Branislava Ivanović, D. Klimanovska- Oštrić, B. Vujisić-Tešić et al:

REDUCED OF SODIUM INTAKE IN PREVENTION AND THERAPY OF ARTERIAL HYPERTENSION

ABSTRACT

The pathogenesis of arterial hypertension is more clearly understood today because of the availability of data enabling identification of a certain number of precipitating factors. From a genetic standpoint, hypertension would appear to be a multifactorial polygenic disorder with a tendency to interact with certain environmental factors. The latter are mainly related to lifestyle and are potentially modifiable.For example, an excessive sodium intake is responsible for inducing arterial hypertension through increases in cardiac output and effects on vascular reactivity and contractility. On the contrary, restricting sodium intake leads to a reduction in blood pressure levels. In response to a high and low salt intake, salt-sensitive hypertensive individuals respond greater than that salt-resistant individuals.Dietary sodium restriction less than 100mmol/day is one of nine nonpharmacologic approaches recommended at present for lifestyle modification and control of arterial blood pressure elevation.

In 1997., Dietary Approaches to Stop Hypertension (DASH) (diet rich in fruits, vegetables, grain products, with inclusion low-fat and fat-free dairy products…) trial marked an important advance in the study of lifestyle factors as they relate health and disease. The current DASH-Sodium trial compared the DASH diet with a low sodium level with the typical diet in the United States.

The reduction of sodium intake (below of 100mmol/day) and the DASH diet both lower blood pressure with greater effects in combination than singly. The pressure reductions are similar in magnitude to that observed in trials of drug monotherapy for mild hypertension. Long-term health benefits will depend on the ability of people to make long-lasting dietary changes.

Key words: arterial hypertension, sodium restriction