

Salt intake and health in the Australian population

Trevor C Beard

TO THE EDITOR: Keogh and Clifton's call for salt reduction in the food supply¹ comes when the National Heart Foundation is telling doctors who treat patients with hypertension that they should "recommend low-salt and reduced-salt foods as part of a healthy eating pattern".²

Humans evolved while eating foods that (with rare exceptions) are low in salt — fresh fruit, vegetables and nuts, supplemented sometimes with fresh meat, poultry or fish — and these foods are still abundant. Using cooking methods that conserve flavour and any of about 300 herbs and spices, they make delicious meals that are low in fat, saturated fat, sugar and salt.

Keogh and Clifton's point is that we need more *processed* foods that are low in salt. This could be brought about if all doctors prescribed low-salt diets for their patients with hypertension.² The food industry could hardly fail to respond to an unprecedented demand from the 3.7 million hypertensive Australians who need low-salt foods.

Low-salt foods (sodium \leq 120 mg/100 g) are easy to prescribe, requiring neither a diet nor a dietitian. In Britain, "traffic light" labels identify them at a glance, with green lights for salt. Australian consumers wishing to identify them have to check the mandatory sodium figure in the nutrition information panel provided on all processed food packages for a value of 120 mg/100 g or less. Further information to help consumers identify low-salt foods is available on the SaltMatters website (<http://www.saltmatters.org>), and a comprehensive

handbook for practitioners and motivated patients has also been published.³

A low-salt diet is also particularly important for patients with Ménière's disorder, because sodium excretion $<$ 50 mmol/day is "more effective and less troublesome than diuretics" for controlling their vertigo.⁴ This level of sodium excretion occurs when all meals are low in salt.⁵ The National Heart Foundation's marginally easier limit of 65 mmol/day allows room for a small mistake or a *reduced*-salt food, but practitioners must remember that the "combination of diuretic treatment and low dietary salt intake may result in unacceptable volume depletion and hyponatraemia".⁶ The National Heart Foundation recommends 24-hour urine sample collections for monitoring dietary compliance (see "Measuring Salt Intake" at the SaltMatters website).

Competing interests: Reference 3 is a book of which I am the sole author and for which I receive royalties.

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1 Keogh JB, Clifton PM. Salt intake and health in the Australian population [letter]. *Med J Aust* 2008; 189: 526.

2 National Heart Foundation of Australia (National Blood Pressure and Vascular Disease Advisory Committee). Guide to management of hypertension 2008. Quick reference guide for health professionals. Canberra: NHFA, 2008.

3 Beard TC. Salt Matters: the killer condiment. Sydney: Hachette Livre, 2007.

4 Halmagyi GM, Cremer PD. Assessment and treatment of dizziness. *J Neurol Neurosurg Psychiatry* 2000; 68: 129-134.

5 Ménière's Resource and Information Centre. Treatment of Ménière's disease. Modify your diet: low salt diet. <http://www.menieres.org.au/treatment.htm#lowsalt> (accessed Jan 2009).

6 National Heart Foundation of Australia. Salt and hypertension (professional paper). May 2007. <http://www.heartfoundation.org.au/SiteCollectionDocuments/Nut%20Salt%20and%20Hypertension.pdf> (accessed Jan 2009). □