

The 'Four Imperatives' for a reduction in population salt intake.

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Salt (sodium chloride) consumption is now much greater than needed for survival. High salt intake increases blood pressure in both animals and humans. Conversely, a reduction in salt intake causes a dose-dependent reduction in blood pressure in men and women of all ages and ethnic groups, and in patients already on medication. The risks of strokes and heart attacks rise with increasing blood pressure and fall when blood pressure is reduced, whether with drugs or with other means. Most cardiovascular disease events occur in individuals with 'normal' blood pressure levels, where drug therapy is not recommended. Non-pharmacological prevention is therefore the only option to reduce such events in the population at large. Reduction in population salt intake reduces the number of vascular events. It is one of the most important public health measures to reduce the global cardiovascular burden. Salt reduction policies are based on three principles (communication, food reformulation and monitoring and surveillance) underpinned by continued research. They are feasible and effective (*preventive imperative*), cost-saving in all settings (*economic imperative*), powerful, rapid and equitable (*political imperative*) and they save lives (*moral imperative*). The World Health Organization recommends reducing salt consumption below 5g per day aiming at a global reduction of 30% by 2025.