

April 2004

**Irish Heart Foundation  
Position Statement  
on  
Salt, Blood Pressure and Heart Disease**

High blood pressure is a major risk factor for cardiovascular disease (CVD) - heart disease, stroke and related diseases of blood vessels.<sup>1,2</sup> CVD the single largest cause of death in Ireland<sup>3</sup>. There is now convincing evidence that sodium intake, mainly through dietary salt (sodium chloride), is directly associated with blood pressure.<sup>1,2,4,5</sup> The association is stronger in those with hypertension (raised blood pressure) and in older and black individuals.

Until recently population-wide strategies to reduce salt consumption were challenged because of lack of evidence that such an approach would lower blood pressure in people with hypertension. However, the evidence is building that on a population-wide basis, a relatively modest reduction in salt intake has important beneficial effects on blood pressure in hypertensive and normotensive individuals. This would produce substantial falls in stroke and coronary heart disease mortality.<sup>6,7</sup> For example it is estimated that in Ireland an average reduction of systolic blood pressure of 5 mmHg, achieved by a reduction in salt consumption of 3 grams per day, would reduce the incidence of stroke by 13% and the incidence of coronary heart disease by 10%.<sup>8,9</sup>

This would amount to approximately 900 deaths per year, with commensurate falls in the number of people developing either heart attack or stroke.

The World Health Organization, as well as many international health organisations, has called for strong public health measures to tackle excess salt consumption.<sup>1</sup> Research shows that a healthy balanced diet, low in salt and rich in fruit, vegetables and low-fat dairy products can help reduce high blood pressure levels.<sup>6</sup>

#### **Prevalence of high blood pressure**

In Ireland as in Western societies, blood pressure rises with age.<sup>2</sup> 50% of Irish men and women aged 50 years and over have high blood pressure.<sup>10</sup> In the UK, 30% of the population aged 30 and over has high blood pressure, 50% of the population aged 50 and over have high blood pressure, rising to 70% of those aged 70 years and over.<sup>11</sup>

#### **Current intakes**

Most of us have very little control over the amount of salt we consume. Based on studies in Finland and the UK it is estimated that about 80% of salt comes from processed foods, 5% occurs naturally in food and only about 10-15% is discretionary.<sup>2,12</sup>

Salt intake in many countries is between 9 and 12 grams per day<sup>8</sup> and there is evidence that children are eating as much salt as adults even though they require less salt per day.<sup>11</sup> (6 grams of salt is the equivalent of 1 teaspoon of salt. 2.5 grams of salt = 1 gram of sodium).

## **Dietary Recommendations**

The World Health Organization, drawing on evidence from international studies on blood pressure management, recommends a salt intake of less than 5 grams per day.<sup>1</sup> Recently the UK Government's Scientific Advisory Committee on Nutrition (SACN) published guidelines calling for adults to eat no more than 6 grams of salt per day and for children much less - dependent upon age.<sup>14</sup> The Irish Heart Foundation's revised Nutrition Policy, to be published later this year, recommends no more than 6 grams per day.<sup>15</sup>

### **What can we do?**

- Develop a national nutrition policy to set out (among other things) clear guidelines on salt consumption for the Irish consumer. The policy should adopt the principle that although it will remain entirely an individual decision what to eat, it is a public and community responsibility to ensure that the healthy choice is the easier choice. This policy needs to involve all relevant sectors of the food industry.
- Raise public awareness about the role of salt consumption in relation to heart health and highlight the increased risk of heart attack and stroke from excess salt consumption.
- Continue to promote the benefits of and to provide education on healthy eating based on the Food Pyramid, highlighting in particular the role of fresh fruit and vegetables and low-fat dairy products, along with a moderate salt consumption to prevent heart disease and stroke.
- Actively work and engage with food producers, manufacturers and retailers to encourage them to reassess the salt content of their foods and encourage a reduction in salt concentration in processed food on an incremental basis over a period of time. Experiences in other countries – Finland<sup>16</sup> and the UK<sup>11</sup> - have shown that such co-operation with the food industry is possible and that incremental reductions in salt content is possible, without perceptible change in taste or loss of safety or loss of business for the industry. It has been shown that as salt concentration is reduced, taste receptors in the mouth become more sensitive and food with a lower salt concentration is preferred<sup>17</sup>.
- Encourage both the food manufacturer and consumer to consider the salt content of foods in tandem with the fat and sugar content.
- Advocate for compulsory standardised labelling on all food products to be introduced, which is easy to understand and which can be effectively regulated through both the UK and EU regulatory mechanisms. Consider the developments in the UK such as the high/medium/low banding scheme which enables consumers to readily gauge levels of energy, fat, saturated fat, sugar, salt and dietary fibre in food products.<sup>18</sup>
- Advocate for controls on the marketing to children of foods, which are high in fat, sugar and salt, including prohibiting TV advertising and programme sponsorship relating to such products until after the watershed 9pm.
- Commercial practices by food and drink companies in educational settings including vending sales, advertising, collection schemes and sponsorship should be controlled.

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