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FINDINGS

When It Comes to Salt, No Rights or Wrongs. Yet.

By JOHN TIERNEY
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Suppose, as some experts advise, that the new national dietary guidelines due this spring will lower the recommended level of salt. Suppose further that public health officials in New York and Washington succeed in forcing food companies to use less salt. What would be the effect?

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Viktor Koen

- A)** More than 44,000 deaths would be prevented annually (as estimated recently in [The New England Journal of Medicine](#)).
- B)** About 150,000 deaths per year would be prevented annually (as estimated by the New York City Department of Health and Mental Hygiene).
- C)** Hundreds of millions of people would be subjected to an experiment with unpredictable and possibly adverse effects (as argued recently in [The Journal of the American Medical Association](#)).
- D)** Not much one way or the other.
- E)** Americans would get even fatter than they are today.

Don't worry, there's no wrong answer, at least not yet. That's the beauty of the salt debate: there's so little reliable evidence that you can imagine just about any outcome. For all the talk about the growing menace of sodium in packaged foods, experts aren't even sure that Americans today are eating more salt than they used to.

When you don't know past trends, predicting the future is a wide-open game.

My personal favorite prediction is E, the further fattening of America, but I'm just guided by a personal rule: Never bet against the expansion of Americans' waistlines, especially not when public health experts get involved.

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The harder the experts try to save Americans, the fatter we get. We followed their admirable advice to [quit smoking](#), and by [some estimates we gained 15 pounds](#) apiece afterward. The extra weight was certainly a worthwhile trade-off for longer life and better health, but with success came a new challenge.

Officials responded by advising Americans to shun fat, which became the official villain of the national dietary guidelines during the 1980s and 1990s. The anti-fat campaign definitely made an impact on the marketing of food, but as we gobbled up all the new low-fat products, we kept getting fatter. Eventually, in 2000, the experts revised the dietary guidelines and conceded that their anti-fat advice may have contributed to [diabetes](#) and [obesity](#) by unintentionally encouraging Americans to eat more [calories](#).

That fiasco hasn't dampened the reformers' enthusiasm, to judge from the growing campaign to impose salt restrictions. Pointing to evidence that a salt-restricted [diet](#) causes some people's [blood pressure](#) to drop, the reformers extrapolate that tens of thousands of lives would be saved if there were less salt in everybody's food.

But is it even possible to get the public to permanently reduce salt consumption? Researchers have had a hard enough time getting people to cut back during short-term supervised experiments.

The salt reformers say change is possible if the food industry cuts back on all the hidden salt in its products. They want the United States to emulate Britain, where there has been an intensive campaign to pressure industry as well as consumers to use less salt. As a result, British authorities say, from 2000 to 2008 there was about a 10 percent reduction in daily salt consumption, which was measured by surveys that analyzed the amount of salt excreted in urine collected over 24 hours.

But the British report was challenged in a recent article in [The Clinical Journal of the American Society of Nephrology](#) by researchers at the [University of California, Davis](#), and [Washington University](#) in St. Louis. The team, led by Dr. David A. McCarron, a nephrologist at Davis, criticized the British authorities for singling out surveys in 2008 and 2000 while ignoring nearly a dozen similar surveys conducted in the past two decades.

When all the surveys in Britain are considered, there has been no consistent downward trend in salt consumption in recent years, said Dr. McCarron, who has been a longtime critic of the salt reformers. (For more on him and his foes, go to [nytimes.com/tierneylab](#).) He said that the most notable feature of the data is how little variation there has been in salt consumption in Britain — and just about everywhere else, too.

Dr. McCarron and his colleagues analyzed surveys from 33 countries around the world and reported that, despite wide differences in diet and culture, people generally consumed about the same amount of salt. There were a few exceptions, like tribes isolated in the Amazon and Africa, but the vast majority of people ate more salt than recommended in the current American dietary guidelines.

The results were so similar in so many places that Dr. McCarron hypothesized that networks in the brain regulate sodium appetite so that people consume a set daily level of salt. If so, that might help explain one apparent paradox related to reports that Americans are consuming more daily calories than they used to. Extra food would be expected to come with additional salt, yet there has not been a clear upward trend in



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daily salt consumption evident over the years in [urinalysis](#) studies, which are considered the best gauge because they directly measure salt levels instead of relying on estimates based on people's recollections of what they ate. Why no extra salt? One [prominent advocate of salt reduction](#), Dr. Lawrence Appel of [Johns Hopkins University](#), said that inconsistent techniques in conducting the urinalysis surveys may be masking a real upward trend in salt consumption.

But Dr. McCarron called the measurements reliable and said they could be explained by the set-point theory:

As Americans ate more calories, they could have eased up on some of the saltier choices so that their overall sodium consumption remained constant. By that same logic, he speculated, if future policies reduce the average amount of salt in food, people might compensate by seeking out saltier foods — or by simply eating still more of everything.

The salt reformers dismiss these speculations, arguing that with the right help, people can maintain low-salt diets without gaining weight or suffering other problems. But even if people could be induced to eat less salt, would they end up better off? The estimates about all the lives to be saved are just extrapolations based on the presumed benefits of lower blood pressure.

If you track how many strokes and heart attacks are suffered by people on low-salt diets, the results aren't nearly as neat or encouraging, as noted [recently in JAMA](#) by Michael H. Alderman, a [hypertension](#) expert at [Albert Einstein College of Medicine](#). A low-salt diet was associated with better clinical outcomes in only 5 of the 11 studies he considered; in the rest, the people on the low-salt diet fared either the same or worse.

"When you reduce salt," Dr. Alderman said, "you reduce blood pressure, but there can also be other adverse and unintended consequences. As more data have accumulated, it's less and less supportive of the case for salt reduction, but the advocates seem more determined than ever to change policy."

Before changing public policy, Dr. Alderman and Dr. McCarron suggest trying something new: a rigorous test of the low-salt diet in a randomized clinical trial. That proposal is rejected by the salt reformers as too time-consuming and expensive. But when you contemplate the potential costs of another public health debacle like the anti-fat campaign, a clinical trial can start to look cheap.

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