

PERSPECTIVES IN HYPERTENSION

Call to incorporate potassium-enriched salt into hypertension guidelines

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High sodium (salt) is a well-known risk factor for elevated blood pressure, cardiovascular disease, and premature death.¹ Despite decades of global efforts, including the WHO's SHAKE package, progress has been limited - no country is currently on track to meet the 2025 WHO salt reduction target, nor the 2030 goal.² Reducing sodium consumption remains challenging because sustained behaviour change is difficult to achieve. The primary barrier is public resistance to foods with a less salty taste, making it hard to shift both individual dietary habits and food industry practices.

Low potassium intake is a less widely recognised but equally important risk factor for high blood pressure. The global average intake is only 2.25 g/day, far below the WHO's recommended minimum of 3.5 g/day, primarily due to inadequate consumption of fresh fruits and vegetables.³

Potassium-enriched salts, also known as salt substitutes, reduced-sodium salts, or low-sodium salt alternatives, replace a portion of sodium chloride in regular salt with potassium chloride. These products can be used as a direct one-to-one switch for regular salt in seasoning, food preservation, and food manufacturing, with the key advantage of retaining the same salty taste.⁴ A key benefit of switching to potassium-enriched salt is that it lowers blood pressure through

the joint effects of reducing sodium intake and supplementing potassium intake. Common brands typically include "Lo Salt," "Lite Salt," and "Heart Salt."

Strong evidence supports a like-for-like switch from regular salt to potassium-enriched salt for blood pressure reduction and cardiovascular benefits,^{5,6} including the landmark Salt Substitute and Stroke Study⁶ (SSaSS, published in NEJM). In 2025, the WHO Global report on hypertension recommended potassium-enriched salt to control blood pressure.⁷

However, the adoption of potassium-enriched salt in place of regular salt remains limited.⁴ Our 2024 review highlighted that only 4 out of 32 hypertension guidelines mentioned the use of potassium-enriched salt.⁴ Nevertheless, recognition is growing, with salt substitutes now explicitly recommended in the 2024 European Society of Cardiology Hypertension Guideline⁸ and the 2025 American College of Cardiology and American Heart Association Hypertension Clinical Practice Guideline.⁹

A concern regarding potassium-enriched salt is the potential risk of hyperkalemia in people with chronic kidney disease (CKD).⁴ No trial to



date has shown an increased risk of adverse clinical outcomes from hyperkalemia associated with potassium-enriched salt, although most trials excluded patients at risk of hyperkalemia. One trial that included CKD patients reported a higher incidence of biochemical hyperkalemia, but there was no evidence of clinical harm, and participants still experienced overall cardiovascular protection.¹⁰ The summary recommendation for the safe use of potassium-enriched salt in the **Box** highlights the importance of excluding those at risk. The **Table** provides some practical advice for healthcare practitioners when considering potassium-enriched salt for a patient.

The recent incorporations of the recommendation to switch from regular salt to potassium-enriched salt in hypertension guidelines would support clinicians in promoting practical lifestyle strategies for optimal blood pressure control. For patients with hypertension who have no contraindications, this switch can lower blood pressure and reduce the risk of serious cardiovascular complications. Population-wide adoption of potassium-enriched salt could yield substantial public health benefits. Our modelling study estimates that global implementation could prevent approximately 3 million deaths annually, highlighting the significant potential impact on cardiovascular disease prevention and global health outcomes.

Box. Recommendation for the safe use of potassium-enriched salt*

If patients add salt to their food, they should make a 1:1 switch from regular salt to potassium-enriched salt with a composition of approximately 75% sodium chloride and 25% potassium chloride, unless they are at risk of hyperkalaemia because of kidney disease, use of a potassium supplement, use of a potassium sparing diuretic or another reason.

*According to Xu et al's review⁴

Table. Practical advice for clinicians and other health professionals

Safety considerations when starting potassium-enriched salt	Advice for patients when recommending potassium-enriched salt
<ul style="list-style-type: none"> • Check kidney function if a recent test result is available. 	<ul style="list-style-type: none"> • Potassium-enriched salt will help control your blood pressure and should add to the benefits of any medications you are using.
<ul style="list-style-type: none"> • Consider kidney function screening if a patient has any risk factors for kidney disease. 	<ul style="list-style-type: none"> • Use potassium-enriched salt as a one-for-one switch for regular salt.
<ul style="list-style-type: none"> • Don't recommend potassium-enriched salt if moderate or severe kidney disease is present (Stage 3 or above). 	<ul style="list-style-type: none"> • Try to eat a healthy diet with lots of fresh fruits and vegetables.
<ul style="list-style-type: none"> • Screen for contraindicated medications –potassium supplements or potassium-sparing diuretics. NOTE – concurrent use of renin-angiotensin-aldosterone system (RAAS) inhibitors with potassium-enriched salt, in the absence of kidney disease, does not appear to increase the risk of hyperkalaemia. 	<ul style="list-style-type: none"> • If you have mild kidney disease (Stage 1 or 2) you are very unlikely to get hyperkalaemia or any other side effects. But stop using potassium-enriched salt if you become seriously unwell and re-start only when you have recovered.

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