

Comments Summary Report

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Organization Type: Industry Association

Organization Name: Salt Institute

First Name: Morton

Last Name: Satin

Job Title: Director, Technical and Regulatory Affairs

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Sub Topic: Sodium, Sodium

Attachment: Y

Comment: It is essential that the 2010 Guidelines be the product of a rigorous scientific review anchored upon evidence-based methodology as developed by the Cochrane Collaboration and promoted by the U.S. Preventive Services Task Force. We reiterate our recommendations for the preparation of the 2005 Dietary Guidelines and remind the Advisory Committee of the Institute of Medicine's 2007 assessment of the development of the DRIs that were the basis of the last Guidelines, an assessment that confirmed our warnings.

In that meeting, Dr. P. Greenwald stated: "It is important to note that the most definitive studies are randomized controlled clinical trials (buttressed by basic nutritional science), followed by non-randomized controlled trials. The studies become weaker from that point.. At the very bottom of the list are the opinions of respected authorities?. Little research of the most useful type (randomized clinical trials) is available, whereas there is an enormous amount of information that is not very meaningful.?"

Many conclusions that found their way into previous versions of the Dietary Guidelines were not based upon high quality evidence, but on expert opinion. For example, both the recommended level of 1500 mg sodium/day and the upper limit of 2300 mg/day for sodium were based upon expert opinion, rather than experimentally derived data. This opinion was almost exclusively driven by concerns for a single CVD risk factor - hypertension - to the exclusion of all other risk factors and biomarkers.

While the 2005 Dietary Guideline recommendations may provide a minor reduction in blood pressure for less than 1/3 of the population, the negative consequences of stimulating the renin-angiotensin-aldosterone system far outweigh any possible benefits for the general population.