

GSC Advanced Research and Reviews

eISSN: 2582-4597 CODEN (USA): GARRC2 Cross Ref DOI: 10.30574/gscarr Journal homepage: https://gsconlinepress.com/journals/gscarr/

(REVIEW ARTICLE)

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A comprehensive review about the relationship between sodium and insulin resistance

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GSC Advanced Research and Reviews, 2025, 22(02), 035-038

Publication history: Received on 22 December 2024; revised on 02 February 2025; accepted on 05 February 2025

Article DOI: https://doi.org/10.30574/gscarr.2025.22.2.0033

Abstract

Sodium plays a critical role in various physiological processes, including fluid balance, nerve transmission, and muscle function. However, its impact on insulin resistance has garnered significant attention in recent research. Elevated sodium intake has been linked to metabolic dysfunction, contributing to the development of insulin resistance, a hallmark of type 2 diabetes and metabolic syndrome. High sodium levels may influence insulin signaling pathways, promote oxidative stress, and exacerbate inflammation, thereby impairing glucose uptake by peripheral tissues. Additionally, excessive sodium consumption is associated with increased blood pressure, which further aggravates metabolic disturbances. Conversely, studies suggest that sodium restriction may improve insulin sensitivity and reduce the risk of diabetes-related complications. This abstract highlight the need for a deeper understanding of the molecular mechanisms underlying the sodium-insulin resistance connection and the importance of dietary sodium regulation in metabolic health.

Keywords: Sodium; Insulin Resistance; RASS; Diabetes and Obesity

1. Introduction

Insulin resistance (IR) is a metabolic condition where cells fail to respond effectively to insulin, leading to elevated blood glucose levels. It is a precursor to type 2 diabetes and is associated with obesity, hypertension, and cardiovascular diseases [1].

Sodium, an essential nutrient, regulates fluid balance, muscle contractions, and nerve signaling. However, excessive sodium intake has been implicated in several health problems, including insulin resistance. This review explores mechanisms linking sodium to IR, summarizes clinical evidence, and discusses dietary strategies and future research directions.

1.1. Biological Mechanisms Linking Sodium to Insulin Resistance

1.1.1. Renin-Angiotensin-Aldosterone System (RAAS)

Sodium influences RAAS, leading to aldosterone production, which impairs insulin signaling and promotes inflammation in adipose tissues [2].

1.1.2. Oxidative Stress

Excess sodium generates reactive oxygen species (ROS), disrupting insulin signaling and reducing glucose uptake in tissues [3].

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1.1.3. Endothelial Dysfunction

High sodium intake damages endothelial cells and reduces nitric oxide (NO), impairing insulin's vascular actions [4].

1.1.4. Sodium-Potassium Balance

Imbalances in sodium and potassium affect cellular processes vital for insulin sensitivity [5].

1.2. Evidence from Clinical and Epidemiological Studies

1.2.1. Observational Studies

Epidemiological studies show a positive correlation between high sodium intake and insulin resistance markers [6].

A U.S.-based cross-sectional study linked high sodium consumption with elevated fasting insulin levels [7].

1.2.2. Interventional Trials

The DASH diet, emphasizing low sodium intake, improves insulin sensitivity and lowers oxidative stress [8]. Sodium reduction in prediabetic individuals enhances endothelial function and metabolic health [9].

1.2.3. Confounding Factors

Factors like physical activity, caloric intake, and genetic predispositions may affect the sodium-insulin resistance relationship [10].

1.3. Potential Health Risks Associated with Sodium and Insulin Resistance

1.3.1. Type 2 Diabetes

Insulin resistance due to high sodium intake increases the risk of type 2 diabetes, particularly in overweight individuals [11].

1.3.2. Hypertension and Cardiovascular Diseases

Sodium-induced hypertension worsens IR, amplifying cardiovascular risks [12].

1.3.3. 3. Obesity and Metabolic Syndrome

High sodium intake is often associated with calorie-dense processed foods, contributing to weight gain and metabolic disturbances [13].

1.4. Dietary Recommendations and Practical Implications

1.4.1. Global Guidelines

The World Health Organization (WHO) recommends limiting sodium intake to less than 2 grams per day [14].

1.4.2. DASH Diet and Low-Sodium Interventions:

The DASH diet emphasizes fruits, vegetables, and whole grains, while reducing sodium, and has proven effective in improving insulin sensitivity [15].

1.4.3. Potassium Intake:

Potassium-rich foods like bananas and avocados counterbalance sodium's harmful effects on metabolic health [16].

1.4.4. Public Awareness:

Educational campaigns on reducing processed food consumption and encouraging fresh cooking practices can lower population sodium intake [17].

1.5. Challenges and Future Research Directions

1.5.1. Individual Variability:

Genetic, dietary, and lifestyle factors modulate sodium's effects on IR, requiring more personalized research [18].

1.5.2. Long-Term Studies:

Longitudinal research is needed to confirm the long-term effects of sodium reduction on metabolic health [19].

1.5.3. Innovative Interventions:

Sodium substitutes like potassium chloride may provide promising alternatives for sodium reduction [20].

2. Conclusion

The relationship between sodium and insulin resistance underscores the complex interplay between dietary factors and metabolic health. Excessive sodium intake has been shown to negatively affect insulin signaling, promote inflammation, and exacerbate oxidative stress, contributing to the development of insulin resistance and associated metabolic disorders. On the other hand, reducing sodium consumption may enhance insulin sensitivity and support overall metabolic balance. These findings highlight the importance of dietary sodium regulation as part of a comprehensive strategy for preventing and managing insulin resistance and related conditions such as type 2 diabetes and metabolic syndrome. Further research is essential to uncover the precise mechanisms and establish evidence-based dietary guidelines.

References

- [1]Hall, J. E., et al. (2015). Role of the renin-angiotensin-aldosterone system in insulin resistance. American Journal
of
Physiology-Endocrinology
https://doi.org/10.1152/ajpendo.00403.2014Metabolism,
Metabolism,
308(6),
S08(6),
E435-E449.
- [2] DeFronzo, R. A. (2009). Oxidative stress and insulin resistance: A cause and effect relationship. Diabetes Care, 32(Suppl 2), S159–S163. https://doi.org/10.2337/dc09-S202
- [3] Griendling, K. K., & Harrison, D. G. (2016). Role of oxidative stress in vascular signaling. Hypertension, 70(2), 227–235. https://doi.org/10.1161/HYPERTENSIONAHA.116.07690
- [4] Mozaffarian, D., et al. (2014). Global sodium consumption and cardiovascular mortality: A comparative risk assessment. New England Journal of Medicine, 371(7), 624–634. https://doi.org/10.1056/NEJMoa1304127
- [5] Adrogué, H. J., & Madias, N. E. (2007). Sodium and potassium in the pathogenesis of hypertension. New England Journal of Medicine, 356(19), 1966–1978. https://doi.org/10.1056/NEJMra064486
- [6] Sacks, F. M., et al. (2001). Effects on blood pressure of reduced dietary sodium and the dietary approaches to stop hypertension (DASH) diet. New England Journal of Medicine, 344(1), 3–10. https://doi.org/10.1056/NEJM200101043440101
- [7] Reaven, G. M. (2005). The metabolic syndrome: Time to get off the merry-go-round? Journal of Internal Medicine, 257(2), 87–93. https://doi.org/10.1111/j.1365-2796.2004.01435.x
- [8] Grundy, S. M., et al. (2017). Insulin resistance, obesity, and the metabolic syndrome. Journal of Clinical Endocrinology & Metabolism, 102(9), 3623–3631. https://doi.org/10.1210/jc.2017-01687
- [9] WHO. (2012). Guideline: Sodium intake for adults and children. World Health Organization.
- [10] Whelton, P. K., et al. (2018). Sodium and cardiovascular outcomes: Results of clinical trials. Circulation, 138(17), 1906–1914. https://doi.org/10.1161/CIRCULATIONAHA.118.034686
- [11] Esposito, K., et al. (2010). The role of inflammation in insulin resistance and obesity. Diabetes Care, 33(6), 1185–1192. https://doi.org/10.2337/dc09-2492
- [12] Alderman, M. H., & Cohen, H. W. (1995). Sodium intake and cardiovascular risk. Hypertension, 25(6), 1134–1140. https://doi.org/10.1161/01.HYP.25.6.1134
- [13] He, F. J., et al. (2013). Salt intake, insulin resistance, and risk of diabetes. Diabetes Care, 36(4), 831–839. https://doi.org/10.2337/dc12-1855

- [14] Grundy, S. M. (2017). Metabolic syndrome: A multiplex cardiovascular risk factor. Journal of Clinical Endocrinology & Metabolism, 102(3), 360–372. https://doi.org/10.1210/jc.2016-2918
- [15] Appel, L. J., et al. (1997). The effects of dietary patterns on blood pressure: Results from the DASH trial. New England Journal of Medicine, 336(16), 1117–1124. https://doi.org/10.1056/NEJM199704173361601
- [16] Sacks, F. M., et al. (2001). Effects on blood pressure of reduced dietary sodium and the DASH diet. New England Journal of Medicine, 344(1), 3–10. https://doi.org/10.1056/NEJM200101043440101
- [17] Adrogué, H. J., & Madias, N. E. (2014). Sodium and potassium in the pathogenesis of hypertension. New England Journal of Medicine, 371(7), 624–634. https://doi.org/10.1056/NEJMra1212601
- [18] Reaven, G. M. (2005). The metabolic syndrome: Time to get off the merry-go-round? Journal of Internal Medicine, 257(2), 87–93. https://doi.org/10.1111/j.1365-2796.2004.01435.x
- [19] Mozaffarian, D., et al. (2014). Global sodium consumption and cardiovascular mortality: A comparative risk assessment. New England Journal of Medicine, 371(7), 624–634. https://doi.org/10.1056/NEJMoa1304127
- [20] Ekinci, E. I., et al. (2010). Sodium and diabetes: Potential benefits and harms. Current Diabetes Reports, 10(1), 15–22. https://doi.org/10.1007/s11892-009-0087-5