
Risk Factors, Population Shifts Could Triple Cardiovascular Disease Costs by 2050



Driven by an ageing and increasingly diverse population, along with a significant rise in risk factors such as high blood pressure and obesity, the total costs related to cardiovascular disease (CVD) are projected to triple by 2050. This projection comes from the American Heart Association. It is expected that at least 61% of U.S. adults, or over 184 million people, will have some form of CVD within the next 30 years, leading to a staggering \$1.8 trillion in direct and indirect costs.

Two presidential advisories published in *Circulation* detail these new findings. The papers build on previous work to project future CVD prevalence and economic impact.

Over the years, there have been monumental accomplishments in the fight against cardiovascular disease. Despite these successes, CVD remains a leading cause of death and disability. These findings reveal what to expect over the next 30 years and identify key issues to address.

Heart disease is one of the leading causes of death in the U.S., and stroke is currently the fifth leading cause of death. Combined, they claim more lives than all forms of cancer and chronic respiratory illnesses, with annual deaths from CVD approaching 1 million nationwide.

Quantifying the full burden of cardiovascular disease is crucial to informing the policies and interventions needed to change the current path. Rising healthcare costs, an ageing population, and increasing numbers of people from under-resourced populations will change the landscape of cardiovascular health over the next three decades.

Key drivers of CVD prevalence include increases in high blood pressure, diabetes, and obesity. Specifically, high blood pressure is expected to rise from 51.2% to 61.0%, meaning more than 184 million people will have a clinical diagnosis of CVD by 2050. Other projections include an increase in CVD (excluding high blood pressure) from 11.3% to 15.0%, stroke prevalence nearly doubling from 10 million to almost 20 million adults, obesity rising from 43.1% to 60.6%, and diabetes increasing from 16.3% to 26.8%.

Despite these predictions, there are some positive trends. More U.S. adults are adopting healthier behaviours, as outlined in the American Heart Association's Life's Essential 8, leading to improved physical activity and reduced smoking rates. However, the projected rise in CVD risk factors among younger populations highlights the need for continued vigilance and intervention.

Racial and ethnic disparities also persist, with larger increases in CVD prevalence and risk factors among racially and ethnically diverse populations. Systemic racism, socioeconomic factors, and access to care contribute significantly to these inequities.

The economic burden of CVD is expected to rise substantially, with total costs projected to reach \$1.8 trillion by 2050, driven primarily by a near quadrupling of direct healthcare costs. This includes significant increases in stroke-related healthcare costs due to the ageing population and rising hypertension rates.

The analysis indicates that strategic investments in cardiovascular prevention and treatment can mitigate these costs. Two intervention scenarios are proposed, both of which, if implemented effectively, could significantly reduce CVD cases and deaths. These include strategic investments in prevention and treatment, ensuring effective therapies reach those who need them, and addressing upstream factors that influence health.

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There is also a need for a united effort from individuals, companies, schools, and communities to change the future of health and for national-level investments and interventions to reverse the identified trends and promote health and hope for all.

Source: [American Heart Association](#)

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