

Regulating salt content of consumer products

By ACSH Staff — April 21, 2014

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his Health Commissars devoted much time trying to convince food companies that salt was poison, and that they should, as a public service, reduce the amount of salt in consumer products. And his efforts did result in having various food companies lower the salt content in their products. According to Dr. Thomas A. Farley, former commissioner of health for New York City and current fellow in public policy at Hunter College, this reduction in sodium consumption [could reduce](#) ^[2] blood pressure and in turn, prevent heart attack and stroke. He cites a recent study conducted in Britain as the basis of his argument.

According to Farley, the British Food Standards Agency set salt-reduction targets for different food categories and worked with companies to reach those targets over the period of 2001 to 2011. After analyzing sodium consumption over this time period, study authors found a subsequent decrease in sodium of 15 percent. They also report that this decrease was accompanied by a drop in blood pressure, a 40 percent drop in heart attack deaths and a 42 percent drop in stroke deaths.

However, study authors acknowledge limitations of their study: It is difficult to quantify the relative contribution of salt reduction to the decrease of CVD as several other dietary and lifestyle factors as well as treatments all have played a part.

Dr. Farley goes on to advocate for a similar program in the United States, saying we need a combination of mandated maximums and a coordinated voluntary sodium-reduction program like

that in Britain.

However, as we at ACSH have discussed in the past, too much of a restriction on sodium intake can have detrimental consequences. A study published in JAMA Internal Medicine last October [concluded the following](#) [3]: First, the lack of evidence of benefit and concerns for harm suggest that low sodium intake (<2300 mg/d) should not be recommended. This finding has particular implications for high-risk subpopulations (including those with heart failure) for whom many guidelines had recommended targets as low as or lower than 1500 mg/d. Second, the evidence of cardiovascular benefit (both from studies of direct cardiovascular effects and from trials on blood pressure) does support a decrease in sodium consumption for most Americans because most are consuming considerably more than 2300 mg/d.

As I've said in the past, anthropological studies have demonstrated that humans through the eons are hard-wired to ingest between 3.5 and 4.0 grams (3500-4000 mg) of sodium daily, added ACSH's Dr. Gil Ross. To try to cut that in half, or less, is both fruitless and more likely to harm than benefit, except in highly unusual populations. The experts in academia who so blithely advise we humans to cut down our salt intake by well over half fail to comprehend the difficulty of providing a palatable dietary selection based on that low sodium intake. For patients with severe fluid-retaining conditions congestive heart failure, kidney failure, hormonal or vein issues severe salt restriction may help somewhat; on the other hand, if widely applied, some people will actually be harmed.

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[2] http://www.nytimes.com/2014/04/21/opinion/the-public-health-crisis-hiding-in-our-food.html?emc=edit_th_20140421&nl=todaysheadlines&nid=12253159&_r=0

[3] <http://acsh.org/2013/10/hold-salt-fast-says-institute-medicine-acsh/>