Salt substitution may reduce all-cause, cardiovascular mortality

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Salt substitution may reduce all-cause or cardiovascular mortality, according to a review published online April 9 in the *Annals of Internal*

Medicine.

Hannah Greenwood, from Bond University in Queensland, Australia, and colleagues examined the long-term effects of salt substitution on cardiovascular outcomes in a review of 16 randomized controlled trials, eight of which reported on primary outcomes, including mortality, major cardiovascular events (MACE), and adverse events at six months or longer.

Seven of the trials included populations of older age and/or with higher cardiovascular risk than average. The researchers found that salt substitution in this population may reduce the risk for all-cause mortality and cardiovascular mortality (rate ratios [95 percent confidence intervals], 0.88 [0.82 to 0.93] and 0.83 [0.73 to 0.95], respectively; low certainty).

A slight reduction in MACE was seen with salt substitution (rate ratio, 0.85; 95 percent confidence interval, 0.71 to 1.00; very low certainty), and there was very low-certainty evidence of serious adverse events (risk ratio, 1.04; 95 percent confidence interval, 0.87 to 1.25).

"Salt substitution is a promising low-cost and scalable nondrug intervention that may reduce mortality outcomes with very low-certainty evidence of reducing MACE and without increased risk for serious harms," the authors write.

More information: Hannah Greenwood et al, Long-Term Effect of Salt Substitution for Cardiovascular Outcomes, *Annals of Internal Medicine* (2024). DOI: 10.7326/M23-2626

J. Jaime Miranda et al, A Salty Odyssey: A Potassium-Enriched Journey

Inspired by Don Quijote, *Annals of Internal Medicine* (2024). DOI: 10.7326/M24-0860