# Low-cost salt-reduction policy would save millions of lives worldwide

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A government policy to reduce salt intake by 10% over 10 years would be highly cost effective in nearly every country in the world, even without accounting for healthcare savings, finds a study published by *The BMJ* today.

The researchers say that this low cost policy combining targeted industry agreements and public education to reduce salt intake is a "best buy" for governments around the world.

Most adults exceed the World Health Organization recommended maximum salt intake of 2g per day, resulting in an estimated 1,648,000 annual deaths from heart diseases worldwide.

Previous studies in selected countries show that national policies to reduce excess salt intake can be highly cost effective for lowering blood pressure and reducing heart disease. But for most countries, the cost effectiveness of such a policy is unknown.

So a team of US and UK based researchers led by Tufts University in Boston, set out to measure the cost effectiveness of a "soft regulation" strategy combining targeted industry agreements and public education to reduce salt intake by 10% over 10 years in 183 countries.

To account for differences, they modelled the costs and health effects of a range of salt reductions by age and sex within each country.

They then estimated the number of disability-adjusted life years or DALYs (a measure of years lost due to ill-health) that would be averted by the policy in each country for each year between 2011 and 2020.

Program costs for each country were estimated in international dollars or I$ (equivalent to the country's purchasing power of US dollars). Potential healthcare savings from averted events were not evaluated to provide conservative estimates.

The results show that worldwide, a 10% reduction in salt consumption over 10 years within each country was projected to avert approximately 5.8 million DALYs per year related to cardiovascular diseases, at a

population weighted average cost of I$1.13 per person over the 10 year intervention.

Globally, the estimated average cost effectiveness ratio of the 10 year intervention was around I$204 per DALY saved (not accounting for potential healthcare savings from averted events). This compares favourably with cost effectiveness ratios for many drugs used to prevent cardiovascular disease, say the authors.

They point out some study limitations, but say their results, together with prior studies in selected countries, "provide evidence that a national policy for reduction in sodium intake is highly cost effective, and substantially more so than even highly cost effective medical prevention strategies."

This suggests that a national reduction in sodium intake is a "best buy" for governments, deserving careful consideration for adoption by countries worldwide, they conclude.

**More information:** Cost effectiveness of a government supported policy strategy to decrease sodium intake: global analysis across 183 nations, *The BMJ*, www.bmj.com/cgi/doi/10.1136/bmj.i6699

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