

2020 Heart Disease & Stroke Statistical Update Fact Sheet Females & Cardiovascular Diseases*

Cardiovascular Disease (CVD) (ICD-9 390 to 459; ICD/10 100 to 199)

- Among females age 20 and older between 2013 and 2016, 44.7% had some form of cardiovascular disease.
- Among females age 20 and older between 2013 and 2016, 43.4% of non-Hispanic (NH) whites had CVD; 57.1% of NH blacks, 42.6% of Hispanics, and 37.2% of NH Asians.
- In 2017, CVD was the cause of death in 418,665 females (all ages). Females represented 48.7% of deaths from CVD.
- In 2017, CVD was the disease with the highest percent of total deaths for all subgroups of females; 30.3% of all NH white female deaths, 32.6% of NH black female deaths, 28.5% of Hispanic female deaths, and 31.8% of NH Asian female deaths.
- In 2016, CVD was the first listed diagnosis of 2.2 million females discharged from short-stay hospitals.
- In 2014, 25.3% of bypass and 32.3% of percutaneous coronary intervention patients were female.

Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 I20 to I25, includes MI ICD-10 I21 to I22)

- Using data from 2013-2016, about 8.8 million females alive had CHD. Of these, 3.3 million had a history of myocardial infarction (MI, or heart attack).
- Using 2013 to 2016 data, among females age 20 and older, 2.2% of NH whites had a previous MI; 2.2% of NH blacks, 2.0% of Hispanics, and 1.0% of NH Asians.
- Based on data from 2005 to 2014, each year new and recurrent MI and fatal CHD will impact an estimated 445,000 females, age 35 and older.
- Between 2013 and 2016, the prevalence of CHD in females was 6.2% and 7.4% in males. Based on data from 2005 to 2014, the average age at first MI was 72.0 years for females and 65.6 years for males.
- In 2017,152,619 females died from CHD; 45,910 from MI.
- Based on data from 1995 to 2012, 23% of females age 45 and older who had an initial recognized MI (heart attack) died within a year compared with 18% of males. However, within 5 years after a first MI, 36% of males and 47% of females died. Females have heart attacks at older ages than males do and they're more likely to die from them within a few weeks.
- 381,000 females diagnosed with CHD were discharged from short-stay hospitals in 2016.

Stroke (ICD-9 430 to 438; ICD-10 160 to 169)

- Using data from 2013 to 2016, an estimated 3.8 million female vs. 3.2 million male stroke survivors, age 20 and older, were alive.
- Using data from 2013 to 2016, among females age 20 and older, 2.5% of NH whites had a previous stroke; 3.8% of NH blacks; 2.2% of Hispanics; and 1.6% of NH Asians.
- The highest rates for stroke are in the oldest age groups.
- In 2017, stroke caused the deaths of 84,738 females (57.9% of total stroke deaths).
- In 2016, 436,000 females were discharged from short-stay hospitals after having a stroke.

^{*} Due to inconsistencies in reporting, some statistics may be unreliable. Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States.

High Blood Pressure (HBP) (ICD-9 401 to 404; ICD-10 I10 to I15)

- In 2013 to 2016, a higher percentage of males than females had hypertension up to 64 years of age. For individuals age 65 and older, the percentage of females with hypertension was higher than for males.
- Among females age 20 and older in 2013 to 2016, the following had HBP: 41.3% of NH whites; 56.0% of NH blacks; 40.8% of Hispanics; and 36.4% of NH Asians.
- Of females with HBP between 2013 and 2016, only 29.4% of NH whites had their BP under control; 26.5 of NH blacks; 27.5% of Hispanics, and 16.3% NH Asians.
- In 2017, 46,971 females died from HBP. They represented 52.1% of deaths from HBP.
- 240,000 females diagnosed with HBP were discharged from short-stay hospitals in 2016.

Heart Failure (HF) (ICD-9 428; ICD-10 150))

- According to 2013 to 2016 data, about 3.2 million adult females have HF. In 2014, about 505,000 new cases were diagnosed in females 55 years of age and older.
- Among females age 20 and older, 1.9% of NH whites have HF; 3.9% of NH blacks, 2.1% of Hispanics, and 0.7% of NH Asians.
- In 2017, there were 43,656 female deaths from HF (54.2% of HF deaths).
- 394,000 females diagnosed with HF were discharged from short-stay hospitals in 2016.

Cardiovascular Health

 Based on 2015 to 216 data, the prevalence of meeting ≥5 (of 7 possible) metrics at ideal levels of cardiovascular health was higher in females than males. However, the prevalence of meeting ≥5 metrics at ideal levels was lower in adolescent females than males.

Smoking

- According to 2017 data, lifetime use of tobacco products was lower in females than males (12.7% vs 17.0%).
- Among adults age 18 years and older in 2017, 12.2% of females and 15.8% of males were current smokers.
- Among females who gave birth in 2016, 7.2% smoked cigarettes during pregnancy. Rates were highest for pregnant females under 30 years of age and among NH American Indians and Alaska Natives at all ages.
- Worldwide, in 2017, tobacco smoke caused 1.9 million female deaths.

High Blood Cholesterol and Other Lipids

- According to 2013 to 2016 data, among children 6 to 11 years of age, the mean total cholesterol level was 157.8mg/dL; 157.9 mg/dL for boys and 157.7 mg/dL for girls.
- According to 2013 to 2016 data, among adolescents 12 to 19 years of age, the mean total cholesterol level was 154.4 mg/dL; 151.6 mg/dL for males and 157.5 mg/dL for females.
- Among adults age 20 and older in 2013 to 2016:
 - o 35.4% of males and 40.4% of females had total cholesterol levels of 200 mg/dL or higher.
 - o 10.7% of males and 12.4% of females had total cholesterol levels of 240 mg/dL or higher.
 - 30.1% of males and 27.6% of females had low-density lipoprotein (LDL) cholesterol of 130 mg/dL or higher.
 - 29.0% of males and 9.9% of females had high-density lipoprotein (HDL) cholesterol less than 40 mg/dL.

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Physical Inactivity

- In 2017, high school aged girls were more likely than boys to report inactivity in the past week (19.5% versus 11.0%).
- According to 2017 data, almost double the percentage of high school-aged boys (35.3%) than
 girls (17.5%) reported having been physically active ≥60 min/d on all 7 days. Only 28.8% of adult
 males and 20.1% of females met the 2018 Federal Physical Activity Guidelines for both aerobic
 and strengthening PA in 2016.

Overweight and Obesity

Using data from 2013 to 2016:

- An estimated 34.3% of girls age 2 to 19 are overweight or obese; 28.5% NH whites, 42.2% NH blacks, 19.2% NH Asian, and 43.8% Hispanics.
- Of all girls, 17.5% are obese; 14.1% of NH whites, 23.0% of NH blacks, 7.4% of NH Asian, and 22.9% of Hispanics.
- An estimated 66.9% of females age 20 and older are overweight or obese; 64.3% of NH whites, 79.5% of NH blacks, 36.3% of NH Asians, and 77.8% of Hispanics.
- Of all adult females, 38.3% are obese; 35.5% of NH whites, 56.9% of NH blacks, 11.9% of NH Asians, and 45.7% of Hispanics.

Diabetes Mellitus (ICD-9 250; ICD-10 E10 to E14)

- Based on 2013-2016 data, of the estimated 26.0 million American adults with physiciandiagnosed DM, about 12.3 million were females; 7.3% of NH white females, 13.4% of NH black females, 14.1% of Hispanic females and 9.9% of NH Asian females.
- Based on 2013 to 2016 data, of the estimated 9.4 million Americans with undiagnosed DM, about 3.9 million were females; 2.6% of NH white females, 3.3% of NH black females, 4.0% of Hispanic females, and 2.1% of NH Asian females.
- Based on 2013 to 2016 data, of the estimated 91.8 million Americans with prediabetes, about 40.1 million were females; 32.2% of NH white females; 24.0% of NH black females, 31.7% of Hispanic females, and 29.4% of NH Asian females.
- In 2017, DM caused the deaths of 37,262 females.
- 261,000 females diagnosed with DM were discharged from short-stay hospitals in 2016.
- Among national health survey participants enrolled in 2000 to 2009, followed up through 2011, and diagnosed with DM, females had 1.69 times higher risk of death from all causes and males had 1.56 times higher risk.

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For additional information, charts and tables, see Heart Disease & Stroke Statistics – 2020 Update

Additional charts may be downloaded directly from the online publication or www.heart.org/statistics

Many statistics in this Fact Sheet come from unpublished tabulations compiled for this document and can be cited using the document citation listed below. The data sources used for the tabulations are listed in the full document. Additionally, some statistics come from published studies. If you are citing any of the statistics in this factsheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

The American Heart Association requests that this document be cited as follows:

Virani SS, Alonso A, Benjamin EJ, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Chang AR, Cheng S, Delling FN, Djousse L, Elkind MSV, Ferguson JF, Fornage M, Khan SS, Kissela BM, Knutson KL, Kwan TW, Lackland DT, Lewis TT, Lichtman JH, Longenecker CT, Loop MS, Lutsey PL, Martin SS, Matsushita K, Moran AE, Mussolino ME, Perak AM, Rosamond WD, Roth GA, Sampson UKA, Satou GM, Schroeder EB, Shah SH, Shay CM, Spartano NL, Stokes A, Tirschwell DL, VanWagner LB, Tsao CW; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2020 update: a report from the American Heart Association. *Circulation*. 2020;141:e1–e458. doi: 10.1161/CIR.00000000000000757

If you have questions about statistics or any points made in the 2020 Statistical Update, please contact the American Heart Association National Center, Office of Science & Medicine at statistics@heart.org. Please direct all media inquiries to News Media Relations at http://newsroom.heart.org/newsmedia/contacts.

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