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2013

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Recommended Citation

Charlton, K; Steyn, K; Levitt, N; and Lombard, C, "From research to policy in chronic disease prevention: mandatory salt reduction in South Africa" (2013). *Faculty of Science, Medicine and Health - Papers: part A*. 1289.

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Abstract

Abstract of a poster that presented at 20th International Congress of Nutrition, Granada, Spain, September 15-20, 2013.

Keywords

research, mandatory, policy, salt, reduction, south, africa, chronic, disease, prevention

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Charlton, K., Steyn, K., Levitt, N. & Lombard, C. 2013, 'From research to policy in chronic disease prevention: mandatory salt reduction in South Africa', *Annals of Nutrition and Metabolism: European journal of nutrition, metabolic diseases and dietetics*, vol. 63, no. Suppl. 1, pp. 820-820.

FROM RESEARCH TO POLICY IN CHRONIC DISEASE PREVENTION: MANDATORY SALT REDUCTION IN SOUTH AFRICA

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Background and objectives: Ischaemic heart disease and stroke are the leading causes of death after HIV in South Africa. Excessive salt intake, a major cause of hypertension, is considered to be a major risk factor for cardiovascular disease in the South African population.

Methods: A systematic series of studies was undertaken to (1) assess main contributors to total salt intake; (2) to develop and consumer test reduced Na variants of these foods; (3) to conduct an 8-week randomised controlled trial to assess the blood pressure-lowering impact of substitution of these foods in African hypertensives.

Results: Bread is the major source of dietary salt intake, providing 25 to 41 % of non-discretionary salt intake in various groups. Other major contributors include margarine and spreads, savoury snacks, processed meats, soup powders and stock cubes. The salt content of bread could be reduced by 32 % without adverse impacts on commercial baking properties or taste. The magnitude of BP reduction found in the RCT (systolic BP = -6, 2 mm Hg (SEM 2.63) (95 % CI: -11.4 to -0.94 mmHg; P<0.05) provided motivation for salt reduction legislation in foods.

Conclusions: As a result of these studies, South Africa is leading the way globally in policy regarding mandatory salt reduction in various food groups. Monitoring and evaluation of the legislation will be required to assess its effectiveness on health outcomes.

Key words: salt reduction, blood pressure, policy, bread