

SALT AND HEALTH: TIME TO ACT

Cardiovascular disease is the leading cause of death and disability in the world and raised blood pressure (BP) from a systolic BP above 115mm Hg is one of the most important direct causes, accounting for more than 60% of all strokes and approximately 50% of all heart disease. The rise in BP is due to excess of salt in our diet, very little potassium, lack of exercise and obesity. The evidence demonstrating salt excess as a leading cause of elevated BP is very strong, coming from epidemiology, migration, intervention, treatment trials and animal and genetic studies. Recent experimental studies have shown that dietary salt excess also promotes profound structural and functional alterations of the heart, aorta and large vessels and kidneys.

Based on this evidence many governments and the WHO have recommended a reduction in salt intake from the current worldwide intake of 10 to 15 gm/day to a maximum of 5 to 6 gm/day. The benefits of this modest reduction in salt intake are large. For instance, a reduction in salt intake of 6 gm/day, through the fall in BP, would cause approximately 25% reduction in strokes and a 20% reduction in mortality from coronary heart disease, whereby there would be about hundreds of thousands less strokes and heart attacks per year in Pakistan. The only way to tackle this situation is by slow reduction in the concentration of salt in all foods to which it is added. Studies by the WHO have shown that reducing the salt intake by this approach is one of the most cost-effective strategies for improving health and has the great attraction from the public health perspective even though it does not necessarily involve a change in the consumption of any food item in people's diet. Such strategy has been adopted by "The Consensus Action on Salt and Health" (CASH) in the UK, consequently salt concentration in nearly all the categories of food is falling in that country which illustrates that it is possible to reduce salt concentration of nearly all foods else where too. This would not only save enormous number of lives and relieve suffering of people from disabilities but also save huge expenditure which is incurred on the

very expensive treatment of these diseases, that many patients can hardly afford, in countries like ours.

The excessive intake in Pakistan is quite often passive, it is added to food without consent and very often, without the knowledge of the consumers. It is so ubiquitous now that it is difficult to avoid. Almost 50% of the country's salt intake is subsequent to it being added to Roti, bread, nans, biscuits, even gur and almost every other eatable. Public health strategy to tackle this problem is now needed to be adopted in Pakistan. Furthermore, in Pakistan large quantities of salt are added at homes and hotels during cooking and later on at the tables as well.

There is a dire need to raise awareness of the importance of salt reduction. This can be done through the media, both electronic and print. It should be incorporated into the curriculum of school children. There should be suitable legislation to regulate the addition of salt in the food and it should be obligatory for commercial food sellers to mention the quantity of salt added to the items on the containers that are sold. Moreover the Ministry of Health and other organizations should exert pressure on the food industry to progressively reduce the salt concentration in foods that are marketed.

These simple steps can in a relatively short time bring about a welcome change in the eating habits of our people, and result in significantly improved health standards with no cost. Money will also be saved as there will be less medical expenditure. It is therefore, a win - win policy for the nation.

Bibliography

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