

Evidence-based policy for salt reduction is needed



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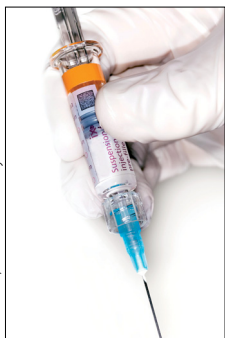
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Evidence-based medicine has become the bedrock of treatment guidelines, but why does evidence-based medicine not translate into evidence-based policy? Governments and health organisations around the world are advocating salt intake be reduced, but little robust evidence exists to support a reduction in salt for the general population. Indeed, the few randomised controlled trials (RCTs) available have not strongly supported the benefit of salt reduction in normotensive populations. There is no real disagreement that high salt intake is associated with high blood pressure, and most studies indicate that high blood pressure is associated with more cardiovascular events. The level at which salt intake is regarded as high is not, however, agreed. Even more concerning is that evidence for the benefit in the advocated target levels of salt intake is virtually absent; there are no RCTs measuring health outcomes when sodium intake is less than 2.3 g (5 g of salt).

The paper by Andrew Mente and colleagues in today's *Lancet* provides reasonable evidence that current dietary levels of salt in most populations are associated with the lowest incidence of cardiovascular events. More importantly, they show the proposed reductions to below 3 g of sodium intake daily are likely to result in harm in both hypertensive and normotensive people. Although not from an RCT, these data are as robust as the data used to advocate reductions to low levels. At the very least, these data should demand re-evaluation of the wisdom of reducing levels of dietary salt without high grade evidence to support such reductions.

Before non-legislated salt reduction programmes are imposed, the public should demand that the harms, as well as the benefits, are based solely on robust scientific evidence. Enacting potentially harmful changes without strong supportive evidence should be avoided. ■ [The Lancet](#)

HPV vaccination: a decade on



Dr P. Marazzi/Science Photo Library

Human papillomavirus (HPV) causes almost all cervical cancers and most other anogenital cancers and warts in both men and women. Worldwide prevalence is 11.7% in women, causing 4.5% of new cancers in women each year. Despite an effective vaccine being licensed in 2006, only last week was it approved for girls in China and endorsed for boys in the USA.

In China, this unacceptable drug approval lag is not limited to HPV vaccination—the problem is deeply rooted in the Chinese drug approval system. Trial registration is lengthy, with no prioritisation mechanism in place. Additionally, similar to some other countries, no drug can be licensed in China until clinical trials have been done in the country. Trials were done between 2002 and 2005 in other Asian countries but were not accepted by the Chinese Government, with a Chinese trial started in 2008 finally leading to approval this year. Travel agencies even offer package deals from the mainland to Hong Kong for HPV vaccinations to circumvent the problem. Improvement efforts are underway, such as a so-called four-colour light strategy for prioritisation and hiring of more staff to wade through the application backlog.

In the USA, despite approval for girls in 2006 and boys in 2011, uptake has been shockingly low. In 2014, just 37% of girls received the three-dose course compared with 13% of boys. Misconceptions have driven the low uptake, including the belief that vaccination is only needed for sexually active individuals or that vaccination of preteens will cause them to become sexually active. These misunderstandings have weakened political will to mandate the vaccine. Often, parents have not heard about the vaccine or believe that it is not needed. Politicians, health-care professionals, and parents all need to understand the importance of the vaccine. To deny girls and boys the full protection of the vaccine can no longer be tolerated.

The HPV vaccine has proven efficacy. But a decade on, its uptake has been poor, with a worldwide coverage of only 1.4% of women. Vaccines are one of the strongest levers to improve public health; their study, licensing, and implementation require more urgency than China and the USA have so far displayed. ■ [The Lancet](#)

For the **Chinese approval** see <http://www.gsk-china.com/en-gb/media/press-releases/2016/gsk-announces-cervarix-approved-in-china-to-help-protect-women-from-cervical-cancer>

For the **US endorsement** see <http://onlinelibrary.wiley.com/doi/10.3322/caac.21355/full>

For **vaccination coverage** see [http://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(16\)30099-7/fulltext](http://www.thelancet.com/journals/langlo/article/PIIS2214-109X(16)30099-7/fulltext)