THE HEART FAILURE PATIENT FOUNDATION

Patient Tip Sheet

FACTS ABOUT SALT (SODIUM)



Sodium is a necessary mineral for the human body that keeps the right balance of fluid, helps nerve and muscles work properly and sets the acid/base balance. The most common form of sodium is table salt. (sodium chloride). Evidence remains mixed as far as the benefits of restricting salt and about how much salt is recommended. Watching sodium intake may not prolong your life but can make a big difference in how you feel and the quality of you life living with heart failure.

The below is an overview of the current guidance from the literature.

Important points about sodium or salt:

- Following a low-sodium diet is important to control your heart failure symptoms.
- Studies do not support any specific amount of sodium or salt intake.
- Current recommendations:
- No more than 2,000 to 3,000 milligrams (mg) of sodium per day. Just one teaspoon of salt has 2300 mgs of sodium!
- Less than 3,000 mg per day if you have mild heart failure (no symptoms with moderate exercise).
- Less than 2,000 mg per day if you have moderate to severe heart failure (symptoms with light exercise, household chores or at rest).

Avoid a salt substitute that is high in potassium.
Why? Most salt substitutes are potassium chloride, which tastes like table salt (sodium chloride). They can raise your potassium level in the blood even more if you:

- take an ACE inhibitors such as captopril, lisinopril, losartan, valsartan
- take a potassium-sparing diuretic (water pill) such as spironolactone, epleroenone
- have medical conditions such as chronic kidney disease. Check with your health care provider about the amount of sodium you should have in your diet.

An easy way to remember foods that are high in salt:

- Brown salt = gravy and soups
- White salt = table salt
- Black salt = soy sauce
- Red salt = ketchup
- Yellow salt = mustard
- Pink salt = deli meats
- Green salt = pickles and olives

References

- Heidenreich PA, Bozkurt B, Aguilar D, et al. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure. Circulation. 2022;145:e895–e1032. (Recommends reasonable sodium restriction in symptomatic HF to help control congestion; typical goal ≤3 g/day, individualized.)
- Colin-Ramirez, E., Sepehrvand, N., Rathwell, S., Ross, H., Escobedo, J., Macdonald, P., ... & Ezekowitz, J. A. (2023). Sodium restriction in patients with heart failure: a systematic review and meta-analysis of randomized clinical trials. Circulation: Heart Failure, 16(1), e009879.
- Ezekowitz, J. A., Colin-Ramirez, E., Ross, H., Escobedo, J., Macdonald, P., Troughton, R., ... & Pandey, A. S. (2022). Reduction of dietary sodium to less than 100 mmol in heart failure (SODIUM-HF): an international, open-label, randomised, controlled trial. The Lancet, 399(10333), 1391-1400.
- Mahtani, K. R., Heneghan, C., Onakpoya, I., Tierney, S., Aronson, J. K., Roberts, N., ... & Nunan, D. (2018). Reduced salt intake for heart failure: a systematic review. JAMA internal medicine, 178(12), 1693-1700.
- McDonagh, T. A., Metra, M., Adamo, M., Gardner, R. S., Baumbach, A., ... & ESC Scientific Document Group. (2022). 2021 ESC Guidelines for the diagnosis and treatment of acute and chronic heart failure: Developed by the Task Force for the diagnosis and treatment of acute and chronic heart failure of the European Society of Cardiology (ESC). With the special contribution of the Heart Failure Association (HFA) of the ESC. European Journal of Heart Failure, 24(1), 4-131.