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Comment on Sodium-Intake Reduction and the Food Industry

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We agree with Henney et al. (July 18 issue)¹ that there is a public health imperative to lower sodium levels throughout the food supply. Although the authors appropriately focus on total sodium,² we believe that doing so dramatically underestimates the gravity of this public health concern. The benchmark of 2300 mg daily for total sodium was informed by the 2100 kcal diet used in the Diet, Sodium Intake, and Blood Pressure (DASH-Sodium) trial, which compared low, medium, and high sodium densities (0.55 mg per kilocalorie, 1.1 mg per kilocalorie, and 1.65 mg per kilocalorie, respectively) and found that lower sodium density improved blood pressure.³ Density accounts for variation in total calorie consumption. Although a quarter of the U.S. population achieves the recommended level of less than 2300 kcal per day, nearly half consume less than the 2000-kcal example on nutrition labels, and thus, less than 6% achieve the medium sodium density supported by rigorous evidence. With 94% of the U.S. population exposed to excessive sodium and more than 150 million adults with elevated or high blood pressure,⁴ action to regulate sodium-dense foods is long overdue.

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References

1. Henney JE, O'Hara JA, Taylor CL. Sodium-Intake Reduction and the Food Industry. *New England Journal of Medicine* 2019.
2. American Heart Association. Why should I limit sodium? [Internet]. 2017 [cited 2018 Sep 13]; Available from: https://www.heart.org/-/media/data-import/downloadables/pe-abh-why-should-i-limit-sodium-ucm_300625.pdf
3. Sacks FM, Svetkey LP, Vollmer WM, et al. Effects on blood pressure of reduced dietary sodium and the Dietary Approaches to Stop Hypertension (DASH) diet. DASH-Sodium Collaborative Research Group. *N Engl J Med* 2001;344(1):3–10. [PubMed: 11136953]

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DISCLOSURE

The authors declare that there is no conflict of interest associated with this manuscript.

4. Muntner P, Carey RM, Gidding S, et al. Potential U.S. Population Impact of the 2017 ACC/AHA High Blood Pressure Guideline. *J Am Coll Cardiol* 2018;71(2):109–18. [PubMed: 29146532]

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