



CHRONIC DISEASE BURDEN UPDATE

■ This update highlights national awareness campaigns, risk factors and the burden of cardiovascular disease.

Heart disease is one of the leading causes of death in the United States and in Illinois and the most common cardiovascular disease. High blood pressure and high cholesterol levels put individuals at a greater risk for developing heart disease. Heart disease is one of the most prevalent, costly and preventable of all chronic health problems. Leading a healthy lifestyle (avoiding tobacco use, being physically active and eating well) and, in some cases, taking prescribed medication greatly reduces the risk for developing heart disease.

WORLD HEART DAY

World Heart Day 2013 aims to promote preventative measures that can be taken to lower the risk of cardiovascular disease. The activities this year include public talks, concerts, fun runs and sporting events. The World Heart Federation recognizes unhealthy diet, physical inactivity and tobacco use as the main risk factors for cardiovascular disease and at least 80 percent of premature deaths from heart disease can be avoided if the risk factors are controlled.



Source: World Heart Federation. <http://www.world-heart-federation.org/what-we-do/awareness/world-heart-day/>

MILLION HEARTS

Million Hearts is a national initiative to prevent 1 million heart attacks and strokes over the next five years by:



- Improving access to effective care
- Improving the quality of care
- Focusing more clinical attention on heart attack and stroke prevention
- Increasing public awareness of how to lead a heart-healthy lifestyle
- Increasing the consistent use of high blood pressure and cholesterol medications

Million hearts strives to make meaningful progress toward prevention and control of high blood pressure.

Source: Million Heart Initiative. <http://millionhearts.hhs.gov/aboutmh/overview.html>

RISK FACTORS OF CARDIOVASCULAR DISEASE

While all are at risk for heart disease, some individuals are at higher risk than others. Some conditions, as well as some lifestyle factors, can put people at a higher risk for developing heart disease. Individuals can take steps to lower their risk of heart disease and heart attack by addressing modifiable risk factors. Heart disease risk factors include:

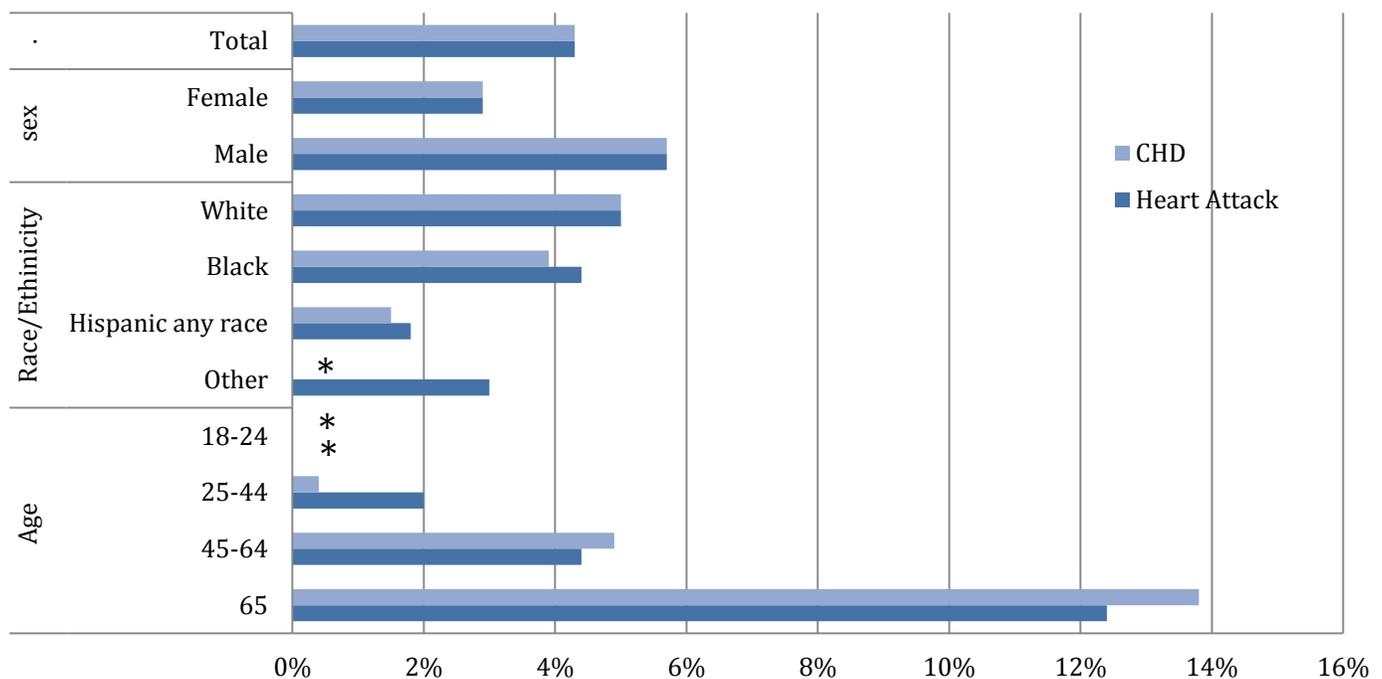
- **High Blood Cholesterol Level:** Cholesterol (Low Density Lipoprotein – LDL) is needed in the body, but when there is too much, it is deposited in arteries.

- **High Blood Pressure:** Lowering blood pressure by lifestyle changes or by medication can reduce the risk of cardiovascular disease.
- **Diabetes:** For people with diabetes, it is important to work with a health care provider to help in managing it and controlling other risk factors.
- **Tobacco Use:** Tobacco use raises blood pressure and reduces the amount of oxygen blood can carry. Exposure to second hand smoke can increase the risk of heart disease, even for nonsmokers.
- **Diet:** Several aspects of peoples’ dietary patterns have been linked to heart disease, including diets high in saturated fats, sodium and cholesterol.
- **Physical Inactivity:** Sedentary lifestyle is related to the development of heart disease. Regular physical activity can improve risk factor levels.
- **Obesity:** Obesity has been linked to high blood pressure and diabetes.
- **Alcohol:** Excess alcohol consumption causes an increase in blood pressure.
- **Heart Disease Heredity:** Genetic factors may play some role in high blood pressure and cardiovascular conditions. The risk for heart disease can increase when heredity is combined with unhealthy lifestyle choices, such as excessive alcohol intake, smoking tobacco and poor diet.

EVER HAD HEART ATTACK (MAYOCARDIAL INFARCTION) OR CORONARY HEART DISEASE

According to the 2012 Illinois Behavioral Risk Factor Surveillance System, more males had heart attacks and coronary heart disease compared to women, and the rate is higher among whites than other races. Heart attacks and coronary heart disease are more prevalent among individuals 65 years of age and above than any other age group.

Percentage by Age, Sex, Race or Ethnicity of Adults Ever Diagnosed with Heart Attack and Coronary Heart Disease in Illinois, 2012

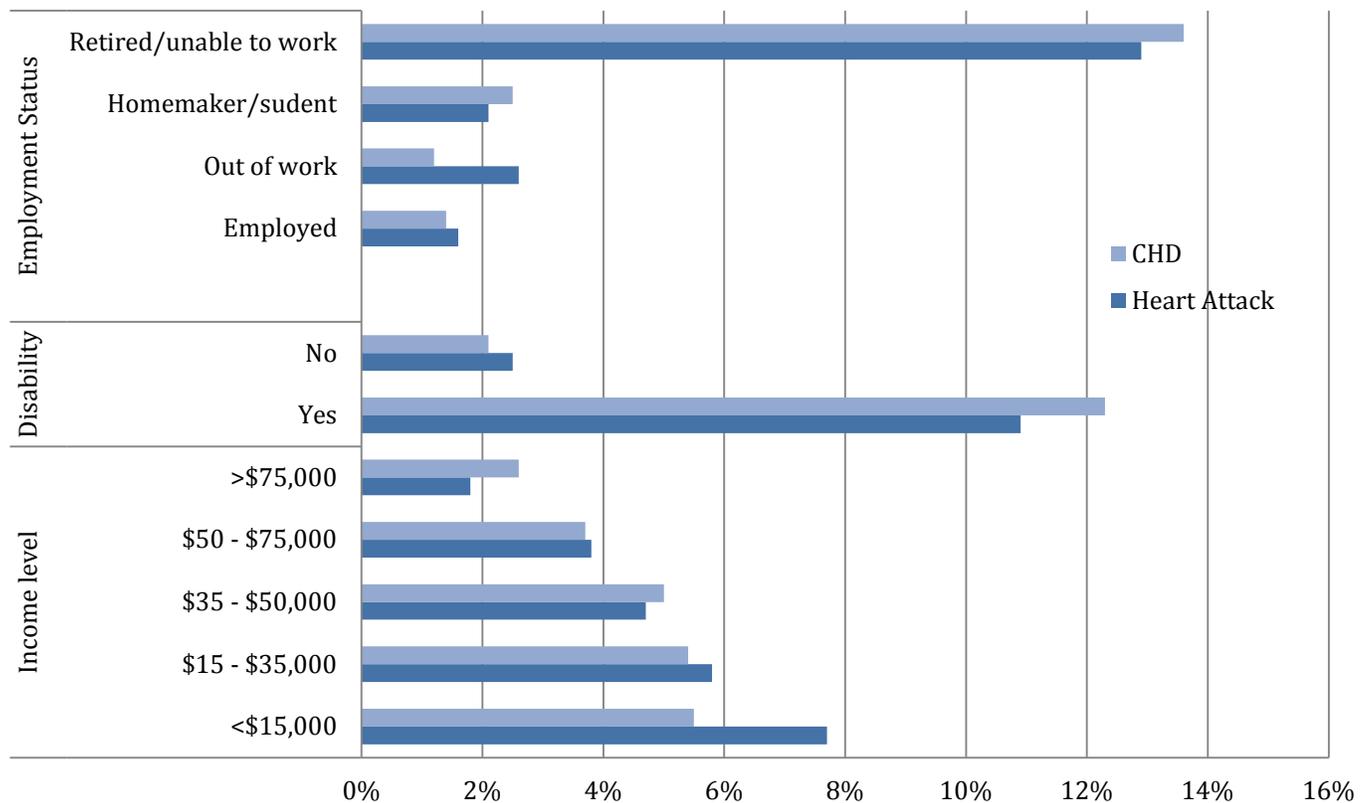


Source: Behavioral Risk Factor Surveillance System, 2012

* Percentage does not meet standards of reliability

Heart attack and coronary heart disease are more prevalent among those who are retired or unable to work, which is expected given the high prevalence of the conditions in the older population. About 11 percent of people with a disability had a heart attack compared to three percent of people without a disability who had a heart attack and there is a similar disparity for coronary heart disease. Men and women of all economic backgrounds are at risk for heart attack and coronary heart disease, however, individuals with low income are more prevalent to be diagnosed of heart attack and coronary heart disease than high income peers. Generally, the higher the income, the lower the prevalence.

Percentage by Income Level, Disability and Employment Status of Adults Ever Diagnosed with Heart Attack and Coronary Heart Disease in Illinois, 2012



Source: Behavioral Risk Factor Surveillance System, 2012

SODIUM REDUCTION

High sodium intake increases blood pressure, which may lead to hypertension (high blood pressure), and other more serious problems, such as heart disease. Federal dietary guidelines recommend consuming no more than 2,300 milligrams of sodium daily (1,500 milligrams for people at risk for high blood pressure), but most Americans consume almost 3,400 milligrams each day. Reducing sodium intake can lower chances of these complications.

A Morbidity and Mortality Weekly Report (February 10, 2012) found more than 70 percent of sodium consumed in 10 food categories comes from food obtained at a retail store and mean sodium consumption per calorie consumed was significantly greater for foods and beverages obtained from fast food/pizza or other restaurants versus stores. Selecting processed foods lower in sodium is recommended at an individual level. On a population-based level, policies to reduce sodium in foods served in institutional settings (e.g., hospital cafeterias, worksites, restaurants) are recommended.