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High Salt Intake Linked to Social Inequalities

Jan. 7, 2013 — People from low socio-economic positions in Britain eat more salt than the well off, irrespective of where they live, states a paper led by Warwick Medical School published on January 8 in the *BMJ Open* journal .

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Professor Francesco Cappuccio, senior author and Director of the WHO Collaborating Centre, said: "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."

Ms Teresa Morris of The Bupa Foundation, which funded the study, said: "Habitual salt intake in most adult populations around the world exceeds 10 g per day and the World Health Organization recommends that daily intake should not exceed 5 g .

"Population salt reduction programmes are a cost-effective way of reducing the burden of cardiovascular disease nationally and globally."

Professor Cappuccio continued: "We have seen a reduction in salt intake in Britain from 9.5 to 8.1 g per day in the period 2004-2011, 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.

"The diet of disadvantaged socio-economic groups tends to be made up of low-quality, salt-dense, high-fat, high-calorie

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"Behavioural 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," Professor Cappuccio concluded.

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