

North America



North America has an aging population, with more than 15% of adults aged 65 years or older (Table 1). Despite gains in controlling tobacco, about 19% of North American males are still smokers.

Table 1. Summary regional indicators for North America countries, 2016

Country Indicator		Regional average	Range (min, max)
Percent of population age 65 years or older		15.4	(14.6, 16.1)
Active smoking	males	19.3	(17.7, 19.5)
	females	14.7	(12.2, 15.0)
Raised blood pressure, age 18 years or older*	males	15.3	(15.3, 15.6)
	females	10.5	(10.5, 10.8)
Diabetes, age 18 years or older**	males	8.0	(6.2, 8.2)
	females	6.2	(4.8, 6.4)

*Raised blood pressure (SBP>=140 OR DBP>=90; age-standardized estimate)

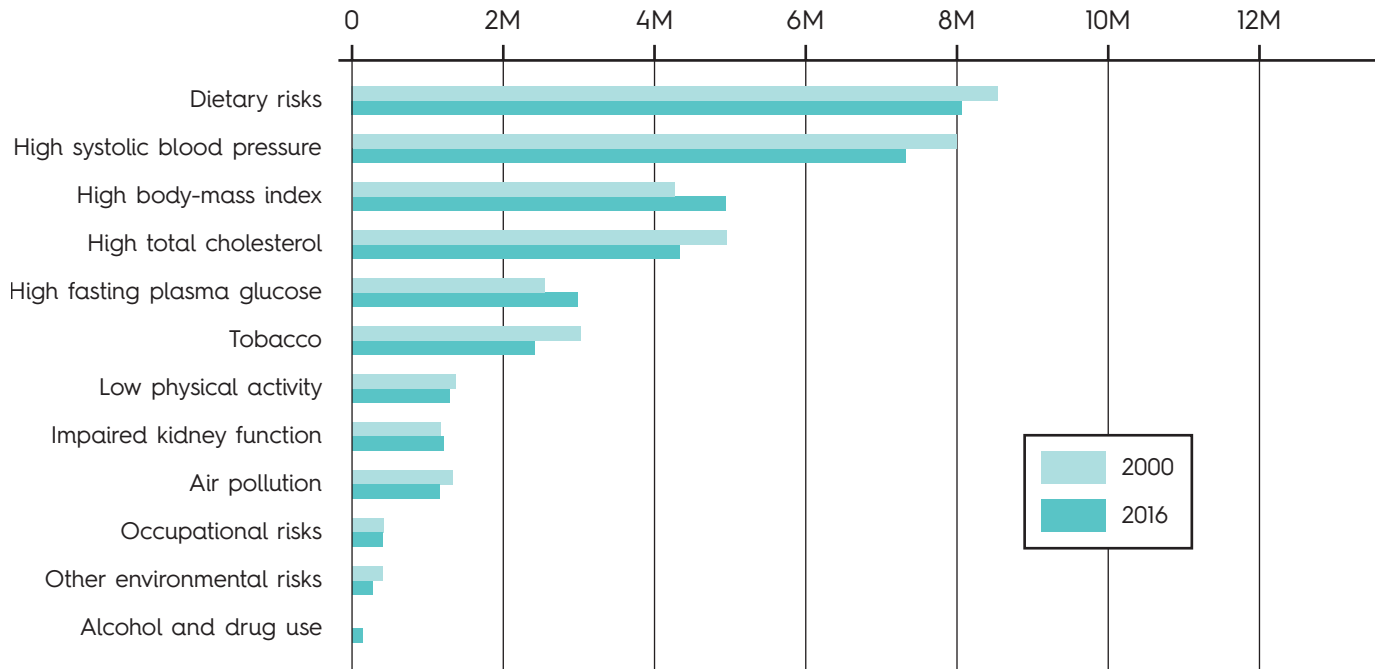
**Raised fasting blood glucose (>=7.0 mmol/L or on medication; age-standardized estimate)

CVD burden increased only modestly in North America region from 2000 to 2016 (Figure 1). Ischemic heart disease and stroke were responsible for over 70% of CVD disease burden. Atrial fibrillation and flutter caused about 2.5% of total CVD burden in North America over 2000-2016.

Figure 1. Number of DALYs due to CVD, North America, both sexes, 2000 and 2016

CVD cause	2000 rank (% of all)	CVD cause	2016 rank (% of all)
1. Ischemic heart disease	10,454,168 (56.5%)	1. Ischemic heart disease	11,894,258 (56.3%)
2. Stroke	4,687,439 (25.3%)	2. Stroke	5,295,185 (25.1%)
3. Other cardiovascular and circulatory diseases	1,081,473 (5.8%)	3. Other cardiovascular and circulatory diseases	1,288,696 (6.1%)
4. Cardiomyopathy and myocarditis	596,373 (3.2%)	4. Cardiomyopathy and myocarditis	699,612 (3.3%)
5. Hypertensive heart disease	543,761 (2.9%)	5. Hypertensive heart disease	600,080 (2.8%)
6. Atrial fibrillation and flutter	462,572 (2.5%)	6. Atrial fibrillation and flutter	567,230 (2.7%)
7. Aortic aneurysm	341,358 (1.8%)	7. Aortic aneurysm	408,279 (1.9%)
8. Rheumatic heart disease	154,399 (0.8%)	8. Rheumatic heart disease	163,922 (0.8%)
9. Peripheral artery disease	92,194 (0.5%)	9. Peripheral artery disease	116,010 (0.5%)
10. Endocarditis	85,700 (0.5%)	10. Endocarditis	95,166 (0.5%)
All CVD causes (total)	18,499,435 (100%)	All CVD causes (total)	21,128,437 (100%)

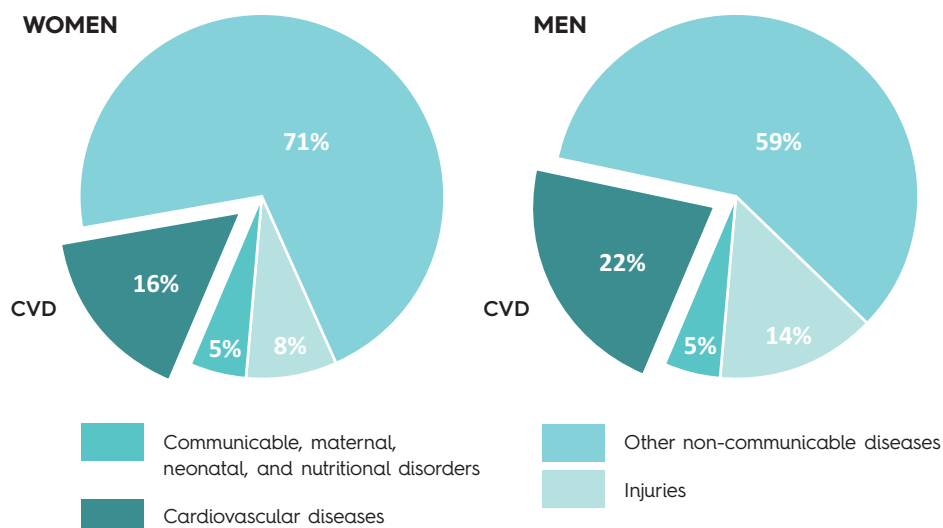
Figure 2. Number of DALYs due to CVD risk factors, North America, both sexes, 2000 and 2016*



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

CVD burden due to high body mass index and high fasting plasma glucose increased from 2000-2016 in North America, but the contributions of high cholesterol, high systolic blood pressure, and dietary risks diminished over the same interval (Figure 2). About 16% of total disease burden in women and 22% of total disease burden in men was attributed to CVD in 2016 (Figure 3).

Figure 3. DALYs by cause, North America, 2016



CVD burden per 100,000 people was higher in the United States than it was in Canada in 2016 (Figure 4). All countries in the region experienced a decrease in CVD burden rate 2000-2016 (Figure 5).

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. 2016 DALYs by country, North America

CVD DALYs per 100,000 persons, 2016

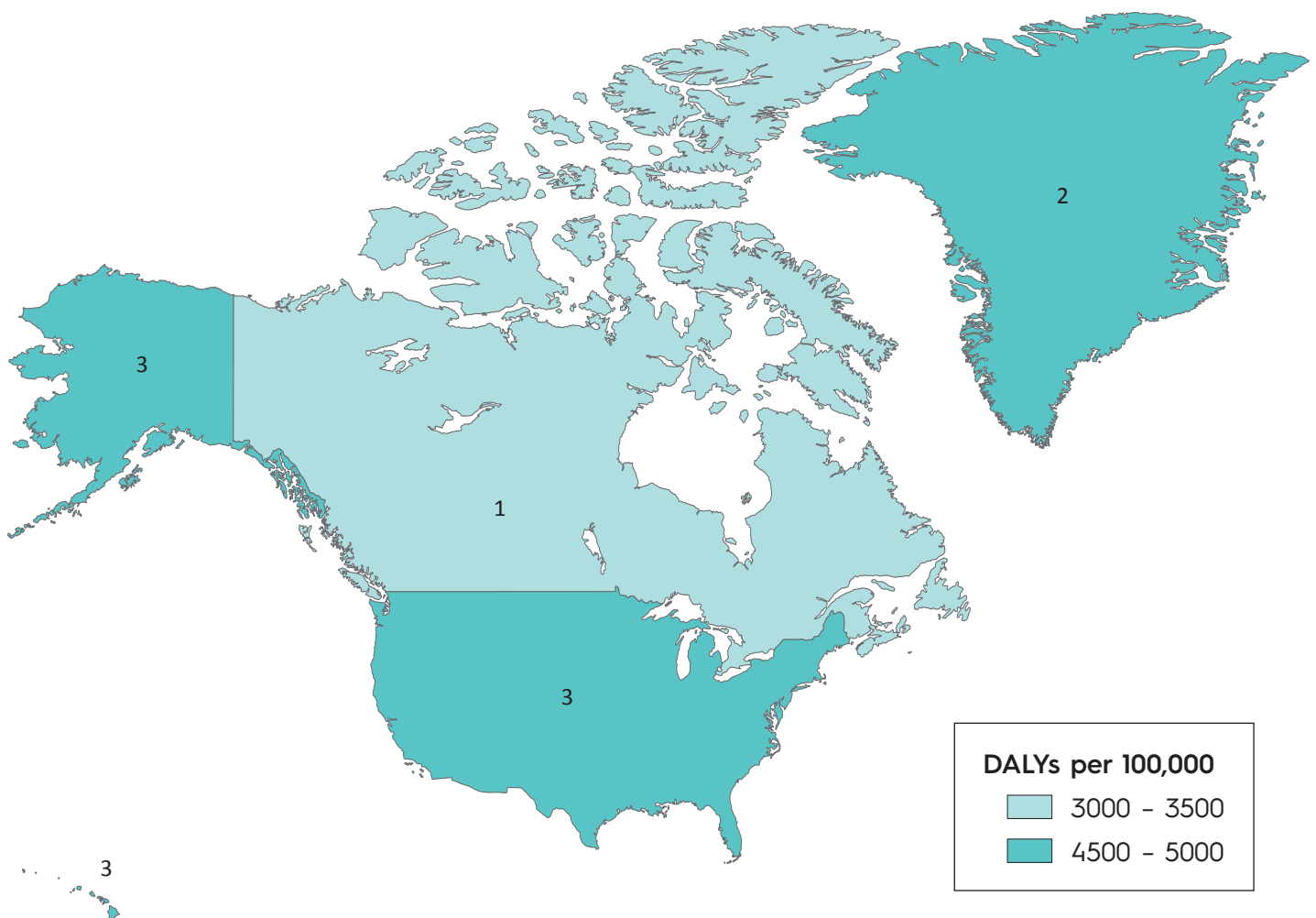


Figure 5. Change in CVD DALYs, 2000-2016, North America

Percent change in CVD DALYs per 100,000 between 2000 and 2016



HIGH-INCOME NORTH AMERICA

1. Canada
2. Greenland
3. United States

Percent Change

 10-20% decrease