

The International Society of Hypertension and World Hypertension League call on governments, nongovernmental organizations and the food industry to work to reduce dietary sodium

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The International Society of Hypertension and the World Hypertension League have developed a policy statement calling for reducing dietary salt. The policy supports the WHO and the United Nations recommendations, which are based on a comprehensive and up-to-date review of relevant research. The policy statement calls for broad societal action to reduce dietary salt, thus reducing blood pressure and preventing hypertension and its related burden of cardiovascular disease. The hypertension organizations and experts need to become more engaged in the efforts to prevent hypertension and to advocate strongly to have dietary salt reduction policies implemented. The statement is being circulated to national hypertension organizations and to international nongovernmental health organizations for consideration of endorsement. Member organizations of the International Society of Hypertension and the World Hypertension League are urged to support this effort.

Keywords: cardiovascular disease, hypertension, nutrition, salt policy, sodium chloride

Audience

Policy makers in government, nongovernmental organizations and the food industry.

Rationale

1. Increased blood pressure is the leading risk factor for death and disability.
2. Three in 10 adults have hypertension.
3. Management of increased blood pressure consumes an estimated 10% of overall healthcare expenditures.
4. As dietary salt intake increases, blood pressure increases. Thirty percent of hypertension is estimated to be due to high dietary salt intake.
5. In nearly all countries, current diets have more than 5 g salt/person per day starting from early childhood.
6. In most countries, the largest amount of dietary salt comes from processed foods, but in some settings,

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REDUCING DIETARY SALT INTAKE. A POLICY STATEMENT OF THE WORLD HYPERTENSION LEAGUE AND THE INTERNATIONAL SOCIETY OF HYPERTENSION

Policy goal

Dietary salt intake to be consistent with the WHO recommended target of less than 5 g/day per adult with lower intake in children based on their lower caloric requirements [1]. At a minimum, countries should reduce dietary salt intake by 30% by 2025 as recommended by the United Nations [2].

adding salt to food at home in cooking or at the table is still the major source.

7. Reducing high salt consumption is a cost-effective population intervention to improve health with the WHO indicating that it is a 'best buy'.
8. The United Nations has set a target of 30% reduction in dietary salt by 2025.
9. Major programs, policies and regulations to reduce high salt consumption are justified because salt additives in food are common, people are not aware of how much salt they are eating, there are widespread adverse health outcomes from high salt consumption, and there are very substantial cost savings in preventing premature death and disability from reducing high dietary salt.
10. Salt intake can be reduced without compromising micronutrient fortification efforts.

Recommendations for policy and action

This policy statement is consistent with the WHO approach to dietary salt reduction programs including product reformulation, ensuring health choices are affordable and available, increasing public knowledge and awareness and monitoring and evaluating the program [3,4].

The World Hypertension League and International Society of Hypertension call on national governments, the food industry and nongovernment organizations to take immediate actions to reduce dietary salt towards the WHO recommendation of less than 5 gm/day in adults and avoid high-salt intake in children based on their proportionally lower caloric requirements.

To national governments

Implement effective salt reduction programs that include:

1. Effective targets, with timelines, for lower salt levels in processed foods including restaurant foods.
2. Encouraging the food industry to provide in all markets the lowest of best in class (salt content of a processed food that is similar to that which is lowest in the specific food category) and best in world (the lowest salt content of the specific food produced by the company elsewhere in the world).
3. Public awareness programs that include children about the health risks of high dietary salt, and how to reduce salt intake as part of a healthy diet.
4. A monitoring and evaluation program for dietary salt intake, the major sources of dietary salt and the salt content of specific foods. Regularly and publicly report progress towards the target for dietary salt intake and the salt content in specific foods.
5. Easily understood mandatory labels on processed food and restaurant foods so consumers can easily identify high-salt and low-salt foods.
6. Effective restrictions on marketing unhealthy foods and beverages to children including those high in salt.

7. Coordination with salt iodization programs wherein salt is iodized.

To nongovernmental organizations

1. Endorse this policy statement.
2. Engage policy and decision makers to support programs for reduction of high-salt intake.
3. Participate in or lead health coalitions for advocacy, and encourage your members to advocate for salt reduction programs.
4. Through regular education programs, presentations at meetings, publications and other communications educate your members on the health risks of high dietary salt, and how to reduce high salt intake.
5. Utilize media releases and education programs on the reduction of high dietary salt to reach the public.

To the food industry

1. Ensure the low-salt products that are best in the class and best in the world are universally available across the global markets.
2. Market salt substitutes at affordable prices.
3. Reformulate to lower the high salt content of all current food products that have added salt.
4. Ensure all new food products are low in salt.
5. Use clear and easy-to-understand food labels to indicate low and high-salt foods to consumers.
6. Promote the health benefits of avoiding high-salt diets to all consumers.

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Conflicts of interest

There are no conflicts of interest.

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