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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 new editor, Jennifer Keogh



From Trevor Beard (retiring Editor)

Liane Colwell unexpectedly resigned, and Salt Skip News No 153 missed the deadline for inclusion in the June issue of The BP Monitor (newsletter of the Queensland Hypertension Association).

But all was not lost. Caryl Nowson (a long-time member of the Editorial Committee listed on page 4) found that Jennifer Keogh was interested in taking over.

Our new Editor introduces herself below, and readers will realise how lucky we are.

From Jennifer Keogh (new Editor)

It is a privilege to take on the role of Editor of Salt Skip News. Following Dr Trevor Beard as Editor means that I have large shoes to fill but am looking forward to the challenge.

I qualified as a dietitian in Dublin and have fond memories of learning how to cook at St Mary's College of Catering in Cathal Brugha Street. In those days it was thought very important that dietitians learn to cook along with the trainee chefs and hotel managers.

I remember we used salt liberally. I re-visited those kitchens teaching diet therapy when I became a lecturer at the Dublin Institute of Technology. My

career as a dietitian has spanned working as a clinical dietitian in London, Hobart and Melbourne, as a lecturer on the Nutrition & Dietetics course in Dublin and more recently in research at CSIRO Human Nutrition where I am a research scientist.

Late in my career I completed a PhD on "Nutrition and Vascular Health". Blood pressure increases with weight gain and I have been intrigued that while weight loss reduces blood pressure this benefit is lost with time. In one of my PhD studies I investigated if weight loss would reduce the blood pressure response to salt and found that the response to salt was the same after weight loss suggesting that salt reduction remains important even after someone has lost weight. Recently we have found that reducing salt has a beneficial effect on blood vessel relaxation in response to increased blood flow. We are planning more studies in this area. I am a member of the advisory group of Australian Division of World Action on Salt and Health (AWASH). I am committed to translating science into messages that people can act on in their daily lives.

America's question, Australia's answer . . .

By Dr Trevor Beard, Menzies Research Institute, Hobart

The Heart Foundation Guide to the management of hypertension 2008 has at last quoted a specific salt intake that will give measurable results to all the patients who know how to adopt it.

All doctors should now be asking their patients with hypertension to limit their daily salt intake to 65 mmol.

In practice this means persuading 2 million Australians (16% of the 13 million adults who voted in the last election) to choose low salt foods exclusively for the rest of their lives.

That is the official position of the **Heart Foundation Guide to the management of hypertension**.

This figure of 65 mmol is based on the best evidence available—the DASH-Sodium study [1].

On the same evidence an official US government website has for the last seven years been urging the entire US population to live at or below 65 mmol (1500 mg of sodium or 3.8 grams of salt) [2].

The US wants patients with hypertension to reach 65 mmol for *treatment* and the rest of the American population to reach it for *prevention*, which makes a lot of sense.

Readers familiar with the DASH studies may decide to skip the introduction (the story so far) and go straight down to **America's question**.

But if you do that please remember that the Dietary Approaches to Stop Hypertension (DASH) studies showed that *three international dietary guidelines* are good for hypertension—more fruit and vegetables, less fat and less salt, with 65 mmol the limit for salt.

The story so far

The landmark DASH studies consisted of two separate studies. The first DASH diet had a lot less fat and a lot

more fruit and vegetables than ordinary American food, and kept salt constant at 130 mmol/day—only 20 mmol lower than the average American salt intake.

The power of the DASH diet was a bombshell—in spite of its generous salt content it was a surprisingly effective treatment for hypertension [3].

The US Salt Institute was delighted and said it proved people who ate enough fruit and vegetables were “no longer salt-sensitive” and could stop worrying about their salt intake.

But their joy was short-lived—the DASH-Sodium study tested the DASH diet at three levels of salt intake (143, 104 and 65 mmol/day), which is 8.4, 6.1 and 3.8 grams of salt.

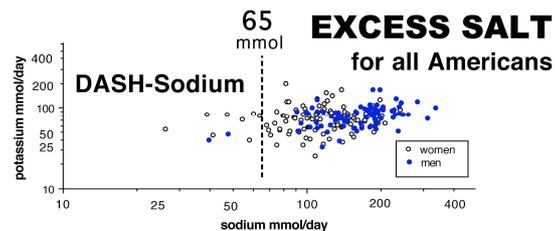
65 mmol was the best. It even reversed prehypertension (BP 120/80 or more) and thereby prevented hypertension. **The whole world could stop hypertension** [1].

America's question

But how can we expect 300 million people to spend all day measuring serving sizes, counting milligrams of sodium and stopping when they reach 1500 milligrams (65 mmol)?

65 mmol is a radical change

This picture plots the sodium and potassium excretion in 24-hour urine samples from 194 people we recruited from the Hobart Electoral Roll [4]:



They said they were buying “normal food” from supermarkets and ignoring food labels. Urine results showed it gave them

... and Britain's traffic lights answer

a 12-fold range of sodium excretion, from 26 to 334 mmol.

Nearly all fresh foods are low in salt, therefore “normal food” may be low by accident, but you can see this was rare enough to let only 10 people (about 5%) reach 65 mmol or less.

Yet this is good news—10 people got within 65 mmol with “normal foods” *without even trying, and without even knowing*—when simply buying “normal foods” from Australian shops.

Australia's answer—a simple dietary guideline and no arithmetic

We know from clinical observation at the Menzies Clinic [5] that people who choose low salt foods deliberately and exclusively can routinely get below 65 mmol/day (50 mmol if they are strict).

Patients—25% of adults

Patients who need treatment have the motivation to read food labels and choose better food instead of tablets.

Better food for hypertension follows three Australian dietary guidelines:

- limit saturated fat and moderate total fat;
- eat plenty of vegetables, legumes & fruits;
- choose foods low in salt;

The sodium in low salt foods must comply with the ANZ Food Standards Code (the “120” rule).

The remainder of the population

Remember the families who share some of the patient's genes. Surely they deserve better food too, and it's a lot easier to shop and cater if the whole family is eating better food.

Everybody can prevent hypertension when Australia introduces the *traffic light food labels* that the Australia 2020 Summit recommended in 2008.

Red, amber or green “traffic lights” show if the Nutrition Information Panel (NIP) has high, medium or low figures for fat, saturated fat, sugar and salt.

Britain's answer

Britain's *traffic light* food labels go on the front of the pack and leave the Nutrition Information Panel (NIP) at the back, where health professionals can still see more details if they need them.

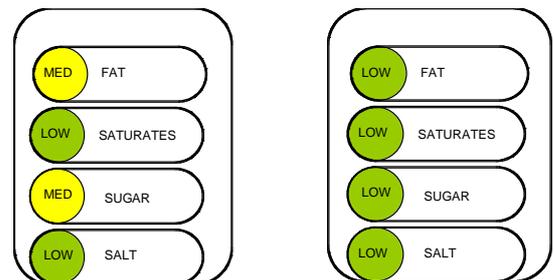
Shoppers can see at a glance on the front of the pack what they are buying.

Traffic lights tell ordinary shoppers all they need to know about the four nutrients that can damage our health—even fatally—if they are eaten regularly in excess.

Obesity, Type 2 diabetes, coronary heart disease and strokes will all be very rare in people who always choose foods low in fat, saturated fat, sugar and salt—fresh foods and processed foods with four green lights [6].

Traffic lights for hypertension

Clinical practice leaves room to tailor the advice to the individual. Thin people with hypertension could use the traffic lights on the left, but the over-weight (the majority) would do better with the traffic lights on the right:



When you see how few processed foods have four green lights you can see why Australia spends over half its health budget on the treatment of obesity, Type 2 diabetes, strokes and coronary heart disease and all their complications.

References on page 4.

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Salt Skip News is on the
Web and downloadable at
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Salt Skip News will
continue to be distributed
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Cooks' Corner



Minestrone soup ideal for cold winter days Serves 6

- 1 400g can diced peeled no added salt tomatoes
- 1 400g can no added salt borlotti or kidney beans, rinsed, drained
- 1.75L (7 cups) home made salt free stock or water
- 3 medium potatoes, peeled, chopped
- 200g pumpkin, deseeded, peeled, chopped
- 3 small or 2 large zucchini, chopped
- 2 brown onions, chopped
- 2 medium carrots, chopped
- 2 celery sticks chopped
- 1½ tablespoons extra virgin olive oil
- ½ cup firmly packed roughly chopped fresh continental parsley
- 2 teaspoons of paprika
- 1 large garlic clove, chopped
- 1 tsp dried oregano leaves
- freshly ground black pepper

Method

1. Sauté onions & garlic in oil until soft add potatoes, pumpkin, carrots, celery, tomatoes and oregano.
2. Add stock or water and bring to the boil over medium-high heat. Reduce heat to medium and cook, almost covered, for 45 minutes.
3. Add the zucchini and cook, stirring occasionally, for 10 minutes.
4. Stir in the beans and cook for a further 5 minutes or until the zucchini are tender.
5. Stir in the parsley and taste and season with pepper and paprika.
6. Serve with warm low salt bread
7. Pasta may be added in step 2 if a heartier meal is required.

References from page 3

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3. Appel LJ, Moore TJ, Obarzanek E, Vollmer WM, Svetkey LP, Sacks FM, et al. A clinical trial of the effects of dietary patterns on blood pressure. *NEJM* 1997;336:1117-24.
4. Beard TC, Woodward DR, Ball PJ, Hornsby H, von Witt RJ, Dwyer T. The Hobart Salt Study 1995: few meet national sodium intake target. *Medical Journal of Australia*. 1997;166:404-07.
5. Beard TC. *Salt Matters: the killer condiment*. Sydney: Hachette Livre; 2007.
6. Click Food Traffic Lights in www.saltmatters.org

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

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