CENTER FOR Science IN THE Public Interest
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Public Workshop for the Committee to Review the Dietary Reference Intakes for Sodium and Potassium

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Thank you for the opportunity to comment on behalf of the Center for Science in the Public Interest. We offer three main points for the committee to consider about sodium.

First, the DRI committee should base its recommendations on the highest-quality evidence. That means relying on studies that estimate sodium intake using *multiple* 24-hour urine samples with quality control. As the Agency for Healthcare Research and Quality's draft report concluded, observational studies that rely on spot urine or single 24-hour urine samples have a high risk of bias because those measurements do not reflect long-term intake.

Furthermore, most observational studies on sodium and cardiovascular outcomes do not adequately control for confounding or reverse causation. Given the impracticality of conducting large, long-term randomized trials of sodium on cardiovascular endpoints, the committee should base the DRI on trials of sodium on blood pressure, which is a well-established risk factor for cardiovascular disease.

Second, the DRIs have critical, real-world implications for local, state, and federal policies and programs. The Academy's recent recommendation that DRIs for chronic disease risk be expressed as a range is not actionable. Instead, the committee should set a single recommended sodium intake that agencies can use to implement Nutrition Facts Labels, the FDA's Voluntary Sodium Reduction Goals, the National School Lunch and Breakfast Programs, and others. A DRI range would sow confusion and bolster industry arguments for abandoning targets or for setting targets that are too high to protect the public's health.

Third, the committee should consider the extremely high levels of sodium in typical foods and the wide intra-individual variation in Americans' sodium intake. Sodium levels in the real world are impossible to predict, especially at restaurants, where Americans get about a third of their calories.

For example, at McDonald's, French fries have far less sodium than any burger, chicken salad or sandwich, McMuffin, or hotcakes. At Panera, soups and sandwiches range from 900 to 2,500 mg. Does a Chicken Panini have more or less sodium than a Turkey Avocado BLT? The BLT has 1,000 mg and the Panini has 2,000. But you'd never know if Panera didn't publish Nutrition Facts, and many restaurants don't.

If people must avoid restaurants to cut back on sodium, it's unreasonable to demand trials that assign thousands of participants to eat less sodium for years. And when restaurant entrées often

range from 1,000 to 4,000 mg of sodium, we can’t expect a single urine sample to represent long-term intake. These examples underscore why the committee should only consider studies with the most reliable estimates of sodium intake.