American
Heart Association.

# 2022 Heart Disease \& Stroke Statistical Update Fact Sheet Males \& Cardiovascular Diseases* 

## Cardiovascular Disease (CVD) (ICD-9 390 to 459; ICD-10 I00 to I99)

- According to 2015 to 2018 data, $54.1 \%$ of males 20 years of age and older had some form of CVD, compared with $44.4 \%$ of females.
- According to 2015 to 2018 data, of males 20 years of age and older, $60.1 \%$ of non-Hispanic (NH) Black males, $53.6 \%$ of NH White males, $52.3 \%$ of Hispanic males, and $52.0 \%$ of NH Asian males had some form of CVD.
- In 2019, CVD caused the deaths of 453,801 males. Males represented $51.9 \%$ of deaths from CVD.
- In 2019, CVD was the disease with the highest percent of total deaths for all subgroups of males; $31.0 \%$ of all NH White male deaths, $31.7 \%$ of NH Black male deaths, $27.1 \%$ of Hispanic male deaths, and $32.5 \%$ of NH Asian male deaths.
- In 2014, 74.4\% of bypass and 67.7\% of percutaneous coronary intervention (PCI) patients were male.
- Of the heart transplant recipients in $2020,71.6 \%$ were male.

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

- According to data from 2015 to 2018 , about 11.0 million males ( $8.3 \%$ of male adults) 20 years of age and older had CHD; 5.8 million males ( $4.3 \%$ of male adults) had a history of myocardial infarction (MI, or heart attack).
- Among males 20 years of age and older between 2015 and 2018, $8.7 \%$ of NH White males, $6.7 \%$ of NH Black males, $6.8 \%$ of Hispanic males, and $5.0 \%$ of NH Asian males had CHD.
- Among males 20 years of age and older between 2015 and 2018, 4.4\% of NH White males, $3.9 \%$ of NH Black males, $3.7 \%$ of Hispanic males, and $2.7 \%$ of NH Asian males had a previous MI.
- Based on data from 2005 to 2014, each year new and recurrent MI and fatal CHD impact an estimated 610,000 males 35 years of age and older.
- CHD caused the deaths of 213,364 males in 2019;61,695 males died from MI.


## Stroke (ICD-9 430 to 438; ICD-10 I60 to I69)

- Between 2015 and 2018, the prevalence of stroke among males 20 years of age and older was 3.5 million ( $2.6 \%$ of males) vs. 4.1 million among females ( $2.8 \%$ of females).
- Among males 20 years of age and older, the following had a previous stroke: $2.3 \%$ of NH White males; $4.1 \%$ of NH Black males, $2.4 \%$ of Hispanic males, and $1.4 \%$ of NH Asian males.
- In 2019, stroke caused the deaths of 64,347 males (42.9\% of total stroke deaths).


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

- Among males, 20 years of age and older between 2015 and 2018, 63.1 million ( $51.7 \%$ of males) had HBP.
- Between 2015 and 2018, a higher percentage of males than females had hypertension in all age categories until 64 years of age. For those 65 years of age and older, the percentage of females with hypertension was higher than for males.
* 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) (cont.)

- Among males 20 years of age and older between 2015 and 2018, 51.0\% of NH White males, $58.3 \%$ of NH Black males, $50.6 \%$ of Hispanic males, and $51.0 \%$ of NH Asian males had HBP.
- In 2019, 49,451 males died from HBP. They represented $48.4 \%$ of deaths from HBP.


## Heart Failure (HF) (ICD-9 428, ICD-10 I50)

- About 3.4 million adult males 20 years of age and older alive between 2015 and 2018 had HF. In 2014, about 495,000 new cases were diagnosed in males 55 years of age and older.
- Between 2015 and 2018, the overall prevalence of HF for males 20 years of age and older was $2.5 \%$. Among adult males, the following had HF: $2.4 \%$ of NH White adults; $3.6 \%$ of NH Black adults, $2.4 \%$ of Hispanic adults and $1.9 \%$ of NH Asian adults.
- In 2019, there were 40,101 male deaths from HF ( $46.6 \%$ of HF deaths).


## Smoking

- According to 2019 data, lifetime use of tobacco products for individuals 12 to 17 years of age was greater in males than females (14.5\%vs. 11.0\%).
- In 2019, more adult males (15.3\%) were current smokers than females (12.7\%).
- In 2020, 20.4\% of male high school students used e-cigarettes compared with $18.7 \%$ of females.
- Worldwide in 2020, tobacco caused 6.3 million male deaths and 1.8 million female deaths.


## High Blood Cholesterol and Other Lipids

- According to 2015 to 2018 data, among children 6 to 11 years of age, the mean total cholesterol level was $157.3 \mathrm{mg} / \mathrm{dL}$. For males, it was $157.4 \mathrm{mg} / \mathrm{dL}$; for females, it was $157.1 \mathrm{mg} / \mathrm{dL}$.
- According to 2015 to 2018 data, among adolescents 12 to 19 years of age, the mean total cholesterol levelwas $155.1 \mathrm{mg} / \mathrm{dL}$. For males, it was $152.7 \mathrm{mg} / \mathrm{dL}$; for females, it was $157.5 \mathrm{mg} / \mathrm{dL}$.
- Among adults 20 years of age and older in 2015 to 2018 : o $35.3 \%$ of males and $40.4 \%$ of females had total cholesterol levels of $200 \mathrm{mg} / \mathrm{dL}$ or higher.
- o $10.5 \%$ of males and $12.1 \%$ of females had total cholesterollevels of $240 \mathrm{mg} / \mathrm{dL}$ or higher.
- o $27.4 \%$ of males and $28.1 \%$ of females had low-density lipoprote in (LDL) cholesterol of 130 $\mathrm{mg} / \mathrm{dL}$ or higher.
- o $26.6 \%$ of males and $8.5 \%$ of females had high-density lipoprotein (HDL) cholesterol less than $40 \mathrm{mg} / \mathrm{dL}$.


## Physical Inactivity

- In 2018 adult males were less likely than adult females to report inactivity.
- In 2019, more male students in grades 9-12 played video or computer games or used a computer for activities other than schoolwork for 3 or more hours on an average school day than female students; $47.5 \%$ vs. $44.6 \%$.
- $27.4 \%$ of adult males and $20.8 \%$ of females met the 2018 Federal Physical Activity Guidelines for both aerobic and strengthening PA in 2018.


## Overweight and Obesity

- Using data from 2015 to 2018:
- An estimated $35.0 \%$ of boys 2 to 19 years of age were overweight or obese; $30.9 \%$ of NH White males, $31.5 \%$ of NH Black males, $45.9 \%$ of Hispanic males, and $26.4 \%$ of NH Asian males.
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## Overweight and Obesity, (cont.)

- Of all boys 2 to 19 years of age, 20.0\% were obese; $16.2 \%$ of NH White males, $19.1 \%$ of NH Black males, $28.6 \%$ of Hispanic males, and $11.3 \%$ of NH Asian males.
- An estimated $74.8 \%$ of males 20 years of age and older were overweight or obese; $73.9 \%$ of NH White males, $69.9 \%$ of NH Black males, $84.8 \%$ of Hispanic males, and $55.9 \%$ of NH Asian males.
- Of all adult males 20 years of age and older, $39.9 \%$ were obese; $40.7 \%$ of NH White males, $38.2 \%$ of NH Black males, $44.0 \%$ of Hispanic males, and $13.5 \%$ of NH Asian males.


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

- Of the estimated 28.2 million American adults with physician-diagnosed diabetes in 2015 to 2018, about 15.5 million were males ( $12.1 \%$ of all male adults); in all male adults, physicians diagnosed diabetes in $10.8 \%$ of NH White male adults, $12.8 \%$ of NH Black male adults, $15.3 \%$ of Hispanic male adults and $14.3 \%$ of NH Asian male adults.
- Of the estimated 9.8 million American adults (20 years of age or older) with undiagnosed diabetes in 2015 to 2018 , about 5.5 million were males ( $4.5 \%$ of all male adults); in all male adults, diabetes was undiagnosed in $4.1 \%$ of NH White males, $4.7 \%$ of NH Black males, $6.0 \%$ of Hispanic males and $5.5 \%$ of NH Asian males.
- Of the estimated 113.6 million Americans adults with prediabetes in 2015 to 2018, about 63.1 million were males ( $52.9 \%$ of all male adults); in all adult males, prediabetes existed in $56.5 \%$ of NH White males; $35.5 \%$ of NH Black males, $49.8 \%$ of Hispanic males and $52.5 \%$ of NH Asian males.
- In 2019, there were 49,512 male diabetes deaths ( $56.5 \%$ of deaths from diabetes).


## For additional information, charts andtables, see <br> Heart Disease \& Stroke Statistics - 2022 Update

Additional charts maybe downloaded directly fromthe online publication or www.heart.org/statistics.
Many statistics in this At-a-Glance document come fromunpublished tabulations compiled forthis document and can be cited using the document citation listed below. The data sources used forthe tabulations sare listed in the full document. Additionally, somestatistics come from published studies. If you ure citing any of the statistics in this At-a-Glance document, please review the full Heart Disease andStroke Statistics document to determine data sources and original citations.

The American Heart Association requeststhat this document be cited as follows:
Tsao CW, Aday AW, AlmarzooqZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, CommodoreMensah Y, Elkind MSV, Evenson KR, Eze-NliamC, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, LiuJ, LoopMS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, VanWagner LB, ViraniSS, Voecks JH, Wang N-Y, Yaffe K, Martin SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart diseaseand stroke statistics-2022 update: a report from the American Heart Association [published online ahead of print Wednesday, January 26, 2022]. Circulation. doi: 10.1161/CIR.0000000000001052
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If you have questionsabout statistics or any points made in the 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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