

Salt restriction does not lower blood pressure variability

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Urinary sodium excretion and salt intake are not independently

associated with 24-hour blood pressure variability (BPV), according to a study published online Dec. 24 in the *Journal of the American Heart Association*.

Tan Lai Zhou, from Maastricht University in the Netherlands, and colleagues used data from 2,652 participants in the Maastricht Study to evaluate whether [urinary sodium excretion](#) and [salt intake](#) are associated with 24-hour BPV. Participants adhered to a seven-day low- and high-salt diet (50 and 250 mmol NaCl/24 hour, respectively) with a washout period of 14 days.

The researchers found that 24-hour urinary sodium excretion was not associated with 24-hour systolic or diastolic BPV (β , per 1 g/24-hour urinary sodium excretion: 0.05 mm Hg [95 percent confidence interval, -0.02 to 0.11] and 0.04 mm Hg [95 percent confidence interval, -0.01 to 0.09], respectively). There were no significant differences observed in mean difference in 24-hour systolic and diastolic BPV between the low- and high-salt diet (0.62 mm Hg [95 percent confidence interval, -0.10 to 1.35] and 0.04 mm Hg [95 percent confidence interval, -0.54 to 0.63], respectively).

"Our results do not indicate that salt restriction would be an [effective strategy](#) to lower BPV, at least not in a White population-based setting with relatively healthy individuals," the authors write.

More information: Tan Lai Zhou et al, Urinary Sodium Excretion and Salt Intake Are Not Associated With Blood Pressure Variability in a White General Population, *Journal of the American Heart Association* (2022). [DOI: 10.1161/JAHA.122.026578](https://doi.org/10.1161/JAHA.122.026578)

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