Statement on Australian Salt Intakes

THE GEORGE INSTITUTE
for International Health

Australian Division of World Action on Salt and Health (AWASH)

Response to FSANZ media release on Australian Salt Intakes

The Australian Division of World Action on Salt and Health (AWASH) believes that the current confusion over Australian salt consumption further highlights the need for definitive data. The government must ensure that adequate methods of reliably estimating sodium intakes are included in the Department of Health and Ageing's Health Risks Survey which is planned to commence in 2010. Further, AWASH believes that the estimate of salt consumption derived from the dietary modelling methods used by Food Standards Australia New Zealand (FSANZ) significantly underestimates the actual intake.

The National Health and Medical Research Council (NHMRC) Nutrient Reference Values define a Suggested Dietary Target of four grams of salt (1,600 mg of sodium) per day and an Upper Level of Intake of six grams of salt (2,300 mg of sodium) per day (1). It is of note that the optimal level of daily salt intake is actually much less (one to two grams per day) and both government criteria represent a pragmatic compromise position.

Recent media sources reported that many Australians are eating as much as 40 grams of salt a day. This is incorrect and appears to have resulted from a media misinterpretation of the statement that 'Australian's are eating 5-10 times more salt than they need for optimal health.' Australians almost certainly are eating on average 5-10 times more than the 1-2 grams per day required but are not eating 5-10 times more than the Suggested Dietary Target of 4g per day.

In its recent release, FSANZ estimated (2) that Australians aged 2 years and older consume an average of five and a half grams of salt (2,150 mg of sodium) per day. Further, FSANZ claims that 95% of Australians consume less than 8.5g of salt each day and that only 34% consume more than 6grams of salt per day. The highest daily salt consumption calculated for an individual was 26,000 mg (26g).

The FSANZ estimates were based on dietary modeling. This modeling is prone to important biases because it uses old 1995 National Nutrition Survey data and dietary recall methods have been found to substantially under-estimate sodium intake (3).

While there are no representative studies that have made gold standard salt intake estimates based on urinary sodium excretion, it is likely that average Australian intake is substantially above the 5.5g per day suggested by the FSANZ data. It is of specific note that:

- Studies in Australia that have used urinary analysis in non-representative samples have all estimated daily salt intake to be significantly more than 5.5g per day (4)
- The recently reported government's Children's Nutrition and Physical Activity Survey revealed that many children are eating more than twice the Suggested Dietary Target for salt each day (5) and are consuming salt far in excess of the government's recommended daily upper limits (7). For the recent FSANZ population salt consumption estimates to be correct it would be necessary for many children to be eating more salt than adults. This seems unlikely.
- Other developed countries for which there are gold standard salt consumption estimates systematically report much higher average levels of population salt consumption that those suggested by FSANZ. Given the broad commonality of diets across developed countries and the absence of any concerted action to reduce salt consumption within Australia it is highly unlikely that Australia has an average salt consumption much lower than other countries

Finally, even if the FSANZ estimates were correct (which they are almost certainly not) they would still be of huge concern. Salt consumption above 1-2g per day is a leading cause of the rise in blood pressure with age and high blood pressure, alongside smoking, is the single greatest cause of premature death and disability in Australia.

In conclusion, we reiterate our call that the government must take urgent action to ensure that we have truly reliable estimates of population salt intakes that are monitored over time. Furthermore, government must take leadership of this issue and work with industry to agree upon a comprehensive plan for the implementation and monitoring of a national salt reduction strategy.

References

1. National Health and Medical Research Council. Nutrient Reference Values for Australia and New Zealand Including Recommended Dietary Intakes. Canberra: Department of Health and Ageing, Commonwealth of Australia; 2006.
2. FSANZ 2009 How much sodium are we eating? http://www.foodstandards.gov.au/newsroom/factsheets/factsheets2009/howmuchsodiumandsalt4340.cfm
3. Espeland MA, Kumanyika S, Wilson AC, Reboussin DM, Easter L, Self M, et al. Statistical issues in analysing 24-hour dietary recall and 24-hour urine collection data for sodium and potassium intakes. American Journal of Epidemiology. 2001;153(10):996-1006.
4. Webster J etc al, *Measuring Australian Salt Intakes*, High Blood Pressure Research Council Annual Conference, November 2008.
5. The main findings for the Children's Nutrition and Physical Activity Survey can be found at: http://www.health.gov.au/internet/main/publishing.nsf/Content/66596E8FC68FD1A3CA2574D50027DB86/$File/childrens-nut-phys-survey.pdf