TOP TEN THINGS TO KNOW
The Impact of Prevention on Reducing the Burden of CVD

1. Cardiovascular disease (CVD) is prevalent and expensive: over 80 million adults in the US have CVD and the estimated annual cost is around $448 billion.

2. Effects of a comprehensive set of prevention activities on CVD morbidity, mortality, and costs have never been evaluated.

3. Eleven nationally recommended prevention activities on CVD-related morbidity, mortality, and costs in the U.S. were evaluated.

4. These 11 activities include:
   - aspirin for high risk people
   - weight control
   - smoking cessation
   - glucose control in pre-diabetes
   - A1C control in diabetes
   - blood pressure control in diabetes
   - blood pressure control in non-diabetic people
   - LDL cholesterol control in high-risk people
   - LDL cholesterol control in people with CAD
   - LDL cholesterol control in low-risk people
   - LDL cholesterol control in diabetes

5. The Archimedes model was used to create a simulated population matched with characteristics of the U.S. population.

6. Approximately 78% of adults (20-80 years of age) in the U.S. are candidates for at least one prevention activity.

7. If everyone received the activities for which they are eligible, myocardial infarctions and strokes would be reduced by ~63% and 31%, respectively.

8. Implementation of all prevention activities could add about 220 million life-years and 244 million quality-adjusted life-years to the U.S. adult population over the upcoming 30 years, or an average of 1.3 years of life expectancy for all adults.

9. The greatest benefits to the U.S. population came from lowering LDL cholesterol in those with existing coronary artery disease (CAD) or diabetes, lowering blood pressure in people with diabetes, providing aspirin for high-risk individuals, and controlling obesity.

10. Smoking cessation is the only prevention strategy that is cost-saving over 30 years.

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