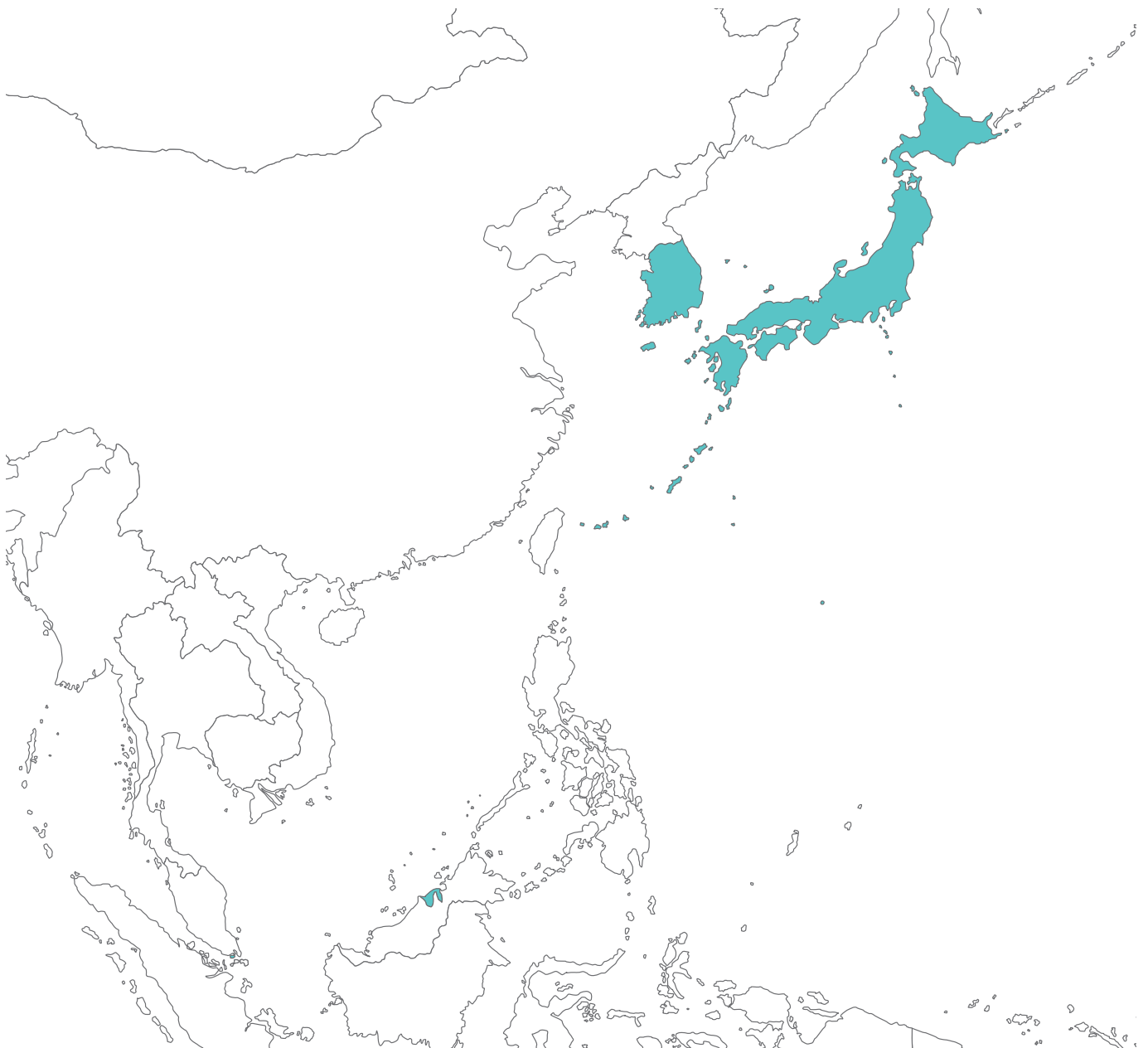


Asia Pacific High Income



The Asia Pacific High Income region is not geographically contiguous, being composed of the highly urbanized countries of South Korea, Brunei, Japan, and Singapore. Almost 14% of the region's population is aged ≥ 65 years old (Table 1). In Japan, male smoking prevalence was about 80% in 1950, and decreased thereafter but remains high at about 34%.

Table 1. Summary regional indicators for Asia Pacific High Income countries, 2016

Country Indicator		Regional average	Range (min, max)
Percent of population age 65 years or older		13.7	(4.1, 26.0)
Active smoking	males	33.4	(28.0, 33.7)
	females	10.3	(3.1, 10.6)
Raised blood pressure, age 18 years or older*	males	22.3	(17.8, 22.5)
	females	12.6	(11.3, 15.8)
Diabetes, age 18 years or older**	males	8.7	(8.4, 9.4)
	females	5.5	(5.0, 9.7)

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

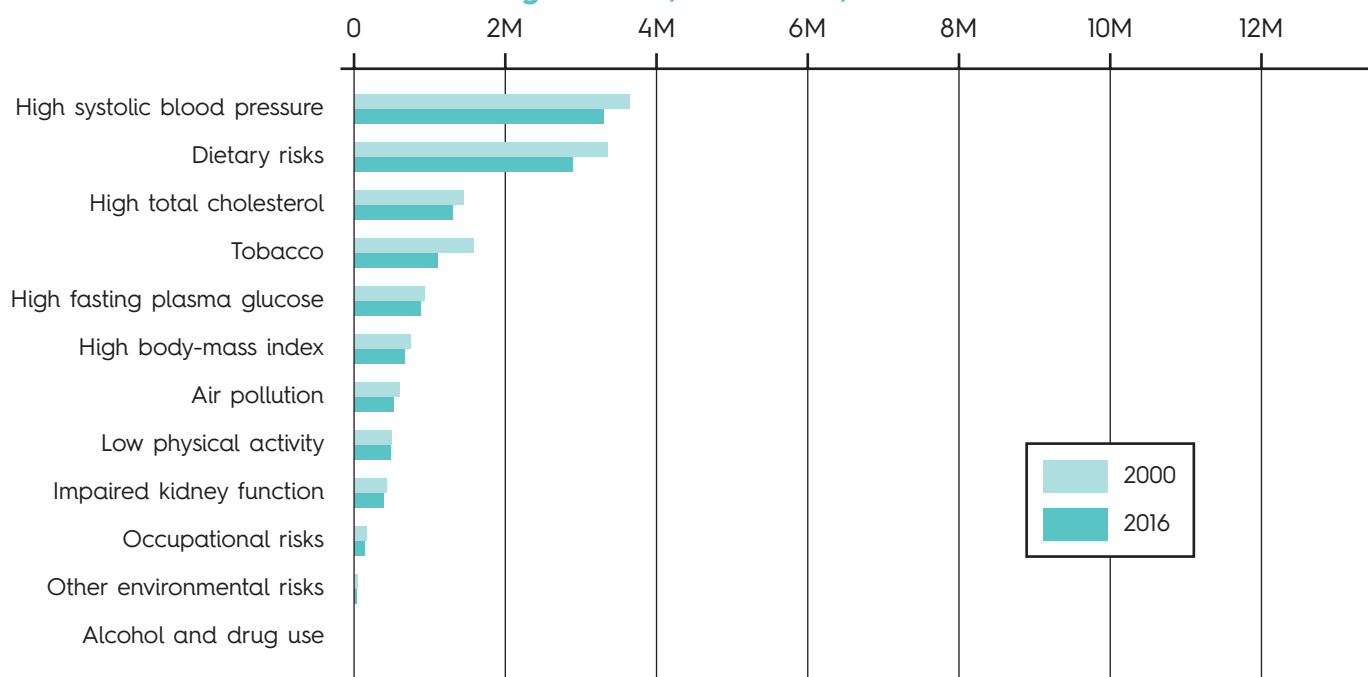
**Raised fasting blood glucose (\geq 7.0 mmol/L or on medication; age-standardized estimate)

Ischemic heart disease and stroke are the leading causes of CVD burden in the Asia Pacific High Income region (Figure 1). Total CVD burden increased only modestly from 2000-2016, partly because the region's population grew relatively slowly over the interval.

Figure 1. Number of DALYs due to CVD, Asia Pacific High Income, both sexes, 2000 and 2016

CVD cause	2000 rank (% of all)	CVD cause	2016 rank (% of all)
1. Ischemic heart disease	5,837,667 (56.6%)	1. Ischemic heart disease	6,010,633 (56.4%)
2. Stroke	2,659,455 (25.8%)	2. Stroke	2,685,635 (25.2%)
3. Other cardiovascular and circulatory diseases	570,393 (5.5%)	3. Other cardiovascular and circulatory diseases	633,534 (5.9%)
4. Cardiomyopathy and myocarditis	321,108 (3.1%)	4. Cardiomyopathy and myocarditis	347,119 (3.3%)
5. Hypertensive heart disease	317,069 (3.1%)	5. Hypertensive heart disease	308,657 (2.9%)
6. Atrial fibrillation and flutter	236,012 (2.3%)	6. Atrial fibrillation and flutter	274,061 (2.6%)
7. Aortic aneurysm	177,341 (1.7%)	7. Aortic aneurysm	200,456 (1.9%)
8. Rheumatic heart disease	94,078 (0.9%)	8. Rheumatic heart disease	86,328 (0.8%)
9. Endocarditis	49,167 (0.5%)	9. Peripheral artery disease	55,205 (0.5%)
10. Peripheral artery disease	45,472 (0.4%)	10. Endocarditis	48,810 (0.5%)
All CVD causes (total)	10,307,762 (100%)	All CVD causes (total)	10,650,437 (100%)

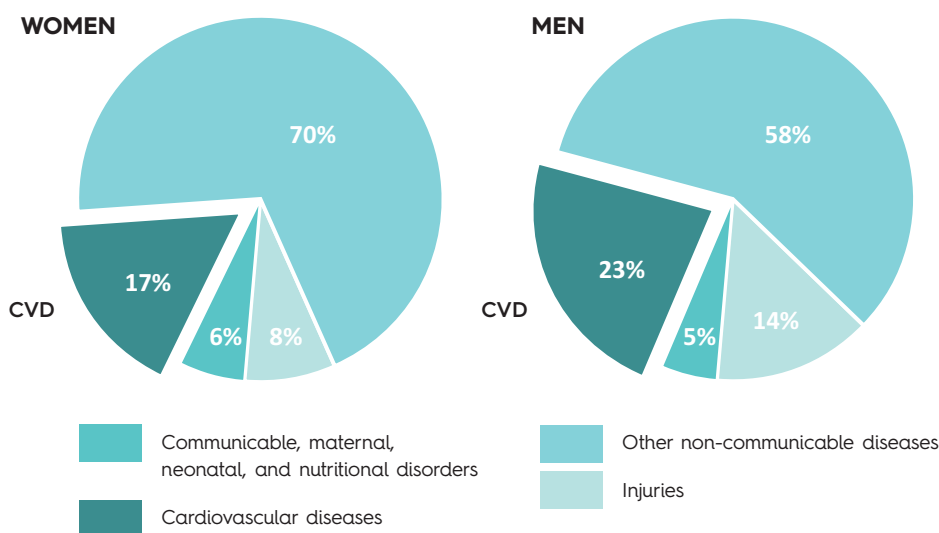
Figure 2. Number of DALYs due to CVD risk factors, Asia Pacific High Income, both sexes, 2000 and 2016*



*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 due to all risk factors, except low physical activity, decreased over 2000-2016 (Figure 2). The proportion of total disease burden attributable to CVD in the Asia Pacific High Income Region accounts for 23% of total disease burden in men and 17% of total burden in women (Figure 3).

Figure 3. DALYs by cause, Asia Pacific High Income, 2016



Japan had among the highest CVD disease burden per 100,000 people in the Asia Pacific High Income region in 2016 (Figure 4). CVD burden rate decreased over time in South Korea and Singapore, changed little in Japan, and increased by 33% in Brunei (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, Asia Pacific High Income
CVD DALYs per 100,000 persons, 2016

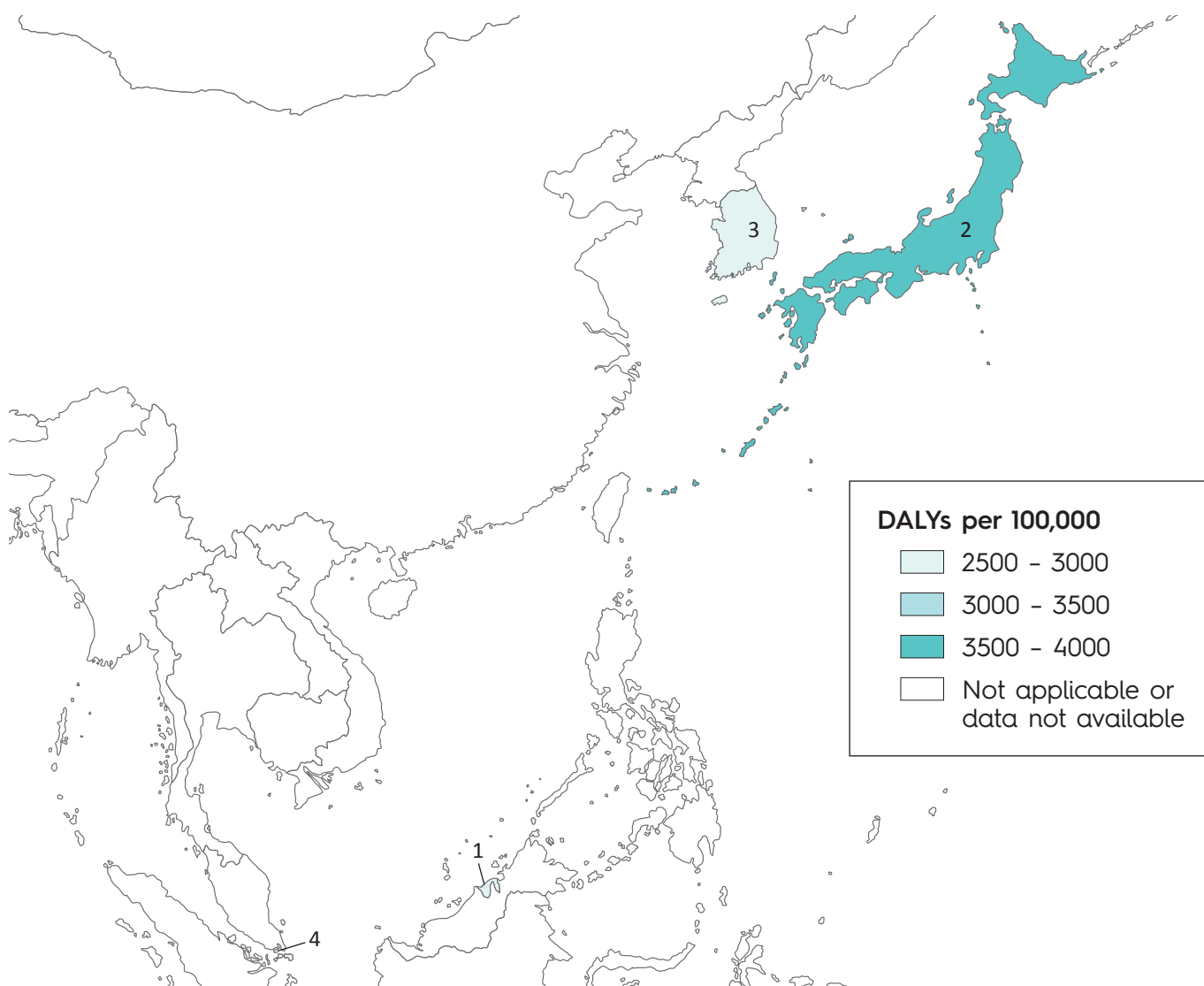
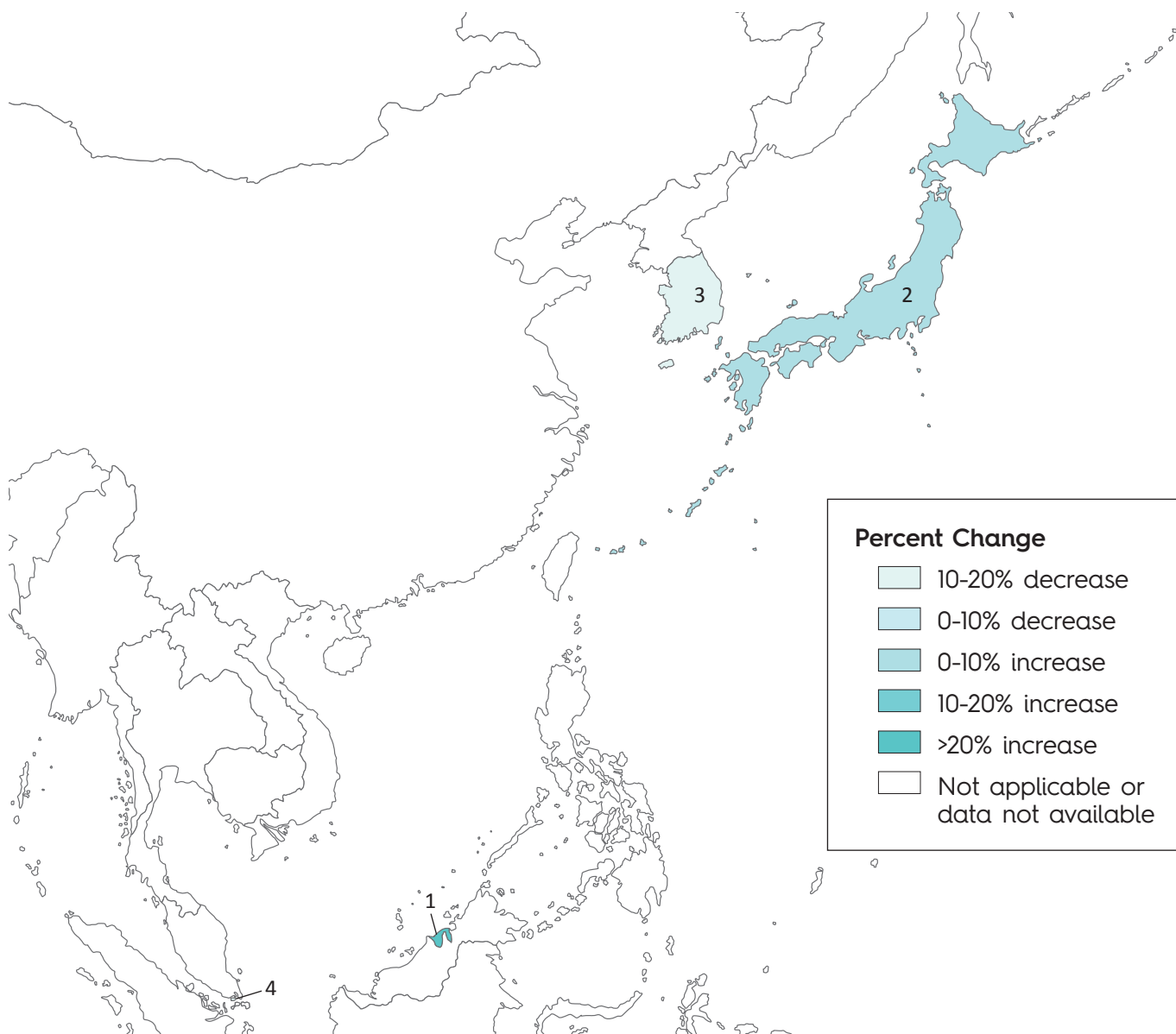


Figure 5. Change in CVD DALYs, 2000-2016, Asia Pacific High Income

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



ASIA PACIFIC, HIGH INCOME

1. Brunei Darussalam
2. Japan
3. South Korea (Republic of Korea)
4. Singapore