



PRESSURE MOUNTING TO REDUCE SALT INTAKE IN POPULATIONS WORLDWIDE: FROM EVIDENCE TO ACTION

INTRODUCTION

The evidence is now overwhelming that high salt intake is responsible for a substantial proportion of cardiovascular fatal and non fatal events attributable to high blood pressure. The evidence also indicates that reducing the levels of salt intake does reduce blood pressure levels and ensuing cardiovascular events. Since most of the salt we eat is added to food at the stage of manufacturing, it is imperative that for a reduction in salt intake to occur at a population level the food manufacturing industry, the big food distributors, the catering business and local food providers be involved in a concerted action to reducing the salt content of foods across the board. Despite some resistance (past and present), the majority of industry has accepted that it is time to collaborate with the health sector in setting lower targets for salt content of food and start the process of reformulation to help people achieve healthier targets for salt intake. Taking the opportunity that the World Hypertension Day on 17th May 2009 was entirely devoted to salt reduction for the prevention of cardiovascular disease, the Executive Committee of the British Hypertension Society felt it appropriate that our Newsletter celebrated this landmark event with an article summarising the latest achievements nationally, in Europe and worldwide. The article particularly focuses on the achievements in the areas of public health, policy and implementation. I have no doubt that you will immediately recognise the contribution to these achievements made one way or another through members of our Society; a testimonial to the pivotal role the British Hypertension Society plays in the national and international scene.



WHAT IS HAPPENING IN THE UK

National Institute for Health & Clinical Excellence

The National Institute for Health & Clinical Excellence (NICE) was asked by the Department of Health to develop guidance on the prevention of cardiovascular disease at the population level. The scope is available from the NICE website. All registered stakeholders are now invited to comment on the evidence that has been assembled to inform on the development of this guidance. This evidence is being used by the Programme Development Group (PDG) on Cardiovascular Disease to develop draft recommendations. The evidence comprises a series of reviews of effectiveness, a cost effectiveness analysis and other types of reviews. The aim of this consultation is to enable stakeholders to consider the evidence gathered and to provide the opportunity to comment, in particular on: (i) major gaps in the evidence gathered, (ii) queries around the interpretation of the evidence, (iii) the applicability of the evidence and its usefulness for the development of guidance, (iv) issues relating to cost-effectiveness. The importance of salt intake for the prevention of cardiovascular disease is high on the agenda ([Editorial](#) BMJ 2007) and a number of recommendations on how to reduce salt intake are being considered. [Expert testimony](#) was also considered and the paper is available as part of the consultation process.

Food Standards Agency

Since 2003 the Food Standards Agency (FSA) has had in place a programme of work to help UK consumers reduce their salt intakes. This initiative forms an important part in making healthy eating an easier option and reducing diet-related diseases. The maximum recommended salt intake for adults is 6g a day. In May 2009 the Agency has published revised salt reduction targets for 2012, for 80 categories of foods. These are more challenging than the previous targets for 2010. The earlier voluntary salt reduction targets were published in March 2006 for 85 categories of food. The FSA made a commitment to review the targets in 2008 to formally assess progress and to establish what further reductions were necessary to maintain progress towards the 6g daily intake target. Following sector-specific meetings, at which industry was asked to report on progress



towards achieving the targets and on any significant challenges experienced, the collection of data on the levels of salt in food on the market in 2007 and current intakes, expert advice on technical and safety issues and ongoing research, and a public consultation, targets were revised.

Revised targets

The [revised targets](#) are set at challenging levels that will have a real impact on consumers' intake, while taking into account the reductions that have already been achieved. The targets reflect the reductions that have already been achieved by industry, which include: (i) average amount of salt found in branded pre-packed, sliced bread has been reduced by around one-third; (ii) reductions of about 44% have been achieved in branded breakfast cereals and of between 16% and 50% in some top-selling cakes and biscuits between 2006 and 2007; (iii) a 13% reduction in standard crisps, 32% in 'extruded snacks' and 27% in 'pelleted snacks'; (iv) in processed cheese products a 32% reduction in some retail standard cheese slices, and 21% in the equivalent reduced-fat cheese slices; (v) about 30% in cooking and pasta sauces and 25% in soups by a range of the largest manufacturers.

The revised targets pose a challenge for the industry. In view of this, the FSA will continue to work in partnership with stakeholders to consider the problems faced in achieving the targets and the timescales proposed. Wider activity will also contribute to helping reduce consumers' salt intake including ongoing work within the catering sector, action across European industry as part of the commitments made to the EU High Level Group on Nutrition and Physical Activity (see below), and the next stage of the FSA's consumer awareness campaign planned for late 2009.

Impact assessment

One of the key issues raised in industry responses to the consultation was the potential costs of reformulation activities. Therefore, to further inform the [final impact assessment](#) (IA), the FSA held meetings with a number of manufacturers and retailers. This enabled us to better reflect within the IA the wide range of drivers, as well as the costs associated with reformulation work and the impact of salt targets.

Reviewing and monitoring progress

The 2008 consultation on the revised targets also included proposals on how information would be gathered to inform a regular review of progress towards the 6g target. The FSA plans to next review progress towards the end of 2010, and then every two years. Work up to and including the 2010 review will focus on ensuring a continuing trend of gradual salt reductions in foods and progress across the whole industry in a way that maintains consumer acceptability as people's palates adjust to less salty foods.



As well as collecting data on salt levels in individual products, progress will also be monitored through the publicly available salt commitments table. Information will be collected annually from industry organisations that will have the opportunity to highlight reductions made, future plans on salt reduction and areas of difficulty.

The [2008](#) urinary sodium survey assessed salt intakes in the general adult population in the UK using 24h urine samples. The survey showed a reduction in the UK's average daily salt consumption from 9.5g to 8.6g since the National Diet & Nutrition Survey (NDNS) in 2000/01. The 2006/07 urinary sodium survey includes three studies, covering [England](#), [Wales](#) and [Scotland](#), which provide a 'snapshot' of overall sodium intakes. The survey showed a reduction in daily salt consumption since 2000/01. Monitoring of salt intakes in the UK will continue and will be carried out through urinary sodium surveys undertaken as part of the new rolling programme of the NDNS, which began fieldwork in April 2008.

C.A.S.H. – National Salt Awareness Week

Consensus Action on Salt and Health ([CASH](#)) organised the 10th National Salt Awareness Week (2nd-8th February 2009). The focus for the Week was salt in food eaten out of the home, raising awareness that foods eaten outside the home, for example in restaurants, takeaway and fast foods, can contain a lot of hidden salt. The campaign also aimed to highlight to the catering industry and to chefs and others involved, the importance of adding less salt to food and the long-term health implications of eating a high salt diet. The event was marked with a lunchtime reception held at the [House of Commons](#) on the 4th February, hosted by Mary Creagh, MP with the participation of Prof Graham MacGregor, Chairman of CASH, Dr Will Cavendish from the Department of Health, Dame Deirdre Hutton, Chair of FSA, and Anton Edelmann, Chef.



WHAT IS HAPPENING IN EUROPE

European Union High Level Group

In the 2007 White Paper on a Strategy for Europe on Nutrition, Physical Activity and Health, the European Commission proposed to set up High Level Group focused on nutrition and physical activity related health issues. The High Level Group is composed of national representatives, experts in the field of nutrition and physical activity. The High Level Group was set up in Autumn 2007 and has met several times since its instigation. At the Health Council meeting of 7th December 2007, the Council welcomed the proposal to consider salt reduction as a first priority to discuss within the High Level Group on nutrition and physical activity. Following two salt expert meetings and discussions with the High Level Group, the European Commission developed an EU framework for National Salt Initiatives. This initiative was presented to the Platform on Diet, Physical Activity and Health on 2nd July 2008 at a joint meeting with the High Level Group. The goal of this initiative is to contribute towards reduced salt intake at population level in order to achieve the national or [WHO recommendations](#) for no more than 5g/day. The initiative will work towards a reduction in salt of 16% over 4 years (4% per year) against the 2008 levels. In a first stage, activities would be concentrated on 12 food categories, of which Member States have to choose at least 5 for their national plans. These 12 food categories are: bread; meat products; cheeses; ready meals; soups; breakfast cereals; fish products; crisps & savoury snacks; catering meals; restaurant meals; sauces, condiments and spices and potato products. The key elements are to (i) determine additional data needs. (ii) establish benchmarks for major food categories; (iii) develop actions to raise public awareness; (iv) develop reformulation actions with industry and catering; (v) to monitor and evaluate actions and reformulation.



European Salt Action Network

To support the implementation of the 2nd Action Plan, three action networks, consisting of groups of countries committed to implementing specific actions, have been set up in the following areas under the auspices of the World Health Organization: 1) Childhood obesity surveillance; 2) Reducing marketing pressure on children; 3) Reducing salt intake in the population. The latter includes the following countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Denmark, Finland, France, Greece, Hungary, Ireland, Italy, Luxembourg, Norway, Poland, Portugal, Russian Federation, Serbia, Slovenia, Switzerland, Spain, The Netherlands and United Kingdom. The network is led by the United Kingdom and it is supported by the newly established W.H.O. Collaborating Centre for Nutrition at the University of Warwick (see below). The aim of the network is to establish a network of countries that are committed to salt reduction, to share information, experiences and technological advances between the member countries regarding salt reduction efforts, provide background information and material, act as a resource for technical expertise, develop guidance for setting targets, monitoring intakes and salt level in food products and communication.

W.H.O. Collaborating Centre for Nutrition

The Centre was established in October 2008 at the University of Warwick to support the monitoring activities of the European Salt Action Network and with the remit to contribute to other activities. The terms of reference of the WHO Collaborating Centre are presented below and briefly describe the scope of the activities that the institution performs as a WHO Collaborating Centre.

Operational support: (i) To compile and keep up-to-date national guidelines on salt reduction at population level in European countries; (ii) To extend the search and cataloguing in countries worldwide; (iii) To continue systematic reviews to inform policy makers and to monitor international progress.

Research: (i) To increase the research output in the following areas that are of interest to the WHO general framework: (a) quantitative monitoring of urinary sodium output; (b) analysis of trends in urinary output; (c) producing evidence of the effectiveness of implementation programmes; (ii) To monitor the development of new policies for the reduction of salt intake; (iii) To study how the development of new policies is influenced by research findings; (iv) To explore issues of distribution and access to food items reduced in salt and socio-economic barriers to their use; (v) To study the potential impact of social and health inequalities on the implementation of nutritional policies for a reduction in salt intake and nutritional interventions targeted at low socio-economic groups.

Monitoring within the European Network: (i) To act as an integral partner in the development, implementation and monitoring of national programmes aiming at a reduction in salt intake; (ii) To

support monitoring and surveillance by providing centralized laboratory measurements of urinary sodium, potassium and creatinine obtained from random samples of participating populations.

Education, Training and Capacity Building: To organize workshops and seminars aimed at the dissemination of information regarding methods, nutritional skills, policy issues and implementation tools for European participation.

The French Salt Industry in court!

As mentioned in the Introduction, collaboration with the industry, the implementation of policies and the agreement of targets has not been without resistance and obstruction. In a revealing piece in the Lancet, [Graham MacGregor and Hugh de Wardener](#) tell us about the high-profile libel case brought by the Comité des Salines de France against Prof Pierre Meneton. I urge you to read it (if you have not already done it) to find out the outcome....

WHAT IS HAPPENING WORLDWIDE

World Salt Awareness Week

World Action on Salt and Health ([WASH](#)) held its 2nd annual World Salt Awareness Week (2nd-8th February 2009), focusing on salt eaten outside the home. It raised awareness that foods in restaurants, takeaways, fast foods, street food, hawker markets, canteen food etc can contain a lot of hidden salt. The campaign aimed to highlight to the catering industry and to chefs and others involved, the importance of adding less salt to food and the long-term health implications of eating a high salt diet. It also publicised to consumers that they must also take action in choosing lower salt foods and asking for much less salt to be added to their meals. 28 countries participated: Australia, Bangladesh, Botswana, Bulgaria, Canada, Caribbean, Chile, Croatia, Cuba, Dubai, Egypt, Finland, Georgia, India, Italy, Kenya, Lithuania, Malta, Netherlands, Nigeria, Pakistan, Poland, Portugal, Slovakia, Sweden, Turkey, UK and the USA.

World Hypertension Day

The theme of this year's [World Hypertension Day](#) (17th May 2009) supported by the World Hypertension League, was 'Salt and blood pressure: two silent killers'. The event run worldwide to highlight that (i) high blood pressure is the biggest single cause of death in the world; (ii) salt is the major factor putting up blood pressure; (iii) if salt intake were halved, it would save approximately 2.5 million lives a year worldwide.



Michael Bloomberg to cut salt intake in the Big Apple by half over the next decade

In an unprecedented fashion, Michael Bloomberg, the Mayor of New York City, announced in November 2008 his plan to substantially reduce the salt intake of New Yorkers in the next decade. He gathered health experts and food-industry representatives to lay out his plan: to cut sodium levels in processed foods by 20% over the next five years. The initiative will include restaurants and caterers as well as food manufacturers. The initiative will be 'voluntary'. Thomas Frieden, NY Health Commissioner backing the initiative, admitted the plan is still not well developed in terms of publicity, awareness campaigns and consumers' involvement. However, to no surprise, a campaign of denigration and confrontation started immediately. Titles like '[Nannycrat Bloomberg's War on Salt](#)', have appeared and views such as '[there is no clear scientific evidence, despite decades of research, that reducing salt saves either health costs or prevents heart disease](#)' have started littering the press. After some organization the industry has also been able to rebut with arguments either from a 'well known expert' (read also the Lancet commentary about the French libel case!) or by introducing the concept that salt reduction can cause depression in rats. Read [John Tierney](#) in the New York Times to find out!

... and more in the recent press ...

[Salt reductions more challenging in low-fat formulations](#) (20 Apr 2009)

[Unilever announces 'holistic' salt reduction strategy](#) (22 Apr 2009)

[Denmark's excessive salt intakes turns focus on food industry](#) (11 May 2009)

[UK unveils new salt reduction targets](#) (19 May 2009)

[FSANZ disputes shock Australian salt intake claim](#) (22 May 2009)

Report prepared by Prof FP Cappuccio on behalf of the British Hypertension Society