# Sodium: point counterpoint

This document is intended for use by program staff and partners to anticipate and respond to possible questions about sodium reduction.

# Sodium as a public health issue

Point	Counterpoint
The science of sodium reduction is still controversial; therefore, sodium reduction should not be advocated.	A large body of strong scientific evidence shows that greater sodium intake causes higher blood pressure and that reducing sodium intake lowers blood pressure. <sup>1</sup> Numerous scientific bodies and health professional organizations support sodium reduction to prevent and control high blood pressure. <sup>2</sup>
How much sodium a person consumes should be a personal choice and not government business.	Today's processed and restaurant foods have so much sodium that, in practice, there is little choice for those who want to consume less sodium. Three-quarters of the sodium we consume already has been put into our food before we buy it. <sup>3</sup> Reducing sodium in the food supply can make choice possible for consumers by providing foods lower in sodium.
There are bigger dietary issues than sodium.	Sodium in particular needs attention because excess intake increases blood pressure. <sup>4</sup> High blood pressure is a major public health problem and a serious issue for tens of millions of Americans. <sup>5</sup> By reducing sodium, much of this health burden can be lifted. At the same time, policy recommendations do address other issues to improve our nation's health (e.g., specific nutrients such as potassium, the overall food environment). <sup>5,6</sup>

# Potential health impact

Point	Counterpoint
Sodium intake only matters for people with high blood pressure. People with high blood pressure should be targeted—leave those with normal blood pressure alone.	Limiting sodium intake is important for everyone. Current recommendations call for all Americans to consume less sodium than today's average daily amount of more than 3,400 milligrams (mg). <sup>6,7</sup> The <i>2005 Dietary Guidelines for Americans</i> recommend limiting sodium to less than 2,300 mg per day. The guidelines further recommend that blacks, people with high blood pressure, and middle-aged and older adults (about 70 percent of the population) limit their intake to 1,500 mg per day. <sup>6,8</sup> So everyone is expected to benefit from foods with less sodium.



# Potential health impact (continued)

Point	Counterpoint
Sodium reduction does not lower blood pressure enough to be important.	Even moderate changes in sodium intake can have significant public health benefits. According to a recent study, a 9.5 percent reduction in sodium consumption would amount to a 1.25 mmHg decrease in the average systolic blood pressure for persons aged 40–85 years. The expected lifetime benefit of this modest change would be the prevention of 480,358 heart attacks and 513,885 strokes9—a major public health impact.
The cost of changing the food supply would be more than it is worth.	Product reformulation to reduce sodium content is expected to incur some costs. But gains in population health include reduced cardiovascular morbidity and mortality and all-cause mortality. In addition, one recent analysis projected health care cost savings of \$18 billion. <sup>10</sup>

# Possible adverse effects

Point	Counterpoint
Reducing sodium in food will take away the taste.	Sodium in the form of salt (sodium chloride) is used primarily to flavor and improve the taste of food. But a person's taste for salt can change. In fact, Americans' current appetite for salt likely comes from excess salt in the food supply. Peducing the sodium content in food <i>gradually</i> —not all at once—will allow the appetite for salt to adjust with little consumer awareness of the change.
Consuming too little sodium can be risky.	Some people with certain medical conditions need to ensure they do not consume too little sodium as part of a regular monitoring and treatment plan. Recommended sodium limits in the 2005 Dietary Guidelines for Americans are several times greater than the amount most people need each day to keep their bodies functioning properly. Because sodium is ubiquitous in our food supply, <sup>2</sup> it would be extremely unlikely for someone not to meet their minimum biological requirement.
Reducing the sodium content in foods will affect food safety and quality.	Sodium plays an important role in food production, preservation, and safety. Sodium reduction will be challenging; however, it will not jeopardize food safety or quality. Already, a variety of low-sodium products exist in our supermarkets and restaurants. Companies have demonstrated with the existence of such products that they can produce and sustain healthy food items with less sodium. <sup>12</sup>

# Low-sodium products

Counterpoint
National survey data indicate that people are aware of the need to reduce sodium intake
for various health reasons. <sup>2</sup> Consumers are aware of and concerned about sodium levels
in the American diet. Almost half of shoppers purchase low-sodium options at least
sometimes, and a large proportion buy these products often or always.13

## Low-sodium products (continued)

Point	Counterpoint
People cannot reduce their sodium intake because there are few low-sodium foods available.	Many manufacturers have introduced products with lower amounts of sodium. Still, low-sodium options are sparse and leave consumers with little control over the sodium content of their diet. Reductions in the sodium content of all foods will allow consumers to better control their sodium intake.
The food industry can reduce sodium voluntarily.	For nearly 40 years, the U.S. Food and Drug Administration has been asking the food industry to voluntarily reduce sodium, but most manufacturers have not chosen to do so. The ubiquitous nature of sodium in processed and restaurant foods prevents the public from meeting recommended sodium guidelines. Voluntary change alone is unlikely to be sufficient. Successful sodium reduction will take action and partnership from all levels of industry and government. <sup>2</sup>

### References

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