

Reducing the sodium content of packaged foods: How does Canada measure up?

April 26 2016



In 2010, as part of a national sodium reduction strategy, a multi-stakeholder working group published Canada's Sodium Reduction Strategy. This strategy was meant to act as an essential public health intervention to address the high levels of sodium currently in the Canadian diet, which causes high blood pressure and increases risk for stroke and heart disease. The interim goal was to reduce the average sodium consumption of Canadians to 2,300 mg/day by 2016. To achieve this, the Strategy recommended initiatives directed at the food supply, education and awareness, and research initiatives. Reducing sodium in packaged foods is a key component of the strategy, since the majority of Canadians receive most dietary sodium from packaged and processed

foods. New research published today in *Applied Physiology, Nutrition, and Metabolism (APNM)* shows that as of 2013, 84% of packaged foods had little or no sodium reduction.

The data from the research undertaken at the University of Toronto and published in *APNM* is the first evaluation of Canada's voluntary approach to [sodium reduction](#) in packaged foods. It is also one of the largest comprehensive assessments of changes to [sodium levels](#) globally. "Our evaluation is an essential component of assessing how well our food industry is performing in terms of sodium reduction. This work is especially crucial in the absence of any federal or provincial sodium-monitoring program; to date Health Canada has not published any interim reports on how the industry is doing, which is in large part why we did this study," says Dr. Mary L'Abbé, Professor and Chair, Department of Nutritional Sciences at the University of Toronto. "Many Canadians do not know where the excess sodium in their diet is coming from and the food industry has a lot of progress to make to meet the proposed benchmark target of a 25-30% overall sodium reduction by 2016."

The study found that some packaged food categories had made excellent progress in reducing sodium levels. The greatest reductions in sodium levels occurred in imitation seafood, breakfast cereals, canned vegetables/legumes, plain chips, hot cereals, meat analogues, canned condensed soup, and sausages and wieners. "Despite reductions in these select food categories, our research shows that 84% of food categories have had little or no change between 2010 and 2013, with some food categories that are high in sodium showing very little progress, specifically pantry breads and packaged deli meats, which are foods that contribute the most sodium to Canadians' diets" continued Dr. L'Abbé.

The data found in the study further raises the question of the effectiveness and sustainability of a voluntary approach to reducing

sodium levels in packaged foods in the absence of other complementary policies or programs. In comparison, the success of voluntary trans-fat reduction in the Canadian [food supply](#) is largely attributable to Health Canada's Trans Fat Monitoring Program which included planned, periodic analysis and public reporting of the trans-fat content in foods. A recent assessment found that 97% of Canadian packaged and restaurant foods fell within the recommended trans-fat limits.

"At this point, the minor change in sodium levels in the food supply will likely have minimal impact on the overall sodium intake of Canadians," says Dr. JoAnne Arcand, Assistant Professor at the University of Ontario Institute of Technology. "This means that Canadians will need to continue to mindfully choose lower sodium products in order to reduce their sodium consumption" continued Dr. Arcand. "This minimal change should also trigger the government to consider combining other types of policies levers with their voluntary approach to [sodium](#) reduction, such as a planned, periodic public monitoring program, like the one implemented to reduce trans-fat, and regulatory approaches if that is ineffective."

More information: *Applied Physiology, Nutrition, and Metabolism*, www.nrcresearchpress.com/doi/a...1139/apnm-2015-0617

Provided by Canadian Science Publishing (NRC Research Press)

Citation: Reducing the sodium content of packaged foods: How does Canada measure up? (2016, April 26) retrieved 9 May 2024 from <https://medicalxpress.com/news/2016-04-sodium-content-packaged-foods-canada.html>

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