

More Information on Heart Disease Risk Factors

Gender

There are many similarities between men and women when it comes to heart disease. First, cardiovascular disease is the leading cause of death for both men and women in the United States and accounts for more deaths than the next four causes combined (cancer, accidents, diabetes, and chronic lower respiratory disease). Additionally, heart disease is preventable for both genders.

However, it is important to be aware of some key differences between men and women when it comes to heart disease. One difference is that women tend to experience cardiovascular events about 10 years later in life than men.¹ Because women have heart attacks at older ages than men, they are more likely to die from them.² Heart attack symptoms can also be different for women than men. Chest pressure is common for both genders, but women may experience atypical symptoms such as shortness of breath, jaw pain, headaches, nausea, fatigue, and stomach upset. As a result, women often don't realize they are having a heart attack or are not diagnosed properly at the hospital.³

Therefore, it is important for you to understand all heart attack symptoms and not to delay seeking medical attention if you suspect you are having a heart attack.

Age

With each year that you age, your risk of heart disease increases. This is largely due to the fact that as we age our arteries become thicker and stiffer and that the incidences of certain heart disease risk factors, such as high blood pressure, increases as well.

However, people younger than 50 years old also can be at an elevated risk of heart disease if they have one or more risk factors: family history, smoking, obesity, or high blood pressure.⁴

Some statistics related to age:

- The average age of a man's first heart attack is 64.5 while a woman's is 70.3⁵
- About 82 percent of people who die of coronary heart disease are age 65 or older⁵
- 12.9% of the US population between the ages of 40 – 59 has CHD²

Race

Heart disease is the leading cause of death for African Americans accounting for 33% of all deaths.⁶ Additionally, blacks are 1.5 times more likely to die from heart disease than whites.⁷ This is largely due to the fact that African Americans are more likely to develop



one or more heart disease risk factors, such as high blood pressure and obesity, in their lifetime. For example, 40% of adult non-Hispanic blacks have high blood pressure and 63% of adult non-Hispanic black men are overweight or obese.

Hispanics, in general, are 10% less likely to have coronary heart disease than non-Hispanic white adults and less likely to have high blood pressure than non-Hispanic blacks.

Asian adults are less likely to be diagnosed with any type of heart disease than white adults as well as less likely to have high blood pressure than blacks.²³

Family History Of Heart Disease

If anyone in your immediate family (siblings or parents) has had heart disease, you have a higher risk than if the heart disease was in more distant relatives (grandparents or cousins).⁸ Depending on which family member has had heart disease and the type of disease they have had, your risk could increase between 2 and 9 times.

Your current risk is not fully dependent on your family's history of heart disease. Lifestyle as well as genes could have played a role in your family member's development of heart disease. If he or she had a heart attack due to controllable risk factors such as poor diet or smoking, your risk could be different if you live a healthy lifestyle.⁹

High Blood Pressure

High blood pressure increases the heart's workload, causing the heart to enlarge and weaken over time. It is often known as the "silent killer" because it has no symptoms and is a leading risk factor for heart attacks and stroke. Around 69% of first time heart attack victims have blood pressure higher than 140/90 mm Hg¹⁰. Reducing your blood pressure by 12-13 points over 4 years can reduce your risk for coronary heart disease by 21%. Overall, it will reduce your risk of death from cardiovascular disease by 13%.¹¹

Smoking

Smoking increases blood pressure, hardens the arteries, and increases the tendency for blood to clot, increasing your risk for a heart attack or stroke.¹² Therefore, smokers are two to four times more likely to develop coronary heart disease and are two to three times more likely to die from it than non-smokers.¹³

Smoking is the single greatest preventable cause of premature death in the United States. So, if you smoke now, quit! Within two years of quitting, the risk of coronary heart disease is substantially reduced¹⁴, and over time, the risk returns to that of a non-smoker.¹⁵

If you don't smoke now, don't start and reduce your exposure to secondhand smoke as much as possible. Nonsmokers exposed to secondhand smoke increase their risk of heart disease by 25-30%.¹⁶



Physical Inactivity

People who don't exercise regularly are 1.5 times more at risk for developing heart disease, so exercise is an important part of a heart healthy lifestyle. It can help lower your blood pressure, manage diabetes, control your weight and increase your HDL (good) cholesterol levels. For maximum health benefit, you should perform moderate to vigorous intensity aerobic activity for 30 minute on most days of the week. But, benefits can also be realized by participating in lower intensity activities like walking, gardening, and recreational sports.¹⁷

Diabetes

Diabetes can cause the blood vessels to narrow or clog and seriously increase your risk of suffering heart attack. Even when glucose levels are under control, diabetes increases the risk of heart attack or stroke by at least double.¹⁸ In fact, around 65% of deaths among people with diabetes are contributed to heart disease or stroke.¹⁹

If you have diabetes, it's critically important for you to monitor and control your other risk factors for heart disease. Improving your diet, losing weight, quitting smoking, exercising and medications can make a big difference.

Previous Heart Attack or Ischemic Stroke

Stroke and heart disease share many of the same risk factors such as high cholesterol, smoking, high blood pressure, and physical inactivity. If you previously experienced either a heart attack or a stroke, the American Heart Association recommends taking the following steps you can take to reduce your risk of a recurrent event.²⁰

- Have your fasting lipid profile checked by your doctor.
- Ask your doctor what physical activity you can do.
- Learn your ideal weight.
- Have your blood pressure checked regularly.
- See your doctor regularly and ask questions to get involved in your health
- Ask your doctor if you should take an aspirin regimen. Aspirin has been proven to reduce the risk of second heart attack by 30%.

High Cholesterol

When there is too much cholesterol in your blood it builds up inside the walls of your arteries, causing them to harden. This restricts the flow of blood and oxygen to the heart. If not enough blood and oxygen can reach your heart, you may suffer chest pain. If blood is completely blocked from flowing to a portion of the heart, the result is a heart attack.²¹



Alternatively, if part of the buildup ruptures, it can cause a clot, leading to a heart attack or stroke.

If you have cholesterol over 200 mg/dL, you are at increased risk for heart disease. 45% of all adults in the US are at or above this level. If you are at 240 mg/dL your risk of a heart attack doubles.²⁴ Therefore, it is important for you to have your cholesterol checked regularly by your doctor and take steps like diet and exercise to get your cholesterol within healthy ranges.

Total Cholesterol	Measure
Less than 200	Desirable
200-239	Borderline high
240 and above	High

Low HDL Cholesterol

HDL (good) cholesterol helps prevent the cholesterol from sticking to your arteries and helps your body carry cholesterol into the liver, where it is passed out of the body. Therefore, the higher your HDL levels, the better. If your HDL is less than 40 mg/dL, you are at high risk for developing heart disease. HDL levels higher than 60 mg/dL are generally associated with a decreased risk of heart disease.²² You can increase your HDL levels by managing your weight, physical activity and diet.

BMI and Waist Circumference

BMI is a commonly used measure of your relative height and weight to help determine your risk of obesity-related diseases. Being overweight or obese is a strong independent risk factor for heart disease. However, for athletes and older adults, the BMI measurement is not as reliable.

Your waist circumference is a good indicator of your abdominal fat which is another predictor for developing risk factors for heart disease. Incidences of risk factors are more likely for waist measurements of over 101 centimeters for men and over 89 centimeters for women.²⁵

To fully understand your risk, you should evaluate your BMI and waist circumference together. The chart below provides which combinations are associated with increased risk for obesity related diseases, like heart disease.



Surprisingly versatile

Disease Risk* Relative to Normal Weight and Waist Circumference

	BMI (kg/m ²)	Men (101cm or less) Women (89cm or less)	Men (> 101cm) Women (> 89cm)
Underweight	<18.5		
Normal	18.5 – 24.9		
Overweight	25.0 – 29.9	Increased	High
Obesity	30.0 – 34.9	High	Very High
	35.5 – 39.9	Very High	Very High
Extreme Obesity	40.0+	Extremely High	Extremely High

* Disease risk for Type 2 diabetes, hypertension, and CVD

You can manage your weight through diet and exercise. Even a modest decrease in weight can reduce your risk for heart disease. Talk to your doctor before beginning any type of weight loss or physical activity program.

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