SALT INTAKE IN WOMEN AGED 45-55 YEARS: A SHORT QUESTIONNAIRE

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High salt intakes are associated with increased blood pressure and urinary calcium losses. A salt intake questionnaire (SQ) was developed to classify people into high, medium or low salt intakes. The main sources of dietary sodium are staple foods eg. bread, cereals, spreads. The SQ was completed by 155 females aged 45-55 years and included the consumption of salt, salt reduced bread, salt reduced spreads, take-away foods and meals eaten away from home.

N= 155	≥5/week	≥2/week	≤2/week
Salt Reduced bread	27%	11%	62%
Salt reduced spreads	52%	18%	36%
Eating outside home	3%	21%	84%
Cooking salt	29%	7%	64%
Table salt	22%	7%	72%

Forty-five subjects completed 2-4, 24 hour urine samples. The range of 24 hour sodium excretion (UNa) was 65-201 mmol/day. A combined score for use of SQ classified subjects either high salt (HS), medium salt (MS) or low salt (LS). No subjects were found in the HS group. Approximately 2/3 of subjects were classified by the SQ into the LS group and there was no significant difference in urinary sodium excretion between the MS group (n=14), UNa 137.2±48.6 mmol/day (mean ± SD) and LS, UNa 148.8±86.8 mmol/day (n=31). Subjects were asked whether they followed a low sodium diet: UNa did not differ between 'yes' respondents (136.5±55.7 mmol/day, n=24), and the 'no' respondents (146±70 mmol/day, n=21).

These women appear to select lower sodium foods, particularly spreads (52% used salt reduced spreads ≥ 5 times/week, and only one-third regularly used cooking or table salt) . However the UNa in the sub-sample was higher that than found by (Beard et al. 1992). The SQ did not allow separation between LS and MS groups. Asking subjects whether they followed a low sodium diet was not related to their UNa and did not predict their SQ classification. The SQ should be tested in a population which includes a higher range of sodium intake and a more detailed questionnaire may separate LS from MS intakes.

BEARD, T.C., EICKHOFF, R., MEJGLO, Z.A., JONES, M., BENNET, S.A., and DWYER, T. (1992). Clin. Exp. Pharm. Physiol. 19: 327.

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