EDITORIAL
AN ATTEMPT TO HALT THE EVER-INCREASING PREVALENCE OF MORBIDITIES RESULTING FROM EXCESS DIETARY SODIUM INTAKE
The Lebanese Experience

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In the most recent report from the World Health Organization (WHO) on hypertension, one billion adults worldwide have been estimated to be affected, with an annual mortality of 9 million. Being the most common modifiable risk factor for cardiovascular disease and death, several worldwide initiatives are underway to prevent the fulfillment of the 2050 projections of 1.5 billion cases of hypertension [1,2]. A solid approach that has witnessed worldwide action and is still progressing with great momentum is the reduction of excess dietary sodium intake.

Countless studies and trials have shown a positive relation between high sodium intake and risk of cardiovascular and renal disease [3-5]. Moreover, direct, independent relation to stroke [6], left ventricular hypertrophy [7], and proteinuria [5] have been documented, in addition to indirect relation to stomach cancer [8], obesity [9], increased risk of renal stones and osteoporosis [10], and severity of asthma [11].

To that effect, several health authorities have set guidelines for the optimal level of dietary sodium intake. The WHO have set the target intake at less than 5 g of salt or 2 g of sodium [12] while the Institute of Medicine (IOM) recommends an intake of 1.5 to 2.3 g [13] and 1.5 to 2.4 g of sodium per day as per the American Heart Association (AHA) [14].

On a global scale, implementation of the above guidelines has been ongoing for decades now by countries such as Finland and the United Kingdom through mass media health campaigns, food reformulation by the food industry, and implementation of clear food labeling strategies [15]. The outcome of reducing 33% of sodium intake of the entire population of Finland was a staggering 80% drop in mortality due to stroke and coronary heart disease, concomitant with a fall of over 10-mm Hg in the population’s average blood pressure [16].

On September 10-12, 2013, LASH participated in the workshop held by the World Health Organization Eastern Mediterranean Regional Office (WHO-EMRO) on salt and fat reduction and setting up protocols for measuring salt and fat intake and content in food, in Amman, Jordan. Research findings presented included the determination of the main contributors of salt in the Lebanese diet, which were found to be bread (26%), processed meat (12%). The average Lebanese intake of sodium was estimated to be between 2.9 and 3.1 g/day. Results of questionnaires about knowledge, attitudes, and behaviors (KAB) of Lebanese consumers regarding salt intake were also presented and reflected a poor knowledge of the effects of sodium on health and its sources in the diet and an unfavorable behavior of the consumers towards reducing their dietary intake. LASH also presented the obstacles Lebanon was facing at the time, primarily involving the government and the industry in planning a gradual reduction in salt levels in bread and other high-sodium processed foods that are widely consumed. This obstacle was starting to unfold when LASH held a press conference on March 11, 2014, on the occasion of World Salt Awareness Week, to announce the launch of the national campaign under the patronage of
the Lebanese Ministry of Public Health (MoPH). The meeting was attended by representatives from MoPH, Ministry of Industry (MoI), American University of Beirut (AUB), American University of Beirut Medical Center (AUBMC), and Consumers International.

During the press conference, new research findings were presented by LASH, and included the annual mortality attributable to excess salt intake in Lebanon calculated at 680 deaths per year. Moreover, results of KAB and Food Frequency questionnaires on a representative sample of the general population revealed that 60% of individuals consumed more than the recommended 2000 mg, the average intake being 3130 mg of sodium/person/day. Results also showed that less than one quarter of the study population (21.5%) correctly identified the main contributors of salt in their diet, and that more than one third of the Lebanese population overlooks food content labels [19]. Dr. Michel Kfouri, representing MoPH, commended the efforts exerted by LASH to bring this issue to the surface and take it a step further into targeting policy makers in the industry. In fact, this was exactly what LASH did a few months later, on August 6, 2014, when a workshop was held in MoI under its patronage and in the presence of H.E. the minister of Industry, Dr. Hussain Elhajj Hassan, to discuss the urgency and technical aspect of reducing salt in processed food products, starting with bread, and targeting other food items including cured meats, pickles, olives, cheese, and nuts. LASH presented the current research findings and ways in which salt intake can be reduced, stressing on the role of food industries. His Excellence also commended the work done by LASH and pledged to make this issue a priority, urging all attendees from governmental and industrial sectors to assume their responsibilities and start working on the ground to have a tangible result in all mentioned food types by the next year. Throughout the year, the campaign received tremendous media attention; several interviews on TV and radio were held with LASH representatives to raise awareness on the dangers of excess salt intake and shed light on the efforts done by LASH to combat the eminent threat. The next step for LASH, in collaboration with MoI and MoPH, will be to start implementing the reductions with the food industry and enforce proper labeling on food products.

REFERENCES