

Dietary NaCl Induces Low-Grade Hyperchloremic Metabolic Acidosis In Healthy Humans.

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Background: We previously demonstrated that typical American net acid-producing diets induce a low-grade metabolic acidosis of severity proportional to the diet net acid load as indexed by the steady-state renal net acid excretion rate (RNAE). We now investigate whether a sodium (Na) chloride (Cl) containing diet likewise induces a low-grade metabolic acidosis of severity proportional to the sodium chloride content of the diet as indexed by the steady-state Na and Cl excretion rates.

Methods: In the steady-state pre-intervention periods of our previously reported studies comprising 77 healthy subjects, we averaged in each subject 3-6 values of blood hydrogen ion concentration ([H]_b), plasma bicarbonate concentration ([HCO₃]_p), the partial pressure of carbon dioxide (PCO₂), the excretion rates of Na (UNaV), Cl (UCIV), RNAE, and renal function as measured by creatinine clearance (CrCl), and performed multivariate analyses.

Results: Dietary chloride strongly correlated positively with dietary sodium (p<0.001), and was an independent predictor of blood hydrogen ion concentration and plasma bicarbonate concentration, after adjustment for dietary net acid load, blood PCO₂ and renal function, as demonstrated in the table below:

	UCIV	RNAE	CrCl	Blood PCO ₂	β-RNAE/ β-UCIV	Intercept	R ²	p
[HCO₃]_p								
b	-0.012	-0.025						
β	-0.272	-0.459			1.7	+27.6	0.37	<0.001
p	0.007	<0.001						
b	-0.009	-0.011		+0.460				
β	-0.202	-0.203		+0.627	1.0	+7.8	0.68	<0.001
p	0.006	0.01		<0.001				
b	-0.010	-0.007	+0.024	+0.411				
β	-0.213	-0.141	+0.405	+0.718	0.7	+7.4	0.56	<0.001
p	0.03	0.17	<0.001	<0.001				
[H]_b								
b	+0.009	+0.021						
β	+0.224	+0.404			1.8	+37.2	0.28	<0.001
p	0.037	<0.001						
b	+0.011	+0.028		+0.251				
β	+0.265	+0.554		+0.368	2.1	+26.5	0.38	<0.001
p	0.009	<0.001		<0.001				
b	+0.010	+0.023	-0.027	+0.312				
β	+0.195	+0.399	-0.404	+0.484	2.0	+27.1	0.41	<0.001
p	0.089	0.001	0.002	<0.001				

b=nonstandardized regression coefficient; β=standardized regression coefficient.

Conclusion: These data provide the first evidence that, in healthy humans, the diet loads of NaCl and net acid independently predict systemic acid-base status, with increasing degrees of low-grade hyperchloremic metabolic acidosis as the loads increase. Over their respective ranges of variation, NaCl has approximately 50-100% of the acidosis-producing effect of the diet net acid load (see column 6; β-RNAE/ β-UCIV).