

INCREASING PREVALENCE OF HIGH BLOOD PRESSURE IN LEAN RURAL POPULATIONS IN SUB-SAHARAN AFRICA: IS HIGH SALT CONSUMPTION A CONTRIBUTING FACTOR?

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To the Editor:

Salt intake has been linked to levels of blood pressure, with more marked increases in blood pressure with age. Populations that have high salt intake also have high blood pressure levels.¹

High blood pressure is no longer uncommon in rural populations in sub-Saharan African countries. Prevalence of high blood pressure in these populations is approaching that of the urban populations and ranges between 15.4% and 32.8%.²⁻⁴ These rural populations have predominantly lean body masses as reported in numerous studies^{2,3} and still embrace their predominantly traditional 'healthy' diets and active lifestyles. It should be expected that these populations will not have adverse patterns of blood pressure; however, this is rather the contrary in recent times. The use of salt at table and to preserve fish and meat is very common among these populations. Also, as urbanization continues in sub-Saharan Africa, it is possible salt consumption is on the increase due to patronage of processed foods.

High salt consumption may be an important determinant of the increased high blood pressure prevalence in these populations. Only few studies have been conducted to report on salt consumption in these populations. A recent quantitative survey of household salt consumption conducted in rural northern Ghana reported the estimated amount of sodium used per adult per day was 5.2 g – equivalent to 12.5 g of (pure) salt per day (on the assumption that all sodium came from salt).³ This far exceeded the current international recommendations of <5g of salt per day⁵ even when the use of stock cubes and salt containing condiments for meal preparation and salt discarded

in cooking water were not taken into account. High blood pressure prevalence was reported among 19.3% of this population.

This development has major implications for public health in sub-Saharan Africa because of the well-known risks associated with high blood pressure. Further studies such as salt surveillance systems are required to estimate salt intake, monitor trends in salt consumption and establish the role it plays in the increased high blood pressure prevalence in these populations. The problem of high salt consumption, if identified, can be addressed. In these rural populations, salt is added to food by consumers themselves with minimal dependence on processed foods and therefore health education programs targeted specifically at reducing salt intake will make an impact.

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