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REVIEWS

Reducing the Global Burden of Cardiovascular Disease, Part 1

The Epidemiology and Risk Factors

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Abstract: Current global health policy goals include a 25% reduction in premature mortality from noncommunicable diseases by 2025. In this 2-part review, we provide an overview of the current epidemiological data on cardiovascular diseases (CVD), its risk factors, and describe strategies aimed at reducing its burden. In part 1, we examine the global epidemiology of cardiac conditions that have the greatest impact on CVD mortality; the predominant risk

Endocarditis	CI	CI (%)	ICV	ICV
Peripheral vascular disease	52	97.0%	0.9	11
Other cardiovascular	541	100.0%	8.6	5

CVD indicates cardiovascular diseases; and DALY, disability-adjusted life years.

Data derived from GBD 2015 Mortality and Causes of Death Collaborators³ and Roth et al.⁸

The global number of deaths from CVD has increased during the past decade by 12.5%.³ CVD now accounts for approximately one third of all deaths globally. These changes are driven by population growth and aging populations, with the largest number occurring in countries of South and East Asia because of their large and growing populations.

Age-specific death rates have actually fallen by 15.6% between 2005 and 2015 (Figures 1 and 2) although recent data suggest that this rate of decline has been slowing.⁸⁻¹⁰ These declines have been greatest in high-income countries (HICs), but they are also occurring in many middle income countries (MICs) and low-income countries (LICs).^{9,11} The net effect of these changes is that most CVD deaths now occur in LICs and MICs. Over 95% of all CVD deaths are attributable to 6 conditions: ischemic heart disease (IHD), stroke, hypertensive heart disease (which ultimately results in heart failure), cardiomyopathy, rheumatic heart disease (RHD), and atrial fibrillation (AF; Table 1).^{9,11} We now describe the epidemiology of these conditions in turn:

