters email discussion list with this comment:

'I am a chef, caterer, cooking teacher, writer, marketing consultant and Master of Arts (Gastronomy) candidate, so I was interested to see this site'.

Liane is happy to share recipes, hints and tips on making nice meals without depending on salt. Salt Skip News has offered her page 4 of every issue (and any other pages if she ever needs more space). Here are some of her tips on spices:

Local Indian spice shops are excellent sources of inexpensive spices. Buy with a friend and save money. The packaging is a huge part of the cost.

If you buy ground spices, buy small quantities and turn them over quickly. Store in a tightly closed jar, away from heat and light.

But the best option is to buy the spices whole, then grind them as you need them to reduce oxidation and maximise flavour. A Bamix spice mill or dedicated coffee grinder are good pieces of equipment to have in your 'spicery'.

Buy cookbooks by Claudia Roden, Ian Hemphill and Paula Wolfert—that way you learn the art of spicing instead of being enslaved to repetitive buying of pre-ground spices and spice mixtures. Try experimenting and don't believe everything you read, especially in the popular press.

## Reservations about 'dipping spices'

I think the concept of 'dipping spices'—a variation of dipping sauces—is complete nonsense. I can't imagine what spice would be even tolerable, let alone nice, on bread or a biscuit. We all know Dukkah (a spiced nut & seed blend). I lived in Egypt and have been there many times. I feel it has been done to death and hackneyed. It has to be prepared fresh, so the seeds and nuts are fresh and not rancid. Show respect for this cuisine by learning how to prepare and serve it properly. Read Claudia Roden on this mixture.

### References from page 2

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4. Halmagyi GM, Cremer PD. Assessment of dizziness. J Neurol Neurosurg Psychiatry 2000;68:129–134.

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