



Salt Forum

Portuguese Society of Hypertension

Expert Panel Recommendations

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[Expert Panel: Prof. Graham McGregor (UK), Prof. Joel Ménard (France), Prof. Mesquita Bastos (Portugal), Prof. Luís Martins (Portugal), Prof. Jorge Polónia (Portugal), Dr. Fernando Pinto (Portugal), Prof. Csaba Farsang (Hungary), Prof. Pedro Guimarães Cunha (Portugal), Prof. Weimar Sebba Barroso (Brasil), Dr. Vitor Paixão Dias (Portugal), Dr. Manuel Carvalho Rodrigues (Portugal), Dr^a Cristina Alcântara, (Portugal), Eng^a Dulce Ricardo (Portugal), Dr^a Carla Gonçalves (Portugal)]

I. Premises

- a) Excessive salt intake is responsible for increased cardiovascular mortality and increased prevalence of gastric cancer;
- b) Several scientific studies have shown that decreasing salt intake would decrease blood pressure and stroke incidence;
- c) In fact, the World Health Organization has determined that reducing salt intake is the most cost-effective measure in public health to reduce cardiovascular disease incidence;
- d) 80% of the salt that an individual intakes is passive (i.e it is already present in the food that one eats)
- e) Many individuals are unaware of salt sources, and are therefore incapable of making more educated choices concerning healthy food (i.e with less salt content);
- f) Consumers find the current labeling information available in several products to be complex and inadequate to allow for a fast analysis and recognition of healthier food products;

- g) Social inequalities play a determinant role in eating habits; therefore strategies undertaken to lower salt consumption must consider this factor and its impact in the population;
- h) The available information on main salt sources on the food of the Portuguese people shows that salt is mainly present: Cereal/Cereal derived products (i.e bread, breakfast cereal); meat/processed foods (i.e. canned food, sausage, prosciutto ham, snacks, stock cubes, pre-cooked meals; milk/ milk derivatives (i.e cheese); soup;
- i) An alarming amount of salt is currently present in baby food and in pre-school meals served to our infants (over 50% of salt DRI for that age range); this has clear implications concerning the time of exposure of the individual to high salt intake and the cumulative effect on the cardiovascular system that it carries latter in life;
- j) Data concerning the amount of salt present in meals served at dinners and take-away food services, show overwhelming numbers and expose a new target for awareness and decrease of salt content;
- k) Several food processing companies have successfully lowered salt content without changing main food characteristics and without losing sail volumes – this has mainly happened in northern Europe and the United Kingdom.
- l) In Portugal, the Portuguese Society of Hypertension (PSH) has been deeply engaged in the fight against excessive salt consumption for more than 10 years now.
- m) The PSH has collaborated with Governmental and Parliamentary institutions to promote the reduction of salt consumption – its main achievement was the law regulating the amount of salt content on bread, passed in 2009.
- n) Five years after the law regulating salt reduction on bread, the PSH has reviewed the average salt consumption of Portuguese people in the PHISA study, registering: a) a 1.7 g/day reduction in salt consumption; b) a significant decrease in the average blood pressure of the population; c) a concordant reduction in fatal stroke incidence, as reported by official national health authorities.
- o) 20% of the achieved reduction in salt consumption in the population is estimated to have originated from lowering the content of salt in bread (according to the 2009 bill supported by the PSH).

The PSH, having observed with satisfaction that the initial strategy concerning salt reduction bared significant fruits, is also definitely aware that much has still to be done, as Portugal continues to be one of the western countries with highest average salt intake and

stroke incidence. Therefore, the PSH has promoted a meeting with national and international experts in different fields concerning salt and cardiovascular disease. This comprehensive meeting has allowed for a reflection on what has been done, what it has achieved, and especially what needs to be done in the next 5 to 7 years.

II. Goals and Strategies

The PSH, has therefore set the following **goals** for the next 5 to 7 years:

- 1) To lower the average salt consumption in the Portuguese population below 10g/day until 2020;
- 2) Through this salt reduction, achieve lower mean blood pressure values, lower stroke and lower gastric cancer incidence;
- 3) Through this salt reduction, achieve a decrease in the astronomical Health Expenditures related with cardiovascular disease;
- 4) To raise awareness and increase public health literacy concerning this issue

To achieve such goals, the PSH will pursue the following **strategies**:

I - FOOD REFORMULATION

- 1) Engage in further reduction of the salt content in bread to levels registered in other countries;
- 2) Engage in an incremental reformulation of processed foods in order to progressively achieve reductions in salt content (15% over the next five years);
- 3) Engage in progressive reduction of salt content in meals served diners and take-aways;

II - FOOD LABELING

- 4) Negotiate with producers and large commercial surfaces an uniform process of labeling nutritional information in food products, using a three colors system to identify the amount of salt content (red for products with excessively elevated salt content, yellow for those with moderately high salt content and green for products with recommended content of salt)

III - EDUCATION

- 5) Engage in educational campaigns concerning excessive salt consumption and its consequences on one hand, and healthier food choices on the other
- 6) Target children at early ages, both preventing exaggerated salt consumption and establishing educational strategies (age-adequate and therefore time varying) repeated until adulthood.
- 7) Support the elaboration of legislation and/or a solid salt reduction program with governmental and parliamentary authorities.

