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885 Long term effects of dietary sodium reduction on cardiovascular disease outcomes: observational follow-up of the trials of hypertension prevention (TOHP)

Up to 15 years after two completed trials, people assigned to sodium reduction and education had 25-30% lower risk of cardiovascular outcomes than those receiving usual care

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Nancy R Cook, Jeffrey A Cutler, Eva Obarzanek, Julie E Buring, Kathryn M Rexrode, Shiriki K Kumanyika, Lawrence J Appel, Paul K Whelton

889 Oral decontamination for prevention of pneumonia in mechanically ventilated adults: systematic review and meta-analysis

Antiseptic, used orally every day, reduced the risk of pneumonia but neither antiseptic nor oral antibiotic reduced mortality, duration of ventilation, or stay in the intensive care unit

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894 Anorexia nervosa

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Kyra Dingli, Rhoda Morgan, Clifford Leen

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Charlotte Salter, Richard Holland, Ian Harvey, Karen Henwood

Cognitive behaviour therapy to prevent complicated grief among relatives and spouses bereaved by suicide: cluster randomised controlled trial

Marieke de Groot, Jos de Keijser, Jan Neeleman, Ad Kerkhof, Willem Nolen, Huibert Burger

Effect of administration of intestinal anthelmintic drugs on haemoglobin: systematic review of randomised controlled trials

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Telemonitoring or structured telephone support programmes for patients with chronic heart failure: systematic review and meta-analysis

Robyn A Clark, Sally C Inglis, Finlay A McAlister, John G F Cleland, Simon Stewart

Tonsillectomy versus watchful waiting in recurrent streptococcal pharyngitis in adults: randomised controlled trial

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Side effects of phenobarbital and carbamazepine in childhood epilepsy: randomised controlled trial

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PICTURE OF THE WEEK

Michael Schumacher launched the Make Roads Safe campaign and signed a global petition in London on Monday. The German racing driver and seven times Formula One world champion is leading the call for a United Nations conference on global road safety. See News p 867.

THE WEEK IN NUMBERS

25-30% Reduced risk of cardiovascular outcomes up to 15 years after two trials of dietary sodium reduction (Research p 885)

10 Number of vascular events prevented per year per 1000 patients with stroke treated with dipyridamole as well as aspirin (Change Page p 901)

25% Increase in consultants' earnings for working the same or fewer hours than three years ago (News p 865)

1757 Patients with haemophilia who have died after they were given contaminated blood products in the 1970s and '80s (Observations p 879)

18 000 Iraqi doctors who had left Iraq by the end of 2006 (News p 865)

THE WEEK IN QUOTES

“Coercive approaches may result in short term weight gain but make patients more likely to identify with behaviour associated with anorexia”
(Clinical Review p 894)

“We rarely pause to wonder who the name behind the eponymy was”
(Review of the Week p 903)

“You must have heard the one about the man who woke up in a bath full of ice, with two incisions on his back”
(Drug Tales and Other Stories p 904)

“Coercion of sex workers alienates them from the services they need” (Letter p 863)

“The Gates Foundation attracts criticism [because it is] not really open to public accountability” (Feature p 874)



ON THE COVER

Long term benefits of reduced salt intake

See Editorials, p 859
Research, pp 885

COVER IMAGE: IMAGE SOURCE REX

PLUS

In this week's BMJ careers

Who needs radiologists anyway?

Pulled in different directions

MMC means many rota redesigns

Debate; what's in a name?

Review: the perfect study aid?

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EDITOR'S CHOICE

Time to talk salt

Just over a decade ago, the *BMJ* found itself in the eye of the storm about dietary salt (*BMJ* 1996;312:1239-40). We had published the Intersalt study some years previously; it concluded that populations with high average intakes of salt were likely to have higher average blood pressures. But the salt producers' trade organisation, the Salt Institute, had criticised the study's methods and asked the investigators to hand over their raw data for reanalysis. A reanalysis was done—by the original investigators—and published in the *BMJ* (1996;312:1249-53). The findings were the same.

It's worth remembering this skirmish in the war on dietary salt. At the time we knew that dietary salt was linked to increased blood pressure, and over the next decade the link to actual cardiovascular disease grew stronger. So did the evidence from randomised trials that reducing salt in the diet reduced blood pressure. But still the food industry's fight against restrictions continued.

At the time they could argue that the long term benefits of reducing salt on cardiovascular disease had not been shown in randomised trials—but not any longer. This week the *BMJ* publishes what may be the final bugle call in the battle of the evidence linking salt and heart disease. Nancy Cook and colleagues followed up people who took part in two randomised trials of dietary salt reduction to see whether reductions in blood pressure converted into reductions in cardiovascular events (p 885). They gathered data on three quarters of the original participants and found that, after 10-15 years, the risk of cardiovascular events was more than 25% lower in people who had cut their salt intake for at least 18 months.

Such hard evidence is at last bringing the food industry to the negotiating table. Voluntary limits and food labelling, as adopted by the UK's Food Standards Agency and the European Union, have had some impact, as has the "carrot" of growing markets for healthy foods, but they are unlikely to bring enough muscle to bear on a powerful industry practised in the arts of mitigation and delay. As Francesco Cappuccio says in his editorial (p 859), real progress will need the additional "stick" of legislation. Most salt in developed countries is consumed in bread and processed foods, and much of it is consumed outside the home in canteens and sandwich bars, so a population-wide policy of salt reduction will come only through pressure on the food and catering industries. The current policy—encouraging consumers to make sensible choices—effectively abandons the poor and uninformed, increasing social inequities.

While we wait for mandatory food labelling and firm limits on salt in processed foods across Europe, what can health professionals do to reduce the impact of dietary salt on people's health? Cappuccio suggests that baseline assessment of salt intake should be part of the UK's National Service Framework. A 24 hour urinary collection is cheaper than testing cholesterol. You might try talking salt in your next consultation.

Fiona Godlee editor (fgodlee@bmj.com)

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