SALT AND HYPERTENSION

This information is brought to you by many of the Australian nutrition professionals who regularly contribute to the Nutritionists Network ('Nut-Net'), a nutrition email discussion group.

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Please note the following explanations for terms used throughout this FAQ

*Salt is ‘sodium chloride’. Because many of the health effects of salt are attributed to sodium, reference is often made to 'sodium intake' or 'sodium excretion'. Sodium intake/excretion is usually measured in milligrams (mg) or millimoles (mmol): 1 mmol of sodium is equal to 23 mg.

*Hypertension is a technical term for high blood pressure. Hypertension is a major risk factor for heart disease and the most important risk factor for stroke. A survey conducted in 2005 found that 28.8% of Australian adults over 25 years of age suffer from hypertension. The percentage of hypertensive adults in Australia was found to increase steeply with age, e.g. 44.7% for those aged 55-64 years and 67.4% for those aged 65-74 years.

An adequate daily intake of sodium is considered to be in the range 460–920 mg. Australian adults are typically consuming about 3500 mg of sodium each day, i.e. many times more than their requirement. High sodium intakes are strongly associated with increased blood pressure (also known as ‘hypertension’). Being hypertensive substantially increases the risk for heart disease and stroke, as well as many other health conditions.

A ‘Suggested Dietary Target’ of 1600 mg of sodium (equivalent to about 4 grams of salt) has been set for Australian adults. This is about half the average adult Australian sodium intake. An ‘upper limit’ of 2300 mg of sodium (equivalent to about 6 grams of salt) has also been set. Intakes above this are regarded as being likely to cause harm, yet most adult Australians average well above this level of intake. Perhaps it isn’t surprising that two-thirds of Australians aged 65–74 are hypertensive.

Having normal blood pressure does not mean that a person is immune to the effects of salt on hypertension in later life. As people grow older their risk of developing high blood pressure increases continually if they eat a ‘normal’ (i.e. high-sodium) diet. Because adopting a lower sodium intake will not always reverse the rise after it has occurred, it is appropriate to restrict sodium intake as early in life as possible.

Our taste buds have been ‘trained’ to become accustomed to the taste of very salty foods because of exposure from early age. This habituation to salt affects nearly everyone in developed nations, including the vast majority of chefs, who insist that their meals ‘need’ salt. These chefs are not correct—virtually no-one needs to use

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salt in cooking or add it at the table. Although foods may taste as though they are lacking salt, our taste buds are ‘flexible’—they can adjust to both higher and lower sodium intakes. By gradually reducing salt intake over a period of several months, the palate will alter to the extent that normal processed foods (i.e. those with added salt) will now taste ‘too salty’. Low-salt diets are appropriate at every stage of life, including during infancy and childhood.

Nearly every fresh food—plant or animal—is low in salt, while nearly every processed food is high in salt, unless the label includes ‘low-salt’ or ‘no added salt’.

Simple steps to reducing your risk of developing hypertension in later life include:

- Snack on fresh or dried fruit and nuts (un salted);
- Remove most processed foods from your shopping list and buy mostly fresh foods, especially fruit and vegetables;
- Read the Nutrition Information Panel on processed foods and select only those that are ‘low-salt’, i.e. with sodium content no higher than 120 mg/100 g;
- Dress salads with olive oil and balsamic vinegar without adding salt or salty dressings;
- Remove salt shakers from the table and the kitchen, including salt in all its guises—sea salt, garlic salt, onion salt, and all the expensive gourmet salts of various colours;
- If fresh vegetables, meat, poultry, eggs and fish still seem to need more flavour, use your favourite herbs, spices and vinegars, but not salt; and
- Buy wholemeal or whole-grain bread from the small bakers or specialty bread shops that cater for discriminating customers.

Disclaimer: This material is provided on the basis that it constitutes advice of a general nature only. It is not intended to replace the advice of a physician or a dietitian.