



American
Heart
Association.

2019 Heart Disease & Stroke Statistical Update Fact Sheet Men & Cardiovascular Diseases*

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

- According to 2013–2016 data, 51.2% of males age 20 and older had some form of CVD, compared with 44.7% of females.
- According to 2013–2016 data, of males age 20 and older, 60.1% of non-Hispanic (NH) black males, 50.6% of NH white males, 49.0% of Hispanic males, and 47.4% of NH Asian males had some form of CVD.
- In 2016, CVD caused the deaths of 428,434 males. Males represented 51.0% of deaths from CVD.
- In 2014, CVD was the first listed diagnosis of 2,571,000 males discharged from short-stay hospitals.
- In 2014, 74.4% of bypass and 67.7% of percutaneous coronary intervention (PCI) patients were male. Of the recipients in 2017, 71.6% of heart transplant patients 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 2013–2016, about 9.4 million males 20 years of age and older had CHD. 5.1 million males had a history of myocardial infarction (MI, or heart attack).
- Among males age 20 and older between 2013 and 2016, 7.7% of NH whites, 7.2% of NH blacks, 6.0% of Hispanics and 4.8% of NH Asians had CHD.
- Based on data from 2005–2014, each year new and recurrent MI and fatal CHD impact an estimated 610,000 males age 35 years and older.
- CHD caused the deaths of 210,156 males in 2016; 64,713 males died from MI.
- 649,000 males diagnosed with CHD were discharged from short-stay hospitals in 2014.

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

- Between 2013 and 2016, the prevalence of stroke among males age 20 years and older was 3.2 million.
- Among males age 20 and older, the following had a previous stroke: 2.4% of NH whites; 3.1% of NH blacks, 2.0% of Hispanics. and 1.1% of NH Asians.
- In 2016, stroke caused the deaths of 59,355 males (41.8% of total stroke deaths).
- In 2014, 434,000 males were discharged from short-stay hospitals after having a stroke.

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

- Among males, age 20 years and older between 2013–2016, 49.0% had HBP.
- Between 2013–2016, a higher percentage of males than females had hypertension until 64 years of age. For those age 65 years and older, the percentage of females with hypertension was higher than for males.
- Among males age 20 and older between 2013–2014, 48.2% of NH whites, 58.6% of NH blacks, 47.4% of Hispanics, and 46.4% NH Asians had HBP.
- In 2016, 39,577 males died from HBP. They represented 47.8% of deaths from HBP.

* 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) (continued)

- 142,000 males diagnosed with HBP were discharged from short-stay hospitals in 2014.

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

- About 3.0 million adult males alive between 2013 and 2016 had HF. In 2014, about 495,000 new cases were diagnosed in males age 55 years and older.
- Between 2013 and 2016, the overall prevalence of HF for males age 20 and older was 2.4%. Among adult males, the following had HF: 2.2% of NH whites; 3.5% of NH blacks, 2.5% of Hispanics and 1.7% NH Asians.
- In 2016, there were 35,424 male deaths from HF (45.2% of HF deaths).
- 462,000 males diagnosed with HF were discharged from short-stay hospitals in 2014.

Cardiovascular Health

- According to data from 2013–2014, only 18.1% of US adults had ≥ 5 (of 7 possible) metrics at ideal levels of cardiovascular health, with lower prevalence in males (14.8%) than in females (21.5%).
- Younger adults are more likely to meet greater numbers of ideal metrics than are older adults. More than 60% of Americans >60 years of age have ≤ 2 metrics at ideal levels. At any age, females tend to have more metrics at ideal levels than do males.

Smoking

- According to 2014–2015 data, among male and female adolescents aged 12 to 17 years cigarette use in the past month was about 4.2% (male, 4.6%; female, 3.8%). Lifetime use of tobacco products was greater in males than females (19.1% vs. 15.3%).
- In 2016, more adult males (17.5%) were current smokers than females (13.5%).
- Among US working adults, 3.8% (≈ 5.5 million) currently used e-cigarettes in 2014; use was significantly higher among males (4.5%).

High Blood Cholesterol and Other Lipids

- According to 2013–2016 data, among children 6 to 11 years of age, the mean total cholesterol level was 157.8 mg/dL. For boys, it was 157.9 mg/dL; for girls, it is 157.7 mg/dL.
- According to 2013–2016 data, among adolescents 12 to 19 years of age, the mean total cholesterol level was 154.4 mg/dL. For boys, it was 151.6 mg/dL; for girls, it was 157.5 mg/dL.
- Among adults age 20 and older:
 - 35.4% of males and 40.4% of females have total cholesterol levels of 200 mg/dL or higher in 2013–2016.
 - 10.7% of males and 12.4% of females have levels of 240 mg/dL or higher in 2013–2016.
 - 30.0% of males and 30.4% of females have an LDL cholesterol of 130 mg/dL or higher in 2011–2014.
 - 29.0% of males and 9.9% of females have HDL cholesterol less than 40 mg/dL in 2013–2016.

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Physical Inactivity

- Boys are less likely than girls to report inactivity (11.1% vs. 17.5%).
- According to 2015 data, the proportion of students who met activity recommendations of ≥ 60 minutes of aerobic PA (physical activity) on 7 days of the week was 27.1% nationwide and declined from 9th (31.0%) to 12th (23.5%) grades. At each grade level, the proportion was higher in boys than girls.
- In a 2008 systematic review, among male adults, self-reported physical activity was 44% greater than actual measured PA; among females, self-reported PA was 138% greater than actual measured values.
- Only 26.3% of adult males and 18.8% of females met the 2008 Federal Physical Activity Guidelines for both aerobic and strengthening PA in 2016.

Overweight and Obesity

- According to 2011-2014 data, an estimated 32.3% of boys age 2 to 19 are overweight or obese; 29.3% of NH whites, 32.8% of NH blacks, 40.4% of Hispanics, and 24.9% of NH Asians.
- According to 2011-2014 data for all boys age 2 to 19, 16.3% are obese; 14.0% of NH whites, 17.5% of NH blacks, 21.7% of Hispanics, and 11.4% of NH Asians.
- According to 2011-2014 data, an estimated 72.5% of males age 20 and older are overweight or obese; 73% of NH whites, 69.1% of NH blacks, 79.6% of Hispanics, and 46.6% of NH Asians.
- According to 2011-2014 data, of all adult males, 34.3% are obese; 33.6% of NH whites, 37.5% of NH blacks, 39.0% of Hispanics, and 11.2% of NH Asians.

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

- Of the estimated 26.0 million American adults with physician-diagnosed diabetes in 2013-2016, about 13.7 million are males (10.9% of all males); in all male adults, physicians diagnosed diabetes in 9.4% of NH whites, 14.7% of NH blacks, 15.1% of Hispanics and 12.8% of NH Asians.
- Of the estimated 9.4 million American adults (20 years of age or older) with undiagnosed diabetes in 2013-2016, about 5.5 million are males (4.6% of all males); in all male adults, diabetes in undiagnosed in 4.7% of NH whites, 1.7% of NH blacks, 6.3% of Hispanics and 6.1% of NH Asians.
- Of the estimated 91.8 million Americans adults with prediabetes in 2013-2016, about 51.7 million are males (40.0% of all males); in all adult males, prediabetes exists in 43.7% of NH whites; 31.9% of NH blacks, 48.1% of Hispanics and 47.1% of NH Asians.
- In 2016, diabetes killed 43,763 males.

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For additional information, charts and tables, see
[Heart Disease & Stroke Statistics - 2019 Update](#)

Additional charts may be downloaded directly from
<https://www.ahajournals.org/doi/10.1161/CIR.0000000000000659> or
<https://www.heart.org/en/about-us/heart-and-stroke-association-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:

Benjamin EJ, Muntner P, Alonso A, Bittencourt MS, Callaway CW, Carson AP, Chamberlain AM, Chang AR, Cheng S, Das SR, Delling FN, Djousse L, Elkind MSV, Ferguson JF, Fornage M, Jordan LC, 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, O'Flaherty M, Pandey A, Perak AM, Rosamond WD, Roth GA, Sampson UKA, Satou GM, Schroeder EB, Shah SH, Spartano NL, Stokes A, Tirschwell DL, Tsao CW, Turakhia MP, VanWagner LB, Wilkins JT, Wong SS, Virani SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics - 2019 update: a report from the American Heart Association [published online ahead of print January 31, 2019]. *Circulation*. doi: 10.1161/CIR.0000000000000659.

If you have questions about statistics or any points made in the 2019 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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