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Salt: friend or foe?

The *Lancet* Editorial (May 25, p 1790)¹ on the Institute of Medicine (IOM)'s report is seriously misleading. The IOM strongly reinforced that salt intake should be reduced to less than 6 g daily, but there was little outcome evidence below 6 g daily.² However, for reasons that are far from clear, the IOM committee were not allowed to consider the effect of salt reduction on blood pressure—which is rather surprising. They relied heavily on a meta-analysis of salt reduction trials in heart failure from one centre, which had already been retracted on the grounds that the reliability of the data on which the study is based cannot be substantiated.³ The other studies that the IOM reviewed were follow-up studies of patients with severe cardiovascular disease receiving multiple drug therapy in which no salt reduction was made, but where salt intake was purported to inversely relate to subsequent mortality. These studies used inappropriate methods to assess salt intake, had residual confounding, and the very strong likelihood of reverse causality.⁴ As seen for tobacco, because of commercial interests for salt (ie, food industry), spurious arguments are being developed to try and oppose any reduction in salt intake, despite compelling evidence to the contrary,⁵ that reducing salt intake down to 5–6 g daily would be of immense benefit, as was agreed by the IOM report. The World Health Assembly agreed recently that all countries should reduce salt by 30% by 2025, with an eventual target of 5 g daily.

We declare that we have no conflicts of interest.

**Francesco P Cappuccio, Bruce Neal, Norm R C Campbell, Graham A MacGregor*
f.p.cappuccio@warwick.ac.uk

WHO Collaborating Centre, University of Warwick, Coventry CV4 7AL, UK (FPC); WHO Collaborating Centre, The George Institute for Global Health, Sydney, Australia (BN); World Hypertension League, University of Calgary, Calgary, Canada (NRCC); and World Action on Salt & Health, Queen Mary University of London, London, UK (GAM)

- 1 The *Lancet*. Salt: friend or foe? *Lancet* 2013; **381**: 1790.
- 2 Institute of Medicine of the National Academies. Sodium intake in populations. Assessment of evidence. 2013. <http://www.iom.edu/Reports/2013/Sodium-Intake-in-Populations-Assessment-of-Evidence.aspx> (accessed May 30, 2013).
- 3 DiNicolantonio JJ, Di Pasquale P, Taylor RS, Hackam DG. Low sodium versus normal sodium diets in systolic heart failure: systematic review and meta-analysis. Retraction notice. *Heart* 2013; published online March 12. DOI:10.1136/heartjnl-2012-302337.
- 4 Whelton PK, Appel LJ, Sacco RL, et al. Sodium, blood pressure, and cardiovascular disease: further evidence supporting the American Heart Association sodium reduction recommendations. *Circulation* 2012; **126**: 2880–89.
- 5 Aburto NJ, Ziolkovska A, Hooper L, Elliott P, Cappuccio FP, Meerpohl JJ. Effect of lower sodium intake on health: systematic review and meta-analyses. *BMJ* 2013; **346**: f1326.

Renaming schizophrenia in South Korea

In January, 2012, the Korean Neuropsychiatric Association changed the original Korean term for schizophrenia, *jungshinbunyeolbyung* (mind-split disorder), to *johyeonbyung* (attunement disorder), to dispel the stigma associated with the name. *Johyeon* literally means “to tune a stringed musical instrument”. In the context of schizophrenia, attunement is a metaphor for tuning the strings of the mind. It was inspired by a Buddhist text written by a South Korean monk in 1579: “As a stringed instrument maintains its own sounds with appropriate tension, the human mind also needs adequate tuning to maintain its functions.” Thus, *johyeonbyung* metaphorically implies that schizophrenia is a brain disorder in which the neural circuitry is inadequately tuned.

Jungshinbunyeol was translated from the Japanese word using Chinese characters in 1937, and its literal meaning is “mind-split”.

The term had a substantial effect in South Korea, where personal honour is an important part of the culture and is highly valued. Patients with schizophrenia and their relatives felt shame because of the literal meaning of the disease name. The prejudice associated with the name prevented patients from seeking help early. In 2002, the Japanese changed their term for schizophrenia from *seishinbunretsuyou* (mind-split disorder) to *togoshitchoshou* (integration-ataxia or dysfunction disorder) because of the same problems. The use of the new term clearly increased the frequency with which patients were given the diagnosis and consented to treatment.¹ The new term might still be problematic, however, because a new type of the stigma might be associated with the negative word “ataxia or dysfunction”, being included in the new term.

The term *jungshinbunyeolbyung* is readily understood without further explanation, whereas the term *johyeonbyung* is not immediately comprehensible to South Koreans and thus needs an explanation in terms of the semantics. The situation is analogous to that for Eugen Bleuler's contemporaries, who could not have understood the meaning of the word “schizophrenia” unless the Greek roots were explained. This change helps to avoid the stigmatisation derived from the name of the disorder. A South Korean study showed that the term *johyeonbyung* induced significantly less prejudice and stigma than did the term *jungshinbunyeolbyung*.²

Johyeonbyung is a metaphoric term that signifies present scientific thinking, which regards schizophrenia as a neural network disorder. Cultural differences in illness-related behaviour exist between countries. Consideration of the sociopsychological context in determining an appropriate name for schizophrenia is essential for the holistic management of the disorder.

We declare that we have no conflicts of interest.



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For the World Health Assembly statement see http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R10-en.pdf