

To: Interested Parties

23 May 2003

Reference: SCO/15/CMTE/11/03

Dear Sir/Madam

Salt and Health: A National Issue

We are writing to bring to your attention the **Scientific Advisory Committee on Nutrition (SACN) *Salt and Health Report*** and to seek your help in reducing salt intake in the population.

Salt intake in the UK is greater than health experts recommend. Too much salt is associated with an increase in blood pressure. High blood pressure is very common in the UK and is a significant risk factor for cardiovascular disease, a major cause of death. Reducing the average salt intake of the population is, therefore, likely to reduce blood pressure and improve public health.

A summary of the SACN report is attached to this letter. The report recommends that the average salt intake of the UK adult population should be reduced by a third from 9g to 6g per day. It also recommends lower target salt intakes for infants and children.

The Food Standards Agency and the four UK Health Departments will be taking steps to increase public awareness of salt as a health issue. The aim of this will be to encourage consumers to make choices about the food they buy and eat, with a view to reducing their salt intake in line with the SACN recommendations.

However, in the case of processed foods and foods eaten outside the home, consumers are often not able to exercise choice about salt. Approximately 75 per cent of the salt in our diet comes in these foods. Reducing salt intake from these sources is, therefore, a responsibility of manufacturers, retailers and caterers, as well as of consumers themselves.

Those involved in public sector catering, particularly those who have responsibility for feeding children and vulnerable groups such as the elderly have an important role to play in this. With this in mind we are writing to ask for your help to ensure that the recommendations on salt intake target levels for adults and children are:

- brought to the attention of your staff with food procurement responsibilities
- brought to the attention of existing and potential food suppliers
- taken into account when reviewing your current specifications for processed foods as part of any tendering process

We appreciate that you have other pressures and priorities in managing your services, however, the public health consequences of eating too much salt must be an important priority for you. We will continue to keep you updated as this work progresses and to discuss what support we can give to you to help you take forward action on this issue within your organisation.

If in the meantime you would like further information on salt and its health implications this is available at www.food.gov.uk. You can also telephone Claire Moni at FSA Scotland on 01224 285158 or contact the FSA Nutrition Division on 020 7276 8919 if you have specific questions about salt in food.

We hope we can look to your organisation for help to achieve the recommended reductions in salt intake and benefit public health .

John Krebs

Sir John Krebs

Chairman Food Standards Agency

Copies to:

Advisory Body for Social Services Catering - Ms Pam Rhodes
Association of Directors of Social Services (ADSS) - John Beer, Social
Inclusion & Health Committee
Association of Directors of Social Services - Ms Anne Martin
Department for Education and Skills - Paul Neill, Head of Commercial
Services Division
HM Prison service - Patsy Northern, Contracts and Procurement Unit
HM Prison service - Alan Tuckwood, Prison Catering Services
Home Office HQ - Mr Robert Scotland, Head of Commercial & Procurement
Unit
Joint Procurement Policy & Strategy Group (for Higher Education) - Professor
Tom Chadwick, Director of Procurement Development
Local Authorities Coordinators of Regulatory Services - Geoffrey Theobald
Local Authority Catering Association – Sue Kilbey
Local Education Authorities - Chief Executive Officers
Local Government Association - Sir Jeremy Beecham
Ministry of Defence – Steve Waddington, Defence Procurement Agency
NHS purchasing and supplies - Mike Tiddy, Fruit buyer,
NHS Purchasing and Supply Agency - Andrew Norton, Purchasing Executive,
NHS Estates Agency - Paul Cryer, Better Hospital Food Programme
Manager,
NHS Board Chief Executives
Directors of Public Health
Health Promotion Managers
Public Health Nutrition Network
NHS Boards- Heads of Dietetics
Local Authority - Catering Managers
CoSLA

On copy – for information

Regional Directors of Public Health
Medical Directors for Strategic Health Authorities
Primary Care Trust Directors of Public Health
Regional Prison Health Leads
Regional Food and Health Leads

SUMMARY

Background

Increased blood pressure, or hypertension, is the most common outcome that has been associated with high levels of salt intake. Hypertension is a major risk factor in the development of cardiovascular disease. The relative risk of cardiovascular disease increases as blood pressure rises even within what is considered the normal range of blood pressure, indicating that large numbers of people are at risk.

Although the key evidence for the association between high salt intakes and blood pressure relates to sodium, the major dietary source of sodium is salt. The relationship between salt and blood pressure was previously considered in 1994 by the Committee on Medical Aspects of Food and Nutrition Policy (COMA) as part of their report on *Nutritional Aspects of Cardiovascular Disease*. COMA recommended a reduction in the average intake of salt by the adult population from 9g to 6g per day. A similar proportionate reduction in the salt content of children's diets was recommended, but insufficient data were available to enable quantification.

The Scientific Advisory Committee on Nutrition (SACN) was asked by the Food Standards Agency and the Chief Medical Officer of Wales to review the evidence since 1994 and to consider making recommendations for children.

Methodology

The key issues for consideration were: physiological requirements for sodium; salt sensitivity; effects of salt on blood pressure; and morbidity and premature mortality outcomes. The framework for risk assessment developed by SACN (2002), was used as a template to identify and evaluate the available evidence.

Main findings

Physiological requirements for sodium:

- No basis was found for a revision of the 1991 Dietary Reference Values for sodium or to change the 1994 COMA recommendation for a target salt intake of 6g/day (2.4g/100 mmol sodium) for the adult population. 6g is higher than the Reference Nutrient Intake (RNI) and substantially greater than the salt intake required to maintain the sodium content of the body.
- The RNI values previously agreed by COMA (1991) for infants and children were accepted and used as a basis to set the daily target average salt intakes. These were: less than 1g/day for 0-6m; 1g/day for 7-12m; 2g/day for 1-3y; 3g/day for 4-6y; 5g/day for 7-10y; 6g/day for 11-14y.
- The target salt intakes set for adults and children do not represent ideal or optimum consumption levels, but achievable population goals.

Salt sensitivity

- There is no agreed definition or clinical criteria to identify salt sensitivity. The greatest benefits are likely to be achieved by taking a population approach to reducing salt intakes, rather than through individual targeted advice.

Effects of salt on blood pressure

- Since 1994, the evidence of an association between dietary salt intakes and blood pressure has increased. The data have been consistent in various study populations and across the age range in adults.
- The greatest reductions in blood pressure are observed when a diet rich in fruits, vegetables, and low-fat dairy foods, and reduced in saturated and total fat, is combined with a low salt diet.
- Long-term effects of dietary advice to reduce dietary salt levels show that significant effects of salt reduction on lowering blood pressure at 6 months are not sustained over time. This reflects the difficulties faced by individuals in lowering salt intake, as most dietary salt originates from processed food.

Morbidity and premature mortality outcomes

- There are insufficient reliable data on long-term effects of salt on cardiovascular disease outcomes to reach clear conclusions.
- Evidence suggests that high salt intake causes left ventricular hypertrophy, a strong risk factor for cardiovascular disease, independently of blood pressure effects.
- While high salt intakes have been associated with detrimental effects on bone health, there are insufficient data to draw firm conclusions.

Children

- There is a lack of data for effects of salt intake in childhood on cardiovascular health.
- Data on the contribution of dietary salt to raised blood pressure in children is limited and it is unclear whether sodium intake in isolation is a factor in the development of hypertension in the young which then tracks into adulthood.
- The evidence suggests long-term consumption of salt by children at levels currently habitual for adults being potentially harmful in later life; it would therefore be inadvisable for children to become accustomed to this level of consumption.

Conclusions

- Reducing the average population salt intake would proportionally lower population average blood pressure levels and confer significant public health benefits by contributing to a reduction in the burden of cardiovascular disease.
- To achieve the recommended levels of salt intake for adults and children, a substantial reduction in the current average salt intake of the population is required. This would be best achieved using a population-based approach through the adoption of a healthy balanced diet, which is low in salt and saturated and total fat, and rich in fruit, vegetables, and complex carbohydrates.

- A reduction in the salt content of processed food and drinks is necessary which requires the continued co-operation of food manufacturers, retailers, and caterers.