

# Sodium controversy continues

By ACSH Staff — May 15, 2013

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The 2010 Dietary Guidelines for Americans recommends that everyone consume no more than 2300 milligrams (mg) of sodium per day (about a teaspoon of salt), and that some people at risk consume no more than 1500 mg. Respected medical associations, especially the American Heart Association (AHA), have been vigorously promoting this rather drastic lifestyle intervention as well. There have been, however, expert opinions that such recommendations are too strict, and will not improve public health. Now the Institute of Medicine (IOM), which is part of the National Academy of Science (NAS), has published a report that supports the latter opinion. ACSH has long expressed [skepticism](#) [2] over the 1500 to 2300 mg recommendation and the IOM finally seems to be on the same page.

As reported in [The New York Times](#) [3], the IOM report concluded that there are insufficient data supporting a benefit of sodium consumption below 2300 mg per day, and even a suggestion of harm, such as increased rates of heart attacks and death. The committee reported that the data on the health effects of sodium were too inconsistent to allow them to specify an upper safe limit of sodium consumption.

A 2005 study by the IOM was the basis for the current recommended levels of sodium, but the current report also used more recent data for their latest report. For example, as cited in [The N Y Times](#), a 2008 study of patients with congestive heart failure who consumed 1840 mg of sodium per day had more hospital readmissions and deaths than those who ate 2760 mg per day. Another report, published in 2011, found that in nearly 29,000 people with hypertension, risks of heart attack, stroke, congestive heart failure and death from heart disease were elevated for people who ate more than 7,000 mg and less than 3,000 mg of sodium per day.

Dr. Michael H. Alderman of Albert Einstein College of Medicine, who has been a consistent critic of the move to lower the sodium intake of the general population, was quoted A health effect can't be predicted by looking at one physiological consequence. There has to be a net effect. He was referring to studies that base their conclusions solely on the effect of sodium restriction on blood pressure.

On the other side of the issue, the American Heart Association has said it will not change its advice that most people should aim to consume no more than 1500 mg of sodium per day.

All the Dietary Guidelines for Americans will be reviewed and possibly revised in 2015. Until then, the controversy will continue.

ACSH's Dr. Elizabeth Whelan comments As long as this controversy is ongoing, I think individuals

should consult their own caregivers and discuss what their own actions should be. It s obvious, however, that a one size fits all recommendation is not currently supported by the science.

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[2] <http://www.acsh.org/?s=salt&orderby=relevance>

[3] [http://www.nytimes.com/2013/05/15/health/panel-finds-no-benefit-in-sharply-restricting-sodium.html?ref=todayspaper&\\_r=0](http://www.nytimes.com/2013/05/15/health/panel-finds-no-benefit-in-sharply-restricting-sodium.html?ref=todayspaper&_r=0)