



THE SHAKEDOWN ON SALT

Network leads fight against harmful food additive

The Canadian Stroke Network (CSN) is working to reduce sodium levels in processed, packaged and fast foods in order to prevent strokes in thousands of Canadians.

“When you look at various opportunities to try to reduce hypertension, sodium stands out as being unique,” says Dr. Antoine Hakim, CEO and Scientific Director of the CSN. “The impact will be at a population level.”

High blood pressure, or hypertension, is a treatable condition that leads to more than half of the 50,000 strokes in Canada every year.

One in four adult Canadians has hypertension – about 5.3 million people. A third could eliminate the problem by consuming the optimal level of 1,200-1,500 mg a day of dietary sodium.

But cutting sodium intake is a difficult thing. Sodium is hidden in much of the food that we eat – even in seemingly healthy things like cereal, breads, vegetable soups and muffins. It is a cheap preservative and flavor enhancer for products that don’t always contain top-quality ingredients. In processed meats, it is used to bind water to boost the weight of the product.

According to recent surveys, Canadian food products are among the saltiest in the world and the average Canadian consumes more than double the healthy level of sodium a day.

“By cutting hidden salt in processed foods, we will not only make an impact on the incidence of stroke but also other health conditions, including heart and kidney diseases, stomach cancer and dementia,” Dr. Hakim says. “Reducing the sodium in our food supply will have a dramatic impact on the burden of chronic disease in Canada.”

SALT and SODIUM

Salt is sodium chloride

- ◆ 1 level teaspoon of salt contains just over 6 grams of salt
- ◆ 6 grams of salt contains about 2,300 milligrams (mg) of sodium
- ◆ 2,300 mg is the Tolerable Upper Intake Level of dietary sodium — the maximum amount per day compatible with good health

National guidelines for Adequate Intakes of sodium by age:

- ◆ 1-3 years: 1,000 mg per day
- ◆ 4-8 years: 1,200 mg per day
- ◆ 9-50 years: 1,500 mg per day
- ◆ 50-70 years: 1,300 mg per day
- ◆ 70 years and over: 1,200 mg per day



Nutrition Facts		Valeur nutritive	
Per 1/2 cup (125 mL) / par 1/2 tasse (125 mL)			
Amount / quantité		% Daily Value	% valeur quotidienne
Calories / Calories	170		
Fat / Lipides	2 g	3 %	
Saturated / saturés	0.3 g	1 %	
Trans / trans	0 g		
Cholesterol / Cholestérol	0 mg	0 %	
Sodium / Sodium	470 mg	20 %	
Carbohydrate / Glucides	29 g	10 %	
Fibre / Fibres	8 g	30 %	
Sugars / Sucres	1 g		
Protein / Protéines	10 g		
Vitamin A / Vitamine A		2 %	
Vitamin C / Vitamine C		0 %	

GETTING SAVVY ABOUT SODIUM IN FOODS

The “hidden” salt in processed foods accounts for more than 75% of our sodium intake. While other countries, most notably the U.K., are taking the aggressive action required on dietary sodium, Canada is moving slowly. Reforms are urgently needed to:

- ◆ Pressure the food industry to reduce the sodium content of their products, with legislation to follow if voluntary efforts are ineffective
- ◆ Make nutritional information readily available to consumers of take-out and restaurant food
- ◆ Revise the nutritional labeling so consumers can easily determine if food products contain high, medium or low amounts of sodium.

Don't wait for these reforms; you can take action now to lower your risk of stroke and heart disease by reducing your sodium intake! Here are some easy steps:

- ◆ Read the food labels and always choose lower sodium options
- ◆ Avoid high sodium foods that contain over 400 mg sodium per serving
- ◆ Add progressively less salt when cooking and at the table - as you get used to the taste cut it out completely
- ◆ Try to eat less processed “convenience” foods and watch out for the salty foods such as soups, bacon, pepperoni and cheese when eating out
- ◆ Eat more unprocessed fruit and vegetables as these are good for your health and naturally low in sodium.

CALGARY PHYSICIAN SAYS GOOD DIET IS A LIFESAVER

Healthy eating benefits blood pressure

Cutting out processed and packaged foods and reducing the sodium in his diet has taken Dan Muruve's blood pressure to normal levels.

And all without the need for medication.

About five years ago, when Dr. Muruve saw his blood pressure begin to creep up, he knew that he was “heading down the wrong path.”

A kidney specialist and researcher at the University of Calgary, Dr. Muruve treats hypertension in his own patients. “I know what I'm dealing with and it's a real motivator. I know what the consequences will be.”

He decided to take action.

Dr. Muruve removed all salty processed foods from his diet, cut calories, focused on “natural foods” like fruits, vegetables, whole grains and lean meats.

The result? “A big health benefit.”

“My blood pressure is good, my cholesterol is amazing. All the cardiovascular risk factors have improved by changing my dietary habits.”

Dr. Muruve says that he has cut “salt intake by at least half of what is used to be. Now, when I eat processed foods I feel kind of sick.”

Within a month of making the lifestyle change, he felt more energetic and his blood pressure began to fall. His wife and children followed the new eating plan, too.

Today, Dr. Muruve continues with his healthy food plan. “When I'm at the grocery store I don't buy processed food products.” That means avoiding things like bottled salad dressings and canned beans and packaged tomato sauce.

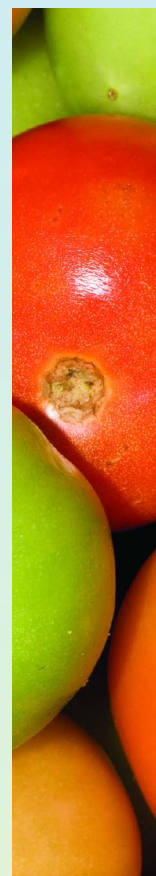
“It takes some adjustment. It's hard at the beginning because it takes about a month to overcome a lot of cravings. But, once you get over that, it's actually quite easy to maintain a steady diet.”

It's clear that the payoffs are huge.

“Eating more than double the adequate daily intake of salt is raising Canada's collective blood pressure, weakening blood vessels and leaving many people exposed to sudden, debilitating and sometimes fatal disease. As a clinician and as leader of the Canadian Stroke Network, I see these results in my patients.

Hypertension — the No. 1 risk factor for stroke — is reaching epidemic proportions. If we can reduce hypertension, the incidence of stroke — a leading cause of disability and death in Canada — will drop substantially.”

— Dr. Antoine Hakim,
CEO and Scientific Director
Canadian Stroke Network





“In my own work as a surgeon treating diseased and damaged hearts, I’ve seen the devastating impact of poor diet. It is critical that we take a population-level approach to reducing the hidden sodium in the food supply, that we make it easier for people to choose low-sodium products and that we educate people on the link between sodium and hypertension.”

— Senator Wilbert Keon



HEALTHY CHOICES should be fast and easy

WHAT DOES CANADIAN RESEARCH SHOW?

- ◆ A study published recently in the *Canadian Journal of Cardiology* indicates that excess dietary sodium causes hypertension in at least one million Canadians, resulting in \$430 million a year in direct health-care costs.
- ◆ Results from the 2004 Canadian Community Health Survey indicate that, among people ages 19 to 70, more than 85 per cent of men and 60 per cent of women consume well above the maximum daily level of sodium.
- ◆ A Statistics Canada report, released last year, shows that the average Canadian consumes in excess of 3,100 mg of sodium a day.

The Canadian Stroke Network is promoting improvements to the food-labeling system in Canada through easy-to-understand nutrition information on food packaging.

Under the existing system, it is difficult for consumers to recognize which products are high or low in salt.

Not only that, serving sizes on packages often do not correspond with those in Canada’s Food Guide, and some food companies label items as ‘healthy choices’ despite the fact that they contain much more sodium than other products in the same category.

“The U.K.’s traffic-light approach is one way of making food labels easier to understand,” says Kevin Willis of the Canadian Stroke Network. “This system is also being adopted in New Zealand and it is just starting to be considered by the Food and Drug Administration in the U.S.”

For example, the traffic-light system uses red, amber and green coding to indicate whether a food has high, medium or low levels of fat, saturated fat, sugar and salt.

Green-light foods can be eaten regularly; amber lights are for foods to be eaten less frequently and red lights indicate that a food should be eaten only on occasion.

The U.K. Food Standards Agency tested this system and supported it for its simplicity of use. However, other systems are also in development around the world as countries recognize the need to guide consumers.

“Most of us lead very busy lives, so making healthier choices in the supermarket needs to be fast and easy,” Dr. Willis says.



WHAT CAN PARENTS DO?

High salt diets in children lead to elevated blood pressure, which increases the risk of heart disease and stroke in later life, according to a study based on data collected in the U.K. National Diet and Nutrition Survey.

The research, published recently in the *Journal of Hypertension*, found that for each extra gram of salt eaten there was an increase in systolic blood pressure. The study looked at 1,658 children who had their salt intake and blood pressure recorded during a seven-day study of their diet.

The message for parents? Check labels, especially on foods such as breakfast cereals and snack products which may not be expected to contain high levels of salt. Cut consumption of high-sodium foods, including pizza, fast-food hamburgers and submarine sandwiches.



WHAT IS HIGH BLOOD PRESSURE?

OPTIMAL BLOOD PRESSURE is less than 120/80 mm Hg. A blood pressure of greater than 140/90 mm Hg is the clinical definition of hypertension. At this level, patients are often prescribed medication to lower blood pressure in order to reduce the likelihood of developing a stroke or heart attack.

SODIUM KILLS 30 CANADIANS A DAY



30 a day*

* Unpublished projections based on reducing average daily sodium consumption by 2,000 mg (or 5 g salt) from current levels of approximately 3,500 mg per day (*Statistics Canada Health Reports. 2007;18:47-52*) to 1,500 mg per day. According to He and MacGregor (*Hypertension. 2003;42:1093-1099*) this would be expected to reduce stroke death by 20.3% and ischemic heart disease (IHD) death by 14.8%. An annual death rate per year of 15,409 for stroke and 42,619 for IHD was assumed based on Statistics Canada data for 2002 (*Heart and Stroke Foundation of Canada: The Growing Burden of Heart Disease and Stroke in Canada 2003. Ottawa, Canada. 2003*).