Salt Saves Lives

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-Without prejudice-
Information was collected from Americans for 18 years about their salt intake. During this period they were monitored for heart attacks and their death rate. Recently four university professors went through this data and wrote about their findings. In March of 2006 the results were published in the highly respected American Journal of Medicine. When a study is done on a large number of people or a long period of time it is hard to manipulate the results. This is the type of study that is usually more accurate and truthful. What they found is very interesting and what you might not expect from what we have been led to believe. Notice that following the findings will make you healthier and not sell you drugs.

Highlights:

- Compiled from 7154 American adults
- The people in the study were 30 to 74 years old
- On average each person was followed for 13.7 years
- The older people over the age of 55 had the biggest benefit

Conclusion:
Those who use salt have less heart disease. Adding salt in the diet reduces the death rate.

In other words: Salt is good for us, it improves out hearts and helps us live longer. Salt is on our tables for a good reason. We can enjoy salt and be healthier with it. The side effect is that we live longer. Increasing salt has been on the Rebound Diet for a long time and was well researched before it was included.

All items on the Rebound Diet are carefully researched and supported in this manor. Over time I will send more information like this supporting the Rebound Diet. We are building a library of articles about good health on the web site www.reboundhealth.com and soon we will launch a new look with easier navigation. Please let us know if you want us to take you off of our email list or if you have friends that might be interested to be on the list.

Am J Med. 2006 Mar;119(3):275.e7-14.

Sodium intake and mortality in the NHANES II follow-up study.

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PURPOSE: US Dietary Guidelines recommend a daily sodium intake <2300 mg, but evidence linking sodium intake to mortality outcomes is scant and inconsistent. To assess the association of sodium intake with cardiovascular disease (CVD) and all-cause mortality and the potential impact of dietary sodium intake <2300 mg, we examined data from the Second National Health and Nutrition Examination Survey (NHANES II). METHODS: Observational cohort study linking sodium, estimated by single 24-hour dietary recall and adjusted for calorie intake, in a community sample (n = 7154) representing 78.9 million non-institutionalized US adults (ages 30-74). Hazard ratios (HR) for CVD and all-cause mortality were calculated from multivariable adjusted Cox models accounting for the sampling design. RESULTS: Over mean 13.7 (range: 0.5-16.8) years follow-up, there were 1343 deaths (541 CVD). Sodium (adjusted for calories) and sodium/calorie ratio as continuous variables had independent inverse associations with CVD mortality (P = .03 and P = .008, respectively). Adjusted HR of CVD mortality for sodium <2300 mg was 1.37 (95% confidence interval [CI]: 1.03-1.81, P = .033), and 1.28 (95% CI: 1.10-1.50, P = .003) for all-cause mortality. Alternate sodium thresholds from 1900-2700 mg gave similar results. Results were consistent in the majority of subgroups examined, but no such associations were observed for those <55 years old, non-whites, or the obese. CONCLUSION: The inverse association of sodium to CVD mortality seen here raises questions regarding the likelihood of a survival advantage accompanying a lower sodium diet. These findings highlight the need for further study of the relation of dietary sodium to mortality outcomes.

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Organizations or publications involved:

American Journal of Medicine (Am J Med) Publishes original clinical research of interest to physicians in internal medicine, the official journal of The Association of Professors of Medicine, a prestigious group comprised of chairs of departments of internal medicine at more than 125 medical schools across the country. Editor-in-Chief: Joseph S. Alpert MD

National Center for Biological Information (NCBI) – Established in 1988 as a national resource for molecular biology information to disseminate biological information

National Library of Medicine (NLM) – free online – The United States National Library of Medicine (NLM) operated by the United Stated federal government (gov)

National Institutes of Health (NIH) – United States Department of Health and Human Services – research funding of 28 billion dollars – government funded to support scientists in universities, medical schools, hospitals and research institutions.

Medline (Medical Literature Analysis and Retrieval System Online) – not endorsement – evidence-based medicine – based on scientific policy and scientific quality
Medline Search (MeSH)