

2025 Heart Disease & Stroke Statistical Update Fact Sheet Females & Cardiovascular Diseases

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

- Among females 20 years of age and older between 2017 and 2020, 44.8% had some form of cardiovascular disease, compared with 52.4% of males.
- Among females 20 years of age and older between 2017 and 2020, 44.6% of non-Hispanic (NH) White females had CVD; 59.0% of NH Black females, 37.3% of Hispanic females, and 38.5% of NH Asian females.
- In 2022, CVD was the cause of death in 446,912 females (all ages). Females represented 47.5% of deaths from CVD.
- In 2021, 3,290 females had heart and great vessel bypass procedures, compared to 4,630 males, and 143,240 females had percutaneous coronary interventions compared to 301,385 males.

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 2017 to 2020, about 8.8 million females alive had CHD. 3.2 million females had a history of myocardial infarction (MI, or heart attack).
- Using 2017 to 2020 data, among females 20 years of age and older, 2.2% of NH White females had a previous MI; 2.3% of NH Black females, 1.9% of Hispanic females, and 0.5% of NH Asian females.
- Males have a higher prevalence of MI than females for all age groups Overall, MI prevalence was 4.5% for males and 2.1% for females.
- Based on data from 1995 to 2012, 23% of females 45 years of age and older who had an initial recognized MI died within a year compared with 18% of males. Within 5 years after a first MI, 47% of females and 36% of males died. Females have MIs at older ages than males do and they're more likely to die from them within a few weeks.
- Between 2017 and 2020, the overall prevalence of CHD was 5.8% of females and 8.7% of males.
- The prevalence of CHD was higher for males than females in all age groups.
- Among females 20 years of age and older, 5.9% of NH White females had CHD, 6.3% of NH Black females, 6.1% of Hispanic females and 3.9% of Asian females.
- 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 2022, 147,554 females died from CHD (39.7% of all deaths from CHD); 41,334 from MI (39.8% of all deaths from MI).

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

• Using data from 2017 to 2020, the prevalence of stroke was 5.4 million females vs. 4.0 million males, 20 years of age and older.

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- Using data from 2017 to 2020, among females 20 years of age and older, 3.6% of NH White females had a previous stroke; 5.4% of NH Black females; 2.5% of Hispanic females; and 1.5% of NH Asian females.
- In 2022, stroke caused the deaths of 93,574 females (56.6% of total stroke deaths).

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

- In 2017 to 2020, a higher percentage of males than females had high blood pressure, or hypertension, up to 64 years of age. For individuals 65 years of age and older, the percentage of females with hypertension was higher than for males.
- In 2017 to 2020, 59.6 million females 20 years of age and older had high blood pressure, which was 43.0% of females.
- Among females 20 years of age and older in 2017 to 2020, the following had hypertension:
 42.6% of NH White females; 58.4% of NH Black females; 35.3% of Hispanic females; and 37.6% of NH Asian females.
- Of females with HBP between 2017 and 2020, 27.6% of NH White females had their BP under control; 25.6% of NH Black females; 23.9% of Mexican American females.
- In 2022, 67,553 females died from HBP. They represented 51.4% of deaths from HBP.

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

- According to 2017 to 2020 data, about 3.0 million adult females 20 years of age and older had HF (1.9% of females).
- Among females 20 years of age and older in 2017 to 2020, 1.6% of NH White females had HF, 3.3% of NH Black females, 1.6% of Hispanic females, and 0.5% of NH Asian females.
- In 2022, there were 46,284 female deaths from HF (52.6% of HF deaths).

Smoking

- According to 2022 data, lifetime use of tobacco products for individuals 12 to 17 years of age was lower in females than males (8.4% vs 8.9%).
- Among adults 18 years of age and older in 2022, lifetime use of tobacco products was lower in females (54.5%) than males (69.9%).
- Among adults 18 years of age and older in 2021, 10.1% of females and 13.1% of males were current smokers, reporting cigarette use every day or some days.
- According to 2023 data, e-cigarettes were the most commonly used tobacco products in youth, with 12.2% of females and 8.0% of males using e-cigarettes.
- Among females who gave birth in 2017, 6.9% smoked cigarettes during pregnancy. Smoking
 rates were highest for pregnant females 20 to 24 years of age and among NH American Indian
 and Alaska Native females at all ages.

High Blood Cholesterol

- According to 2017 to 2020 data, among children 6 to 11 years of age, the mean total cholesterol level was 157.4 mg/dL; 157.5 mg/dL for males and 157.2 mg/dL for females.
- According to 2017 to 2020 data, among adolescents 12 to 19 years of age, the mean total cholesterol level was 154.8 mg/dL; 150.1 mg/dL for males and 159.7 mg/dL for females.
- Among adults 20 years of age and older in 2017 to 2020:

Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States. Please refer to the complete Statistics Update for references and additional information for reported statistics.

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- o 32.8% of males and 36.2% of females had total cholesterol levels of 200 mg/dL or higher.
- o 9.5% of males and 10.4% of females had total cholesterol levels of 240 mg/dL or higher.
- 25.6% of males and 25.4% of females had low-density lipoprotein (LDL) cholesterol of 130 mg/dL or higher.
- 24.9% of males and 9.3% of females had high-density lipoprotein (HDL) cholesterol less than 40 mg/dL.

Physical Activity

- According to 2022 data, the percentage of youth 0 to 17 years of age spending ≥4 h/d in front of
 a television, computer, cell phone, or other electronic device watching programs, playing games,
 accessing the internet, or using social media (not including schoolwork) on most weekdays was
 22.0%. The percentage was 23.0% for males and 21.4% for females.
- According to 2020 data, the percentage of female adults meeting both aerobic and muscle strengthening guidelines was 28.7% of 18 to 34 year olds; 22.7% for 35 to 49 year olds; 17.6% for 50 to 64 year olds; and 10.8% of those 65 years and older.
- According to 2021 data, high school students who engaged in ≥60 minutes of physical activity on all 7 days of the week was 23.9%. The percentage was higher in males (31.7%) than females (15.7%). The percentage of high school students who participated in muscle-strengthening activities ≥3 d/wk was 56.6% among males and 32.3% among females.

Obesity

Using data from 2017 to 2020:

- Of all females 2 to 19 years of age, 18.5% are obese; 15.4% of NH White females, 30.8% of NH Black females, 23.0% of Hispanic females, and 5.2% of NH Asian females.
- Of all adult females, 41.8% are obese; 39.6% of NH White females, 57.9% of NH Black females, 45.7% of Hispanic females, and 14.5% of NH Asian females.

Diabetes (ICD-9 250; ICD-10 E10 to E11)

- Based on 2017 to 2020 data, of the estimated 29.3 million American adults with physician diagnosed diabetes, 12.9 million were females (9.1% of all females); 7.7% of NH White females, 13.3% of NH Black females, 12.3% of Hispanic females and 9.9% of NH Asian females.
- Based on 2017 to 2020 data, of the estimated 9.7 million Americans with undiagnosed diabetes, about 5.1 million were females (3.5% of all females); 2.8% of NH White females, 3.2% of NH Black females, 4.5% of Hispanic females, and 5.2% of NH Asian females.
- Based on 2017 to 2020 data, of the estimated 115.9 million Americans with prediabetes, about 52.4 million were females (40.0% of all females); 38.8% of NH White females; 35.7% of NH Black females, 41.3% of Hispanic females, and 40.2% of NH Asian females.
- In 2022, diabetes caused the deaths of 43,652 females (43.1% of all deaths from diabetes).

Fact sheets, infographics, and current/past Statistics Update publications can be downloaded from: Heart and Stroke Association Statistics | American Heart Association.

Many statistics in this fact sheet come from unpublished tabulations compiled for the Statistics Update 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 fact sheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

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

Martin SS, Aday AW, Allen NB, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Beaton AZ, Commodore-Mensah Y, Currie ME, Elkind MSV, Fan W, Generoso G, Gibbs BB, Heard DG, Hiremath S, Johansen MC, Kazi DS, Ko D, Leppert MH, Magnani JW, Michos ED, Mussolino ME, Parikh NI, Perman SM, Rezk-Hanna M, Roth GA, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong ND, Wong SS, Yaffe K, Palaniappan LP; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2025 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 27, 2025.

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