EuSalt Response to the Green Paper of the European Commission: "Promoting healthy diets and physical activity: A European dimension for the prevention of overweight, obesity and chronic diseases"

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GENERAL COMMENTS

The European Salt Producers' Association, EuSalt, supports the European Commission's initiative and welcomes its transparent and consultative approach to the consultation process.

EuSalt concentrates its comments on specific salt related questions and refers for further comments to the statement of the Confederation of the Food and Drink Industries of the European Union, the CIAA.

As salt is not linked to obesity, we restrict our comments on chronic diseases especially cardiovascular diseases, as mentioned in Annex 2.

As to the role of salt ingestions in relationship to cardiovascular diseases, EuSalt wishes to draw the attention to the lack of scientific consensus on this issue. From three recent studies related to salt and hypertension, published in the Cochrane Library in 2004, it appears clearly that there is no need for healthy people to reduce the salt intake. The study of Jürgens et al (1) and the study of Hooper et al (2) show that salt reduction has almost zero effect in normotensive people. Furthermore the study of He et al (3) shows that in normotensive people there was only a fall in blood pressure of 2 mmHg systolic and 1 mmHg diastolic after cutting down salt intake by 4.5 g/day for four weeks. The recent study of Cohen et al (4) even shows evidence, that reducing the salt intake as recommended in the USA, might present a cardiovascular risk, rather than a benefit.

Related to physiology, recent scientific findings (5) have elucidated that the human body disposes of an additional physiological system to manage too much salt. The salt is stored under the skin. This might explain why healthy people have no benefit in reducing salt intake.

EuSalt would also like to point to the potential danger of a generalised recommendation to reduce salt intake for specific groups in the population. The above mentioned research by Cohen et al (4) and the study of Alderman (6) show that a reduction in salt intake can increase the risks of stroke up to 35 %. Jürgens et al (1) show cutting down salt intake increases other risk factors including increased cholesterol, LDL cholesterol, and adrenaline levels. Füsgen (7) and others (8, 9, 10) show that elderly people often suffer from a lack of sodium and that dehydration, characterised by a loss of fluid and sodium, may present a real danger for the elderly. Another group where reduced salt intake may present a danger is pregnant women. They should not cut down salt intake even if they suffer from oedema (11, 12, 13, 14). Sportsmen are also in the danger of a lack of salt by sweating (15).

EuSalt advocates strongly that recommendations and future activities relating to the reduction of salt in the diet are based on sound science, with specific attention to recent scientific findings that should be carefully considered.

Additionally, EuSalt highlights the urgent need to establish reliable data collection and monitoring systems in all European countries related to the intake of salt. Further scientific discussions and political decisions need a sound data basis in relation to salt intake, changes in salt intake and health outcomes especially relating to blood pressure.

COMMENTS ON SPECIFIC SECTIONS AND PARAGRAPHS

IV.3. Health across EU policies

- *What contribution can Community policies make towards enabling and encouraging consumers to shift to diets lower in fat, salt and sugar*?

The main goal should consist in promoting a healthy balanced diet (as exemplified in nutritional education models, e.g. food pyramids, five a day, etc). When consumers adopt such basic nutritional principles, sugar, fat and salt intake will be balanced. A positive message that the consumer can eat everything he likes in a moderate and balanced way is essential.

- *On which areas related to nutrition and physical activity, the development of tools for the analysis of related disorders, and consumer behaviour is more research needed?*

It is essential that more comprehensive and qualitative data be gathered on salt intake of the population. Equally important are data on salt reduction and the effect or non-effect of such measure on specific health determinants of the population, such as blood pressure.

Recent and reliable data about salt intake in the EU Member States is not available. The methods of data collection in this respect vary from country to country and are often not sufficiently reliable for measuring salt intake. If salt intake is considered a main risk factor, the collection of reliable data is indispensable for the quantification of the problem and assessing the efficacy of nutritional recommendations and interventions.

IV.5. European Food Safety Authority (EFSA)

EFSA recently published an opinion on sodium in relation to the setting of an upper tolerable level (16). It was unable to set upper safe limits for sodium due to the lack of reliable data.

The opinion concludes that salt intake in Europe is estimated 9–11 g/day. This assumption is derived from data from the 1988 Intersalt study. More recent and reliable data were not taken into consideration, e.g. for example data from Germany indicating a salt intake of 7–9 g/day (17, 18, 19, 20). In Western Europe the average salt intake is most likely around 8 g/day; in Southern Europe with its higher temperatures it is estimated about 10 g/day. This illustrates that future politics relating to salt intake should not be based on literature research, but on actual and reliable data.

EFSA also concludes that there is a clear evidence for the relation of salt intake and blood pressure. This may be correct for hypertensive people but, as recent findings show, not for normotensives persons. We strongly regret that these data, including the meta-analysis of Jürgens et al (1) and the findings of Hooper et al (2) were not taken into account.

V.2. Consumer education

- How can consumers best be enabled to make informed choices and take effective action?

As mentioned above, the promotion of a healthy balanced diet is a key element. A discrimination between “good” and “bad” foods, as advocated by certain recently proposed systems does not take into consideration the complex nature of the daily diet and the choices consumers make in this respect. Rather than stigmatising food as good or bad, the actual use of the foods to constitute good or bad diets should be emphasised.

V.9. Recommendations for nutrient intakes and for the development of food-based dietary guidelines

- In which way can food-based dietary guidelines at a European level take the different regional and national dietary habits, as well as social and cultural variations into account?

Food-based dietary guidelines (FBDGs) should offer a range of good dietary practice. This would be a range, indicating acceptable intake and be indicative of where excessive intake starts. For example the German Nutrition Society (Deutsche Gesellschaft für Ernährung) indicates that salt intake up to 6 g/day can be considered to be moderate and that intakes of more than 10 g/day would be excessive.

The development of FBGDs is a difficult exercise. Firstly, it is difficult to define evidence-based and scientifically sound average daily amount. For salt, WHO recommends 5 g/day while the Eurodiet-project recommends a 20 % higher amount of 6 g/day. In France the value is 8 g/day and in Finland 3 g/day. There is no scientific evidence supporting any of these values.

Secondly, it is difficult to use such proposed average daily amount in a proper way. In relation to salt, the consumer may consider foods with a low salt content as “good” and those with a high salt content as “bad”. But will that be correct? Most products with a relevant salt content are traditional products, considered to be part of a healthy, varied and balanced diet like the Austrian variety of bread, the Dutch maatjes, the British Stilton cheese, the Greek black olives, the Spanish Serrano ham, the Italian Parma cheese, the German sauerkraut, all kind of soups etc. Focusing mainly on the salt content will exclude quite a lot of traditional, local and conventional foods that are part of a normal nutritious and varied diet.

- How can the gaps between proposed nutrient targets and actual consumption patterns be overcome?

Again: By promoting a healthy balanced diet as explained before (IV.3.; V.2.).

- *In which way could nutrient profile scoring systems such as developed recently in UK contribute to such developments*?

Nutrient profiles are developed to artificially divide foods in “bad” and “good” food. But it does not take into consideration patterns of use. It will therefore confuse consumers rather than teach them to compose balanced healthy diet. There is no guarantee that a diet composed of only “good” foods, as defined by nutrient profiles, will be a balanced diet in respect of all nutrients. As mentioned before, many salty foods have a place in a healthy, varied and balanced diet.

The British Food Standard Agency argues that “…a conservative estimate of the potential annual lives saved from strokes and CHD via the achievement of the targeted 3.5 grams per day salt reduction in UK adult diets is 15.000.” EuSalt would like to see the FSA present the scientific data underlying these assumptions. Such conclusions are politically inspired rather than scientifically justified. Recent studies involving sound science - as cited in the general comments above - show the contrary. Salt intake does not present a health risk for the healthy population.

V.11. Other issues

- Are there issues not addressed in the present Green paper which need consideration when developing a Community strategy on diet, physical activity and health?

The report deals selectively with overweight, obesity and non-communicable diseases. Measures in this respect are likely to promote reduction in intake of calories, fats, sugar and salt to the general population. It neglects the fact that a substantial part of the European non-obese population may actually be at risk for malnutrition. An important example is the elimination of iodine deficiency disorders (IDD) in a sustainable way, still a health issue of high priority in Europe. An extensive report of the WHO European regional office, demonstrating the importance of this issue is in preparation and will be published very soon. WHO, UNICEF, and NGOs promote worldwide the system of Universal Salt Iodization (USI) to eliminate IDD (21). It would be appropriate that the European Commission adopts and promotes this strategy also in Europe by restricting the addition of iodate/iodine only to salt within the framework of the proposed regulation for the addition of vitamins, minerals and other substances to foods, as a powerful, cheap and effective tool to solve this major health issue.

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