

Remarks by Stephen Havas, MD, MPH, MS
Press Conference on “Salt: the forgotten killer”
February 24, 2005

Thank you very much for inviting me to speak at this press conference. As a physician and professor who has been deeply involved in the prevention and control of hypertension over the past 30 years, I believe that the food industry, government regulatory agencies, health care professionals, and the public have paid far too little attention to excessive consumption of salt in this country.

Each year 700,000 Americans die of heart disease, the leading cause of death in the United States. More than 160,000 die of stroke, the number-three cause of death. Blood pressure levels greater than 120/80 are a major cause of these diseases. The risks of heart attack, congestive heart failure, stroke, and end-stage kidney disease increase progressively as blood pressure levels rise above normal levels. Hypertension affects 65 million U.S. adults, and another 45 million adults have prehypertension. Ninety percent of Americans will ultimately develop hypertension unless preventive actions are taken

Although obesity and other factors also contribute to hypertension, excessive sodium intake is one of the most important causes, and the cause most amenable to a public health solution. There is a clear relationship between habitual sodium intake and blood pressure. A landmark randomized clinical trial, the Dietary Approaches to Stop Hypertension (DASH)-Sodium study, randomized participants either to the DASH eating plan, which is high in fruits, vegetables, and fiber and low in fat or to the usual American diet. Individuals ate their respective diets at three sodium levels: 1) high (3,300 mg), 2) intermediate (2,400 mg), and 3) low (1,500 mg). A teaspoon of salt contains roughly 2,400 mg of sodium. Reducing sodium from the high level to the low level lowered blood pressure by 8.3/4.4 mm Hg in people with hypertension and by 5.6/2.8 mm Hg in people who did not have hypertension.

Blood pressure reductions such as those would have major impacts on mortality as well as on the occurrence of disabling disease. For example, one leading hypertension epidemiologist has estimated that a 5 mm decrease in mean population systolic blood pressure – that’s the higher of the two numbers – would result in 14 percent fewer deaths from stroke, 9 percent fewer deaths from coronary heart disease, and 7 percent fewer deaths overall.

Unfortunately, American adults ingest nearly 4,000 mg of sodium daily on average, far exceeding current recommendations. Roughly 75 percent of the daily sodium intake of the U.S. population comes from salt in processed and restaurant foods; only 10 percent comes from foods' natural content. That makes it extremely difficult for consumers to follow a low-sodium diet. Many canned and frozen foods contain 1,000 mg or more of sodium in an eight-ounce serving. Consumers must read food labels very carefully to select lower sodium products; often such products are difficult to find or cost more. Restaurant meals, which are not labeled, often contain 3,000 mg of sodium or more, added without the consumer’s knowledge.

Recognizing the enormous toll that sodium was taking on the health of Americans, in 2002 the American Public Health Association adopted a policy resolution calling for a 50 percent reduction in sodium in processed and restaurant foods over ten years. That reduction would result in at least a 5 mm decrease in systolic blood pressure for American adults.

Dr. Claude Lenfant, the former director of the National Heart, Lung and Blood Institute, another

colleague, and I published a paper last year in which we estimated that a 5 mm decrease in blood pressure would lead to at least a 20 percent reduction in the prevalence of hypertension and 150,000 fewer deaths per year. That number of deaths is the equivalent of a jumbo jet with 410 occupants crashing every day of the year, year after year.

The medical community has reached a consensus that diets high in sodium are a major cause of high blood pressure. The Institute of Medicine of the National Academy of Sciences, the Department of Agriculture, the Department of Health and Human Services, and the World Health Organization have all supported lowering daily sodium intake to no more than 2,400 mg, and some of those agencies have said that many people should consume less than 1,500 mg. The National Institutes of Health's National High Blood Pressure Education Program Coordinating Committee, which includes representatives from 45 professional health-related agencies, has unanimously approved the AHA resolution, and included that endorsement in its new hypertension treatment and prevention guidelines. Unfortunately, it is now more than two years since the AHA policy resolution was adopted, and the food industry has done virtually nothing to reduce sodium levels in their foods.

In contrast, in the United Kingdom and Finland, both governmental and non-governmental organizations have worked with – and sometimes pressured strongly – food manufacturers to reduce the sodium content of processed foods. The companies generally did not advertise their salt reductions, and, judging from the lack of customer comments, the salt seems not to have been missed.

Lowering Americans' sodium consumption to a safe level presents a major public health opportunity, but also a major challenge. The FDA needs to take strong actions to spur the food industry to act on the various recommendations to substantially reduce salt in their products and in our food supply. The needless loss of lives that are due to excess salt intake must stop.