

POTASSIUM-ENRICHED SALT

A simple switch to help your patients reduce blood pressure



"Healthcare professionals should recommend to patients a switch from regular salt to potassium-enriched salt as a practical and effective way to reduce sodium intake and increase potassium intake to lower blood pressure."

Dr. Bruce Neal

Executive Director,
The George Institute for
Global Health, Australia

**1.9 MILLION
DEATHS**

were attributable to
high sodium diets in 2021¹



About

This information booklet highlights the need for potassium-enriched salt as an attractive solution for reducing sodium and increasing potassium intake. It encourages healthcare professionals to recommend potassium-enriched salt as an alternative to regular salt to lower blood pressure among patients. We discuss the health benefits, safety considerations and ease of use for potassium-enriched salt, and outline the need for potassium-enriched salt to accelerate progress on reducing sodium intake globally.

Contributions

Caroline Klinge, Klinge Foods Ltd. is recognised for co-creating and compiling this document.

Dr Katrina Kisson, The George Institute for Global Health is recognised for providing valuable technical contributions and critical review to the content of this document.

Supporters



Contents

4-5	Key Messages & Recommendations
6-7	Foreword
8-11	Potassium-Enriched Salts Explained
12-13	Global Sodium Reduction Efforts
14-15	Case Study: Singapore
16-17	Reducing Sodium At A Population Level
18-19	Sodium Recommendations
20-21	Potassium Recommendations
22	Concluding Remarks
23-24	References

Abbreviations

SDT	Suggested dietary target
UL	Upper level of intake (Australia & New Zealand) / Tolerable Upper Intake Levels (Canada)
CDRR	Chronic Disease Risk Reduction Level
AI	Adequate intake
NCD	Noncommunicable diseases
WHO	World Health Organization
RI	Recommended Intake (in the case of salt value is for maximum recommended intake level)
M	Male
F	Female
DRV	Dietary Reference Values
IDD	Iodine Deficiency Disorder



“Potassium-enriched salt should be recommended to all patients with hypertension...”

Key Messages:

- Potassium-enriched salt is a beneficial alternative to regular table, sea, and rock salts, reducing blood pressure and the risk of stroke, cardiovascular disease, and premature death
- The combined effects of reducing sodium intake and increasing potassium intake on blood pressure reduction are greater than doing either alone
- Many people will benefit from switching to potassium-enriched salt, except for those at risk of hyperkalaemia, such as patients with advanced kidney disease (<1% of the global population) or those taking medicines that raise blood potassium
- Currently, the global population consumes too much sodium and not enough potassium, and the world is off target to meet World Health Organization sodium reduction targets

Recommendations: What can you do?

Healthcare professionals are encouraged to recommend potassium-enriched salt as a one-to-one switch in place of regular salt to patients. It is recommended you use the following as a guideline²:

- **Strong Recommendation for Patients With Hypertension:** Potassium-enriched salt should be recommended to all patients with hypertension, unless they have advanced kidney disease, are using a potassium supplement, are using a potassium-sparing diuretic, or have another contraindication.
- **Conditional Recommendation for the General Population:** Potassium-enriched salt can be recommended for use by the general population in settings where there is a low likelihood that people with advanced kidney disease will be undiagnosed by the health system and contraindications to use can be printed on product packaging.

Clinical guidelines in China and Europe, already suggest the use of potassium-enriched salt to reduce blood pressure and the risk of cardiovascular disease^{3,4}. Furthermore, the World Health Organization's Global Report on Sodium Reduction⁵ suggests that countries may explore ways to increase the use of potassium-enriched salt to reduce sodium intake, particularly where people consume most of their sodium intake from salt added at the table or during cooking.



USE ❤️ TO SEASON WITH SENSE

Unhealthy diets are a leading global public health risk, contributing to a rise in obesity and noncommunicable diseases (NCDs), including cardiovascular disease, diabetes and cancer. In the current food environment, dietary patterns have shifted, and people are consuming more foods high in saturated fats, trans fat, sugar or sodium. Consumers are exposed to powerful food marketing that influences their attitudes, preferences and consumption, and that is mostly dominated by ultra-processed foods. Today, unhealthy diets are a leading cause of death and disability globally.

Too much sodium in our diet can have devastating consequences for our health, including increasing our risk of high blood pressure and cardiovascular disease. The main source of sodium in our diet is salt. Data from various countries indicates that most populations around the world are consuming much more sodium than the current World Health Organization (WHO) recommendation for adults, which is less than 2 grams of sodium per day (equating to less than 5 grams salt per day). In fact, a first-of-its-kind WHO Global report on sodium intake reduction, published in March 2023, shows that the world is currently off-track to achieve its global target of reducing sodium intake by 30% by 2025.

We are campaigning to make people aware of the negative effects that consuming too much sodium can have on our health. When preparing foods, potassium-enriched salt should be encouraged as an alternative to salt, reducing risk of CVD and stroke.

Jean-Luc Eiselé,
CEO, World Heart Federation

What is potassium-enriched salt?

Potassium-enriched salt, also known as a 'salt substitute', 'reduced-sodium salt' or 'low-sodium salt' is a product where a proportion of sodium chloride is replaced with potassium chloride.

Regular table salt is almost 100% sodium chloride (except for some trace minerals)*, but for potassium-enriched salt, some or all of the sodium chloride is replaced with potassium chloride.

It is a product that can be used as a direct, one-for-one switch for regular table salt, without affecting taste or functionality. At home it can be used in cooking, seasoning, baking and preserving.

What are the health benefits of potassium-enriched salt?

The health benefits of potassium-enriched salt are backed up by systematic reviews and a large-scale clinical trial^{6,7}. The Salt Substitute and Stroke Study (SSaSS) in China randomised 21,000 participants with a history of stroke or who were older with high blood pressure to either use potassium-enriched salt (consisting of 75% sodium chloride and 25% potassium chloride) or continue to use regular salt (consisting of 100% sodium chloride).

Over five years, those assigned to potassium-enriched salt had:

- A lower systolic blood pressure
- A 14% lower risk of stroke
- A 13% lower risk of major cardiovascular events
- A 12% lower risk of premature death.
- No harms from using the potassium-enriched salt
- It was also very well accepted – 92% of participants still used it at the end of the study

*This is true for sea and rock salts also

The combined effects of reducing sodium intake and increasing potassium intake on blood pressure reduction are greater than doing either alone⁸.

Switching regular salt to potassium-enriched salt achieved lower blood pressure across geographies and diverse population subgroups⁷.

Potassium-enriched salt can deliver substantial health gains and is likely cost saving since high blood pressure is the leading cause of death in most populations⁹.

Are there any safety risks?

While most individuals are expected to benefit from using potassium-enriched salt, there is a potential risk of hyperkalaemia (high blood levels of potassium) amongst those:

- with an impaired ability to excrete potassium via the kidneys (i.e. advanced kidney disease).
- taking medicines that raise blood potassium such as potassium-sparing diuretics or potassium supplements¹⁰.

Potassium-enriched salt should not be recommended to these individuals.

Currently, <1% of the global population has chronic kidney disease (CKD) stage 4-5¹¹.

However, there is no evidence that use of potassium-enriched salt increases the risk of clinically important hyperkalaemia, either in trials or in the community⁷.

Large modelling studies also indicate a favourable benefit to risk ratio, even among those with severe kidney disease^{12,13}.



"Potassium-enriched salt was very easy to use in my cooking with powerful health benefits and I didn't notice any differences in taste."

*- Kesugani Bhagyalaxmi (26 years, female),
Community Member, Siddipet, Telangana, India*

Potassium-enriched salt is a practical and relatively low-cost alternative to salt

Potassium-enriched salt tastes like regular salt and is easy for consumers to use. It can simply be substituted in the same amounts for regular salts when cooking, baking and seasoning.

It is a relatively low cost and effective intervention that can be used as an initial lifestyle recommendation alongside dietary changes and adjunct to drug-based approaches to lowering blood pressure.

Potassium-enriched salt is particularly beneficial in communities where the costs of healthcare services and treatments are high^{14,15}. The availability of potassium-enriched salt in low- and middle-income countries continues to grow, while it is currently widely available amongst high-income countries. Healthcare professionals are encouraged to recommend potassium-enriched salt in countries where it is available or becomes available in the future.



*Potassium-enriched salt is widely available in most Chinese supermarkets, and is now even sold in remote rural village stores. The price difference between potassium-enriched salt and regular salt in China is minimal at about 1.5 Chinese Yuan (20 cents USD). **There is no doubt in the effectiveness of potassium-enriched salt to reduce blood pressure and the risk of cardiovascular diseases.***

*- Prof Maoyi Tian, Vice-Dean
School of Public Health, Harbin Medical University*

Consumer acceptance

Potassium-enriched salt is generally well accepted by consumers. Large-scale trials show that most populations accept and continue to use potassium-enriched salt over long periods^{6,16,17}, with some studies showing no perceived taste difference¹⁸.

"We should all eat less salt, and the salt we do eat should be potassium-enriched. The world needs action, and now: Switching to potassium-enriched salt is a proven, cost-effective way to prevent many heart attacks and strokes and help people live longer, healthier lives."

*- Dr. Tom Frieden,
Resolve To Save Lives, President & CEO*

An estimated 2.5 million premature deaths can be prevented each year if global salt consumption is reduced to WHO recommended levels¹⁹

What has been done by other key stakeholders to reduce sodium intake?

Reducing sodium intake is one of the most cost-effective ways to improve health and reduce the burden of non-communicable diseases⁵. However, despite efforts to educate consumers in reducing salt intake, there has been minimal change in individual behaviour to achieve this.

Global efforts to reduce sodium intake have also been mostly unsuccessful

- 2013: All 194 World Health Organization (WHO) Member States commit to reducing population sodium intake by 30% by 2025²⁰
- 2017: WHO recommend several Best Buy Interventions to reduce sodium intake including lowering sodium content in foods, limiting high sodium foods in public institutions, front-of-pack labelling and mass media campaigns²¹
- 2023: Global average sodium intake is more than double the WHO maximum recommended intake⁵ and the world is off target to meet the 2025 target of a 30% reduction in population sodium intake

But now consumers have an alternative solution – potassium-enriched salt.

Support from all sectors including government, food industry and healthcare professionals are needed to make the switch to potassium-enriched salt and reduce sodium intake.

Singapore is a country leading in promoting the switch from regular salt to potassium-enriched salt.

In 2022, the Health Promotion Board implemented a 3-pronged strategy to reduce population-level sodium intake that includes:

- Encouraging the replacement of regular salt with lower-sodium alternatives, including potassium-enriched salt, through partnerships with food operators, suppliers and manufacturers
- Increasing the range and variety of lower-sodium sauces and seasonings
- Educating the public on the effects of high sodium intake, and encouraging them to reduce sodium intake, such as by switching to potassium-enriched salt

There has already been some success to date with increased demand for potassium-enriched salt by both consumers and food service providers.



Substitution of regular salt with lower-sodium alternatives, including potassium-enriched salt, is a key pillar of Singapore's sodium reduction strategy. Singapore's Health Promotion Board supports manufacturers on reformulation and trade promotion in distribution and retail channels. We also educate both food and beverage operators as well as consumers on adopting lower-sodium ingredients in their dishes. Such ingredients, which have at least 25% less sodium, can be used as one-for-one replacement without compromising on taste. Clinicians and professional bodies have advised that potassium-enriched salt is safe for individuals, including those with early-stage chronic kidney disease. Individuals with late-stage chronic kidney disease should limit consumption of all forms of salt, whether regular or potassium-enriched.

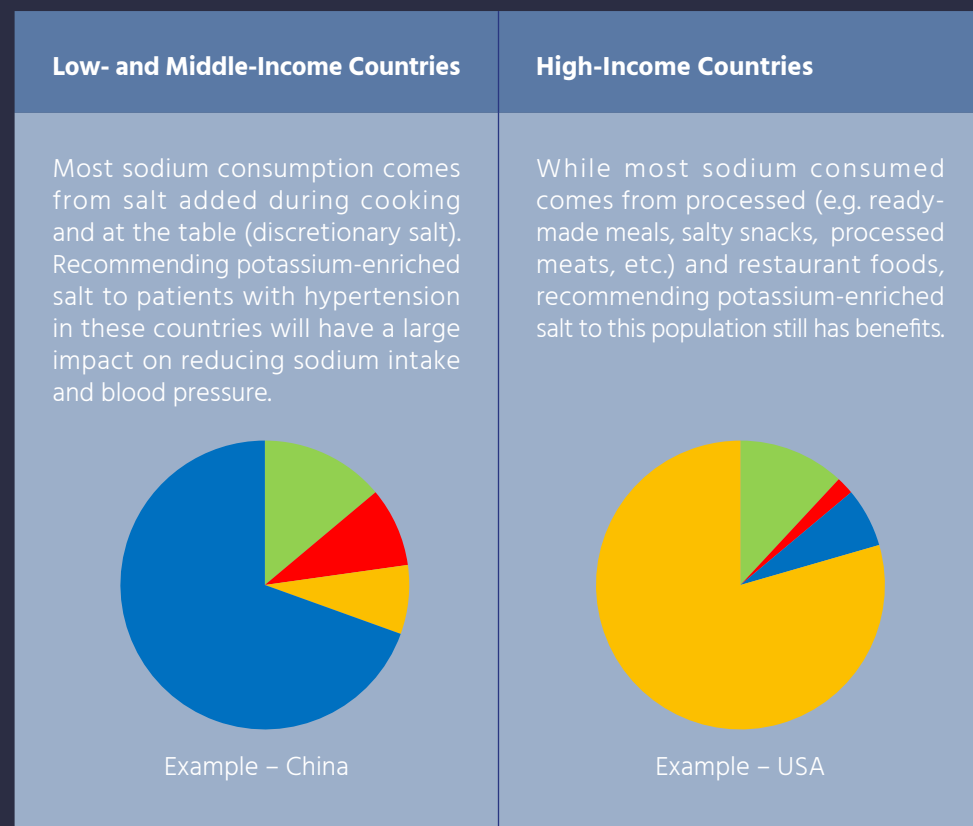
*- Mr Terence Ng, Director
Policy & Strategy Development, Health Promotion Board, Singapore*

What are the dietary sources of sodium?

Most of the sodium consumed comes from salt (sodium chloride).

While sea, rock and flavour salts have boomed in popularity over recent years, they still contain the same amount of sodium as regular table salt.

The primary contributors to dietary sodium consumption depend on the cultural context and dietary habits of a population.



Key - ■ Discretionary Salt ■ Processed or Restaurant foods ■ Naturally occurring ■ Other*

*Other dietary sodium sources include: bouillons & stocks, condiments (eg. soy sauce), baking additives and certain medications

Reducing Sodium At A Population Level

Typical sodium reduction guidance to patients and consumers is not working!
For example in the UK:

- Consumers are buying the same amount of salt today²² as they were almost a decade ago²³
- Salt use is intrinsic - 1 in 3 add salt instinctively to food without tasting²⁴
- Almost ¼ people would continue using salt regardless of health advice²⁴
- Salt content is a low priority in food choices²⁴

Fortunately, **potassium-enriched salt** is a suitable solution to this.

Guidance to patients to use potassium-enriched salt

- It must be remembered that table salt, sea salt and rock salt are all practically 100% sodium chloride and therefore use should be limited
- If salt is to be added during cooking and seasoning, potassium-enriched salt should be used as a one-for-one switch for salt
- Potassium-enriched salt can be found in supermarkets and online stores though may be described as “reduced-sodium salt”, “salt substitute” or “low-sodium salt”
- Patients should choose a potassium-enriched salt with at least 25% potassium chloride and 75% sodium chloride. Ideally, the salt should be iodised



Sodium Recommendations

Sodium is the principal cation in extracellular fluid in the body and is an essential nutrient necessary for maintenance of plasma volume, acid–base balance, transmission of nerve impulses and normal cell function.²⁵

While sodium is vital to human physiology, average global intake is currently double that recommended by the WHO^{26,27}. This excess sodium intake leads to high blood pressure and increases the risk of cardiovascular disease. Decreasing sodium intake has been shown to reduce blood pressure in adults with and without high blood pressure²⁸. For this reason, recommended intake levels of sodium (Table 01) and salt (Table 02) for adults and children have been set.

Current global sodium intake = 4,310mg / day¹⁹ which falls above the WHO maximum recommendation.

Sodium Intake Recommendation

Region	Policy Guidance	Adults (18+)	Children
	WHO	<2000mg sodium / day ²⁶	Adjusted downward based on the energy requirements of children relative to those of adults
Australia and New Zealand	Food Standards Australia & New Zealand	<2000mg sodium / day ²⁹ (SDT)	
Canada	Government of Canada	<2300mg sodium / day ³⁰ (UL)	
USA	US Department of Health and Human Services	<2300mg sodium / day ³¹ (CDRR)	
EU	European Food Safety Authority (EFSA)	2300mg sodium / day ³²	

Table 01

Salt Intake Recommendation

Region	Policy Guidance	Adults (18+)	Children
	WHO	equivalent to <5g salt / day ²⁶	Adjusted downward based on the energy requirements of children relative to those of adults
UK	Public Health England	<6g salt / day ³³ (RI) (NB recommendation is for adults aged 19+)	

Table 02



Potassium-Enriched Salt

Potassium Recommendations

Potassium, the most abundant intracellular cation, is an essential nutrient that is naturally present in many foods and available as a dietary supplement. Potassium is present in all body tissues and is required for normal cell function because of its role in maintaining intracellular fluid volume and transmembrane electrochemical gradients. Potassium has a strong relationship with sodium, the main regulator of extracellular fluid volume, including plasma volume.

Global and national recommendations for potassium intake have been set to reduce blood pressure and the risk of cardiovascular disease.

Current global potassium intake (all years) = 2,250mg / day³⁴ which falls below the WHO recommendation.

Potassium Intake Recommendation			
Region	Policy Guidance	Adults (18+)	Children
	WHO	3510mg potassium / day ³⁵	
Australia and New Zealand	Food Standards Australia & New Zealand	3800mg potassium / day ³⁶ (AI)(M) 2800mg potassium / day ³⁶ (AI)(F)	
Canada	Government of Canada	4700mg potassium / day ³⁰ (AI)	Adjusted downward based on the energy requirements of children relative to those of adults
USA	US Department of Health and Human Services	3400mg potassium / day ³¹ (AI)(M) 2600mg potassium / day ³¹ (AI)(F) (NB recommendation is for adults aged 19+)	
EU	European Food Safety Authority (EFSA)	3500mg potassium / day ³² (AI)	
UK	Public Health England	3500mg potassium / day ³³ (NB recommendation is for adults aged 19+)	

Table 03

A man with a beard and mustache, wearing a blue t-shirt and a patterned apron, is smiling and seasoning food on a grill. He is holding a small glass dish in his left hand and sprinkling seasoning from his right hand onto a plate of food. The background is blurred, showing greenery and a fence.

Concluding Remarks

It is very hard for people to make the changes that health professionals recommend to reduce their salt intake. Learning to cook with less salt, training taste buds to accept less seasoning, and changing decades long shopping habits to pick lower-salt foods is difficult. Thankfully, we now have a practical, low-cost salt reduction option that could help billions of people reduce their salt intake – potassium-enriched salt.

It's absolutely clear from multiple studies done in tens of thousands of people that making a like-for-like switch from regular table salt to potassium-enriched salt can lower blood pressure, as well as reduce the risks of stroke, cardiovascular events, and premature death. If we made a global switch of the salt supply from regular salt to potassium-enriched salt, we could prevent millions of strokes and heart attacks worldwide every year.

However, we need support from all sectors including government, food industry and healthcare to scale-up the use of potassium-enriched salt across the globe. Healthcare professionals play an important role in this and can for the first time confidently recommend a salt reduction intervention that patients will actually be able to do. People that start using potassium-enriched salt find it a great alternative to regular salt, and get major health benefits.

Dr Bruce Neal | MB ChB, PhD, FRCP, FAHA, FAHMS

Executive Director,
The George Institute for Global Health, Australia
Professor of Medicine, UNSW Sydney
Professor of Clinical Epidemiology,
Imperial College London

References

1. Diet - Institute for Health Metrics and Evaluation (<https://www.healthdata.org/research-analysis/health-risks-issues/diet>)
2. Xu, X, Zeng, L, Jha, V, Cobb, LK, Shibuya, K et al. Potassium-Enriched Salt Substitutes: A Review of Recommendations in Clinical Management Guidelines. *Hypertension*. 2024;81:400-414 (<https://www.ahajournals.org/doi/full/10.1161/HYPERTENSIONAHA.123.21343>)
3. Joint Committee for Guideline Revision. 2018 Chinese guidelines for prevention and treatment of hypertension-a report of the revision committee of Chinese guidelines for prevention and treatment of hypertension. *J Geriatr Cardiol*. 2019;16:182–245. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6500570/>)
4. McEvoy JW, McCarthy CP, Bruno RM, Brouwers S, Canavan MD, Ceconi C, et al. 2024 ESC Guidelines for the management of elevated blood pressure and hypertension. *European Heart Journal*. 2024;45(38):3912-4018. (<https://doi.org/10.1093/eurheartj/ehae178>)
5. WHO global report on sodium intake reduction. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/i/item/9789240069985>)
6. Neal B, Wu Y, Feng X, Zhang R, Zhang Y, Shi J, et al. Effect of salt substitution on cardiovascular events and death. *New England Journal of Medicine*. 2021;385(12):1067-77. (<https://www.nejm.org/doi/full/10.1056/nejmoa2105675>)
7. Yin X, Rodgers A, Perkovic A, Huang L, Li K-C, Yu J, et al. Effects of salt substitutes on clinical outcomes: a systematic review and meta-analysis. *Heart*. 2022;108(20):1608-15. (<https://pubmed.ncbi.nlm.nih.gov/35945000/>)
8. Cook NR, Obarzanek E, Cutler JA, Buring JE, Rexrode KM, Kumanyika SK, et al. Joint effects of sodium and potassium intake on subsequent cardiovascular disease: the Trials of Hypertension Prevention follow-up study. *Arch Intern Med*. 2009;169(1):32-40. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2629129/>)
9. Li K-C, Huang L, Tian M, Di Tanna GL, Yu J, Zhang X, et al. Cost-effectiveness of a Household Salt Substitution Intervention: Findings From 20,995 Participants of the Salt Substitute and Stroke Study (SSaSS). *Circulation*. 2022. (<https://www.ahajournals.org/doi/10.1161/CIRCULATIONAHA.122.059573>)
10. Scientific Advisory Committee on Nutrition (SACN), Committee on Toxicity. Potassium-Based Sodium Replacers: Assessment of the Health Benefits and Risks of Using Potassium-Based Sodium Replacers in Foods in The UK. A Joint Statement from the Scientific Advisory Committee on Nutrition and the Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment. 2017. (<https://www.gov.uk/government/publications/sacn-cot-statements-on-potassium-based-sodium-replacers>)
11. Kovesdy, CP. Epidemiology of chronic kidney disease: an update 2022. *Kidney Int Suppl* (2011). 2022;12:7-11 (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9073222>)
12. Marklund M, Singh G, Greer R, Cudhea F, Matsushita K, Micha R, et al. Estimated population wide benefits and risks in China of lowering sodium through potassium-enriched salt substitution: modelling study. *bmj*. 2020;369. (<https://www.bmj.com/content/369/bmj.m824>)
13. Marklund M, Tullu F, Thout S, Yu J, Brady TM, Appel LJ et al. Estimated benefits and risks of using a reduced-sodium, potassium-enriched salt substitute in India: A modeling study. *Hypertension*. 2022;79(10):2188-2198. (<https://pubmed.ncbi.nlm.nih.gov/35880525/>)
14. Zhou B, Webster J, Fu L-Y, Wang H-L, Wu X-M, Wang W-L, et al. Intake of low sodium salt substitute for 3 years attenuates the increase in blood pressure in a rural population of North China - a randomized controlled trial. *Int. J. Cardiol*. 2016;215:377–82. (<https://doi.org/10.1016/j.ijcard.2016.04.073>)
15. Yin X, Liu H, Webster J, Trieu K, Huffman MD, Miranda JJ, et al. Availability, formulation, labeling, and price of low-sodium salt worldwide: Environmental scan. *JMIR Public Health Surveillance* 2021;7(7):e27423. (<https://doi.org/10.2196/27423>)
16. Li N, Prescott J, Wu Y, Barzi F, Yu X, Zhao L, et al. The effects of a reduced-sodium, high-potassium salt substitute on food taste and acceptability in rural northern China. *Br J Nutr*. 2009;101(7):1088-93. (<https://pubmed.ncbi.nlm.nih.gov/18710605/>)
17. Yu J, Thout SR, Li Q, Tian M, Marklund M, Arnott C, et al. Effects of a reduced-sodium added-potassium salt substitute on blood pressure in rural Indian hypertensive patients: A randomized, double-blind, controlled trial. *The American Journal of Clinical Nutrition*. 2021;114(1):185-93. (<https://www.sciencedirect.com/science/article/pii/S0002916522003185>)
18. Maleki A, Soltanian AR, Zeraati F, Sheikh V, Poorolajal J. The flavor and acceptability of six different potassium-enriched (sodium reduced) iodized salt: a single-blind, randomized, crossover design. *Clinical Hypertension*. 2016;22(1):18. (<https://clinicalhypertension.biomedcentral.com/articles/10.1186/s40885-016-0054-9>)
19. WHO Fact Sheet – Sodium Reduction; 2020 (<https://www.who.int/news-room/fact-sheets/detail/salt-reduction>)
20. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. Geneva: World Health Organization; 2013 (<https://www.who.int/publications/i/item/9789241506236>)
21. Tackling NCDs: ‘best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases. Geneva: World Health Organization; 2017 (<https://apps.who.int/iris/handle/10665/259232>)
22. Circana - Total Salt Sales UK, 52 WE 26.03.22
23. AC Nielsen - Total Salt Sales UK, 52 WE 15.02.14
24. LoSalt. UK Consumer Research; 2023
25. Ma Y, He FJ, Sun Q, Yuan C, Kieneker LM, Curhan GC, et al. 24-hour urinary sodium and potassium excretion and cardiovascular risk. *New England Journal of Medicine*. 2022;386(3):252-63. (<https://www.nejm.org/doi/full/10.1056/NEJMoa2109794>)
26. WHO. Guideline: Sodium intake for adults and children. Geneva: World Health Organization; 2012 (<https://www.who.int/publications/i/item/9789241504836>)
27. Powles J, Fahimi S, Micha R, Khatibzadeh S, Shi P, Ezzati M, et al. Global, regional and national sodium intakes in 1990 and 2010: a systematic analysis of 24 h urinary sodium excretion and dietary surveys worldwide. *BMJ open*. 2013;3(12):e003733. (<https://bmjopen.bmj.com/content/3/12/e003733.long>)
28. He FJ, Li J, MacGregor GA. Effect of longer term modest salt reduction on blood pressure: Cochrane systematic review and meta-analysis of randomised trials. *BMJ*. 2013;346. (<https://www.bmj.com/content/346/bmj.f1325>)
29. Food Standards Australia & New Zealand (<https://www.eatforhealth.gov.au/nutrient-reference-values/nutrients/sodium>)
30. Government of Canada - Office of Nutrition Policy and Promotion (<https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/dietary-reference-intakes/tables.html>)
31. U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2020-2025. 9th Edition. December 2020 (https://www.dietaryguidelines.gov/sites/default/files/2020-12/Dietary_Guidelines_for_Americans_2020-2025.pdf)

32. European Food Safety Authority. Dietary reference values for the EU. 2019 (<https://multimedia.efsa.europa.eu/drvs/index.htm>)
33. Public Health England. Government Dietary Recommendations: Government recommendations for energy and nutrients for males and females aged 1 – 18 years and 19+ years. London; 2016. (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/618167/government_dietary_recommendations.pdf)
34. Reddin, C., Ferguson, J., Murphy, R. et al. Global mean potassium intake: a systematic review and Bayesian meta-analysis. Eur J Nutr. 2023;62:2027-37. (<https://link.springer.com/article/10.1007/s00394-023-03128-6>)
35. WHO. Guideline: Potassium intake for adults and children. Geneva: World Health Organization; 2012. (<https://www.who.int/publications/i/item/9789241504829>)
36. Food Standards Australia & New Zealand (<https://www.eatforhealth.gov.au/nutrient-reference-values/nutrients/potassium>)



For more information and tasty recipe ideas:

www.seasonwithsense.com



/seasonwithsense

