



# A Salty Affair

*The debate over sodium and its link to cardiovascular disease continues*

Salt preserves and seasons food, and even wards off bad luck. Our own evolution from the sea did not distil the salt from our bodies. So why then do world authorities have salt in their crosshairs?

According to the World Health Organization's (WHO) *2003 World Health Report*, cardiovascular disease (CVD) accounted for about 29.2 per cent of global deaths (16.7 million people) that year. Twenty million people a year survive heart attacks and strokes, placing significant demands on health-care resources. And it isn't just a concern for wealthy industrialized nations; 80 per cent of CVD deaths occurred in low- and middle-income countries, and by 2010 CVD will be the leading cause of death in developing countries. The tragedy is that many of these incidents could be preventable.

The major CVDs include coronary heart disease, stroke and hypertension (high blood pressure). The key lifestyle factors include smoking, reduced physical activity and poor nutrition, while the major biological risk factors include high cholesterol, obesity, diabetes and high blood pressure. Because of the relationship of salt (sodium) to high blood pressure, a risk factor of CVD, it is now being grouped with today's major ingredient targets: saturated fat, trans fat and sugars.

The American Medical Association (AMA) has turned up the heat on salt by requesting that the U.S. Food and Drug Administration (FDA) limit the amount of salt in foods. The AMA even recently went as far as to suggest to the FDA that the "generally regarded as safe" status of salt be rescinded and that it be regulated as a food additive. The recommendations also called for decreasing the amount of sodium in processed and restaurant foods by at least 50 per cent, greater consumer education on salt, and improving labelling of salt on foods, which would involve warnings for processed and restaurant foods high in sodium. The latter two groups of foods contribute about 80 per cent of the sodium intake of Americans (over 3.3 g sodium per day), while 10 per cent of sodium intake is from table salt, and 10 per cent is naturally occurring in foods. Amidst significant budget cuts to the FDA, the attack on salt is a war the U.S. administration seems reluctant to engage in. However, in the next few months the FDA will solicit

comments for a hearing on health concerns regarding salt.

In Canada, concern over salt is more likely to be related to the kind that's sprinkled on the road than on our food, particularly at this time of year. In all fairness, Health Canada's Nutrition Recommendations for Canadians has since the early '90s recommended reducing sodium. And with mandatory nutrition labelling on pre-packaged foods, producers must declare the amount of sodium in their products, including a percentage of the daily value. A daily reference standard of 2,400 mg of sodium was also established. In addition, claims like sodium free, low sodium, reduced sodium, no added salt and lightly salted are strictly regulated. There are incentives for the industry to offer a greater selection of foods with lower sodium content as well. For instance, there are highly regulated dietary health claims related to high blood pressure, a risk factor for stroke and heart disease, available to foods that meet stringent criteria, including being low or sodium free.

But there is still room for concern when it comes to sodium. While the global approach (through the World Action on Salt and Health) is based on broad-based policy, the U.S. takes the approach of warning labels for high sodium levels. This may be a bit short sighted, especially as having consumers focus just on sodium may dampen the significance of other dietary risk factors for CVD. The U.S. does have threshold levels of certain nutrients like sodium (for example, 480 mg for regular foods) that would disqualify it from making health claims, or require a disclosure statement when a nutrient content claim is made.

Hopefully any Canadian approach to CVD and diet involve a more balanced perspective of applicable risk factors. Canadian dietary health claims are also subject to nutrient threshold limits on a claim-by-claim basis. A disclosure statement involving threshold limits related to nutrient content claims could possibly enhance Canadian labels, and is a matter for future study. In the meantime, the debate over sodium should be taken with a grain of salt.

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*Gary Gnirss is a partner and president of Legal Suites Inc., a Mansfield, Ont.-based firm specializing in regulatory software and services. E-mail: [president@legalsuites.com](mailto:president@legalsuites.com)*