LETTER TO THE EDITOR

Response to: Measurement of sodium intake or measurement of the detrimental effects of sodium on health in individual subjects?

Dear Editor,

The points conveyed by Drs. Elijovich and Laffer are well-taken.\(^1\) We agree that the day-to-day variability in sodium intake and excretion is a clear limitation of the 24-hour collection that can be overcome by obtaining multiple 24-hour urine collections.\(^2\) However, in the real world, this is not a feasible option, leaving the single 24-hour collection as the current, though flawed, gold standard. It provides useful information, and particularly so for analytes whose day-to-day excretion is less variable than is the case for sodium excretion.

Further, regardless of the number of 24-hour collections obtained, inaccuracy due to incomplete collection remains a prominent source of error that commonly distorts the results of the 24-hour collection. This common source of inaccuracy is greatly mitigated by correction with algorithms such as ours.\(^3\)

We also agree with Drs. Elijovich and Laffer that measures of sodium sensitivity are helpful in assessing the role of sodium intake in blood pressure homeostasis. However, this does not diminish the importance of measuring or estimating sodium intake, as this measurement is clinically relevant in the large proportion of hypertensive patients who are sodium sensitive.

CONFLICT OF INTEREST
The authors are recipients of a patent related to determining excretion of sodium and other analytes. The authors declare no competing financial interests.

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REFERENCES