

Scientific Advisory Committee on Nutrition

4th MEETING OF SALT SUBGROUP

11 September 02, Food Standards Agency, Aviation House, 125 Kingsway, London

Chairman	Professor Alan Jackson
Members	Professor Peter Aggett Professor Sheila Bingham Miss Gill Fine
Secretariat	Dr Alison Tedstone (FSA) Dr Sheela Reddy (DH) Dr Adrienne Cullum (DH) Ms Mamta Singh (FSA)

Chair's Introduction

1. The Chair welcomed members to the meeting.

AGENDA ITEM 1 – Minutes of last meeting SACN/SaltSub/02/min03

1. Members were invited to comment on the minutes of the previous meeting. It was noted that the points raised at the previous meeting had been actioned and the papers requested at the meeting had been sent to members. Two further papers were tabled:
 - Johnson RJ, Herrera-Acosta J, Schreiner GF, Rodriguez-Iturbe B. Subtle acquired renal injury as a mechanism of salt-sensitive hypertension. *New England Journal of Medicine* 2002; 346:913-923.
 - Pomeranz A, Dolfen T, Korzets Z, Eliakim A, Wolach B. Increased sodium concentrations in drinking water increase blood pressure in neonates. *Journal of Hypertension* 2002; 20:203-207.

AGENDA ITEM 2 - Discussion of draft salt statement

2. The Chair thanked the secretariat for circulating the draft statement on salt. Members were asked to comment on any general issues regarding the statement.
3. Members agreed that the draft provided a helpful summary of discussions to date. It was also agreed that the statement should be checked against the risk assessment framework.
4. Appendix 4, which was a summary table of three meta-analyses referred to in the statement, was tabled at the meeting. It was agreed that the table should be expanded to include all meta-analyses since 1994.
5. Although the report was longer than initially envisaged, members noted that this was a reflection of the depth to which the evidence had been assessed. It was agreed to include a summary paragraph at the end of each section and to ensure that corresponding amounts of salt (g) and sodium (g/mmol) be provided throughout the report.
6. Members agreed that more basic background information should be provided regarding:
 - the role of sodium in the body;
 - blood pressure and hypertension.
7. The Subgroup agreed that information about the sodium content of foods (with ranges) and industry action on lowering salt content of foods should be included as annexes.
8. Members felt that it would be useful to include a table of all the studies, considered by the Subgroup, which had examined the effects of salt/blood pressure on morbidity/mortality outcomes. It was agreed that the table should provide information on the design of the study, specifically:
 - duration of study;
 - type of study;

- characteristics of the study population;
 - how exposure was assessed (e.g. 24-hour urine collection/dietary assessment);
 - criteria for definition of hypertension;
 - outcome of interest;
 - allowance for main risk factors/confounders (e.g. BMI, age, gender, smoking, alcohol).
9. The conclusions and recommendations were discussed and agreed by the Subgroup.
10. The Subgroup found no evidence to suggest that a reduction in salt to 6g/day for the adult population (the target recommended by COMA in 1994) would be a risk to health. Members agreed that the recommendation of 6g/day was still appropriate and that the evidence to support it was now stronger than in 1994. However, it was recognised that greater understanding of habitual intakes would be helpful.
11. It was noted that achievement of the target would require a reduction in the salt content of foods and drinks (consumed both in and out of the home).
12. It was agreed that the conclusions should emphasise that the population target for salt intakes is embedded within other dietary and lifestyle recommendations (e.g. physical activity, smoking and body weight).
13. Data on dietary intakes from the forthcoming National Diet and Nutrition Survey of adults would be included if available.
14. The group noted the serious limitations to the data available on children but agreed to provide guidance on children based on the RNI for sodium (COMA 1991). It was agreed that recommended intakes should be extrapolated from RNIs on the same basis used for adults.
15. Following agreement of the conclusions and recommendations, the draft statement was discussed in more detail. It was agreed to make some changes to the structure of the

statement, to include an executive summary, and that the information on children should form a separate section.

AGENDA ITEM 3 - Conclusion and consideration of further work

16. It was agreed that the draft statement, which was due to be discussed at the SACN meeting on 3 October, would not be placed on the SACN website until the comments of the full Committee had been incorporated.

AGENDA ITEM 4 – Consultation process

17. Interested parties will be alerted to the draft statement when it has been placed on the SACN website and will be given a period of one-month to comment on the draft.

AGENDA ITEM 5 – Requirement for further meeting

18. It was agreed to meet again following the period of consultation to finalise the draft, which could then be signed-off at the February 2003 meeting of SACN. It was agreed that the secretariat would liaise with members regarding possible dates for a meeting in December.

19. The Chair thanked members of the Subgroup for their attendance.