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Use the **academic address** when writing about **salt control**—see the panel on page 4.

Salt Skip News to have a new editor

1. New editor for Salt Skip News

The new editor will be Liane Colwell, who is taking over in March, to produce Salt Skip News No 152 (April 2008).

This issue ends the series that has had a medical editor (Trevor Beard), running from No 35 to No 151.

Issues 1 to 34 (then called NoSal News) were edited by Elisabeth Marchant, founder and first President of Salt Skip Incorporated.

They were full of recipes, culinary hints and tips and shopping information, gathered by the growing membership of salt skippers, who were gaining a collective expertise in those areas greater than Trevor Beard's.

Medical editorship became synonymous with medical authorship, adding academic interest but removing a lot of its direct practical appeal.

That will now return in full strength. Liane joined the saltmatters discussion in early 2006 introducing herself as a freelance writer, a Master of Arts Gastronomy candidate, specialist caterer, chef and food writer.

Since then Liane has given the saltmatters discussion group some very valuable comments from time to time, and the prospect of a regular newsletter from her pen is very exciting. See also page 4.

2. Free web guide to good salt control

As reported in the last issue, the first project of the email discussion group Salt Matters—Australia New Zealand (SMANZ) is a dual-purpose disc for GPs to prescribe for salt-related health problems.

A highlight of the disc is a 30-page 'Prescription'—a collection of notes for beginners.

The good news is that this is now on the web.

Everybody can download and print it free of charge at any time from www.smanz.info

This is not a finished document with consecutive page numbers, it is a collection of separate leaflets, a 'work in progress' that will be revised regularly in response to users' comments.

It consists of a one-page note to the doctors who download it, a 6-page SMANZ Quick Guide to Reducing Salt, a 2-page Doctor's Letter (for patients who have not received it from a doctor), a 2-page Shopping Guide with colour pictures of food labels, 5 pages on Eating Out, a page on The Importance of Bread, 9 pages on Suppliers, incorporating a lot more about bread, 2 pages on Support Groups, another on Links and an order form for additional publications.

Will everybody skip salt one day?

Everybody has a problem

A common question from new members of the email discussion group is how strict they have to be—at a barbecue for example does it matter if their fresh steak goes on the grill just after steaks that were marinated with soy sauce?

This a real worry for people who get the severe vertigo attacks of Meniere's disorder. At a barbecue they should be OK, but there is no harm in scraping and wiping the plate of the grill.

The problem for salt skippers is that everybody else eats the wrong food, and everybody else's problem is that the wrong food gives half of all adults at least one salt related illness [1].

Everybody needs the right food (low in salt). The question is how feasible that will ever be.

Preventing hypertension

The commonest and most lethal salt related health problem is the rise of blood pressure with age.

Death rates rise with every increment of blood pressure above 110/70 [2], and less than 3% of Australians reach the age group 64–69 with a blood pressure as low as that [3].

At 120/80 and above you have prehypertension [4] and at 140/90 and above you have hypertension.

No less than 90% of Americans who survive to middle age have hypertension before they die [5].

Higher death rates at higher blood pressures are due mainly to coronary heart disease, stroke and kidney failure.

If hypertension could be prevented we are talking about one of the world's greatest achievements in public health.

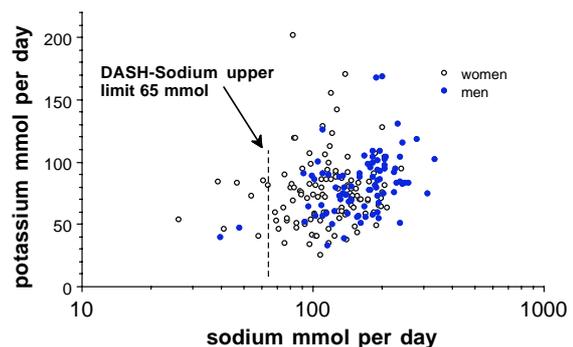
Let us therefore give it some careful thought.

One attempted solution

When the DASH-Sodium study showed that a total daily sodium intake of 1500 mg reversed prehypertension [6], it confirmed unequivocally—with a randomised controlled trial—that hypertension is preventable.

This led an official US government website to urge the whole American population of 300 million people to live below 1500 mg of sodium daily, and it still does [7]. 1500 mg would be 65 mmol in a 24-hour urine collection.

This picture shows what that means. Look where 65 mmol comes in a plot of urine results provided by 194 Hobart people [8]:



Only 8 women and two men got down to 65 mmol or less (5.2% of a population sample of 194), yet there is good news—except for one woman on the Pritikin diet, everybody claimed they were eating normal food. Normal food?

If the right food became normal food it could take everybody below 65 mmol.

Could the DASH-Sodium diet reach McDonalds and Burger King one day? The trouble is that you would have to follow it at home as well, and it depends on an accurate check of the total daily sodium intake. You would have to measure serving sizes as well as the sodium content of everything you ate.

Google can supply material on the DASH-Sodium diet that would take more

than a week to read, but the problem remains that the DASH-Sodium diet is essentially a traditional low sodium diet—far too difficult for the general public.

The Heart Foundation approach

The policy of the Australian Heart Foundation and its 'Tick' Program is to insist on feasibility and gradual change that nobody will notice.

They are starting with limiting the daily intake to 6 grams of salt (about one teaspoonful), which is 100 mmol (2300 mg) of sodium.

Question—will every reader please tell us how many grams of salt you have eaten today already? If not, how will you start checking it?

Conclusion—trying to limit the public salt intake to 6 grams a day is futile unless you tell them how to do it. And if everybody has to add it up you can forget it.

A radical approach

Don Gazzaniga tells everybody on his website www.MegaHeart.com and in his 'no salt, lowest sodium' cookbooks how to enjoy food without *any* added salt.

Don tells Salt Skip News that he is convinced that his own daily dietary sodium intake never exceeds 500 mg (22 mmol). It certainly works for him. You can read his own dramatic medical history on his website and in *Salt Matters* (page 228).

For American readers his recipes still have to fit the traditional format for low sodium diets, so he gives the precise sodium content of every ingredient, for example one recipe gives 2.816 mg as the sodium content of a tablespoonful of pink peppercorns.

Salt skippers can see that he is using unsalted peppercorns, but the milligrams got there because the traditional format allowed anything—even a little bit of ham or cheese—if you measured it.

The Australian solution

The Australian government's salt guideline simply tells us how to choose the

right food—low in salt (sodium up to 120 mg/100g).

The right food (eaten exclusively) gives you a daily sodium intake below 50 mmol (one notch better than the DASH-Sodium diet), with a totally different and relatively easy approach.

The radical difference is that you don't have to measure anything—you just choose the right food, and eat it the same way as you always eat good food.

The right food is already salt skipper territory but still a bit too hard for the public, because checking Nutrition Information Panels on food labels requires motivation.

Salt related health problems provide the motivation that healthy people lack.

Traffic lights—the finishing touch

The general public—for the first time in their lives—will be able to prevent hypertension and all the other salt related health problems when low salt foods have a green light for salt on the front panel that every shopper can see at a glance without even taking it off the shelf.

The general public needs amber or green lights for prevention and the sick need green for treatment. The Heart Foundation and every other advocate for better health can prescribe either green or amber, depending on their audience.

Children will make the best start in life with the best foods (green lights).

If Australia set the boundary between red and amber at 400 mg/100g (SS News 143, October 2006, page 4) it would be identical with the Heart Foundation's boundary for the 'Tick' for bread.

Traffic light food labels would make it **feasible** to prevent hypertension—the essential first step in the campaign to prevent hypertension.

In the long battle against ignorance, prejudice and powerful vested interests, even this great triumph for common sense would only be the first step.

The sooner we can take the first step the better.

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

Welcome to the new editor

Liane Colwell will be editing Salt Skip News, starting with the next issue, No 152 (April 2008)

Liane Colwell, the new editor, has many professional qualifications, including trade and post-trade TAFE qualifications in commercial cookery and hospitality.

At present she is finishing her Masters in Gastronomy and a Masters in Marketing. As a gastronomer she speaks, writes and teaches about cooking and food, and often serves as a Master of Ceremonies.

Liane was awarded the *Cordon Bleu–Food Media Club of Australia Scholarship 2005* and frequently attends conferences on nutrition, medicine, food science, healthy ageing, obesity, and food safety. She has just returned from presenting a paper at the *Oxford Symposium on Food and Cookery*. This year's theme was Food & Morality and her paper was on the marketing of salt in 21st century Australia.

In Salt Skip News Liane will review cookbooks, conferences and food media as well as exposing marketing and labelling errors, and the mythology around our 'need' for salt.

After decades of catering, specialising in exotic cuisines, there will be plenty of practical advice on cooking and shopping. Her big theme is promotion of fresh vegetable, herb, nut and legume consumption.

Liane is keen to publish a variety of contributions from our readers and to establish a 'salt skipping culture' that could make salt-related health problems increasingly rare, and eventually a thing of the past.

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BP Monitor with Salt Skip News is published every 2 months, from February to December (6 issues a year).

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