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Salt Skip News

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

The launch of AWASH, 15 May 2007

(Australian Division of World Action on Salt and Health)

Well-known nutrition consultant and writer **Catherine Saxelby** opened the meeting, and stressed how difficult it is to control your salt intake with a diet using common staple foods.

The Chair of AWASH, **Professor Bruce Neal,** said a blood pressure above 110/70 is already pathological, and the fatal complications of hypertension make it the world's leading cause of death. Everybody has some degree of salt sensitivity and reducing the salt in processed foods is the most cost-effective intervention.

Peter Slator, Chair of Unilever, said his company had led the way in reducing salt for two decades. Further reduction from now on will need new flavour technologies and the strong support of other food companies.

AWASH may have a valuable role in persuading competitors to make *simultaneous* reductions. The Australian Food and Grocery Council might be able to help (Peter Slator happens to be Chair also of AFGC).

Susan Anderson said the Heart Foundation 'Tick' had removed hundreds of tonnes of salt in 18 years.

Clare Hughes pledged strong support from 'Choice', the consumer magazine, and Professor Stephen Harrap warmly congratulated AWASH on behalf of the High Blood Pressure Research Council of Australia.

SMANZ and AWASH

Nine members of SMANZ (Salt Matters of ANZ) were at the launch of AWASH, and we met as a separate group afterwards.

We decided AWASH needed strong support, and we would all consider joining it as individuals in one of its membership categories, but would avoid a formal relationship that might tie SMANZ to an AWASH 'party line' with which we might not fully agree.

Both AWASH and SMANZ have similar and mutually supportive aims, but we focus on opposite ends of the salt problem:
AWASH works for **prevention** in the healthy population and will try to reduce the number of **high salt** foods and their salt content, while SMANZ wants better **treatment** of the sick, with a much bigger supply and variety of **low salt** foods.

We had a lively discussion on DIY testing of urine, but accuracy would not be cheap, and Medicare would not cover DIY tests.

Trevor talked at length about small-group discussion as a tool for tackling the shortage of low salt foods (see also page 3, second column). Trevor will produce a detailed plan for discussion by the full SMANZ membership in June.

Nutrition research update - Convincing evidence that lower salt intakes reduce heart disease risk

With Paul Jones – Dietitian/Nutritionist – Warwick, Queensland

In the news last month was the long-term follow-up of the Trials of Hypertension Prevention study, published in the British Medical Journal. It provides some of the most convincing evidence we have seen so far that a lower salt intake prevents heart disease.

High blood pressure is usually symptomless. It is important only because of its late complications of cardiovascular disease (heart attacks and strokes).

The salt industry has seized on this and demanded long-term trials to demonstrate that a lower salt intake is linked to a measurable reduction in death rates from cardiovascular disease. Up to now such trials were considered too difficult, and prohibitively expensive.

But here at last is the long term trial the salt industry was asking for, and the evidence for protection is surprisingly strong, considering what a mild reduction in salt intake the TOHP studies had reported.

The studies recruited over 3000 people aged 30-54 with "*pre-hypertension*" (BP 120/80 or more, and below 140/90, and not taking BP medication), and followed them for 10-15 years.

At the start of the studies the people were high salt consumers, and were given behavioural and dietary counselling on achieving a lower salt intake. The average reduction in urinary sodium excretion was only 44 mmol per day (about 1000 mg) compared to the control group.

Long-term follow-up showed the risk of heart disease was 25% lower in the people on the lower salt intake. The result was similar when the data were controlled for the effect of initial weight, and weight loss during the trial.

Risk of death from all causes was 20% lower in the people on the lower salt intake.

The two groups were also asked about their taste for salt and salty foods. People on the lower salt intake were more likely to say they 'disliked salty foods'. They were also more likely to say they 'liked low sodium or unsalted foods'.

What is also significant about this study is the age of the participants. Even at the end of the study the ages ranged only from 40-69, so it is reporting cardiovascular deaths at a relatively young age.

We can take several things from this study. A short program educating people on selecting lower salt foods was effective in reducing their salt intake for years. The reduction was enough to re-educate their palates, and increase their preference for foods low in salt. This is notable because they had a high salt intake at the start of the study.

It also highlights the need to identify people with early signs of increasing blood pressure. Lowering the salt in their diet can definitely reduce the risk of death from cardiovascular disease later on.

This provides even more support for a population reduction in the amount of sodium in the diet, which could be achieved through education, reductions in salt in processed foods and clearer food labelling. It can be expected to add to the chorus of support for Traffic Light food labels

Reference on page 4 (Reference 1).

The AIMS of SMANZ
(Salt Matters of ANZ)

READ THIS EVEN IF YOU DON'T HAVE A COMPUTER. The printed copies of Salt Skip News will have an enclosure that tells you how to get the slide talk that you can watch on TV with a DVD player.

The main problem for salt skippers

Our greatest problem by far is the **shortage of low salt processed foods.**

This shortage is severe enough to make it difficult to follow the salt guideline of the Australian Dietary Guidelines (choose foods low in salt) and the ANZ Food Standards Code (sodium in LS foods up to 120 mg/100g).

Salt skippers must not let other problems distract us until we have made a big difference to the shortage of low salt processed foods.

We are such a small group that a problem of this magnitude demands our whole attention.

When all processed foods are low in salt, hypertension and other salt-related health problems will be as rare as they are in about 20 tribal societies known to have reached the 20th century without ever discovering the technology for manufacturing crystalline sodium chloride as an artificial food additive [2].

The Intersalt Study recruited three of the 'salt-free' societies (the Yanomama, Xingu and Asaro) for scrupulously accurate data collection, and found that the average (mean) adult blood pressure of each group was 96/61, 99/62 and 108/63 respectively [3].

It is a strange paradox that the members of these 'salt-free' societies still have the blood pressure of a fit teenager in old age—*without even trying, or knowing how they do it*—while the world's most advanced nations find it easier to visit the moon than to protect the people who reach middle age from a 90% risk of dying with hypertension [4].

A sound, evidence-based goal for SMANZ would be the point where all processed foods are low in salt—even if it took a century to pull down the wall of ignorance, apathy, prejudice and vested interest that stands in the way [5].

The fundamental cause of shortage

Companies with shareholders are in business to make money. They re-order foods that sell well and discontinue foods that don't.

Protest is futile—stock will always reflect turnover, and foods don't last when very few people buy them. But in every food category, including low salt foods, greater demand improves the supply.

Creating greater demand

Somehow we must find a way to increase the demand for low salt foods, and the arrival of the DVD player has given us a method that may work.

Like the green movement, SMANZ can think globally and act locally.

You could use your DVD player to show the slide talk to any friends or relatives who mention any interest in controlling their salt intake with the Australian Dietary Guidelines.

They could borrow it to take home and watch on their own DVD player, but when they watch it you should be present if possible to answer questions.

People on medication

Anybody who is on medication MUST be given a copy of the Doctor's Handout.

Medication (both the choice of drug and the dose) may require supervision, so they need their doctor's advice before they control their salt intake.

They just ask their doctor if it would be OK to take the approach that is described in this Handout (very few doctors raise any objection).

SALT SKIP NEWS
No 147
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Page 4 of 4

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

Traffic Light demonstration

Peter Chamberlain has created a brilliant demonstration of the Traffic Light food labels that the UK now uses, and put it on the web in two places. Visit www.findlowsaltfood.info and scroll down to the word NEW in large red letters, then click on the link to the food traffic light demonstration, or go to www.saltmatters.org and click FOOD TRAFFIC LIGHTS.

The demonstration

You will see four black circles with figures entered against each one that refer to the fat, saturated fat, sugar and salt (sodium) content of Sanitarium Lite-Bix. Clicking the button marked "Show" changes the black circles to four green lights.

To see what traffic lights other foods would get if they were sold in the UK, look at a few cans and packets in your pantry and enter the data for fat, saturated fat, sugar and salt (sodium).

You will get all the greens for salt that you expected, but you may be amazed how many foods you eat that would have red lights in the other categories.

Some of the people who wonder why it is so hard to lose weight can see why at a glance—too many red lights for fat. Red lights can be a revelation and a godsend (not just a quick fix but a **permanent** fix).

Traffic Light labels rescue low salt foods at last from their niche market status. They reveal salt as one the four ab-normalities of industrial diets that cause preventable disease and need control.

Traffic Light labels show LOW SALT foods in a new light—a GREEN light—which is a free advertisement.

Give the food industry a fair deal

For companies that already sell healthy foods meeting all of the Australian Dietary Guidelines, Traffic Light labels are a dream come true—literally a free advertisement.

On the other hand companies whose products would collect red lights would naturally expect Traffic Lights to be a serious threat to sales. The food industry deserves to be given a fair deal. It needs adequate time for reformulation, as discussed on www.saltmatters.org (click the FOOD TRAFFIC LIGHTS button).

References from pages 2 and 3

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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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