



## Frequently Asked Questions - Sodium

### What is the purpose of the NRVs and why are they important?

The Nutrient Reference Values (NRVs) are guidelines that describe how much of each nutrient – like sodium – people need to stay healthy. They are used by health professionals to assess and plan diets for individuals and groups, ensuring that people get enough nutrients for normal growth, development, and functioning, while also avoiding excessive intakes that could be harmful. NRVs are tailored to different life stages and physiological needs, such as childhood, pregnancy, and older age, making them a practical tool for targeted nutrition advice.

NRVs play a crucial role in informing public policy and population health strategies. They underpin national dietary guidelines, food fortification programs (like adding iodine or folic acid to bread), food labelling, and nutrition education campaigns. Policymakers use NRVs to monitor the nutritional status of the population, identify at-risk groups, and develop interventions to address public health issues related to nutrition. By providing a scientific foundation for both individual nutrition and public health decision making, NRVs help to improve the overall health of the population and reduce the burden of diet-related diseases in Australia and New Zealand.

### Do the NRVs describe individual nutritional requirements?

The NRVs are developed based on averages for groups, and therefore they describe population-level recommendations. Although they provide a guide for assessing the likelihood that a person's nutritional needs are being met, the NRVs are not a precise measure of individual needs, which may be higher or lower than the values shown. Individual requirements vary depending on genetics, health status, activity level, developmental stage and other factors.

### What do the different NRV recommendations represent, and how are they calculated?

The NRVs include different types of recommendations, each designed to support a particular aspect of health. For sodium, these include:

- **Adequate Intake (AI):** the average daily intake level considered sufficient to meet nutritional needs and maintain health in a healthy population.
- **Chronic Disease Risk Reduction (CDRR):** the average daily intake level expected to reduce the risk of chronic disease in a population. This value is currently called the Suggested Dietary Target (SDT). However the current consultation proposes that this name will be replaced with the term CDRR.
- **Upper Level (UL):** the highest average daily intake level likely to pose no adverse health effects for almost all individuals in the general population. A UL is only established where there is sufficient evidence of harm resulting from excessive intake.

These values are developed by reviewing scientific evidence on the relationship between nutrient intake and health outcomes to determine how much of a nutrient is required to maintain and optimise health. When there isn't enough evidence to derive a recommendation directly for a particular group (such as children), recommendations may be adapted from another group (such as adults). This adaptation uses mathematical formulas that account for the differences in nutritional needs between the groups, ensuring the values are as appropriate as possible for each population.

## What happens if you consume too much or too little sodium?

Sodium is an essential nutrient that helps the body maintain fluid balance and supports normal nerve and muscle function. Consuming too little sodium can affect these important functions, although sodium deficiency is rare in healthy people eating a typical diet.

Sodium is most commonly found in salt (sodium chloride). Consuming too much sodium over time can increase blood pressure, which raises the risk of cardiovascular disease, including heart disease and stroke. The sodium NRVs provide guidance on intake levels that support health and help reduce these risks. Many people in Australia and New Zealand consume too much salt in their diet.

## What changes are proposed under the revised recommendations?

Recommendations for adults (including during pregnancy and breastfeeding), children, and adolescents have been reviewed. Infant NRVs have not been reviewed as part of this review.

The [current recommendations for sodium](#) comprise:

- Adequate Intake (AI) recommendations for ensuring adequate sodium intake
- A Suggested Dietary Target (SDT) for adults, specifying a daily average nutrient intake that may help to prevent chronic disease
- An Upper Level (UL) of intake for children and adolescents, reflecting the highest average daily sodium intake that is likely to pose no adverse health effects in almost all individuals.

The main changes proposed include:

- Changing the AI from a range to a single value to make the recommendation easier to interpret and more reflective of the level of intake considered adequate for most people within the general population
- Renaming the term SDT to Chronic Disease Risk Reduction (CDRR), consistent with the revised methodological framework and international terminology. The current SDT for adults will be retained as a CDRR.
- Establishing a CDRR value for children and adolescents and revising the UL to 'not set'. These changes better reflect that the primary concern with high sodium intake is an increased risk of chronic disease over time, rather than toxicity from excessive intake.

The draft recommendations also include recommendations for additional age groupings for children, aligned with school level, which facilitate comparison against intakes reported in national surveys. A slight adjustment to adult age groups is also proposed, aligned with Australian Bureau of Statistics reporting.

## What are the new recommendations for achieving sodium adequacy?

The proposed revisions to sodium Adequate Intake (AI) values replace the current range with a single value aligned with the upper bound of current recommendations:

- for adults the AI is 920 mg per day, including during pregnancy or lactation in people aged 14 years and older;
- for children, the AI depends on age (for example, 400 mg per day for 1 to under 4-year-olds, 600 mg per day for 4 to under 9-year-olds, 800 mg per day for 9 to under 14-year-olds, and 920 mg per day for those aged 14 years and over).

The draft recommendations also introduce additional age groupings for children, including categories that align with school level, and a slight adjustment to adult age groups.

## What are the new recommendations for sodium Upper Levels (UL) or to reduce the risks of chronic disease?

The revised recommendations retain the current Suggested Dietary Target of 2,000 mg per day for adults, although the value is being renamed to Chronic Disease Risk Reduction (CDRR). For children and adolescents, a CDRR value will be established, with values varying by age group:

- 1 to under 4 years: 950 mg per day
- 4 to under 9 years: 1,250 mg per day
- 9 to under 14 years: 1,750 mg per day
- 14 to under 18 years: 2,000 mg per day.

The current Upper Levels (UL) for children and adolescents will be replaced with a statement that the UL could not be set, in line with the approach taken for adults.

This change supports greater consistency in the recommendations for children and adults and better reflects the primary concern with high sodium intake, which is an increased risk of chronic disease over time rather than toxicity from excessive intake.