High Dietary Sodium is a Health Risk

- Poor diet was the leading risk for death and disability in Canada in 2010 (1).
- High dietary sodium is a key dietary risk contributing to the disease burden in Canada, causing an estimated 170,817 years of life lost and over 13,000 deaths in 2010 (Figure 1) (1).
- An estimated 2 million of Canadians have hypertension caused by excess dietary sodium. (2) Hypertension is the leading risk factor for death globally and affects more than 1 in 5 Canadians (3). Thirty percent of hypertension is attributed to high dietary sodium (4).
- Roughly 90% of Canadians are expected to develop hypertension over their life span (5).

Sodium Reduction is a Cost-effective Strategy to Reduce Hypertension

- Reducing Canadians sodium intake to 1700mg/day would lead to an estimated 30% reduction in hypertension prevalence and save $1.38 billion annually (2).
- Legislation restricting sodium in foods is more effective and potentially cost-saving than voluntary reductions or the use of medications to lower blood pressure (8).
- Population wide interventions to reduce sodium intake is considered a ‘best buy’ by the World Health Organization to prevent non-communicable disease (9).

Sodium Reduction is Strongly Supported by National and International Health and Consumer Groups

- Uniformly reducing dietary sodium to 2,400mg/day or less is internationally recommended (Table 1).
- Calls for action to reduce dietary sodium have been issued by many leading health groups worldwide. (10-12). In 2013, 60 health and citizen groups signed a joint statement of support for a Sodium Reduction Strategy for Canada Act (13).
- There is strong public support for sodium reduction strategies; 76% of Canadians support mandatory warning labels on high-sodium products and 68% believe that regulations about allowable levels of sodium in foods are very or extremely important (14).

The Evidence Against Population-wide Sodium Reduction is Limited

- Studies and reviews challenging the evidence in support of population sodium reduction have been criticized as being methodologically flawed; focused on limited evidence (i.e., cohort studies) and/or outcomes (i.e., cardiovascular); and fraught with potential financial conflicts of interest (15,16).

Dietary Sodium Reduction Opportunities for Canada

- Federal, Provincial and Territorial Governments
  - Commit to implementing the key policy recommendations of the Sodium Working Group, which includes restricting unhealthy food and...
beverage marketing to children, improved food labelling to help consumers better identify high sodium products, and implementation of healthy food and beverage procurement policies in all settings where food products are served and sold.

- Commit to monitoring industry compliance with the sodium levels set out in the 2012 Guidance Report for the Food Industry on Reducing Sodium in Processed Foods (17), with strong consideration given to updating this report to include restaurants as recommended by the Sodium Working Group.
- Require restaurants to disclose and display sodium levels of their food products on menu’s.
- Move from voluntary benchmarks to mandatory policy for industry to reduce sodium content.
- Improve cross-provincial consistency of school-food nutrition criteria.

**Health and Scientific Organizations**

- Fund and prioritize population based sodium reduction interventions.
- Continue to advocate for stronger federal government leadership to monitor industry compliance with the 2012 Guidance Report for the Food Industry on Reducing Sodium in Processed Foods (17).

**Industry**

- Actively commit to the sodium reduction benchmark targets set out in the 2012 Guidance Report for the Food Industry on Reducing Sodium in Processed Foods (17).

### References


### Table 1: Canadian and International Recommendations for Dietary Sodium Reduction

<table>
<thead>
<tr>
<th>Report</th>
<th>Recommendations &amp; Conclusions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institute of Medicine Dietary Reference Intake for sodium (2004)</td>
<td>Less than 2,300 mg sodium/day in adults with adequate intake 1500 mg/day for middle-aged adults.</td>
</tr>
<tr>
<td>Sodium Reduction Strategy for Canada: recommendations of the Sodium Working Group (2010)</td>
<td>2,300 mg sodium/day by 2016 with an ultimate goal of (95% of) Canadians consuming less than 2,300mg sodium/day.</td>
</tr>
<tr>
<td>Provincial and territorial progress report on reducing sodium intake of Canadians (2012)</td>
<td>2,300 mg sodium/day by 2016</td>
</tr>
<tr>
<td>WHO Guidelines: Sodium intake for adults and children (2012)</td>
<td>Adults should consume less than 2,000 mg of sodium/day, or 5 grams of salt, with lower levels of intake in children.</td>
</tr>
<tr>
<td>American Heart Association Sodium Reduction Recommendations (updated 2012)</td>
<td>Limit daily sodium intake to less than 1,500 mg sodium/day</td>
</tr>
<tr>
<td>Institute of Medicine, Sodium Intake in Populations, Assessment of Evidence (2013)</td>
<td>Evidence of an association between sodium intake and adverse health outcomes above 2,300 mg sodium/day but inconclusive evidence below 2,300 mg sodium/day.</td>
</tr>
<tr>
<td>Canadian Hypertension Education Program (CHEP) sodium guidelines</td>
<td>Reducing sodium intake towards 2,000 mg (5g of salt or 87 mmol of sodium)/ per day</td>
</tr>
</tbody>
</table>

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**Table 1: Canadian and International Recommendations for Dietary Sodium Reduction**
