

Educational session, salt intake, patients of African-Caribbean origin

Submission date 29/09/2006	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered
Registration date 29/09/2006	Overall study status Completed	<input type="checkbox"/> Protocol
Last Edited 12/04/2012	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Statistical analysis plan
		<input checked="" type="checkbox"/> Results
		<input type="checkbox"/> Individual participant data

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

Contact name
Dr Emma Mast

Contact details
Blood Pressure unit
St George's Hospital
University of London
Cranmer Terrace
London
United Kingdom
SW17 0RE
+44 020 8266 6498

Additional identifiers

Protocol serial number
N0236169544

Study information

Scientific Title

Study objectives

The target limiting salt intake to 6g per day is important for all adults, but in particular so for people of African and Caribbean origin. These groups are more likely to develop - and are more susceptible to the effects of - raised blood pressure and hence heart attack, stroke and heart failure. Traditionally the biggest proportion of salt intake in people of African Caribbean descent in the UK is from salt added to cooking. However, components such as sauces used to prepare ethnic meals at home also have a high salt content.

A previous study for Salt Awareness Day 2005 showed in individuals with high blood pressure that, in spite of claiming that they reduced salt intake by half, the 24 hour urine analysis of salt was still high - around 10g/day, illustrating that the public are very confused about where salt is in the diet and how sodium relates to salt. The same study showed that most people (69%) find nutrition labels incomprehensible.

Therefore, the aim of this study is to see whether education and advice for people of African-Caribbean descent in the form of a one-to-one training session addressing how to read a label and general education about how sodium relates to salt will result in a reduction in salt intake (as assessed by 24 hour urine collection). A control group comprising patients who claim to be making lifestyle changes, but who will not receive the educational session, will also be recruited.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Not provided at time of registration

Study design

Randomised controlled trial

Primary study design

Interventional

Study type(s)

Not Specified

Health condition(s) or problem(s) studied

Nutritional, Metabolic, Endocrine

Interventions

All visits will be at the Blood Pressure Unit. At the first hospital visit patients will be asked if they want to take part in this study. They will be given at least 24 hours to make this decision. If they agree (we call them to confirm this) we will arrange their first visit where they will bring back their signed consent form.

Next patients will be randomised to either the experimental (n=20) or control (n=20) group by a person independent to the study. Both groups need to collect their urine for 48 hours from visit 1 (day 1) and from day 17 (visit 3) where they will be shown a wide variety of fresh and processed foods, taught how to read a label, taught what salt is and how sodium relates to salt etc. The patients will also be taught how to adapt recipes to include less salt.

Intervention Type

Other

Phase

Not Specified

Primary outcome(s)

The difference in 24 sodium content in the experimental group versus the control group

Key secondary outcome(s)

Not provided at time of registration

Completion date

01/09/2006

Eligibility

Key inclusion criteria

The recruits will be adults (aged 18 years and over) of African Caribbean origin. They will be patients with hypertension referred to the blood Pressure Unit at St Georges Hospital, Tooting, London. The participants can be on or off blood pressure treatment, but they must say they have been trying to make lifestyle changes with respect to reducing their blood pressure.

We have targeted people of African or Caribbean origin because these groups are more likely to develop - and are more susceptible to the effects of - raised blood pressure and hence heart attack, stroke and heart failure, than their Caucasian counterparts.

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Adult

Lower age limit

18 years

Sex

Not Specified

Key exclusion criteria

Not provided at time of registration

Date of first enrolment

01/09/2005

Date of final enrolment

01/09/2006

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Blood Pressure unit

London

United Kingdom

SW17 0RE

Sponsor information

Organisation

Record Provided by the NHSTCT Register - 2006 Update - Department of Health

Funder(s)

Funder type

Government

Funder Name

St George's Healthcare NHS Trust (UK)

Funder Name

NHS R&D Support Funding

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	18/05/1996		Yes	No