Information available on consumer-facing websites may affect adherence to important public health measures such as reducing sodium consumption

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In this issue of The Journal of Clinical Hypertension Hussain et al. evaluated information and guidance on dietary sodium reduction available on consumer-facing websites.

The availability of health information websites has enabled consumers to search for information on their specific health needs particularly in long-term or chronic conditions.

About 59% of Americans in 2013 used a search engine for health research and recently in 2021 two-thirds of Americans declared they trust health information they find online.

Both professionals and consumers benefit from consulting health websites for the ease and speed of accessing information. Although its extent is still unknown, health misinformation is a growing problem.

A great deal of effort has been made in the last years to evaluate the quality of health information websites for consumers, in this context Hussein et al. for the first time assessed the quality of consumer-facing websites on sodium reduction.

Sodium consumption, among the determinants of hypertension, plays a fundamental role by contributing to the increase in blood pressure in a dose-dependent manner, in both sexes, in all ethnicities, from infancy to old age, and according to basal pressure. Scientific evidence has undoubtedly demonstrated that sodium reduction is a global priority and is one of the main objectives of world health policies helping to prevent and treat hypertension and cardiovascular disease and the most important scientific societies and health institutions such as WHO advised reducing the consumption of sodium to low than 2300 mg/day. Despite a reduction in sodium intake has been recommended by health practitioners, public health institutions such as the FDA and CDC and main scientific hypertension societies, a quality guidance according to these recommendations should be readily available on websites for all people seeking online information, otherwise there is a risk of limiting its effectiveness. But to what extent is information on sodium consumption readily and correctly available on consumer-facing websites? To answer this question, Hussain et al. conducted an analysis evaluating the quality of accessible online sources targeting consumers interested in reducing sodium intake. The paper reported a detailed description of the methodology: using the five most-used search terms related to dietary sodium reduction, 69 websites were evaluated using the DISCERN tool, a generic tool aiming to assess the quality of consumer information regarding healthcare treatment choices and the JHU-Sodium Assessment Learning Tool (JHU-SALT tool). This new tool was developed by a multidisciplinary team including physicians, dietitians, nutritionists, and other public health researchers and it aimed to evaluate the information and guide available on consumer-facing websites about diet sodium reduction. Including 14 questions on topics related to salt reduction, it showed to be useful in ranking website quality in terms of information, guidance, and accuracy.

As stated by the authors, the study had some limitations, related to the search engine used to enter search terms, the differences in the interpretation of websites between researchers and the tools used to evaluate the quality of information such as the JHU-SALT tool that needs further validation. Nevertheless, it assessed for the first time the quality of consumer-facing information regarding healthcare treatment choices and the tools used to evaluate the quality of information such as the JHU-SALT tool that needs further validation. Nevertheless, it assessed for the first time the quality of consumer-facing information regarding healthcare treatment choices and the tools used to evaluate the quality of information such as the JHU-SALT tool that needs further validation. Nevertheless, it assessed for the first time the quality of consumer-facing information regarding healthcare treatment choices and the tools used to evaluate the quality of information such as the JHU-SALT tool that needs further validation.

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effects of high sodium diets and recommended sodium intake levels were, respectively, reported in only 74% and 64% of websites analyzed. The recommendations for the sodium reduction guidance did not perform better: less than 50% of websites provided guidance on how to read labels, cook with less salt and high sodium ingredients, or provide strategies to flavor food with ingredients other than salt. Guides on how to buy groceries with low sodium content or select low sodium options while eating out were provided by a small number of websites.

Another problem raised by this research was the relatively large number of hyponatremia-related websites identified (19% of all included websites). Hyponatremia, a pathological condition that does not depend on the reduction to the recommended levels of sodium intake, is a further element of confusion for consumer-facing websites.

To help consumers effectively reduce dietary sodium, websites that provide relevant information and guidance are needed, and healthcare professionals should continue to pursue efforts to guide consumers to evaluate their sources and consider the relevance and reliability of Web sites.

Furthermore, the problem of sources does not only concern consumers. In addition to the scarce information available on consumer websites, there is scientific literature that could raise doubts about the real impact of this measure also on health professionals. In a recent paper published by Cappuccio et al., this topic was extensively treated and discussed. Starting from the analysis of eight articles published between 2020 and 2021 in which the importance of the low-sodium diet on cardiovascular risk was questioned, Cappuccio et al. pointed out the contradictions, responded to the objections raised, and explained the possible reasons for such claims. The result of this careful review was that denying the importance of reducing salt consumption around the world is an “old myth”, completely outdated by currently available scientific evidence.

In conclusion, the prevalence of misinformation on consumer-facing websites on health and in particular on cardiovascular risk factors such as sodium intake is actually very high and the development of a digital policy based on scientific evidence is mandatory for all health issues.

Finally, very strong evidence is now available to support global action to reduce sodium consumption to prevent hypertension and cardiovascular disease and the scientific community must support the effort to make this information available and accessible in all possible ways, including through the use of validated tools and user-friendly websites.

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