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The Great Debate Surrounding Dietary Sodium: The Peril of Applying Population Statistics to Individual Patients

Announcer:

Welcome to CME on ReachMD. This episode is part of our MinuteCME curriculum.

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Dr. Thorpy:

This is CME on ReachMD and I'm Dr. Michael Thorpy. Here with me today is Dr. Franz Messerli.

Medical guidelines and other studies have shown that an intake of salt between 2.5 g to 5 g is not associated with an increase in cardiovascular risks or events.

Franz, can you tell us a little bit more about these studies?

Dr. Messerli:

Certainly. The American Heart Association, the AHA, recommends a daily salt intake of ideally less than 3.75 g for the general population. This is awfully low. In Europe, we are a bit more generous. We say for the general population about 6 g salt per day is acceptable. Now, the AHA's recommendations are actually based on multiple well-established observations, such as salt increases blood pressure, et cetera, et cetera, but when you ask specifically about these 3.75 g per day, it's completely arbitrary, as also are the European recommendations. There is a U-shaped curve; too high a salt intake and too low a salt intake can actually increase morbidity and mortality.

Now, in the US, you have to consider there was a drastic reduction in cardiovascular disease over the past 2 decades. This has been well documented. But, however, during that time, the average American continues to consume about 9 g of salt per day. There was absolutely no change.

Dr. Thorpy:

Our concern in the United States and with sleep medicine is that we have a medication which is a sodium formulation called sodium oxybate, and at the maximum dose of 9 g, it gives 1.94 g of salt. And people have expressed concern that that extra salt on top of the regular intake of salt might push people above 5 g and perhaps even much higher. And so there's been developed a formulation of oxybate which is a low-sodium oxybate, which has 90% less sodium on it. And the recommendation has been that this would be preferable in reducing the potential for cardiovascular risk. However, to date, we don't have any evidence that people taking the sodium oxybate have shown any increased cardiovascular risk, but from what you're saying, it sounds as though people shouldn't be too concerned about taking the extra salt so long as they're not receiving very high levels, and particularly people who have cardiovascular disorders and hypertension, they may need to be a little more cautious about that sodium intake.

As you said, the average sort of intake is probably over 3 or 4 g of salt, and taking an extra 1.9 g of salt, would you be particularly concerned about that or just in the high-risk category population?

Dr. Messerli:

Well, Michael this is, as always, we should have prospective randomized trials comparing the 2 forms of medication and at least look at blood pressure and so on, then we could answer that question a little bit better. But, you know, given that salt intake is highly variable from day to day, I don't really think that when you add that much, as you mentioned, has a big impact on cardiovascular health.

Dr. Thorpy:

So I think the takeaway message for patients is that they should be aware that there are these different forms of oxybate, one with a higher sodium content than the other, but for most patients it's probably not going to result in any particular increased risk. But those that do have some cardiovascular disorder, as you mentioned, that they have hypertension or so, they may need to be more cautious about it.

Well, thank you very much, Dr. Messerli. This has been a great discussion.

Dr. Messerli:

Thanks so much, Michael. Delighted to be of help.

Announcer:

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