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

Two front page news items

1. Salt in the House of Reps

On 17 September 2007 Mrs Margaret May, Liberal member for the seat of McPherson on Queensland's Gold Coast, moved that the House of Representatives should call on the Australian government to:

- educate the Australian people on the dangers of a high salt diet; and
- follow the United Kingdom's example and label food with green lights, which identify at a glance the best foods on the market for salt content.

Mrs May made favourable comments about the talk that the ABC broadcast on 4 February, and you can read a transcript of that if you click on the button ABC RADIO TALK when you visit www.saltmatters.org

Mrs May referred to traffic light food labels, stressing the value of green lights. The food industry has no problem with green lights.

Green lights would be a badge of honour like the Heart Foundation 'Tick', and could be introduced with little if any opposition (unlike amber lights and especially unlike red lights).

Mrs May said that anyone could treat salt-related health problems easily—just by eating fresh foods and selecting processed foods that had a green light for salt.

The motion was seconded by Christopher Pyne, Minister for Ageing.

2. SMANZ launches THE DISC

In 2006 a small group of serious salt skippers formed an email discussion group to help people to control their salt intake. Recently the group gave themselves the rather grandiose title *Salt Matters—Australia New Zealand* (SMANZ).

SMANZ's first major project is a dual-purpose disc for computers and DVD players:

- it is a CD-ROM (Compact Disc—Read Only Memory) for computer viewing and printing;
- it is also an SVCD (Super Video Compact Disc) to watch an audio-visual presentation on TV.

Most set top DVD players will play SVCDs, although their specifications may not mention it. Those that are incompatible include the latest HD (High Definition) DVD players

Also the computers that accept DVDs may need special software to play the SVCD.

LOW SALT—BETTER HEALTH is the name of this information disk.

It should be available from mid October 2007 from the Meniere's Support Group of Victoria Inc by email: info@menieres.org.au or phone: (03) 9783 9233 or fax: (03) 9783 9208. RRP \$20.00 including handling and postage, or \$55.00 with *Salt Matters: the killer condition* and the *Dizzy Chef* cookbook.

Taking diuretics?—talk to your doctor

Rick Keam—Freelance journalist, Melbourne—tells us his Personal Story

When Rick Keam sent his Personal Story for the CD-ROM described on page 1, he highlighted the fact that people who want to control their salt intake have two choices:

1. token control and a diuretic;
2. good control without any diuretic.

Choice No 1 is the standard medical treatment for the vertigo of Meniere's disorder. It controls vertigo but only moderately well.

Choice No 2 gives you better results, but it requires good motivation.

Through misunderstanding, and despite our warnings, a few people still end up combining good salt control and a diuretic. With good salt control (sodium excretion below 50 mmol/day) a diuretic is at best unnecessary and at worst a risk to health.

DO YOU WANT BAD SIDE EFFECTS? *If you take tablets or capsules of any description have a look at them.*

Check all their names against this list of synthetic diuretics and/or combined medications (a diuretic with another drug mixed together in one tablet or capsule):

Accuretic, Ardix perindopril combi, Aldactone, amiloride, Amizide, Atacand Plus, Avapro HCT, bumetanide, Burinex, chlorothiazide, chlorthalidone, Chlotride, Co-Diovan, Coverex Combi, Coversyl Plus, Coversyl Plus LD, cyclopenthiiazide, Dapa-Tabs, Dithiazide, Diulo, Dyazide, Edecrin, eplerenone, Enapril HCT, ethacrynic acid Fosinopril HCT, Fozide, Frumil, Frusebeta, Frusehexal, frusemide, Frusid, Hydrene, hydrochlorothiazide, Hyforil, Hygroton, Hyzaar, Indahexal, Indapamide, Insig, Inspra, Kaluril, Karvezide, Lasix, Lasix-M,

metolazone, Micardis Plus, Moduretic, Monoplus, Napamide, Natrilix, Natrilix SR, Navidrex, Olmetec Plus. Perindo combi, Prinzide, Renitec Plus, Spiractin, spironolactone, Teveten Plus, triamterene, Uremide, Urex, Urex-Forte, Urex-M.

If you are taking a drug in that list, you (or one of your children or grandchildren) can go to www.saltmatters.org, click the button marked DOCTOR'S LETTER and print it. Take the letter to your doctor, explain why, and *follow whatever advice you are given after your doctor has read it.*

Rick Keam's Personal Story

That morning must have been manna from heaven for the ENT specialist. Here he was with a party of young medical students in tow, when who should present for diagnosis but someone—me—with the classic symptoms of endolymphatic hydrops. (Although he would probably object to it, for present purposes the more familiar term 'Meniere's' will suffice.)

I described how for some days after my second vertigo attack, which had lasted over 12 hours, I had felt like a giant hand was trying to turn me clockwise. Some of that feeling was still hanging around.

'Stand facing me,' he said, 'then close your eyes and walk on the spot for 30 seconds.'

At the end of the 30 seconds, I found I had turned through 90 degrees and was looking at the wall.

If their faces were any indication, it would be fair to say that this made a profound impression on all present.

Personal story by Rick Keam (continued)

'We can beat this,' said the specialist. 'You'll be taking one of these a day'—he brandished a diuretic tablet—'and one of these (Slow K for potassium) and you'll be going on a low-salt diet.'

'That won't be a problem,' I responded. 'I already am. Haven't used the stuff in years.'

'Good man,' he replied. Then he was gone.

And that was it. No attempt to explore what I understood, or what he understood, by a 'low salt diet'. No suggestion that it might be advisable to check just how much salt I was actually eating. No explanation of the rationale, the reasoning, behind the prescription.

Today I know that, like most people who imagine they eat little salt because they've stopped consciously using it in the kitchen, I was still getting reasonably large amounts of it in everyday processed foods. (I always stress 'everyday' processed foods because many people equate processed foods with 'fast' food, not realising the potent salt content of ordinary items like conventional bread.)

This was actually a fortunate misunderstanding. If I'd known then what I know now about salt, and embarked on genuine low-salt living—I hate and object to the phrase 'low salt diet'—while continuing to take a prescribed diuretic, I could have ended up in hospital.

What my specialist had really meant by 'low salt diet', of course, was a *reduced* salt diet. The idea is that you don't need to depart too much from convention in what you eat, because it's all too hard and people and palates are settled in their ways and we all like salty pleasures anyway and it's easier just to cut back a little bit and keep taking the tablets.

The problem with all this is that people generally don't know where the sodium is coming from, and you can't cut back on what you're not even aware of to begin with. And a feature of the conventional modern diet is that sodium intake varies wildly from meal to meal and day to day, instead of being low and stable.

In theory the medication looks after this. In practice this was not my experience. Five years and many Chlotrides later, I was still having two or three 12–13 hour vertigo attacks a year.

Then I discovered Salt Skip and what low salt living really means. In the subsequent 14 years, without diuretics or any other medication and relying solely on dietary control, I have had only (from memory) four attacks. For all practical purposes, I regard myself as cured.

But I will remain cured only for as long as I can maintain control over what I eat.

The key word is indeed *control*, and the key problem is how to maintain control against what sometimes seem like overwhelming social forces. I have been fortunate insofar as I work from home as a freelancer. Once you are over the early difficulties of low salt living—going through the taste transition, learning how to read food labels, searching for products—it becomes domestically quite easy to achieve, at least once the bread problem has been sorted out. The continuing difficulties relate to eating out and travelling. There are no easy answers, but the old adage that 'where there's a will there's a way' remains as true as ever.

One GP—a fine man and dedicated doctor—said to me a few years ago, 'You can't avoid salt — why not just pop the pills?' WRONG! You CAN avoid salt. You CAN avoid popping pills. It is all so absurdly, frustratingly simple.

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

The vote on traffic lights

In Salt Skip News No 148 (August) we called for votes on two questions:

QUESTION 1

What should the traffic light colours mean in Australia?

Vote 1.1 or 1.2

1.1 The dietary guidelines call for MODERATION with 4 nutrients (fat, saturated fat sugar and salt) and the colours indicate the amounts of each nutrient shown in the Nutrition Information Panel:

RED = STOP (too much of the named nutrient to prevent illness)

AMBER = CAUTION (still high enough to require MODERATION)

GREEN = GO (low enough to eat freely)

1.2—the traffic light colours mean:

RED = a lot

AMBER = OK

GREEN = a little

QUESTION 2

Where should Australia place the upper boundary for salt?

Vote 2A, 2B or 2C

UK 2005	FAT	20g/100g
	SUGAR	22.5g/100g
	SALT	sodium 500 mg/100g
UK 2006	FAT	15g/100g (25% less)
	SUGAR	15 g/100g (33% less)
	SALT	sodium 600 mg/100g (20% more)

WHAT IS YOUR VOTE FOR AUSTRALIA?

2A	SALT	sodium 600 mg/100g
2B		500 mg/100g
2C		400 mg/100g

THE VOTES WE RECEIVED

We had 36 votes (19 by mail and 17 by email). 35 votes were for 1.1 and 2C and one vote was for abolishing the amber light and going straight from green (up to 120 mg/100g) to a red light for everything above 120 mg/100g.

Don't laugh—if all processed foods eventually had green lights for salt, the salt-related health problems would be virtually eradicated, and would no longer afflict half the adult population of Australia. 'Moderation' (amber lights) would not give such a good result.

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