1. CVD is the leading cause of death in the United States and is responsible for 17% of national health expenditures.

2. Considering the rising healthcare costs and their impact on the economy, it is critical to understand what the future might hold for CVD prevalence and cost in the United States.

3. Effective prevention strategies are essential if we are to limit the growing burden of cardiovascular disease.

4. Projections for CVD prevalence and direct and indirect costs serve as an illustration of what is likely to happen if no change to current policy is made and no further action is taken to reduce the disease and economic burden of CVD.

5. Prevalence estimates for hypertension, CHD, heart failure, and stroke were generated using data from the 1999 to 2006 National Health and Nutrition Examination Survey (NHANES) and Census Bureau projected population counts for the years 2010 to 2030.

6. The main data source for generating projections of direct medical costs of CVD was the 2001 to 2005 Medical Expenditure Panel Survey (MEPS).

7. Two types of indirect costs were calculated: lost productivity from (1) morbidity and (2) premature mortality.

8. People over age 65 (especially over age 80) have a higher prevalence of for all CVD, and this population segment will grow significantly in the next 2 decades.

9. These increases translate to an additional 27 million people with hypertension, 8 million with CHD, 4 million with stroke, and 3 million with heart failure in 2030 relative to 2010.

10. These sobering projections need not become reality, the time to act is now! CVD is largely preventable through:
   - training an adequate workforce,
   - limiting disparities in care,
   - using clinical practice guidelines to improve care,
   - implementing registries and other quality improvement tools,
   - advancing healthcare policy and
   - improving management of population risk factors.

Heidenreich PA, et al on behalf of the American Heart Association Advocacy Coordinating Committee; Stroke Council; Council on Cardiovascular Radiology and Intervention; Council on Clinical Cardiology; Council on Epidemiology and Prevention; Council on Arteriosclerosis, Thrombosis and Vascular Biology; Council on Cardiopulmonary, Critical Care, Perioperative and Resuscitation; Council on Cardiovascular Nursing; Council on the Kidney in Cardiovascular Disease; Council on Cardiovascular Surgery and Anesthesia; and Interdisciplinary Council on Quality of Care and Outcomes Research. Forecasting the future of cardiovascular disease in the United States: a policy statement from the American Heart Association. Circulation. 2011; published online before print January 24, 2011, 10.1161/CIR.0b013e31820a55f5. http://circ.ahajournals.org/cgi/reprint/CIR.0b013e31820a55f5

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