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Social Inequality Linked To High Salt Intake

January 8, 2013

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Image Credit: Photos.com

Alan McStravick for redOrbit.com – Your Universe Online

If variety is the spice of life, then, according to a new study published in the journal *BMJ Open*, salt very well could be the spice of death. And those deaths, according to the paper out of the Warwick Medical School, are affecting individuals who reside on the lower rungs of the socio-economic ladder. At least in Britain.

The study, conducted by the World Health Organization (WHO) Collaborating Centre for Nutrition, which is based in the Division of Mental Health & Wellbeing of Warwick Medical School at the University of Warwick, focused on observing the geographical distribution of habitual dietary salt intake in Britain. They also studied what, if any, association there might be in connection with manual occupations and education level. Both occupation and education are indicative markers of both socio-economic level and general health.

The team based their study on the British National Diet and Nutrition Survey, which is a representative national sampling of 2,105 men and women aged 19-64. They were able to determine salt intake via two independent methods. The first method relied upon a subject-submitted 7-day dietary record. The second method, referred to by researchers as the 'gold standard', is 24-hour urine collections for sodium determination. This second method is a direct marker of salt intake of the survey subjects.

With the results of this study, the researchers assert that this will have been the first evidence that ties a significantly higher salt intake to lower educated subjects and those who work in manual occupations. The results did show also that survey subjects residing in Scotland had a higher overall salt intake than those subjects living in England and Wales.

Lead author and Director of the WHO Collaborating Centre, Professor Francesco Cappuccio stated, "These results are important as they explain in part why people of low socio-economic background are more likely to develop high blood pressure (hypertension) and to suffer disproportionately from strokes, heart attacks and renal failure."

The Bupa Foundation's Ms. Teresa Morris added, "Habitual salt intake in most adult populations around the world

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exceeds 10 grams per day and the World Health Organization recommends that daily intake should not exceed 5 grams.

“Population salt reduction [programs] are a cost-effective way of reducing the burden of cardiovascular disease nationally and globally.” The [Bupa Foundation](#) was responsible for funding the study.

“We have seen a reduction in salt intake in Britain from 9.5 to 8.1 grams per day in the period 2004-2011,” stated Cappuccio. He continued, saying it was, “thanks to an effective policy which included awareness campaigns, food reformulation and monitoring. Whilst this is an achievement to celebrate, our results suggest the presence of social inequalities in levels of salt intake that would underestimate the health risks in people who are worse off – and these are the people who need prevention most,” Cappuccio continued.







“The diet of disadvantaged socio-economic groups tends to be made up of low-quality, salt-dense, high-fat, high-calorie unhealthy cheap foods. [Behavioral] approaches to healthy eating are unlikely to bring about the changes necessary to halt the cardiovascular epidemic and would also widen inequalities.

“Since the majority of dietary salt is added during commercial food production, widespread and continued food reformulation is necessary through both voluntary as well as regulatory means to make sure that salt reduction is achieved across all socio-economic groups,” Cappuccio concluded.

Source: Alan McStravick for redOrbit.com – Your Universe Online

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Lowell Angell 14 hours ago

Monosodium Glutamate, Disodium Guanylate, Sodium Erythorbate, Sodium Nitrate, Sodium Nitrite, Disodium Inosinate.

We don't think of these things when we think of salt, we only think of Sodium Chloride, which is necessary for our good health. These other sodium compounds are not required for the healthy functioning of our bodies. These other sodium compounds are the culprits that give table salt a bad name. They skew studies like this one into incorrect conclusions and unwise remedial action. The affected people don't remove these nasty laboratory chemicals, and instead they remove the table salt, making themselves even more likely to become unhealthy.

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