

HYPERTENSION, OBESITY, IS DIETARY SODIUM RESTRICTION YET USEFUL ?

A controversy subsists according to the need for salt reduction in the treatment of obese hypertensive patients submitted to a low caloric diet.

We have tested the usefulness of this association in 57 obese essential hypertensives (more than 20% of excess weight) without antihypertensive drugs, but treated by low caloric and/or sodium diets for 3 months. These patients had to be visited every month for measuring weight, supine blood pressure (with a random zero sphygmomanometer), the 24 h urinary Na excretion and the plasma renin activity.

We have been able to note that when the weight loss already after 1 month is higher than 4 kg, salt reduction is not required because it has no added effect on the excellent decrease of BP. However, in patients without weight loss, salt reduction has a lowering, although less important effect on BP. Those who have not followed the diets proposed do not show any significant BP modification. At 3 months, the best effect on BP has still been noted for the sole weight reduction but the difference with the salt reduction effect is less evident.

In conclusion, for the obese essential hypertensive patient, hypocaloric diet is the main part of the non pharmacological treatment of hypertension. It has to be greatly encouraged. Salt restriction has not to be associated to this measure. However, alone, this salt reduction remains useful.

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