

Asia Pacific High Income



The Asia Pacific High Income region consists of South Korea, Brunei, Japan, and Singapore. The latter two countries have among the world's longest life expectancies at birth. Most people in the region reside in urban areas (Table 1).

Table 1. Summary regional Indicators for Asia Pacific High Income countries, 2010

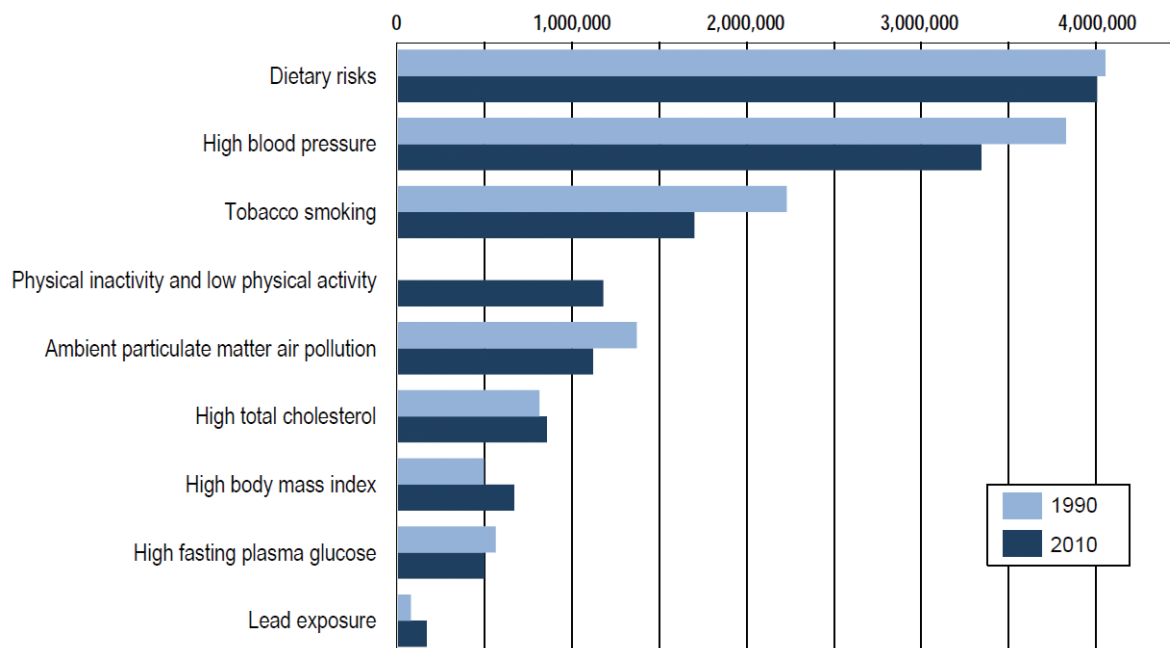
Country Indicator	Median among countries	Range among countries
Life expectancy (years)	81.1	78 – 82.8
Population ≥65 years of age (%)	10	3.7 – 23
Urban population (%)	86.7	75.6 – 100
Physicians per 1,000 people	1.97	1.36 – 2.14
Nurses or midwives per 1,000	5.84	4.14 – 7.02

Distinct among the high income regions, the Asia Pacific High Income region's leading CVD cause of lost health is stroke, measured in disability-adjusted life years (DALYs, Figure 1). Hypertensive heart disease ranks third among the CVDs. Between 1990 and 2010, the biggest shifts were a steep increase in atrial fibrillation burden and a decrease in rheumatic heart disease.

Figure 1. Number of DALYs due to CVD, Asia Pacific High Income, both sexes, 1990 and 2010

1. Stroke	3,024,000 (46.2%)	1. Stroke	2,881,260 (45.0%)
2. Ischaemic heart disease	2,070,560 (31.6%)	2. Ischaemic heart disease	2,283,020 (35.7%)
3. Hypertensive heart disease	254,505 (3.8%)	3. Hypertensive heart disease	256,484 (4.0%)
4. Rheumatic heart disease	238,280 (3.6%)	4. Atrial fibrillation	161,761 (2.5%)
5. Cardiomyopathy	176,558 (2.7%)	5. Cardiomyopathy	159,484 (2.4%)
6. Aortic aneurysm	80,642 (1.2%)	6. Aortic aneurysm	155,782 (2.4%)
7. Atrial fibrillation	74,330 (1.1%)	7. Rheumatic heart disease	117,710 (1.8%)
8. Endocarditis	16,551 (0.2%)	8. Endocarditis	22,620 (0.3%)
9. Peripheral vascular disease	7,565 (0.1%)	9. Peripheral vascular disease	17,319 (0.2%)
10. Other CV and circulatory diseases	601,097 (9.2%)	10. Other CV and circulatory diseases	338,688 (5.3%)

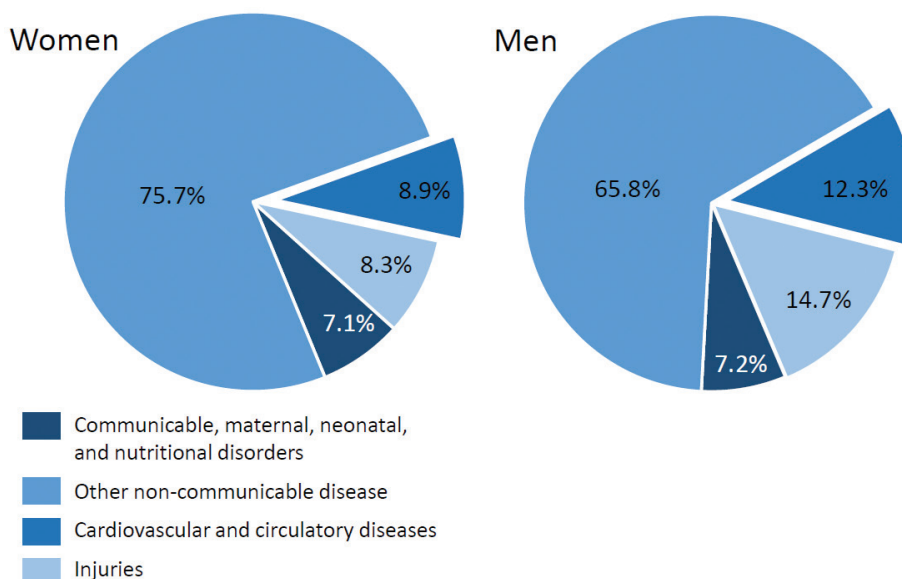
Figure 2. Number of DALYs due to CVD risk factors, Asia Pacific High Income, both sexes, 1990 and 2010*



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

CVD burden attributable to high blood pressure, active and second hand smoking, and air pollution decreased between 1990 and 2010. (Figure 2). CVD burden from high body mass index increased. Most of overall disease burden is from non-communicable diseases (Figure 3). In men, 12% of overall health loss is due to CVDs; in women the estimate is 9%.

Figure 3. DALYs by cause, Asia Pacific High Income, 2010



Among the four countries in the Asia Pacific High Income group, Japan had the highest CVD DALY rates in 2010 and Brunei had the lowest (Figure 4). Absolute CVD burden decreased in the region as a whole between 1990 and 2010. Age-standardized CVD DALYs decreased in Japan from 2,689 to 1,730 per 100,000, but because of its aging population, it experienced an increase in the absolute number of DALYs per 100,000 (Figure 5). Absolute CVD DALY rates decreased in the other countries, including a 37% decrease in South Korea since 1990.

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, Asia Pacific High Income

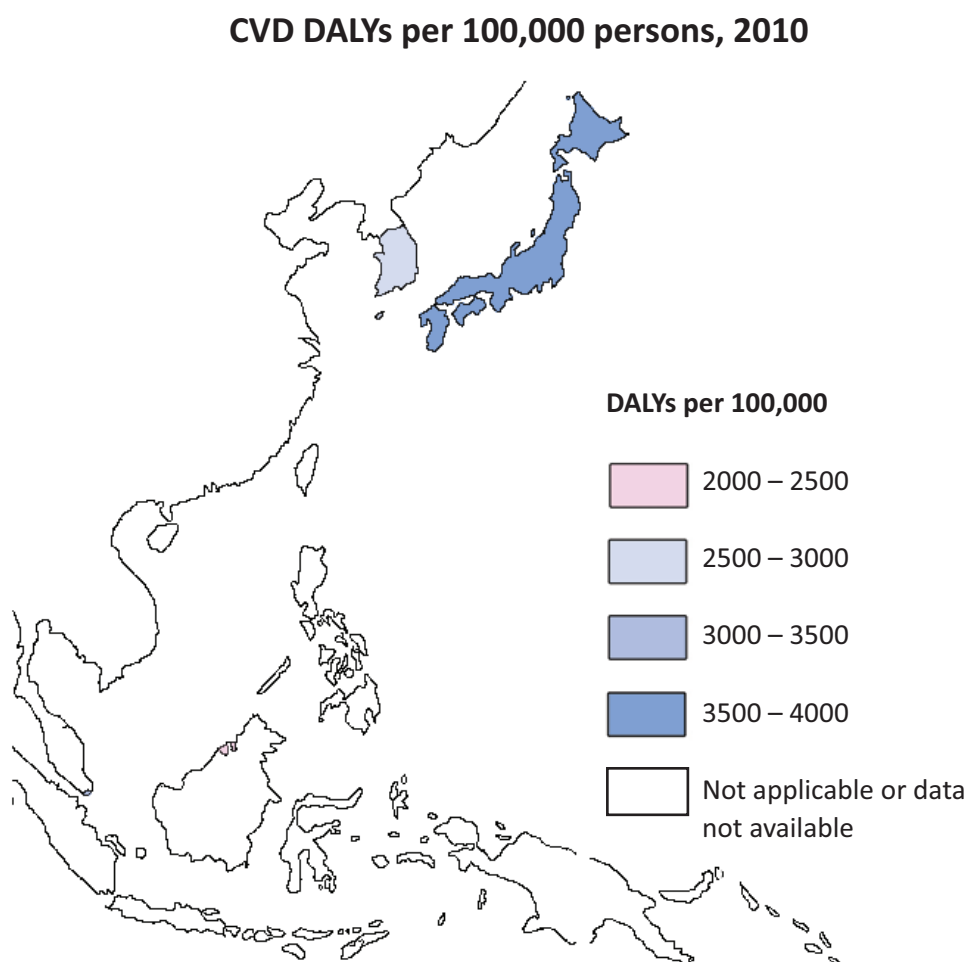


Figure 5. Change in CVD DALYs, 1990-2010, Asia Pacific High Income

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

