HIGHLIGHTS

Changes in sodium levels in chain restaurants

With the disbanding of the Sodium Working Group, there is no federal government legislation or initiative in Canada to control the amount of sodium in restaurant food. However, some restaurant chains have made voluntary commitments to reduce sodium levels. Researchers collected data on the serving size, calories and sodium level for 3878 food items from the websites of 61 Canadian restaurant chains in 2010 and 2013. Longitudinal comparisons were possible for 2198 items. Their analysis showed that the sodium content in most restaurant offerings (54%) did not change over the three-year period. The sodium content increased in 16% of food items and decreased in 30% (Table 1). The authors conclude that voluntary industry initiatives have not achieved consistent sodium reductions in restaurant foods and that the time has come for a government-enforced sodium-reduction strategy. ***CMAJ Open* 2014;2:E343-51**

Table 1: Sodium levels in restaurant food items in Canada (2010–2013)

		Sodium level (mg), mean ± SD			
Food items	*n* (%)	2010	2013	Average change	Average percent change
Overall	2198 (100)	917 ± 694	892 ± 679*	–25 ± 268	1 ± 48
Foods with a decrease in sodium	662 (30)	1130 ± 778	910 ± 642	–220 ± 303	–19 ± 17
Foods with an increase in sodium	358 (16)	842 ± 658	1093 ± 858	251 ± 349	44 ± 104
Foods with no change in sodium	1178 (54)	821 ± 624		0 ± 0	0 ± 0

Note: SD = standard deviation.
*$p < 0.0001$.

The effects of HIV-1 subtype and ethnicity on the rate of CD4 cell count decline

HIV-1 has acquired extensive genetic diversity with nine recognized subtypes and many circulating recombinant forms. Because ethnic differences have the potential to confound associations between HIV-1 subtype and immunologic progression, researchers compared declines in CD4 cell counts during untreated HIV-1 infection for the most prevalent subtypes worldwide. They combined data from four European and six Canadian cohorts, which included 9772 adults in the stable chronic phase of untreated HIV infection. They found that ethnicity was a major determinant of CD4 cell count decline — patients of African ancestry had slower rates of CD4 cell count decline overall (Figure 1). Although there was some evidence of differences in CD4 decline between viral subtypes, these differences were small compared with the effect of ethnicity. The authors conclude that ethnicity is more prognostic of immunologic progression than viral subtype during untreated chronic HIV infection. Slower rates of CD4 decline may translate to a longer asymptomatic phase and increase the opportunity for HIV transmission. ***CMAJ Open* 2014;2:E318-E29**

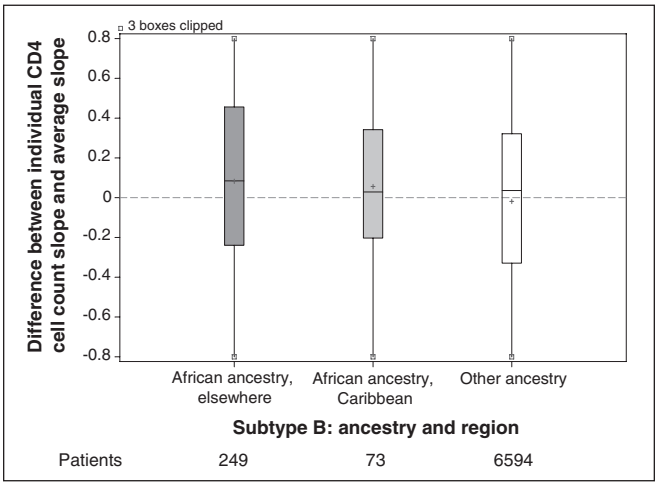

Figure 1: Estimated decline in CD4 cell count slope for each patient with viral subtype B. Random effects representing each patient's CD4 cell count decline (compared with the average) estimated in a mixed model without ethnicity or subtype slope parameters but adjusted for covariates.

CMAJ 2015. DOI 10.1503/cmaj.150040