


Food, Nutrition, and Dietary Supplements: Guarding the Health of the Public

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Outline

- Problems with dietary supplements
- The case of ephedra
- The case of anabolic steroids
- Adverse event reporting
- The hidden dangers of sodium

Dietary Supplement Health and Education Act (DSHEA)

- Inappropriately classifies a whole variety of so-called “natural” substances as foods.
- FDA’s authority and ability to regulate dietary supplements is generally insufficient to protect the health and welfare of the American public.

Problems with Dietary Supplements

- Quality
- Safety
  - direct toxicity
  - interactions with prescription drugs
- Efficacy, claims, and advertising

AMA Policy on Dietary Supplements and Herbal Remedies (H-150.954)

Urges Congress to modify DSHEA to require that dietary supplements:

- Undergo FDA approval for safety and efficacy.
- Meet standards established by USP for product quality.
- Meet FDA post-marketing requirements to report ADRS, including drug interactions.

Ephedra

- In 2000 and again in 2002, AMA requested that the FDA initiate proceedings to remove dietary supplements containing ephedra alkaloids from the U.S. market.
- October 2002: AMA testified before a U.S. Senate Subcommittee that ephedra-containing dietary supplements should be removed from the U.S. market.
- 2003: FDA Commissioner re-opened an FDA Docket for further comment on the risks of dietary supplements containing ephedra alkaloids; AMA again requested removing these products from the U.S. market.
- In February 2004, FDA banned ephedra-containing dietary products; the courts upheld the ban.

Anabolic Steroids and Precursors

- Resolutions to AMA House of Delegates in 2000 and 2001 on anabolic steroids and hormone abuse.
- Convened multidisciplinary working group with the Endocrine Society.
- Published report on Hormone Abuse including use of anabolic steroids and their precursors being sold as dietary supplements.
- Legislation drafted; Senate caucus held on hormone abuse, including precursors sold as dietary supplements. Strong AMA and specialty society support.
- 2004-Anabolic Steroid Control Act passed into law.

Adverse Event Reporting

- DSHEA did not require post-marketing surveillance/ reporting of ADRS for dietary supplements.
- AMA policy supported application of FDA post-marketing surveillance requirements to dietary supplements.
- AMA supported legislative initiatives to require ADR reporting for supplements.
- Dietary Supplement and Nonprescription Drug Consumer Protection Act passed into law in 2006.

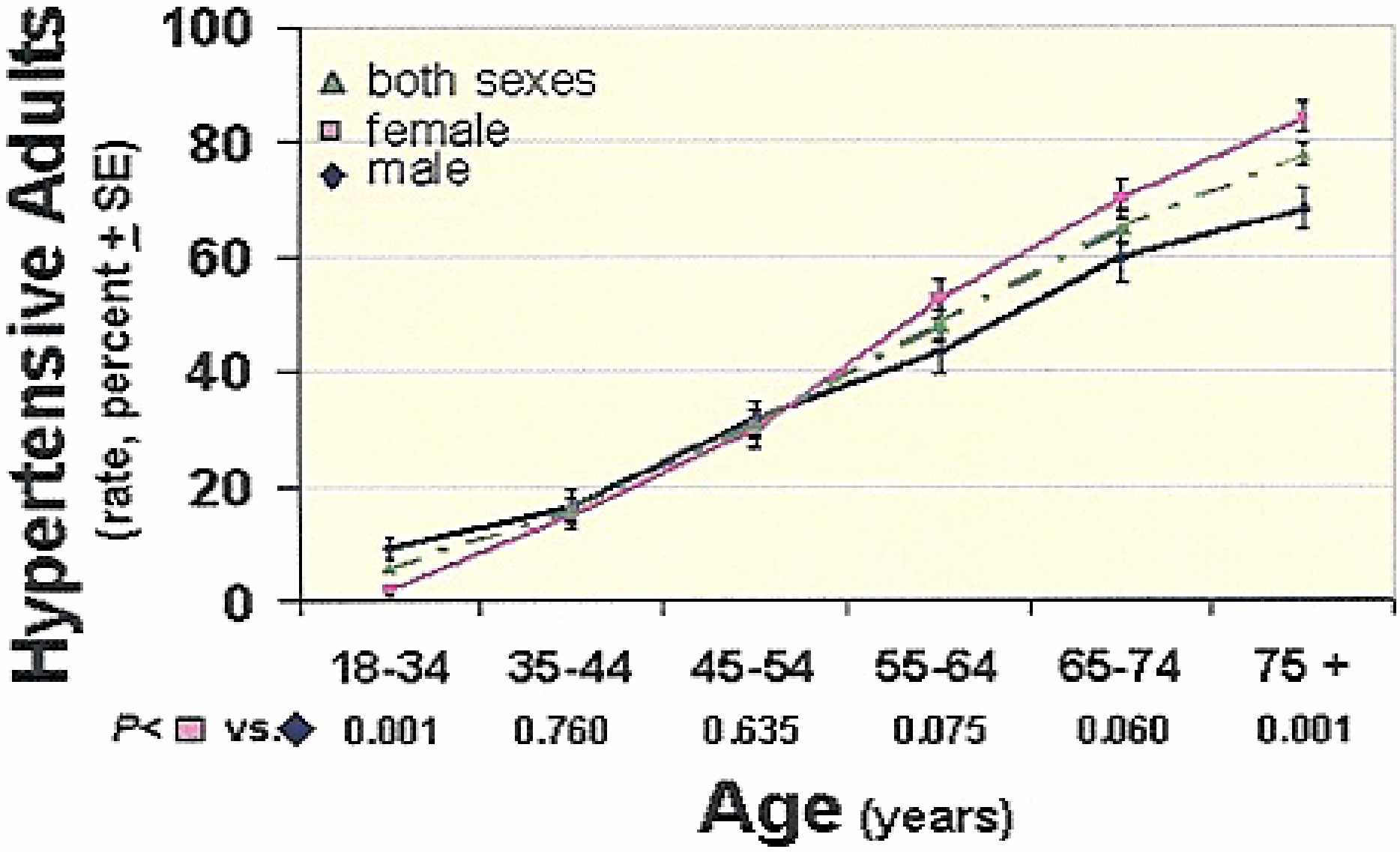
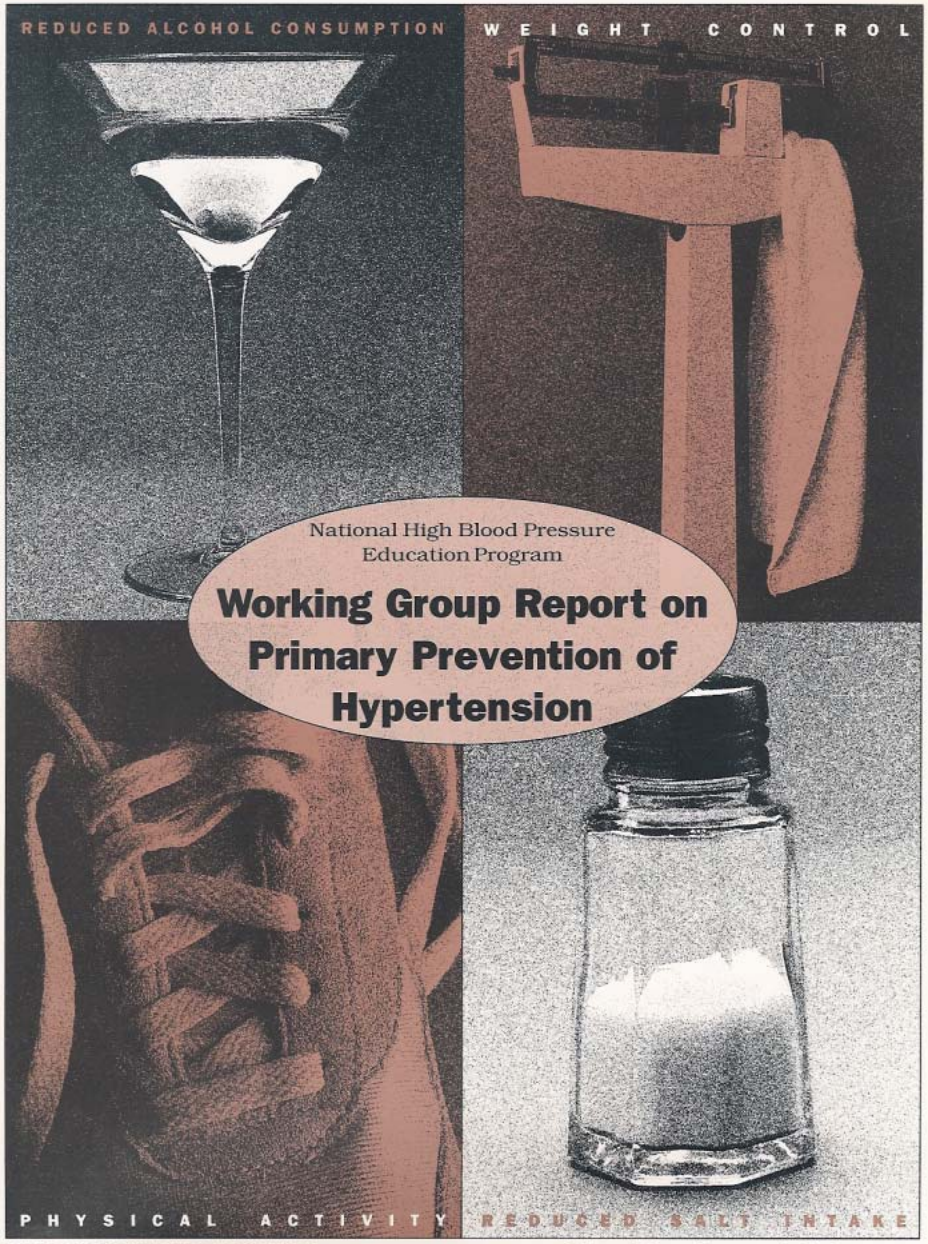


Figure 2. Estimated prevalence of hypertension among US adults by age and sex for 1999 to 2000.

Fields L et al. *Hypertension* 2004; 44:398-404.



SPECIAL COMMUNICATION

Primary Prevention of Hypertension

Clinical and Public Health Advisory From the National High Blood Pressure Education Program

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The National High Blood Pressure Education Program Coordinating Committee published its first statement on the primary prevention of hypertension in 1993. This article updates the 1993 report, using new and further evidence from the scientific literature. Current recommendations for primary prevention of hypertension involve a population-based approach and an intensive targeted strategy focused on individuals at high risk for hypertension. These 2 strategies are complementary and emphasize 6 approaches with proven efficacy for prevention of hypertension: engage in moderate physical activity; maintain normal body weight; limit alcohol consumption; reduce sodium intake; maintain adequate intake of potassium; and consume a diet rich in fruits, vegetables, and low-fat dairy products and reduced in saturated and total fat. Applying these approaches to the general population as a component of public health and clinical practice can help prevent blood pressure from increasing and can help decrease elevated blood pressure levels for those with high normal blood pressure or hypertension.

JAMA. 2002;288:1882-1888
www.jama.com

A DIRECT POSITIVE RELATIONship between blood pressure and cardiovascular risk has long been recognized. This relationship is strong, continuous, graded, consistent, independent, predictive, and etiologically significant for those with and without coronary heart disease[1,2]; it has been identified in both men and women, younger and older adults, different racial and ethnic groups, different countries; and applies to those with high-normal blood pressure as well as those with hypertension.[1,3]

Despite progress in prevention, detection, treatment, and control of high blood pressure, hypertension remains an important public health problem. Based on the Third National Health and Nutrition Examination Survey (NHANES III), approximately 43 million noninstitutionalized US adults, 18 years of age or older, met the criteria for diagnosis of hypertension (systolic blood pressure ≥140 mm Hg or diastolic blood pressure ≥90 mm Hg, or taking antihypertensive medication) recommended in *The Sixth Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure* (JNC VI).[4-6] Almost 13 million additional persons had been diagnosed as having hypertension by a health care professional but did not meet the previously mentioned JNC

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Arch Int Med 1993; 153:186-208.

Whelton PW et al. *JAMA* 2002; 288:1882-1888.

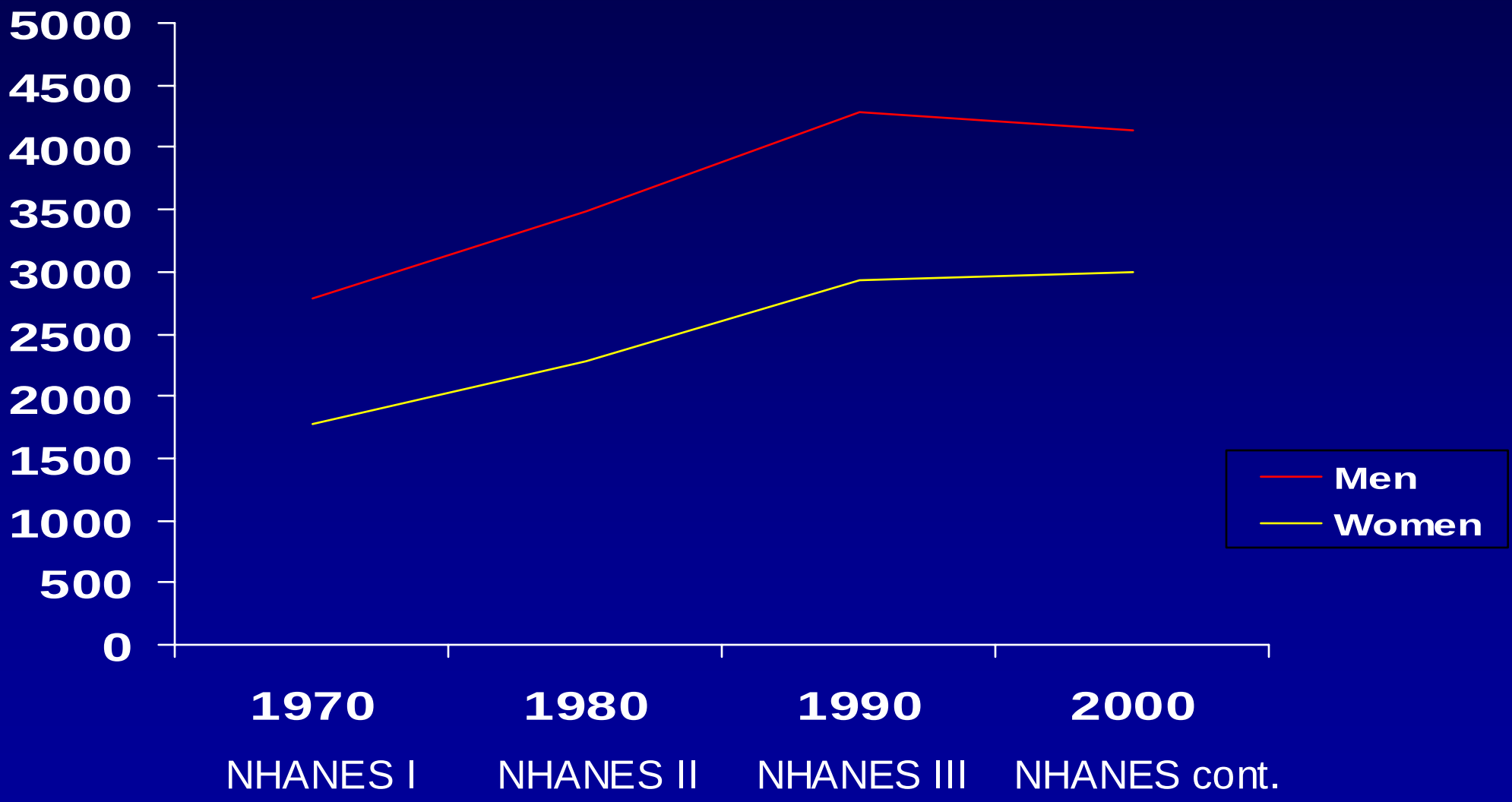
Sodium Intake in the United States

- Sodium reduction in the food supply is the hypertension prevention strategy most amenable to a public health solution.
- Randomized clinical trials show that Na^+ reduction results in BP in both hypertensives ***and*** non-hypertensives.
- High sodium intake is associated with ↑ CVD and all-cause mortality, ***independent*** of effects on BP

Sodium Intake in the United States

- Current consumption levels greatly exceed physiologic need.
  - Mean intake is 4000 mg daily ***and has risen***.
  - 75-80 percent of this intake is derived from processed foods.
- Increasing intake of sodium parallels the obesity epidemic.
- Current NHBPEP recommendation is a daily intake of $\leq$ 2400 mg
  - About 20% of the population meet that standard.
- The 2010 Objective for the Nation is for 65 percent of persons aged 2 and above to consume $\leq$ 2400 mg.
- This objective ***cannot*** be achieved unless food processing and restaurant preparation practices in the United States are changed.

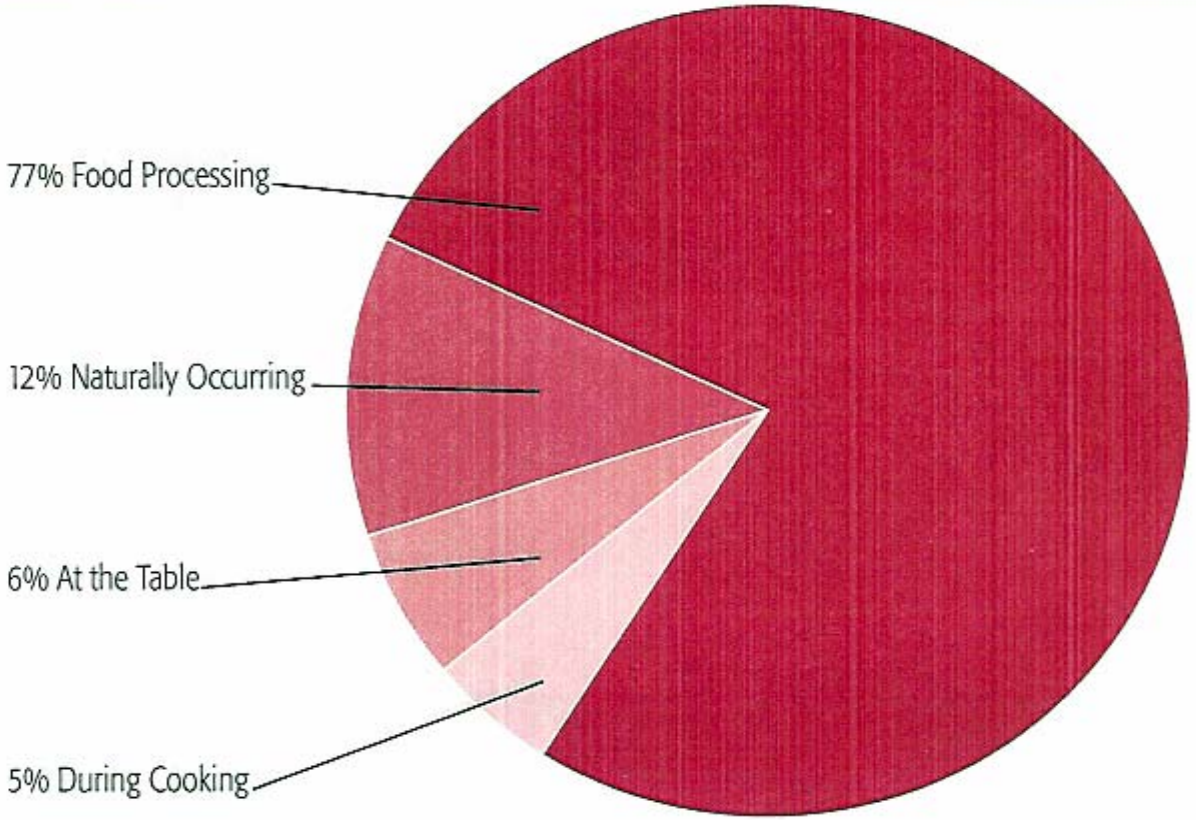
Changes in Sodium Intake 1970-2000, U.S.*



* Excludes salt added at the table.

FIGURE 4. Sources of Dietary Sodium

The relative amounts of dietary sodium in the American diet.



Source: Mattes RD, Donnelly D. Relative contributions of dietary sodium sources. *J Am Coll Nutr*. 1991 Aug;10(4):383-93.

AMA Policy Recommendations

- Minimum of 50 percent reduction of sodium in processed and restaurant foods over the next decade
- Removal by the FDA of the GRAS status of sodium
- Better product labeling; warnings for foods high in sodium
- Exploration by FDA of all options to reduce sodium
- National consumer education initiative on sodium

Report 10 of the Council on Science and Public Health (A-06)
Promotion of Healthy Lifestyles I: Reducing the Population Burden of Cardiovascular Disease by Reducing Sodium Intake

Effects of Reducing Sodium by 50% in Processed and Restaurant Foods

- A decline of at least 5 mm Hg in mean systolic blood pressure
- A decline of up to 20% in the prevalence of hypertension
- A decline of at least 9% in deaths from coronary heart disease
- A decline of at least 14% decline in deaths from stroke
- A decline of at least 7% in mortality from all causes
  - resulting in at least 150,000 lives saved annually

Havas S, Roccella E, and Lenfant C. *Am J Pub Health* 2004; 94:19-22.

How to look out for SALT when you're shopping

LOW — A healthier choice

MEDIUM — OK most of the time

HIGH — Eat small amounts, or just occasionally

0g 0.1g 0.2g 0.3g 0.4g 0.5g 0.6g 0.7g 0.8g 0.9g 1.0g 1.1g 1.2g 1.3g 1.4g 1.5g 1.6g 1.7g 1.8g 1.9g 2.0g

Salt per 100g

Check the label to see how much salt is in the food per 100g. Then you can work out if the food is high, medium or low in salt, using this scale.

Multiply sodium by 2.5 to find out the salt level

Choose products that are lower in SALT

like this one!

salt 0.8g per 100g

salt 1.8g per 100g

instead of this one!

Chicago Tribune

Doctors endorse push to shake the salt habit

AMA hopes campaign will cut sodium consumption in half

By John Schmeltzer and Bruce Japsen
Tribune staff reporters

The American Medical Association on Tuesday overwhelmingly agreed to back a campaign to halve the amount of sodium in restaurant and processed foods over the next 10 years.

At the same time, the nation's largest doctors group urged the Food and Drug Administration to revoke rules that have allowed sodium to go unregulated for decades. The rule has allowed salt and its component sodium to be treated as "generally recognized as safe."

The move by the AMA's 544-member House of Delegates to back revocation of the special status salt has enjoyed is similar to a petition filed last fall by the Center for Scientists in the Public Interest, a Washington-based advocacy group, seeking to void the rule.

Americans consume about 4,000 milligrams to 6,000 milligrams of sodium per day, and the resulting hypertension and cardiovascular disease costs the healthcare system "tens of billions of dollars," AMA officials said.

PLEASE SEE **SALT,** PAGE 8

Dietary guidelines released last year set the maximum daily consumption of sodium at 2,300 milligrams, while 1,500 milligrams was set as the maximum for people with high blood pressure, blacks and middle-aged and older adults.

"Cardiovascular disease remains the No. 1 killer of Americans. People who reduce dietary sodium intake are taking an important step in preventing future health problems," said Dr. J. James Rohack, a cardiologist and an AMA board member.

Rohack said congestive heart failure is the leading reason people over 65 who are covered by the Medicare health insurance program are admitted to the hospital. Just one overnight stay in a hospital for a Medicare patient can cost the government insurance program several thousand dollars.

The AMA is now on board with the National Institutes of Health, which also has recommended a 5 percent per year reduction in sodium by manufacturers, restaurants and consumers during the next 10 years to cut sodium use in packaged and restaurant food in half.

The AMA's decision was decried by the Salt Institute, an industry trade group.

"The American Medical Association has misread the science, confusing blood pressure effects with health outcomes," said Richard L. Hanneman, the institute's president. "Following the AMA recommendation is scientifically unjustified and a waste of time and money. What we really need is a controlled trial of the health outcomes of salt reduction."

Report cites risks

The AMA, however, rejected that argument, saying in a committee report that "excess sodium greatly increases the chance of developing hypertension, heart disease and stroke."

"Just one cup of canned soup can contain more than 50 percent of the FDA recommended daily allowance," said Rohack. "A serving of lasagna in a restaurant can put a diner over their recommended daily sodium allowance in just one meal. These examples stress the importance of a national reduction in the amount of sodium in processed and restaurant foods."

"You can't deal with this on your own," said Michael Jacobson, executive director of the Center for Scientists in the Public Interest. "At least 80 percent of the sodium consumed by Americans is in restaurant and processed food. ... The FDA needs to put pressure on the entire food industry to gradually reduce sodium levels."

AMA officials said the FDA needs to improve requirements

USA TODAY

Salt can be hard to shake

It's in nearly everything we eat, and many say it's a major contributor to heart disease, stroke

By Phil Galewitz
Special for USA TODAY

Open your pantry or refrigerator and it's everywhere. Not just in the pretzels and potato chips, but in your cereal, deli meats, canned soups, salad dressing and even your milk.

Salt.

For most people, the amount of salt (called sodium on food labels) in their diets should cause no reason to worry. But to millions of others who have high blood pressure or a family history of the "silent killer," a high salt diet can increase their risk of having a heart attack or stroke, according to the American Dietetic Association.

Last year, the American Medical Association declared war on salt and called on food makers and restaurants to reduce by half the amount of salt in their foods by 2016.

In early January, the Center for Science in the Public Interest, a Washington-based consumer advocacy group, urged the U.S. Department of Agriculture to establish maximum levels of sodium in various meat and poultry products. Though fresh beef, pork, chicken and turkey are naturally low in sodium, the center says, many processed beef products, such as bacon, sausage, deli meats, hot dogs and frozen dinners, may have high sodium, and amounts vary greatly among brands.

Food industry, doctors divided

The food industry has consistently responded to calls for lower use of salt by saying it's already doing enough, noting the increasing number of sodium-free and reduced-salt food items. The Food Products Association also questions the health risk of salt for the general population.

Indeed, medical experts are divided on the risk of salt, and studies have shown mixed results on the effect of high salt levels on survival rates. But there is agreement that people who have a sensitivity to salt would be best to limit their intake. The problem is identifying those people who are salt-sensitive. That's why the AMA decided it would be better to reduce salt in everyone's diet.

James Rohack, an Austin cardiologist and AMA trustee, estimates there are 65 million Americans — or one in five people — with high blood pressure. Of those, a third have it under control, a third don't, and a third don't even know they have the condition. With so many millions at risk, Rohack says the only way to have a major reduction in salt intake is with the help of restaurants and food makers.

"Sodium is a problem we have talked about since the 1970s," Rohack says. "What's new is that there is more sodium in fast-food restaurants, and Americans are eating out more than ever, so exposure has gone way up," he says.

Cynthia Sass, a spokeswoman for the American Dietetic Association and a registered dietitian in Tampa, says Americans also need to watch out for processed foods, which is where people get 75% of the salt in their diet. Other nutritionists echo that sentiment.

We're eating too much of it

Despite the 1994 requirement that packaged foods disclose sodium content, the average daily intake has remained at about 3,400 milligrams — far higher than the Food and Drug Administration's recommended daily amount of 2,400 milligrams, according to the Center for Science in the Public Interest.

Sass says Americans can do a lot on their own to reduce their salt intake, particularly at the grocery store and when cooking at home.

They also can find out if they are "salt sensitive" by getting their blood pressure measured every six months to a year, tracking any changes, and learning whether they have a family history of the disease that's called the "silent killer" because it offers no warning signs until serious heart troubles begin, Sass says.

Even people who don't have high blood pressure may be sensitive to salt if they notice feeling sluggish or their socks or watch fit tighter a few hours after consuming a salty meal, Sass says.

THE WALL STREET JOURNAL

AMA Urges Significant Cut in Salt

By Richard Gibson

Don't pass the salt, please.

Delegates at an American Medical Association convention in Chicago, citing "overwhelming evidence" that excessive sodium intake is tied to hypertension and other coronary diseases, called for shrinking the sodium in processed and restaurant foods by at least 50% over the next decade.

"Food manufacturers and restaurants should review their product lines and reduce sodium levels to the greatest extent possible, without increasing levels of other unhealthy ingredients," the nation's leading medical professional group concluded.

The group advocated more public education on the health benefits of lowering salt in the diet and suggested discussions with the Food and Drug Administration on improved labeling, to help consumers better understand the sodium content of foods. It also urged that warning labels be applied to foods high in sodium.

Finally, in a move that could make it more difficult for manufacturers to add sodium to products, the delegates urged the FDA to revoke the "generally recognized as safe," or GRAS, status of salt. Although the resolution has no force of law, the AMA's position is expected to intensify public debate over salt intake even as the food industry struggles with the amount of trans fats and saturated fats that products should contain.

"Cardiovascular diseases...remain the No. 1 killer of men and women in this country, accounting for approximately 40% of all U.S. deaths," the report said. It was prepared by the AMA's Council on Science and Public Health and reviewed a series of studies, done in recent years around the world, on the relationship between sodium intake and blood pressure.

The primary recommendation, for a significant reduction in sodium in processed and restaurant foods over time, is similar to a policy adopted by the American Public Health Association in 2002.

Salt Institute President Richard L. Hanneman, whose trade group speaks for salt producers, called the report "unfounded in science and potentially not only a waste of resources, but perhaps even dangerous." He said there are no studies that support the health benefits that the report's advocates contend.

Mr. Hanneman said that although many food manufacturers have reduced the sodium in their products over the years, "what hasn't changed is the amount of salt in the American diet."

Robert Earl, a spokesman for the Food Products Association, which represents manufacturers, said while many companies are working to reduce sodium in processed foods, those products "must appeal to consumers—which is not a simple task." Mr. Earl said sodium often is a food preservative, "and there can be no compromising food safety simply to reduce a food product's sodium content."

The National Restaurant Association issued a statement saying it was working with others in the food industry to reduce sodium levels. But it noted that with an increased diversity of ethnic cuisines, more restaurants are using other spices and ingredients as substitutes for salt.

The AMA resolution said more than 95% of American men and 75% of American women aged 31 to 50 regularly consume more salt than the maximum recommended amount of less than a teaspoon a day, or about 2,400 milligrams. Most of that comes from eating processed foods and meals prepared outside the home, the report said, saying those sources must be addressed to "decrease the public health burden" of cardiovascular diseases.

The report noted that the British government has divided foods into categories according to sodium content and set voluntary target reductions for each. The AMA also said sodium levels can vary widely among different brands of the same food, "indicating that many manufacturers could lower sodium levels without jeopardizing their products' marketability."

The New York Times

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Burrelles

The War Over Salt

It's the Food Industry vs. an Army of Medical Experts

By MELANIE WARNER

FRANK HALL knows he probably should not eat Hungry-Man dinners. The frozen meals have as much as 2,230 milligrams of sodium per serving — far more than the government's recommended daily allowance for older people — and Mr. Hall's doctors have advised him to strictly limit salt consumption to help keep his blood pressure down.

But once a week, when grocery shopping with his granddaughter, Mr. Hall, who is 80 and has heart disease, tosses one or two of the big blue packages in his cart anyway.

"They're really convenient and I figure you can splurge a little bit once in awhile," said Mr. Hall, who lives in Goldthwaite, Tex.

Sprinkled into everything from bread to cheese, soups and breakfast cereal, just about every fast-food restaurant meal and now even fresh cuts of meat, salt is ubiquitous in the American food supply. And according to government data, Americans eat far too much of it.

Now the nation's largest doctors' group, the American Medical Association, is going after the government and the food industry to reduce what it sees as a persistently high level of salt in many processed foods.

At its annual meeting in late June, the medical association recommended that the Food and Drug Administration limit the amount of salt that food companies are allowed to add to products.

Specifically, the medical association, which had never before called for regulation of a food ingredient, asked the F.D.A. to revoke salt's long-time status as a substance that is "generally recognized as safe," a classification that warrants little oversight. Instead, the F.D.A. should regulate salt as a food additive, the medical

Continued on Page 10

group said.

If the recommendation were adopted, packaged-food companies would have to adhere to limits on allowable sodium levels for various categories of food, and speed up the search for an alternative to salt as a preservative and flavor enhancer.

The initiative has thrust salt into the limelight as a public health concern and raised questions over how attentive the F.D.A. has been to the problem of excess sodium consumption.

In response, the F.D.A. says that within the next few months it will solicit comments in preparation for a hearing or workshop on the health concerns about salt, something the agency has never done before. The food industry, which adamantly opposes any regulation of salt, is lobbying the government to stop any attempts to force companies to limit salt in food.

Last month, the head of the Salt Institute, Richard L. Hanneman, met with Dr. John O. Agwunobi, the assistant secretary for health at the Department of Health and Human Services, to lobby against salt regulation by the F.D.A. The Salt Institute represents companies like Morton International, based in Chicago, and United Salt, based in Houston. The total value of the United States salt market is $340 million.

Mr. Hanneman said he argued that the science did not support reductions of salt across the board. He is in the same camp as a minority of scientists, some of whom are consultants to the Salt Institute, who question whether lowering salt consumption would benefit large numbers of people.

Mr. Hanneman instead pushed for the health agency to finance a comprehensive study on the overall health effects of reducing salt.

"There are a variety of effects that can happen with lowering sodium, some of them negative, so I don't think we should be just considering the one effect of lowering blood pressure," said Dr. Michael H. Alderman, professor of epidemiology at the Albert Einstein College of Medicine in the Bronx. Dr. Alderman says he is a consultant to the Salt Institute but that he is not paid for his work.

Dr. Agwunobi did not return calls seeking comment.

Most other health experts, however, long ago accepted that excessive sodium consumption leads to various health problems. Along with the American Medical Association, groups like the National Academy of Sciences' Institute of Medicine and the government's National Heart, Lung and Blood Institute say it has

This isn't the only place sodium lurks.

Hold the salt!

Skip the shaker and you may *still* get way too much sodium. Here's why. by Dana Sullivan

You already know that limiting the amount of salt you add to your plate is a good idea. Unfortunately, 80 percent of the sodium we consume comes from restaurant meals and packaged foods. "As a result, the average American's diet contains two to three times the FDA's recommended limit of 1,500 mg to 2,400 mg a day," says Stephen Havas, M.D., of the American Medical Association (AMA). And experts estimate that excess sodium kills 150,000 people yearly, which is why the AMA now wants to add warning labels to foods high in sodium. Here's what you must know to shake the sodium habit.

Even if you don't add salt to your meals, you need to keep tabs on your intake.

Sodium acts as a flavor enhancer, and many canned, frozen, and other processed foods are full of it, says Havas. Plus, many chefs cook with processed foods and then add more salt. **"A typical fast-food meal can contain up to 5,000 mg of sodium**—more than double the daily recommended limit," adds Edward J. Roccella, Ph.D., of the National Heart, Lung, and Blood Institute. Asian food is a big offender, thanks to MSG (a sodium-rich food additive) and soy sauce. Another culprit: pizza. Cheese is high in salt, and meat toppings, such as Canadian bacon and sausage, often contain high-sodium preservatives called sodium nitrites. When you order, ask for half the cheese and more veggie toppings. And no matter where you're dining, ask your waiter about low-sodium options.

Sodium-rich foods may not taste salty at all.

A grande Starbucks Java Chip Frappuccino has a whopping 300 mg of sodium, and a 24-oz bottle of Propel Fitness Water has 104 mg. Baked goods such as bread, muffins, doughnuts, and cookies are also high in sodium since they're often made with baking soda, which has 1,259 mg per teaspoon. Other surprising sources: cold and instant cooked cereals and pancake and waffle mixes. Plus, **salt is used as a preservative in some "fresh" foods—including meats—and canned vegetables.** One cup of canned cream-style corn has 730 mg, and 1 cup of canned green beans has 622 mg. "Choose fresh vegetables whenever possible," says Roccella. If you do go for canned, buy ones that say "no salt added" on the label, or rinse the contents under the tap to remove excess sodium.

Too much sodium can put anyone's health at risk.

Sodium causes fluid retention, which increases blood volume and requires the heart to pump harder to push it through your arteries. Over time, this often leads to an increase in blood pressure, which damages artery walls and makes them vulnerable to atherosclerosis (plaque buildup in the arteries), thus increasing your risk of having a heart attack or a stroke. And these dangers exist even if you don't have a history of hypertension (a reading of 140/90 mm Hg or higher). **"A small, lasting rise in blood pressure—even within the 'healthy' range—ups your odds of heart attack and stroke,"** says Roccella.

Sodium puts more than your heart at risk.

Consuming high levels of sodium can make otherwise healthy people more prone to gastric cancer, according to studies. "High doses of sodium may damage the lining of the stomach, making it more susceptible to the disease," says Havas. **Research has also uncovered a link between sodium intake and osteoporosis.** "Sodium reduces the amount of calcium your body retains, decreasing bone density and putting you at a higher risk for fractures," he adds. The bottom line: While some sodium is okay, cutting back now could mean total-body benefits for years to come. R

TASTY SALT SUBSTITUTES

- **Use garlic, parsley, dill, and basil to add flavor to your food without salt's negative health effects.**
- **Add a pinch of sugar or a spritz of lemon juice to bring out the flavor in fresh veggies.**
- **Roast vegetables such as red peppers, parsnips, and squash to caramelize their natural sugars and bring out their flavor.**
- **Spice up a stir-fry with garlic, ginger, chili, rice vinegar, and/or lime juice.**

DAILY NEWS

Stop the assault on salt

BY DAVID HINCKLEY

It's impossible to know whether the Food and Drug Administration's planned hearings on the health merits of salt will lead to the stricter regulation urged by groups like the American Medical Association.

But my own personal instinctive reaction is this: They will have to pry the salt shaker from my cold, dead fingers.

I am a saltaholic.

But enough about me, for the moment.

The FDA is under pressure from health advocacy groups and organizations like the AMA to help sound a warning about excessive salt consumption.

It's the old story.

Some salt is essential, because it regulates blood volume and pressure and facilitates nerve transmissions.

But too much salt can be bad, because studies suggest that in some people it can accelerate high blood pressure, which can lead to strokes. It also depletes calcium, which can make bones more brittle.

Right now, the FDA regards salt as "generally safe," like water, meaning product manufacturers can pour as little or as much as they like into food.

Groups like the AMA want the FDA to consider reclassifying it as a "food additive," like artificial sweetener, which would let the FDA set limits on its use.

Food producers don't like that idea. First, they don't like raising their hand to ask permission for anything. Second, many low-sodium products don't sell, because Americans like their salt.

The FDA recommends not consuming more than 2,400 milligrams of salt a day, or about a teaspoon. The typical American averages almost twice that.

How? Easy. One large can of soup has 1,600-2,000 milligrams of salt. One fast-food burger meal can have around 1,500. It adds up.

So yes, we could stand to cut down.

The problem is that a lot of us don't want to.

My wife watches me salt food and says, "Are you seasoning it or preserving it?" When my birthday approaches, she says, "Shall I just stick a candle in a salt lick?"

To which I say, "And your point is?"

Some foods, as I see it, just require salt. What would ever be the point of eating a French fry without salt? Ever tasted salt-free soup? It's like bathwater with stuff floating in it.

Let's also remember we live in an age when we are told almost daily that another one of our favorite foods will kill us.

Subsequent Developments

- Meetings with the food and beverage industries
- Meeting with FDA
- FDA hearing on use of symbols in September
- Conference with food and restaurant industries
- FDA hearing on CSPI petition November 29

Summary and Conclusions

1. DSHEA classification scheme has led to marketing of products as “foods” with problems of quality, safety, and efficacy.
2. AMA has urged Congress to modify DSHEA to correct these problems, but has been unsuccessful thus far.
3. Success achieved in banning ephedra-containing dietary supplements; reclassifying anabolic steroid precursors as controlled substances, and mandating a reporting system for serious adverse events.
4. Excess sodium intake is a major cause of the rise in prevalence of hypertension with age.
5. Previous efforts to reduce sodium intake and Na^+ in the food supply had little effect on the public, food industry, and FDA.
6. The AMA resolution could have a galvanizing effect on this issue, but continued focus will be needed to succeed.
7. Physicians and public health professionals can have a large effect on the food industry and FDA if they organize.

Thank you.