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## Reformulating Food to Lower Sodium.

The Food and Health Dialogue was established by the Australian Government Department of Health and Ageing as a joint government-industry-public health initiative to address poor dietary habits and make healthy food choices easy for all Australians.

The Dialogue's primary activity is a voluntary reformulation program across a range of commonly consumed foods.

To date, the foods have included breads, breakfast cereals, simmer sauces, and processed meats, with plans to include soups, processed poultry, cheeses and savoury pies in the near future.

The activity aims to reduce the mean amount of sodium within the categories over a three year period although changes for some branded foods may occur more quickly. The plan is not to facilitate the availability of more low sodium foods (i.e. with sodium less than 120 mg/100g) but to lower the average sodium intake without consumers being aware. So people following a low salt diet should definitely continue to read the nutrient content labels and seek food with less than 120 milligrams of sodium per 100 grams of food (120mg/100g).

For more information about the Food and Health Dialogue, see their website at:

<http://www.foodhealthdialogue.gov.au/internet/foodandhealth/publishing.nsf>

### **Vegemite Junior**

This year, Kraft launched 'My First Vegemite' which has half the sodium content of the 85 year old recipe for the original vegemite. Since vegemite is an acquired taste (as anyone who has seen an adult taste it for the first time can easily attest), it makes very good sense that the taste can be acquired by young children at a much reduced sodium concentration. This applies to all food – there is no need for children to be introduced to food that is salted to suit an adults palate. Low salt food and no added salt are good general rules for children.

### **Cheese and processed meat**

Some people find it difficult to believe that excellent cheese and processed meat can be produced while substantially lowering sodium content. This is partly because of perceived changes to taste and partly for functional reasons – the salt content impacts on texture and shelf life. But food researchers in Europe have been working hard and succeeded in producing cheese and processed meat with 30% less sodium. A program called 'Sodium Minus' has been conducted by a consortium of companies and co-funded by the Dutch Government. The extent of sodium reduction was possible by agents including aromas which give a perception of saltiness. Research continues.

# Tips to avoid dietary salt intake

From <http://www.medicinenet.com> – an American website that sources this information from the 'government'

Avoid adding salt to foods at the table and use these tips to reduce your salt intake:

- Take stock of the sources of salt in your diet, such as restaurant meals, salt-based condiments, and convenience foods. Some of these are really loaded with salt.
- Read the labels when shopping. Look for lower sodium in cereals, crackers, pasta sauces, canned vegetables, or any foods with low-salt options.
- If you think your meals are high in sodium, balance them by adding high-potassium foods, such as fresh fruits and vegetables.
- Ask about salt added to food, especially at restaurants. Most restaurant chefs will omit salt when requested.
- If you need to salt while cooking, add the salt at the end; you will need to add much less. The longer the food cooks, the more the salty flavour is muted and at the end, the final taste is on the top layer

From <http://highbloodpressure.about.com/od/prevention/tp/lower-your-salt-intake.htm>

(also an American website)

- **Read Food Labels**
- **Buy Fresh Foods**
- **Put Away the Salt Shaker**

The household salt shaker is an important contributor to daily salt intake. In many homes, salt is added to a recipe, more salt is

added "to taste" during cooking, and still more salt is added when food reaches the table. Consider replacing your salt shakers with small bottles of salt-free herbs and spices. Large grocery stores often have their own house brand or generic versions. Garlic powder, rosemary, thyme, dill, and paprika are all healthy salt substitutes.

- **Cut Back on "Instant" Foods**

Instant foods often contain much more salt than their non-instant counterparts. One brand of plain instant oatmeal, for example, contains almost 30 percent more salt than the non-instant variety. While the time savings might seem attractive, reading the preparation directions will often reveal that the amount of time saved is actually very small. Using our oatmeal example, the directions say to let the instant preparation sit for five minutes before eating, while the non-instant version takes seven to eight minutes to prepare. Flavored rice, pasta and cereal mixes are often the worst offenders in this category.

- **Choose Lower Salt Convenience Foods**

To make the biggest dent in your salt intake from this category of foods, buy low-salt versions of canned soups, salad dressings, and pre-made "ingredient foods" like bread crumbs and broths. Frozen dinners, packaged "lunch in a box" products marketed for children, and microwavable snacks are also all very high in salt and are a good candidate for substitutions.

- **Rinse Canned or Frozen Foods Before Eating**

Foods such as frozen vegetables can be rinsed using a colander before steaming or boiling. This simple step can reduce the amount of salt by 25 to 40 percent

### Most Kiwis are eating too much salt

Nearly two-thirds (65%) of adult New Zealanders are consuming more sodium than current nutrition guidelines recommend, according to analysis of urine samples taken from 3000 people who took part in the latest New Zealand Adult Nutrition Survey.

Sodium intake estimates drawn from the 2008/09 survey were presented for the first time at a scientific meeting in Queenstown today. The average sodium intake for New Zealand adults was estimated to be around 3500 mgs per day (equivalent to around 9 grams of salt per day). The recommended upper level of sodium intake is 2300 mgs.

Dr Rachael McLean of the University of Otago presented the findings. This is the first time that urine sodium from a nationally representative sample of New Zealanders has been measured and analysed to provide intake estimates.

Dr McLean says that younger New Zealanders and men had higher estimated sodium intakes, with men aged 19-44 years of age having mean intakes almost double the recommended upper level of intake for adults. One surprising result was that there was no significant difference in intake by ethnicity or deprivation as measured by the New Zealand deprivation index.

Previous research shows that the vast majority (around 90%) of sodium is consumed as salt, and it is estimated that around three quarters of salt is consumed from that already in processed foods, she says.

Dr McLean says that individual measures such as limiting addition of table salt will clearly not be enough to reduce intake to the recommended level and that processed foods need to be reformulated to contain less salt.

Australia is currently conducting a National Health Survey that includes urine collection and dietary measurement. In late 2012, it may be possible to determine if New Zealanders or Australians are greater consumers of salt.

### What other countries are doing to reduce dietary salt intake.

A recent paper contrasted the approaches taken in Argentina, Chile and Canada to address overconsumption of dietary salt.

[Legowski B, Legetic B. Health Policy 2011;102:26-33]

This month Chile will be featured:

Chile convened a National Task Force for the Reduction of Salt Intake in 2008. The Task Force is a permanent group comprising academics, scientific societies, private sector industry, the food industry, non-governmental organisations, the consumers' association and the Pan American Health Organisation, and is co-ordinated by the sub-secretariat for Public Health in the Ministry of Health. The Task Force is determining population salt intake and the sources of salt in the diet, and developing a work plan including defining contributions and recording commitments for each sector involved in dietary salt reduction.

Nutrition labelling of pre-packaged food became mandatory in Chile in 2006. Six core nutrients must appear on the label, including sodium. Nutrient claims include:

- 'sodium-free' (<5mg per serving)
- 'very low in sodium' ( $\leq 35$  mg per serving)
- 'low in sodium' ( $\leq 140$ mg per serving)
- 'reduced in sodium' (at least 25% lower content than the reference product).

Products that are at least 'low in sodium' are permitted to carry the health claim related to salt – 'a diet low in salt can reduce the risk of developing arterial hypertension'.

The Chilean Ministry of Health has been working with food companies whose products are consumed in high volume and contribute large amounts of dietary salt. The current priority is reducing the salt content of bread and processed meat through voluntary reformulation.

Regulation is pending to restrict the sale of certain foods (i.e. foods high in fat, sugar or salt) within schools, ban the distribution of these foods for free to children under the age of 14 years, and ban the use of these foods as gifts or awards intended to attract children.

Next issue: Canada ...

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We are on the Web at  
[www.saltmatters.org](http://www.saltmatters.org)

Salt Skip News will  
continue to be distributed  
in hard copy in The BP  
Monitor (QHA newsletter)

## Statement from a World Health Organization regional expert group.

“Strong and consistent evidence shows that a diet high in salt is harmful to health and that reducing its intake is among the most cost effective possible means to reduce disease risk. Excess dietary salt causes an increase in blood pressure, the leading risk for premature death in the developed and developing world. In addition, a high dietary salt intake is strongly associated with stroke and cardiovascular outcomes, gastric cancer, loss of calcium in urine and the ensuing risks of calcium-containing kidney stones and osteoporosis. There are also strong associations and a pathophysiological basis for high dietary sodium intake to contribute to obesity.”

The authors are all members of the Salt Expert Group of the Pan American Health Organization/World Health Organization.

*Campbell N, Correa-Rotter R, Neal B, Cappuccio FP. New evidence relating to the health impact of reducing salt intake. Nutrition, Metabolism & Cardiovascular Disease 2011;21:617-619*

Have you visited the **AWASH website** recently?

The website for the Australian Division of World Action on Salt and Health is:

[www.AWASH.org.au](http://www.AWASH.org.au)

The AWASH website is always changing. Drop in and see what's new.

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