Heart Disease and Stroke. You're the Cure.

American Heart Association. | American Stroke Association.
Learn and Live.

FACTS
An Ounce of Prevention

OVERVIEW

The bad news: Cardiovascular disease (CVD), including coronary heart disease (CHD) and stroke, is still the No. 1 killer in the United States.[1] Over 860,000 Americans died from CVD in 2005.[2] The good news: Most people can dramatically reduce their risk of CVD by making a few simple changes in their daily lives and receiving early diagnosis and treatment. In fact, people age 50 and over can potentially add eight to eleven years to their lives by addressing five key risk factors.[3]

Modifiable Risk Factors for Cardiovascular Disease (CVD):

- ♥ Smoking
- ♥ Overweight or Obesity
- ♥ Physical Inactivity
- ♥ High Blood Pressure
- ♥ Elevated Blood Cholesterol
- ♥ (Type 2) Diabetes

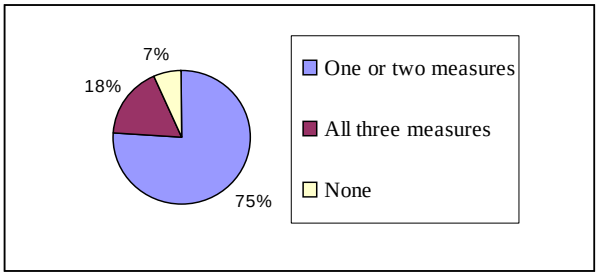
MODIFYING THE RISK FACTORS

Recent studies support the link between modifying risk factors and reducing CVD.

- Women who maintained a desirable body weight, consumed a healthy diet, exercised regularly, did not smoke, and consumed a moderate amount of alcohol had 82% fewer heart attacks and strokes than women who did not do these things.[4]
- Only 18% of U.S. adults follow the three most important measures recommended by the American Heart Association for CVD prevention: not smoking, maintaining a healthy body weight, and exercising at a moderate-vigorous intensity for at least 30 minutes, five days per week.[5] However, 93% stick to at least one.[5]
- Approximately 44% of the decline in U.S. age-adjusted death rates from CHD from 1980 to 2000 can be attributed to changes in risk factors, including reductions in total blood cholesterol, systolic blood pressure, smoking prevalence, and physical inactivity, although these reductions were partially offset by increases in body mass index (BMI) and diabetes prevalence, which increased the number of deaths.[6]

Percentage of U.S. Population Practicing Heart Disease Prevention Measures*, 2004

Source: Agency for Healthcare Research and Quality, 2007



*Measures include not smoking, maintaining a normal body weight, and exercising moderately at least three times per week.

Killer Tobacco

- Cigarette smokers are two to four times more likely to develop CHD than non-smokers[1], but quitting smoking substantially reduces CHD risk after one or two years.[7] About 152,000 people die from CVD caused by tobacco use each year.[1]
- The percentage of high school students who smoke decreased by almost 25% from 1980-2005.[1] Still 3,900 children age 12-17 try a cigarette for the first time and 1,500 get hooked each day. An estimated 6.4 million of them can be expected to die prematurely as a result.[8]
- Secondhand smoke also raises CVD risk. Tens of thousands of nonsmokers die each year from CVD caused by exposure to tobacco smoke.[9]

Overweight and Obesity

- We face an obesity epidemic. In 2005, an estimated 142 million U.S. adults were overweight, of which 67.3 million were obese.[1] More alarming, the prevalence of overweight children age 6-11 has increased more than 4-fold from 1971-1974 to 2001-2004[1]

American Heart Association • Advocacy Department • 1150 Connecticut Ave. NW • Suite 300 • Washington, DC 20036
Phone: (202) 785-7900 • Fax: (202) 785-7950 • www. yourethecure.org

- Overweight and obesity independently increase CVD risk.[10] Framingham Heart Study researchers found that obese individuals had about twice the risk of heart failure as people of normal weight.[11]
- Obesity and its associated diseases are also costly. The number of obese Medicare recipients nearly doubled between 1987 and 2002 and the cost of treating them almost tripled, totaling nearly 25% of total spending.[12]

Physical Inactivity

- A sedentary lifestyle contributes to CHD risk comparable to the effect observed for high cholesterol, high blood pressure, or smoking. However, moderate-intensity physical activity, such as walking, is associated with a substantial reduction in risk of total and ischemic stroke[1] Still, only 31% of U.S. adults engage in regular leisure-time physical activity.[1]
- Enrollment in daily high school PE classes fell from 41.6% to 28.4% between 1991 and 2003.[13]
- It is estimated that $5.6 billion in heart disease costs could be saved if 10% of Americans began a regular walking program.[14]

Elevated Blood Cholesterol

- In 2005, 48% of American adults had unhealthy total cholesterol levels of 200 mg/dL or higher.[1]
- A 10% decrease in total blood cholesterol levels population-wide may result in an estimated 30% reduction in the incidence of CHD.[1]
- However, less than half of those who qualify for cholesterol lowering treatment receive it.[1]

High Blood Pressure

- Uncontrolled high blood pressure can contribute to CVD, CHD, kidney failure, and death.[1]
- One in three U.S. adults has high blood pressure, but 39% of them are not receiving treatment to reduce these risks.[1]
- While half of patients taking one drug for high blood pressure achieve goal blood pressure regardless of the drug used, combination therapy (combinations of two or three drugs) achieves goal blood pressure in 80-90% of patients.[15]

Type 2 Diabetes

- At least 65% of people with Type 2 diabetes die from some form of heart disease or stroke.[1]
- An estimated 21.1 million Americans have diabetes and about 30% of them are unaware of their condition. Diabetes disproportionately affects Hispanics, non-Hispanic blacks, Native Americans and Alaskan Natives.[1]
- Physical activity, healthy eating, and medications, if needed, can help control blood sugar levels.[16]

AHA Action Plan for CVD Prevention

- Increase funding for CVD research to increase knowledge of CVD treatment and prevention through the National Institutes of Health.
- Increase funding for the CDC's Division for Heart Disease and Stroke Prevention, which enables states to develop and implement prevention programs tailored to their needs.
- Promote early detection and treatment of CVD through preventative screenings, including the "Welcome to Medicare" visit for new Medicare Part B beneficiaries and CVD screenings.
- Promote regular physical activity, physical education, and nutritional standards in schools to increase fitness, reduce childhood obesity, and promote overall wellness.
- Reduce ethnic and gender disparities in the diagnosis and treatment of CVD.
- Pass the Family Smoking Prevention and Tobacco Control Act of 2007 (S.625/H.R.1108), which would authorize the Food and Drug Administration to regulate tobacco products.

References

1.American Heart Association, *Heart Disease and Stroke Statistics— 2008 Update.* Dallas, Texas: American Heart Association; 2008.
2. Kung HC, Hoyert DL, Xu JQ, Murphy SL. Deaths: Final data for 2005. National vital statistics reports; 56(10). Hyattsville, MD: National Center for Health Statistics. 2008.
3. Lloyd-Jones DM, Leip EP, Larson MG, et. al. Prediction of lifetime risk for cardiovascular disease by risk factor burden at 50 years of age. *Circulation* 2006; 113:791-798.
4.Stampfer MJ, Hu FB, et. al. Primary prevention of coronary heart disease in women through diet and lifestyle. *N Engl J Med.* 2000; 343: 16-22.
5. Soni A. Personal Health Behaviors for Heart Disease Prevention among the U.S. Adult Civilian Noninstitutionalized Population, 2004. Statistical Brief #165, March 2007. Agency for Healthcare Research and Quality.
6.Ford E, Ajani U, Croft J, et al. Explaining the decrease in US deaths from coronary heart disease, 1980-2000. *New Engl J Med* 2007;356:2388-2398.
7. CDC "[Smoking] Cessation" fact sheet, November 2006. Available at: http://www.cdc.gov/tobacco/data_statistics/Factsheets/cessation2.htm.
8. Healthy Youth! Health Topics: Tobacco Use. Available at www.cdc.gov/HealthyYouth/tobacco/. Last reviewed November 7, 2007.
9. Dept of Health & Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Available at www.surgeongeneral.gov/library/secondhandsmoke. June 2006.
10. Rogers, BP et al., Being overweight may independently increase risk for heart disease events. *Arch Intern Med*. 2007;167(16)1720-1728
11. Kenchaiah S, Evans JC, Levy D, et. al. Obesity and the risk of heart failure. *New Engl J Med* 2002; 347 (5): 305-313.
12. Thorpe KE. Howard DH. The rise in spending among medicare beneficiaries: the role of chronic disease prevalence and changes in treatment intensity. *Health Affairs.* Sept/Oct 2006; 25(5):w378-w388.
13. Pate RR, Davis MG et.al. Physical Activity Promotion in Children and Youth. *Circulation* 2006:114:1214-1224.
14. U.S. Department of Health and Human Services. *Preventing Chronic Diseases: Investing Wisely in Health: Preventing Obesity and Chronic Diseases Through Good Nutrition and Physical Activity.* National Center for Chronic Disease Prevention and Health Promotion, 2005.
15.Kanavos P, Ostergren J, Weber M. *High blood pressure and health policy: where we are and where we need to go next.* Ruder Finn, Inc. 2007.
16. American Association of Clinical Endocrinologists. About type 2 diabetes. State of Diabetes Complications in America. Available at: http://www.stateofdiabetes.com/about_type_2.html. Accessed July 2, 2007.