



Salt Reduction Initiative in the Americas



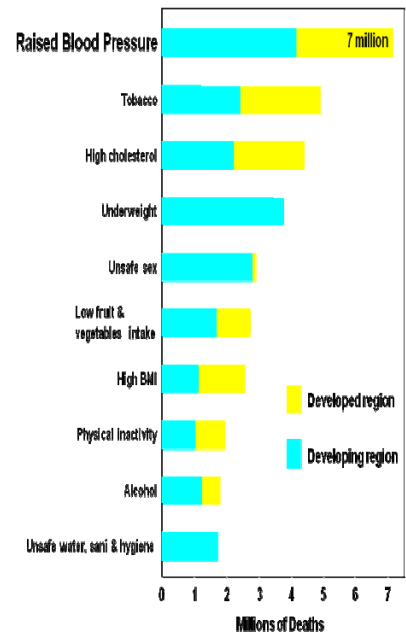
The Problem:

Hypertension is the leading risk for cardiovascular disease and death in the world. The most important single cause is excessive dietary salt intake, which is almost universal in modern world populations. While the WHO recommends a daily intake of <5 gr of salt, current data show an average daily intake generally over exceeding this recommended quantity.

Sources of salt intake:

Sources of salt intake differ across the Americas' region.

- In the United States and Canada, processed food is the main source of salt intake, while little is added in cooking and on the table.
- In Latin America, data on salt intake is still scant. However, besides salt added at the table and that contained in processed food, salt added to products by local vendors constitutes a problem for assessing and managing salt intake in the region.



Essa et al. Lancet 2002;360:1547-60.

Table 1: Daily salt intake in Latin America

Country	Year(s)	Sample Size	Na mmol/day	NaCl g/day
Barbados	'91-'94	813	115.3 +/- 53.5	6.78 +/- 3.15
Brazil	'90-'91	27	136.4 +/- 64.8	8.02 +/- 3.81
		130	135 +/- 73.2	7.94 +/- 4.30
Brazil	'99-'04	Men 764	214 +/- 116	12.59 +/- 6.82
		Women 899	186 +/- 114	10.94 +/- 6.70
Canada	'90-'99	18214	135.7 +/- 234.7	7.98 +/- 13.80
Jamaica	'94-'95	1257	143.6 +/- 112.6	8.45 +/- 6.62
Panama		50	210 +/- 155.6	12.35 +/- 9.15
St. Lucia	'91-'94	1089	145.9 +/- 62.5	8.58 +/- 3.68
USA	'96-'98	Men 1103	182.7 +/- 62.4	10.75 +/- 3.67
		Women 1092	142.3 +/- 48.3	8.37 +/- 2.84
USA	'99-'00	Men 4206	168.6 +/- 170.6	9.92 +/- 10.04
		Women 4398	125.9 +/- 115	7.40 +/- 6.76
Venezuela		High altitude 77	90.5	5.32
		Low altitude 33	64	3.76

The benefits of salt reduction strategies:

Dietary salt has until recently been largely overlooked as a mechanism to improve health despite an overwhelming body of evidence relating high sodium intake with hypertension.

- A comprehensive meta-analysis prepared for the 2006 WHO Forum and Technical Meeting concludes that there is very strong evidence for the cost-effectiveness of national sodium reduction strategies.
- The Cochrane Collaboration found that even a reduction of daily salt intake (2g/day) produced on average a fall in blood pressure of 5/3 mmHg in hypertensive subjects and of 2/1 mmHg in normotensive ones. The public health impact of these measures would be a 14% reduction in stroke death and 9% reduction in ischemic heart disease death among people with hypertension and 9% and 4% reductions respectively in normotensive people

Table 2: The potential reduction in death and hypertension from a reduction in dietary sodium of 1840 mg/day

Disease	Benefit
Death from stroke	1 in 7 deaths prevented
Death from coronary heart disease	1 in 11 deaths prevented
Death from any cause	1 in 14 deaths prevented
Hypertension	1 in 6 cases of hypertension prevented

Salt and youth:

An increasing number of epidemiological studies suggest that controlling the salt intake of younger sectors of the populations is particularly important for the prevention of cardiovascular diseases in later stages of their lives.

- Salt added to food in order to make it more palatable has the potential to alter the child's preferences with the potential consequence of long term high salt consumption.
- High salt consumption in children has also been identified as a risk factor for obesity and related conditions due to the large amount of sweetened liquids that often are consumed due to the thirst caused by high dietary salt.

WHO initiatives on salt reduction:

In 2003 WHO and FAO issued a joint report calling for a reduction of population salt intake to less than 5 gr. a day.

At the 2006 WHO held a Technical Forum in Paris, "Reducing salt intake in populations" where global experts recommended that national programs be built around three "pillars":

- Product reformulation, through engagement of food manufacturers, distributors and providers.
- Consumer awareness and education campaigns, including information on the deleterious effects of salt and instruction on reading nutritional labels.
- Environmental changes to make healthy choices the easiest and most affordable option for everyone, at all socioeconomic levels. This includes elements such as pricing strategies and development of clear labeling systems.

In 2007 WHO held second expert consultation "Salt as a vehicle for fortification" that offers expert insight on the potential conflict between salt reduction for prevention of cardiovascular diseases and iodine fortification for prevention of iodine deficiency.

Salt reduction initiatives in the Americas:

Salt related policies/activities are reported for Argentina, Brazil, Bolivia, Canada, Chile, Costa Rica, Ecuador, Guatemala, Panama, Paraguay, Uruguay and the US. In South America, there are notable examples of salt reduction programs in Brazil, Chile and Argentina.

In January 2009 PAHO-WHO Office held a country Expert consultation on: "Mobilizing for dietary salt reduction in the Americas" where it was proposed that PAHO establish a Regional Expert Group for Reducing dietary salt in the Americas as a population based approach to cardiovascular disease prevention.

The Expert group is established and its endeavor is to develop the evidence base for salt reduction, explore the current epidemiological situation of CVDs in the Americas, assess existing policies, and evaluate policies of salt fluoridation and iodization, foster public/private partnerships, and issue recommendations for the Region.