Cardiovascular Disease and Tobacco

FACT SHEET

Healthy Maine Partnerships
Partnership For A Tobacco-Free Maine

Cardiovascular Disease

Cardiovascular disease (CVD) refers to a group of diseases and conditions affecting the heart and blood vessels and is the leading killer of adults in Maine. Heart disease, stroke, and hypertension, among other conditions, also create a vast burden of illness and need for healthcare in Maine.

National Facts and Trends

- Over 79 million adults in the U.S. have one or more types of CVD; nearly half are estimated to be age 65 or older.[1]
- The annual death rate of CVD is 307.7 (age-adjusted) per 100,000, based on 1993–2003 data.[1]
- The annual death rate of coronary heart disease (CHD) is 162.9 (age-adjusted) per 100,000, based on 1993–2003 data.[1]
- The annual death rate of stroke is 53.5 (age-adjusted) per 100,000, based on 1993–2003 data.[1]
- Nearly 2,400 people die each day in the U.S. from cardiovascular disease. CVD claims more lives each year than cancer, chronic lower respiratory disease, accidents and diabetes, combined.[2]
- In 2004, of deaths from CVD, 32% occurred prematurely, or before the age of 75.[3]
- In 2002, Medicare was the primary payer for 75% of the hospitalizations due to myocardial infarction (MI), congestive heart failure (CHF) and stroke.[4]

Maine Facts and Trends

- 242 people per 100,000 die of CVD annually in Maine.[5]
- 21 people per 10,000 are hospitalized with stroke annually in Maine.[6]
- 29 people per 10,000 are hospitalized with acute myocardial infarction per year in Maine.[7]
- CVD is the leading cause of death, accounting for 33% of all deaths (26% from diseases of the heart and 7% from stroke) in 2001.[8]
- The two most common types of CVD, diseases of the heart and cerebrovascular disease (stroke), account for more deaths than any other cause in Maine.[8]

The Story Behind the Facts: Why Is this Information Important

- Cigarette and tobacco smoke, high blood cholesterol, high blood pressure, physical inactivity, obesity and diabetes are the six major independent risk factors for coronary heart disease (CHD) that can be modified or controlled. Cigarette smoking is so widespread and significant as a risk factor that the Surgeon General has called it “the leading preventable cause of disease and deaths in the United States.”[4]

- Cigarette smoking increases the risk of CHD by itself. When it acts with other factors, it greatly increases risk. Smoking increases blood pressure, decreases exercise tolerance, and increases the tendency for blood to clot. Smoking also increases the risk of recurrent CHD after bypass surgery.[4]
- Cigarette smoking is the most important risk factor for heart disease in young men and women. It produces a greater relative risk in persons under age 50 than in those over 50.[4]
- Women who smoke and use oral contraceptives greatly increase their risk of CHD and stroke compared with nonsmoking women who use oral contraceptives.[4]
- Smoking decreases HDL (good) cholesterol. Cigarette smoking combined with a family history of heart disease also seems to greatly increase the risk.[4]
- Studies show that cigarette smoking is an important risk factor for stroke. Inhaling cigarette smoke produces several effects that damage the cerebrovascular system. Women who take oral contraceptives and smoke increase their risk of stroke many times. Smoking also creates a higher risk for peripheral arterial disease and aortic aneurysm.[4]

SECONDHAND SMOKE (SHS) AND HEART DISEASE

Nonsmokers who are exposed to secondhand smoke at home or at work increase their risk of developing heart disease by 25%–30%.[9]

Breathing SHS can have immediate adverse effects on your blood and blood vessels, potentially increasing the risk of a heart attack, with even short exposures having almost as large an effect as that observed in active smokers.[9]

A short time in a smoky room can cause your blood platelets to become stickier and cause damage to the lining of blood vessels, decreasing coronary flow velocity reserves to those of smokers.[9]

Adults who breathe five hours of SHS daily have higher levels of the "bad" cholesterol that clogs arteries.[9]

References

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[3] American Heart Association/American Stroke Association. "Heart Disease and Stroke Statistics: 2007 Update At-a-Glance" http://www.heart.org/downloadable/heart/1166712318459HS_StatsInsideText.pdf.

[4] American Heart Association, Cigarette Smoking and Cardiovascular Diseases, http://www.americanheart.org/presenter.jhtml?identifier=4545.

[5] 2005 Maine Office of Data, Research and Vital Statistics, age-adjusted to 2000 U.S. standard population.

[6] 2005 Maine Hospital Discharge Datasets, age-adjusted to 2000 U.S. standard population.

[7] 2005 Maine Hospital Discharge Datasets, age-adjusted to 2000 U.S. standard population.

[8] Maine Cardiovascular Health Program. *The Burden of Cardiovascular Disease in Maine.* 2006.

[9] U.S. Dept. of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General.* Atlanta, GA., U.S. Dept. of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.

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