

# Current UK salt reduction strategies do not address health inequalities

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New research conducted by the University of Liverpool in partnership with the universities of Gdansk and Manchester shows that current salt reduction strategy in England has failed to reduce existing inequalities in salt consumption, cardiovascular disease, and gastric cancer burdens.

Excess [salt consumption](#) is associated with higher risk of [cardiovascular disease](#) and gastric cancer. Globally, more than 1.5 million cardiovascular disease related deaths every year can be attributed to the excess [salt](#) intake.

Further salt-related deaths come from gastric cancer. Health policies worldwide, therefore, aim to reduce dietary salt intake.

## **Impact of current policy**

Since 2003, the UK has had one of the world's most successful salt reduction strategies, including public awareness campaigns, food labelling and 'voluntary' reformulation of processed foods.

Between 2001 and 2011, the mean salt consumption in the UK dropped from 9.5 to 8.1 g/day —a success, however, still far from the national target of 6 g/day.

The modelling study, which was led by researchers from the Liverpool Cancer Inequalities Research Network, examined the impact and equity of existing and potential UK salt reduction policies on primary prevention of cardiovascular disease and gastric cancer in England.

## **Disproportionate**

For the first part of the study researchers compared the impact between 2003 and 2015 of the current [policy](#) against a counterfactual 'no intervention' scenario, which assumed salt consumption persisted at pre-salt reduction strategy levels (pre-2003).

The study estimated that since 2003 current salt policies have potentially prevented or postponed about 52 000 cases of cardiovascular disease and

about 10 000 cardiovascular disease deaths. In addition, the current policies have potentially prevented about 5000 new cases of gastric cancer resulting in about 2000 fewer deaths.

Nevertheless, the current strategy has likely benefitted disproportionately the more health conscious, affluent individuals.

## **Future trends**

For the second part of the study, the researchers assumed additional legislative policies (like a mandatory reformulation of processed foods) could achieve a steeper salt decline. The additional legislative policies were compared to the counterfactual scenario that the downward trend in salt consumption observed between 2001 and 2011 would continue up to 2030.

The study estimated that additional legislative policies from 2016 could further prevent or postpone about 19 000 cardiovascular disease cases and 3600 cardiovascular disease deaths by 2030 and may reduce socioeconomic inequalities in cardiovascular disease. Similarly for gastric cancer, 1200 cases and 700 deaths could be prevented or postponed with a neutral impact on inequalities.

The full study has been published in the *British Medical Journal OPEN* this month.

## **Socioeconomic inequalities**

Dr Chris Kyridemos, Department of Public Health & Policy, University of Liverpool, said: "In the UK, salt consumption is excessive overall and even higher in more deprived groups.

"Unfortunately, the current UK strategy although effective overall, might potentially increase socioeconomic inequality in [gastric cancer](#) because awareness campaigns, food labelling and voluntary reformulation can be more effective among the more health conscious, affluent individuals.

"Therefore, interventions aiming to reduce salt consumption should ideally aim to also reduce [socioeconomic inequalities](#) in health through structural policies, such as mandatory reformulation of processed foods."

**More information:** Chris Kypridemos et al, Estimated reductions in cardiovascular and gastric cancer disease burden through salt policies in England: an IMPACTmicrosimulation study, *BMJ Open* (2017). [DOI: 10.1136/bmjopen-2016-013791](#)

Provided by University of Liverpool

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