

Poor situation regarding the dietary sodium health essay

[Health & Medicine](#)



**ASSIGN
BUSTER**

Based on available evidence, it can be concluded that there has occurred a poor situation regarding the dietary sodium intake in children and adolescents. Although the major acquired cardiovascular diseases first appear in adults, their origins may occur in childhood [10]. This finding emphasizes the fact that a healthy lifestyle at a young age supports the health in adulthood. Under the current evidence on the association of salt intake and BP in adults, dietary sodium restriction appears to be a rational step in the prevention of hypertension in children and adolescents [24, 25]. When comparing both Dutch and American dietary sodium intakes with the recommended daily sodium intake of the same country, children and adolescents of different age groups have a sodium intake that respectively 20-39% and 22-56% exceeds the recommended daily intake. This indicates that the dietary sodium intake among children and adolescents extremely need to be lowered. When taking into account the public health, it can be concluded that action must be undertaken to interrupt the current trend of sodium intake. A reduction in population salt intake will result in a major improvement in public health along with major health-related cost savings [34]. The medical, economic, and human costs of untreated and inadequately controlled high blood pressure are enormous. Adequate management of hypertension can be hampered by inadequacies in the diagnosis, treatment, and/or control of high blood pressure [5]. Here, some recommendations to the Dutch and American Government will be given. At first, due to the fact that a high percentage of the sodium intake of children and adolescents is contributed to preprocessed foods (80%), changes regarding the addition of salt have to be made in the food industry.

Therefore, the salt intake in children and adolescents can be significantly reduced. Secondly, prevention interventions should focus on both the parents and the children and adolescents. However quantitative information on consumer knowledge of sodium and reduction of dietary sodium is limited [35], it might be useful to raise consumer awareness of the health risks associated with high salt consumption. Besides that, for food labels to be effective in helping consumers select low salt foods a more 'user friendly' labelling format is needed [35, 36]. Also, it seems necessary when the governments come up with guidelines for children and adolescents which are not based or extrapolated from the guidelines for adults. New and better insights in the recommended daily amount of sodium can be provided.

Weakness of this report Some words about the quality and reliability of this report. At its own discretion, proper literature was consulted to compose this report. Nevertheless, there is some criticism about some of the information. Firstly, consideration should be given to the studies that investigated the relationship between salt intake and blood pressure. Both, an observational study and a trial are included in this report. Generally, trials are more reliable than observational studies and provides more precise information about the salt intake. Secondly, due to the fact that the dietary guidelines are based on adults, reliability of these guidelines is in doubt. Thirdly, due to the fact that both dietary intakes and dietary recommendations of salt intake are not always made available by similar organizations, it might have happened that outcome data are measured in different ways. Nevertheless, both dietary intakes and dietary recommendations were needed to draw conclusions. Looking back to the conclusions, bias may have occurred in the

calculation of the difference between the daily sodium intake and dietary recommendations. This is due to the fact that the age groups were not consistent within the data of the daily sodium intake and the dietary recommendations.

Further research

It is obvious that interventions are needed to lower the daily intake of salt in children and adolescents. Further research should be done to obtain information about the effect of interventions. Here, some information will be provided which may be of importance for the development of better interventions regarding the intake of salt. When applying the Health Belief Model, several factors may influence the use of salt and salty products in children and adolescents. The Health Belief Model has been developed by a group of social psychologists at the U. S. Public Health Service. It was developed to get a better insight in 'the general failure of people to the prevention of disease' [27]. I suspect that attitude and risk perception may influence the use of salt and salty products. Firstly, Shepherd et al., founded out that taste is the most important motivation for the use of salt [37]. It has been shown that, for a range of health behaviours, the affective attitude is more important than the cognitive attitude in predicting both self-reported intention and behaviour. Messages and interventions that are more realistic in acknowledging the affective benefits of these behaviours may be more effective [38]. Secondly, a study of Grimes et al. among 493 participants showed that 88% of the respondents were aware of the relationship between salt and a high blood pressure [36]. Probably, this knowledge plays a role in the risk perception of the use of salt. However it is likely that children are not

aware of the risks of an excessive salt use, parents may influence the salt intake of their children for a large part. Therefore, it is of great importance to make them aware of the risks of a high salt intake. Thirdly, there is ample evidence to suggest that a significant part of daily eating behaviours consists of habits [39]. Research shows that habitual behaviour is fundamentally different from non-habitual behaviour: when behaviour is habitual, people require little information to make decisions, intentions are poor predictors of behaviour, and behaviour is triggered by situational cues. It is shown that interventions targeting habitual behaviour can try to (I) change the situation that triggers the habitual behaviour, (II) promote or inhibit the habitual response and (III) change relevant contingencies. These insights can act as a starting point for future intervention research [39].