



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

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

- Based on 2013 to 2016 data, an estimated 121.5 million American adults (48%) have 1 or more types of CVD.
- For the 60–79-year-old age group between 2013 and 2016, the following have CVD: 77.2% of males; 78.2% of females.
- For the 80+ year-old age group, the following have CVD: 89.3% of males; 91.8% of females.
- According to 2016 data, 64% of CVD deaths occur in people age 75 and older.
- The leading causes of death in people ≥ 85 years of age were heart disease (No. 1), cancer (No. 2), Alzheimer’s disease (No. 3), and stroke (No. 4).

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

- For the 60–79-year-old age group between 2013 and 2016, the following have CHD: 19.7% of males; 12.6% of females. 11.5% of males in this age group have had an MI; 4.2% of females.
- For the 80+ year-old age group between 2013 and 2016, the following have CHD: 31.0% of males; 25.4% of females. 17.3% of males in this age group have had an MI; 12.7% of females.
- Based on data from 2005 to 2014, the average age of first heart attack is 65.6 years for males and 72.0 years for females.
- Among Medicare beneficiaries between 2002 and 2011, the incidence of MI hospitalizations declined from 1,485 to 1,122 per 100,000 person-years.

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

- According to a study from 2011, stroke patients >85 years of age make up 17% of all stroke patients.
- For the 60–79-year-old age group between 2013–2016, the following have had a stroke: 6.5% of males; 5.4% of females.
- For the 80+ year-old age group, the following have had a stroke: 11.5% of males; 13.4% of females.
- Among people 65 to 84 years of age in 2014 who were hospitalized for stroke, males and females accounted for roughly the same number of inpatient hospital stays, whereas among those ≥ 85 years of age, females constituted 66.0% of all stroke patients.
- Very elderly patients have a higher risk-adjusted mortality, have greater disability, have longer hospitalizations, receive less evidenced-based care, and are less likely to be discharged to their original place of residence.
- With the increase in the aging population, prevalence of stroke survivors is projected to increase, especially among elderly females.
- Based on a 2012 study, between 2010 and 2050, the number of incident strokes is expected to more than double, with the majority of the increase among the elderly (aged ≥ 75 years) and minority groups.

* 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)

- For the 65–74-year-old age group between 2013 and 2016, the following have high blood pressure: 70.8% of males; 77.8% of females.
- For the 75+ year-old age group between 2013 and 2016, the following have high blood pressure: 80.0% of males; 85.6% of females.
- According to 2013–2016 data, awareness, treatment, and control of hypertension were higher at older ages. Hypertension control was higher in US adults 40 to 59 years of age with hypertension (24.4%) and those ≥ 60 years of age (30.0%) than in their counterparts 20 to 39 years of age (10.2%).

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

- According to data from 2013–2016, for the 60–79-year-old age group, the following have heart failure: 6.9% of males; 4.8% of females.
- According to data from 2013–2016, for the 80 year and older age group, the following have heart failure: 12.8% of males; 12.0% of females.
- In a study published in 2013, data from the NHLBI-sponsored Chicago Heart Association Detection Project in Industry, Atherosclerosis Risk in Communities Study, and Cardiovascular Health Study indicate that:
 - HF incidence approaches 21 per 1,000 population after 65 years of age.
 - Overall, at age 45 years through 95 years, lifetime risks for HF are high (20%–45%).

Atrial Fibrillation (AF) and Atrial Flutter

- Between 1999 and 2013, among Medicare fee-for-service beneficiaries, rates of hospitalizations for AF increased about 1% a year.
- Among Medicare patients aged ≥ 65 years, diagnosed from 1993 to 2007, the prevalence of AF increased $\approx 5\%$ per year, from ≈ 41.1 per 1000 beneficiaries to 85.5 per 1000 beneficiaries.
- Over five years after AF diagnosis, strokes occur in about 5.0% of individuals 67–69 years of age, 5.7% of individuals 70–74 years of age, 6.9% of individuals 75–79 years of age, 8.1% in those 80–84 years of age, 8.9% in those 80–84 years of age, and 6.9% in individuals age 90 and older.
- Based on hospital discharge data from the 2014 Healthcare Cost and Utilization Project, the rate of AF and atrial flutter as the principal diagnosis in those 65 to 84 years old was 593.1 per 100,000 discharges. The rate in individuals aged ≥ 85 years was 1159.5 per 100,000 discharges.

Medical Procedures

- In 2014, about 50% of the percutaneous coronary intervention (PCI) procedures were performed on people ≥ 65 years of age.
- In 2017, more than half of heart transplant recipients were age 50 and older.

Costs

- Total direct and indirect annual costs for CVD and stroke in 2014–2015 were \$150.2 billion for patients 65 years of age and older; about 42.8% of total CVD and stroke costs.

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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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