

North America



North America has an aging population, with over 13% of the population aged 65 or older (Table 1). The population is mostly urban, and has a high number of health professionals per capita.

Table 1. Summary regional Indicators for North America countries, 2010

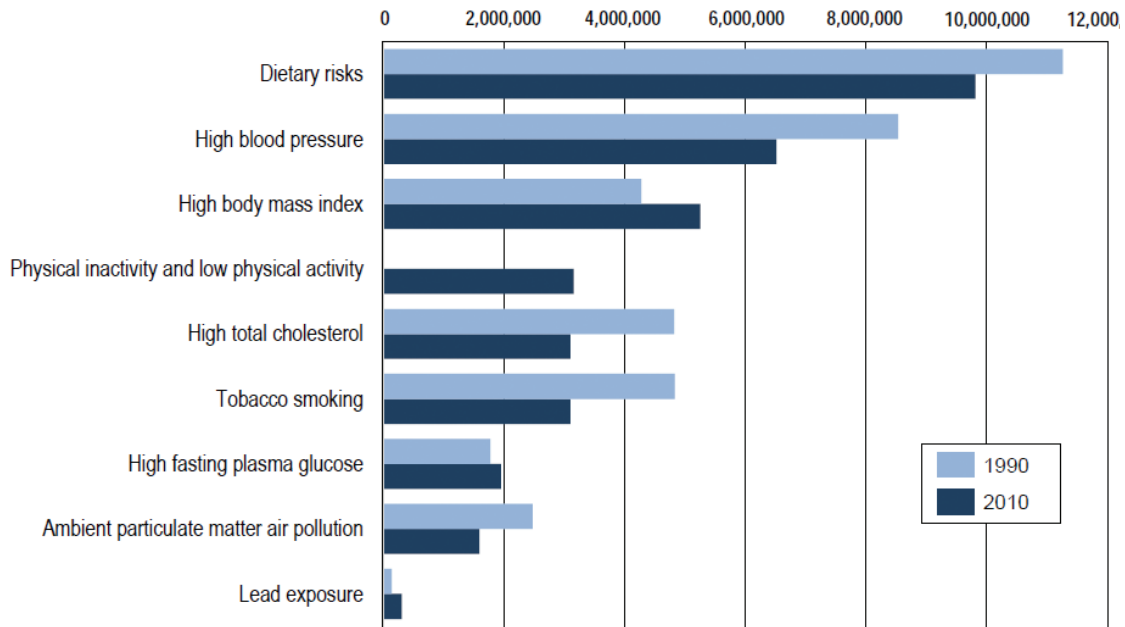
Country Indicator	Median among countries	Range among countries
Life expectancy (years)	79.7	78.5 – 80.9
Population ≥65 years of age (%)	13.6	13.1 – 14.2
Urban population (%)	81.3	80.6 – 82.1
Physicians per 1,000 people	2.25	2.07 – 2.42
Nurses or midwives per 1,000	9.82	9.82 – 9.82

Ischaemic heart disease was the leading cause of disability-adjusted life years (DALYs) lost both in 1990 and 2010. However, the absolute burden of ischaemic heart disease decreased over that interval. Stroke, the second leading CVD cause, accounted for a similar number of DALYs lost in both years. Between 1990 and 2010, there was a two-fold increase in atrial fibrillation burden, and peripheral vascular disease burden increased 1.9 times.

Figure 1. Number of DALYs due to CVD, North America, both sexes, 1990 and 2010

1. Ischaemic heart disease	10,367,300 (64.0%)	1. Ischaemic heart disease	8,575,280 (57.2%)
2. Stroke	2,818,470 (17.4%)	2. Stroke	2,845,540 (18.9%)
3. Cardiomyopathy	677,126 (4.2%)	3. Cardiomyopathy	740,637 (4.9%)
4. Hypertensive heart disease	654,357 (4.0%)	4. Hypertensive heart disease	680,776 (4.5%)
5. Aortic aneurysm	295,689 (1.8%)	5. Atrial fibrillation	460,031 (3.0%)
6. Atrial fibrillation	221,009 (1.4%)	6. Aortic aneurysm	289,968 (1.9%)
7. Rheumatic heart disease	219,124 (1.3%)	7. Rheumatic heart disease	140,324 (1.8%)
8. Peripheral vascular disease	72,868 (0.4%)	8. Peripheral vascular disease	137,357 (0.9%)
9. Endocarditis	47,397 (0.2%)	9. Endocarditis	66,949 (0.4%)
10. Other CV and circulatory diseases	821,036 (5.0%)	10. Other CV and circulatory diseases	1,048,510 (6.9%)

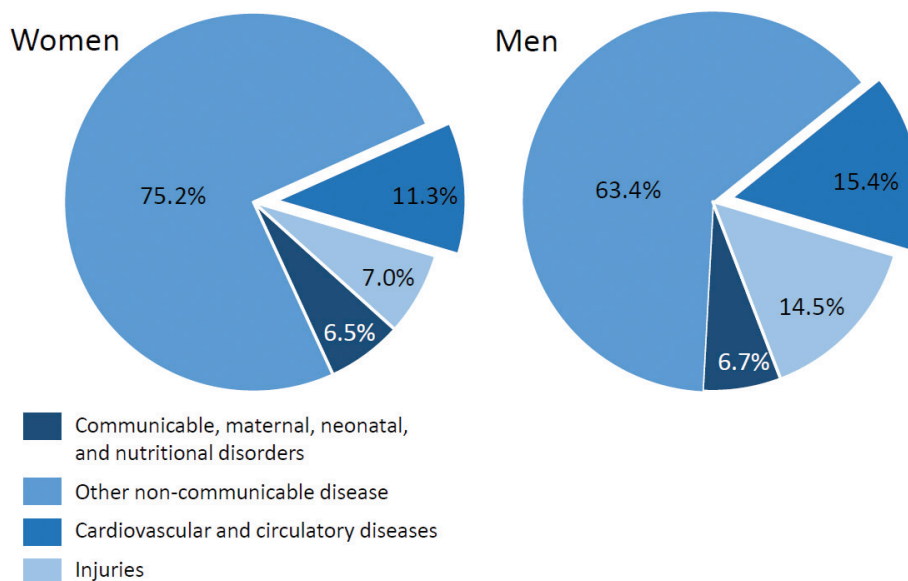
Figure 2. Number of DALYs due to CVD risk factors, North America, both sexes, 1990 and 2010*



*Note that DALYs attributed to risk factors overlap, that is, the sum for all CVD causes is greater than total CVD DALYs.

CVD attributed to many risk factors decreased for most risk factors in the North America region (Figure 2). The exceptions were small increases in CVD burden due to high body mass index and high fasting plasma glucose. The proportion of total disease burden attributed to CVDs was slightly higher in men (15%) than in women (11%; Figure 3).

Figure 3. DALYs by cause, North America, 2010



Absolute numbers of CVD DALYs per 100,000 in North America were about 4,409 per 100,000 in 2010 (95% uncertainty interval, 4,177 to 4,708; Figure 4). Absolute DALYs per 100,00 decreased by almost a quarter from 1990 to 2010 (Figure 5). Age standardized DALYs per 100,000 decreased by 36% over the same time period.

The Atlas of CVD reports point estimates. Trends may not be statistically significant. Uncertainty intervals for all point estimates should be considered and are available at <http://viz.healthmetricsandevaluation.org/gbd-compare/>.

Figure 4. 2010 DALYs by country, North America.

CVD DALYs per 100,000 persons, 2010

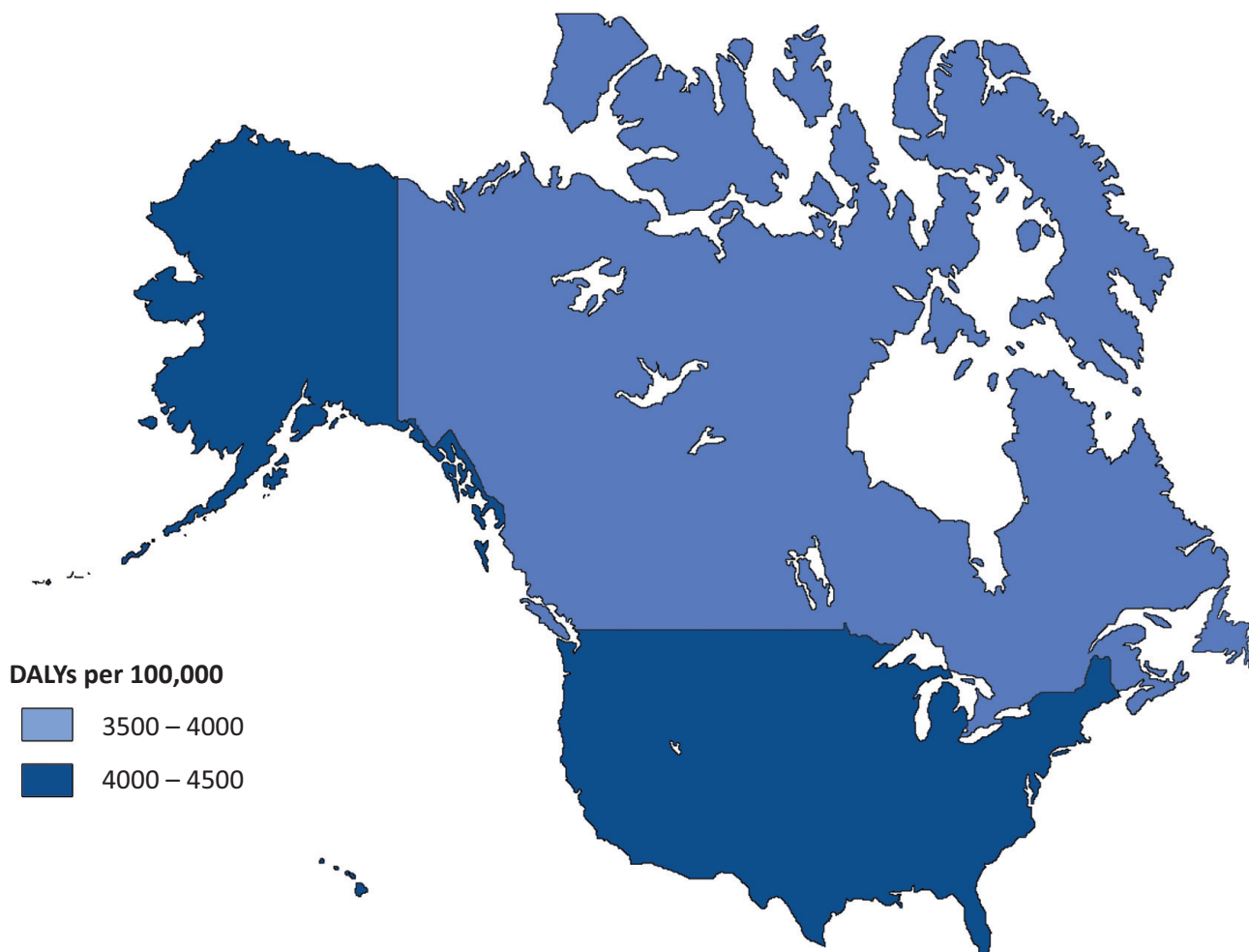
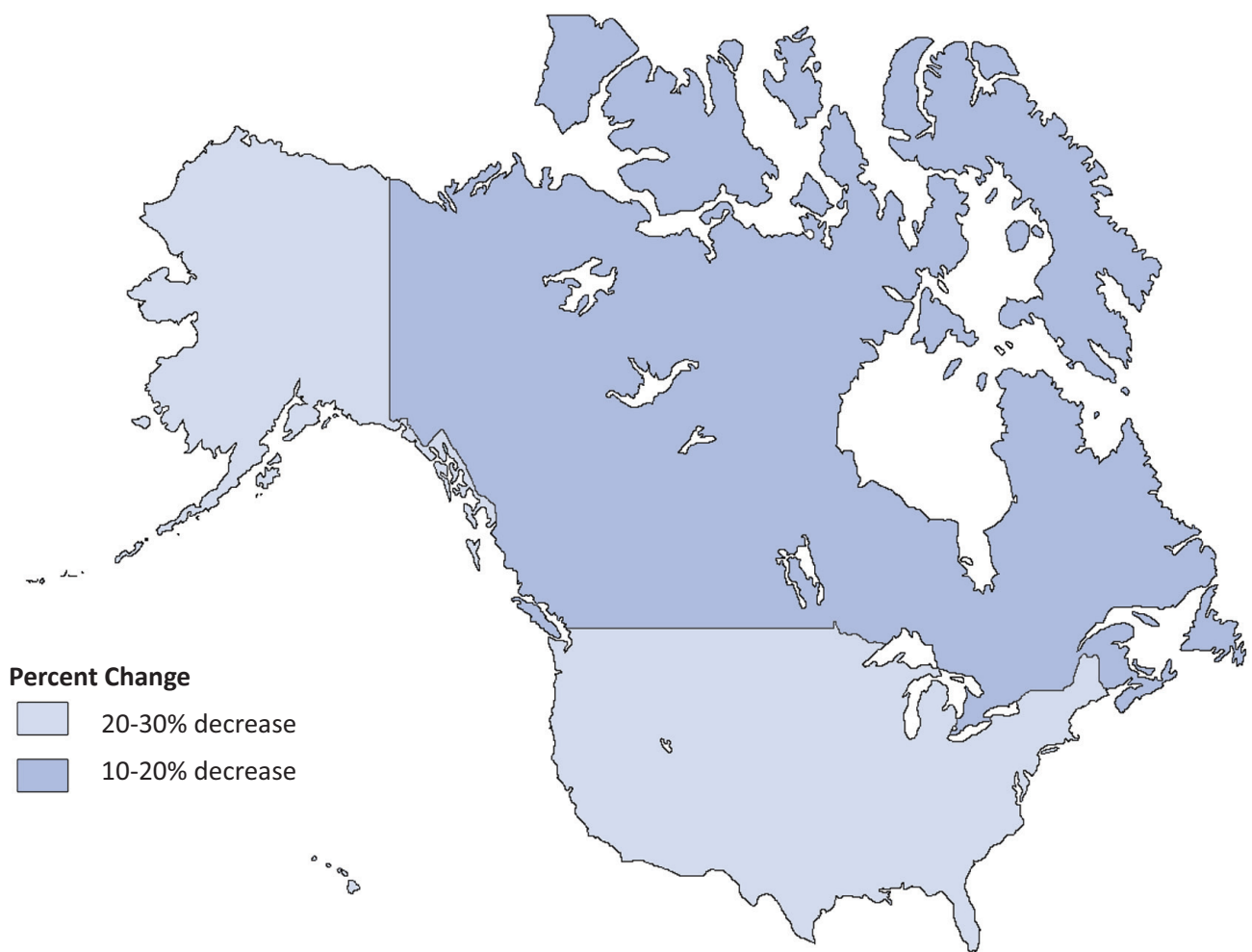


Figure 5. Change in CVD DALYs, 1990-2010, North America.

Percent change in CVD DALYs per 100,000 between 1990 and 2010



High-income North America

1. Canada
2. United States



