



# Reducing Dietary Salt to Improve Health in the Americas: Fact Sheet for Healthcare Professionals



## The Rationale

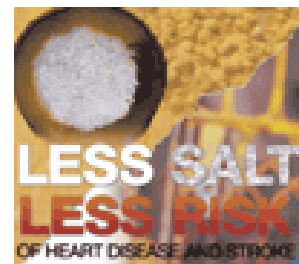
The World Health Organization (WHO) indicates that increased blood pressure is the leading risk for death worldwide and the second leading risk for disability.<sup>1</sup> In the Americas overall one-fifth to one-third of adults has hypertension; in Latin America and the Caribbean, the rates are among the highest in the world. Regardless of location, among people living to age 80, over 90% can expect to develop hypertension.<sup>2,3</sup> The direct and indirect costs of increased blood pressure are estimated to consume 5-15% of the GDP in high income countries and 2.5-8% in Latin America and the Caribbean.<sup>4</sup>

Elevated blood pressure accounts for about two-thirds of strokes, and about one-half of heart disease,<sup>1</sup> with the risk of developing hypertensive complications increasing with age. Even blood pressure rising within the normal range, lower than what most health care professionals consider to be ‘hypertension’, poses risk, causing about half of the disease attributed to elevated blood pressure.<sup>1</sup>

A healthy lifestyle can prevent blood pressure from increasing. Important is regular physical activity, avoiding excessive alcohol, attaining and maintaining a healthy body weight and following a healthy diet – lots of fresh fruits and vegetables, low fat dairy products and otherwise, foods that are low in saturated fats and salt<sup>6-10</sup>.

About 30% of people with hypertension would have normal blood pressure and the others would have better blood pressure control if they reduced their salt intake to a healthy level. About 10% of cardiovascular disease is caused by excess dietary salt.<sup>7,11</sup> Pre prepared foods consumed outside the home are usually the largest source of dietary salt but in some regions, high quantities of salt are added to food cooked at home.<sup>12,13</sup>

A joint WHO/FAO expert consultation recommends dietary salt intake of less than 5 grams per day, equivalent to 2000 mg of sodium.<sup>14</sup> Where data are available, people in the Americas are consuming up to three times this level and all age groups including children are affected.<sup>15,16</sup> In response, the Pan American Health Organization (PAHO) is launching region-wide action – Cardiovascular Disease Prevention through Dietary Salt Reduction. It intends population level interventions, shown to be the most cost effective in improving health in low to middle income countries, and expected to be similarly cost effective in high income countries.



In September 2009, PAHO convened a group of 18 international experts on dietary salt reduction to lead the regional initiative. They are tasked with developing a policy statement with recommendations and a “tool kit” with resources to aid governments, nongovernmental organizations, organizations of health professionals, the food industry as well as PAHO, to reduce

salt consumption and improve overall population health. The policy statement and resources can be accessed at [www.paho.org/cncd\\_cvd/salt](http://www.paho.org/cncd_cvd/salt)

## How to be part of the change as a health professional

- ➔ Encourage your professional organization to endorse the PAHO policy statement on dietary salt reduction.
- ➔ Request your professional organization to advocate policies and regulations that will contribute to population-wide reductions in dietary salt.
- ➔ Request and organize educational sessions at members' or public events on the health risks of dietary salt and how to reduce it. A PAHO slide set to assist in educational sessions is available for download at the URL above.
- ➔ Request or write articles on dietary salt reduction for your profession and your patients. A scientific reference list will be available soon at the URL above to assist in writing.
- ➔ Disseminate information on dietary salt to your patients and colleagues. A PAHO patient pamphlet is available at the URL above.
- ➔ Promote media releases on dietary salt reduction that reach the public when new research becomes available.
- ➔ Perform or promote research on the impact of high dietary salt in your community.
- ➔ Educate policy and decision makers on the health benefits of lowering blood pressure among normotensive and hypertensive people, regardless of age.



## Advice for Your Patients



- ➔ Choose fresh, unprocessed foods.
- ➔ Gradually decrease the amount of salt used in cooking and at the table (this includes sea salt).
- ➔ Use commercially prepared condiments such as sauces sparingly.
- ➔ Flavour food with lemon juice, fresh garlic, spices, herbs and flavoured vinegars.
- ➔ Try low-salt or low-sodium seasoning mixes.
- ➔ Limit “instant”, canned and pre-packaged convenience foods.
- ➔ Read food labels if available and buy brands with less salt or sodium per serving. Look for foods marked “low” sodium or salt, “no added” sodium or salt, sodium or salt “free” and then double check the label for the actual amounts contained.
- ➔ Limit how often you eat in restaurants, ask for meals to be prepared with less salt, and reduce fast foods and take-out meals.
- ➔ Choose unsalted snack foods such as nuts and seeds.
- ➔ Limit processed, cured, smoked, or breaded meats and poultry.
- ➔ Choose fresh, frozen or low-salt canned fish.
- ➔ Rinse canned foods before cooking or eating.

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