

Consultation response from the National Heart Forum

Consultation: Report on salt and health

Consulting body: The Scientific Advisory
Committee on Nutrition:
Salt Subgroup

Date: January 2003

**NATIONAL HEART FORUM
RESPONSE TO:
The Scientific Advisory Committee on Nutrition: Salt Subgroup
REPORT ON SALT AND HEALTH**

January 2003

INTRODUCTION

1. The National Heart Forum warmly welcomes the conclusions of the SACN review of salt and health. A review of the evidence of the links between salt intake and health is long overdue and provides much needed support for a government programme to raise consumer and food industry awareness of the risks of a high salt intake.
2. The SACN review makes a sound assessment of the role that salt plays in the development of coronary heart disease (CHD). In this response, we set out some recommendations which we believe would strengthen the review in terms of its impact on government and beyond.
3. Coronary heart disease is the UK's leading single killer - 124,000 people in the UK die of CHD each year, 17, 000 before they reach the age of 65 - while 86,000 people under 65 in the UK suffer a heart attack every year¹.
4. McPherson et al estimate that 14% of deaths from CHD in men and 12% of deaths from CHD in women are due to raised blood pressure and that 6% of deaths from CHD in the UK could be avoided if the numbers of people who have high blood pressure were to be reduced by 50%².
5. **We strongly urge SACN to commend to government the establishment of a national population blood pressure target which should be widely publicised.** Currently, a blood pressure greater than 140/90mmHg is treated by the NHS and therefore the target could be to get the UK population to a blood pressure below this figure. Alternatively, a 'healthy range' could be described, as is used to describe body mass index. Such a target would help drive efforts nationally and in European discussions towards lowering the UK average blood pressure from its current very high state and would be supported by the salt intake targets.

THE NATIONAL HEART FORUM

6. The National Heart Forum is the UK alliance of over 45 national organisations working to reduce the risk of CHD in the UK. Member organisations represent the medical and health services, professional bodies, consumer groups and voluntary organisations. Members also include many individual experts in cardiovascular research. Government departments have observer status.
7. The purpose of the National Heart Forum is to work with and through its members to prevent disability and death from CHD in the UK. In order to achieve this, the National Heart Forum has four main objectives:

¹ Petersen S, Rayner M. 2002. Coronary heart disease statistics. London: British Heart Foundation.

² McPherson K, Britton A, Causer L. 2002. Coronary heart disease: Estimating the impact of changes in risk factors. London: The Stationery Office.

- To provide a forum for members for the exchange of information, ideas and initiatives on coronary heart disease prevention
 - To identify and address areas of consensus and controversy and gaps in research and policy
 - To develop policy based on evidence and on the views of member organisations
 - To stimulate and promote effective action.
8. The National Heart Forum embraces professional, scientific and policy opinion on current issues in coronary heart disease prevention. It co-ordinates action to reduce heart disease risk through information, education, research, policy development and advocacy.
9. The National Heart Forum is a unique resource that can be utilised to assist SACN and the Department of Health in developing and delivering a strategy to reduce salt intakes.

SPECIFIC COMMENTS ON THE REVIEW

Salt sensitivity (paragraphs 4.22-4.32)

10. We agree with the review's conclusion that salt sensitivity is an interesting issue which needs further investigation. However, the increase of blood pressure observed with age appears to occur irrespective of salt sensitivity and we would also argue that the prevalence of salt sensitivity in the normotensive population is rather high which alone implies the need for public health measures.
11. We recommend that the review should make the final sentence of paragraph 4.32 a paragraph in its own right to emphasise the important point that the greatest benefits are likely to be achieved by taking a population approach to reducing salt intakes.

Evidence for an association between salt intakes and blood pressure (paragraphs 4.33-4.58)

12. We are pleased that the review recognises the immense difficulty facing an individual in making substantial changes to their diet and complying with dietary restrictions, particularly in relation to reduced salt intake (paragraph 4.51). The principle difficulty comes from the large quantities of 'hidden' salt added during the manufacture and preparation of foods, and particularly to foods not generally considered salty, such as confectionery, bread and biscuits.
13. We were very interested to read of the findings among older hypertensives who had been able to remain off medication by successfully combining a weight loss and a salt reduction intervention (paragraph 4.52). We recommend that SACN formulates a recommendation around this in the summary and conclusions section on page 17 and in the main Conclusions section on page 28.
14. The SACN recommendation should be that Department of Health should broadly disseminate such findings and work with the Royal Colleges and other professional bodies to encourage GPs and other health professionals to help their patients make lifestyle changes before prescribing antihypertensive drugs.

The role of other factors in the development of hypertension (paragraphs 5.1-5.13)

15. **We strongly support the summary and conclusions set out in this section** (paragraphs 5.9-5.13). In particular, we agree that the key areas which need to

be addressed are: information provided to consumers about salt and sodium; clarity of the nutrition panel and food labels; and the addition of salt during processing and preparation of foods.

Infants and children (paragraphs 6.1-6.21)

16. We commend SACN for developing target salt intakes for infants and children.
17. Education among children and young people and parents about the issues around salt and health is vitally important if we are to encourage healthy consumers. **The use and over-use of salt should be a key part of the Design and Technology module in the curriculum, which covers aspects of food design and production and we would like to see this included as a SACN recommendation.**
18. Given the very high levels of salt added to foods aimed at children by manufacturers, **it is vital that particular attention is given by government to the improvement and control of children's food. We recommend that SACN makes this explicit in its final report.**
19. **We urge SACN to recommend that the DfES guidance to support the nutritional standards for school meals should be revised to clearly state the new RNI values for salt and sodium, and the target average salt intake for infants and children.** (We note that nutrient-based standards, which were called for by the National Heart Forum and others but rejected in favour of food-based standards, could easily have been revised to include a maximum sodium content). The current guidance for school meals is based on the Caroline Walker Trust guidelines³ which did not put forward recommended values for sodium.

National Heart Forum publications

- Coronary heart disease: Estimating the impact of changes in risk factors (2002)
- Looking to the future: Making coronary heart disease an epidemic of the past (1999)
- Social inequalities in coronary heart disease: Opportunities for action (1998)
- At least five a day: Strategies to increase vegetable and fruit consumption (1997)
- Preventing coronary heart disease: The role of antioxidants, vegetables and fruit (1997)
- Preventing coronary heart disease in primary care: The way forward (1995)
- Physical activity: An agenda for action (1995)
- Coronary heart disease prevention: A catalogue of key resources (1995)
- Coronary heart disease: Are women special? (1994)

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³ The Caroline Walker Trust. 1992. Nutritional guidelines for school meals. London: The Caroline Walker Trust.