



American
Heart
Association.

2022 Heart Disease & Stroke Statistical Update Fact Sheet Females & Cardiovascular Diseases*

Cardiovascular Disease (CVD) (ICD-9 390 to 459; ICD/10 I00 to I99)

- Among females 20 years of age and older between 2015 and 2018, 44.4% had some form of cardiovascular disease, compared with 54.1% of males.
- Among females 20 years of age and older between 2015 and 2018, 42.1% of non-Hispanic (NH) White females had CVD; 58.8% of NH Black females, 42.7% of Hispanic females, and 42.5% of NH Asian females.
- In 2019, CVD was the cause of death in 420,812 females (all ages). Females represented 48.1% of deaths from CVD.
- In 2019, CVD was the disease with the highest percent of total deaths for all subgroups of females; 30.3% of all NH White female deaths, 32.8% of NH Black female deaths, 28.3% of Hispanic female deaths, and 31.5% of NH Asian female deaths.
- In 2014, 25.3% of bypass and 32.3% of percutaneous coronary intervention patients were female.

Coronary Heart Disease (CHD) (ICD-9 410 to 414, 429.2; ICD-10 I20 to I25, includes MI ICD-10 I21 to I22)

- Using data from 2015 to 2018, about 9.1 million females alive had CHD. Of these, 3.0 million had a history of myocardial infarction (MI, or heart attack).
- Using 2015 to 2018 data, among females 20 years of age and older, 2.0% of NH White females had a previous MI; 2.3% of NH Black females, 2.1% of Hispanic females, and 0.7% of NH Asian females.
- Between 2015 and 2018, the overall prevalence of CHD was 6.2% of females and 8.3% of males. Using 2015 to 2018 data, among females 20 years of age and older, 6.0% of NH White females had CHD; and 7.2% of NH Black females, 6.4% of Hispanic females and 3.2% of Asian females.
- Based on data from 2005 to 2014, the average age at first MI was 72.0 years for females and 65.6 years for males.
- Based on data from 2005 to 2014, each year new and recurrent MI and fatal CHD impacted an estimated 445,000 females, age 35 and older.
- In 2019, 147,536 females died from CHD (40.9% of all deaths from CHD); 42,585 from MI (40.8% of all deaths from MI).
- Based on data from 1995 to 2012, 23% of females 45 years of age and older who had an initial recognized MI died within a year compared with 18% of males. Within 5 years after a first MI, 47% of females and 36% of males died. Females have MIs at older ages than males do and they're more likely to die from them within a few weeks.

Stroke (ICD-9 430 to 438; ICD-10 I60 to I69)

- Using data from 2015 to 2018, an estimated 4.1 million female vs. 3.5 million male stroke survivors, 20 years of age and older, were alive.
- Using data from 2015 to 2018, among females 20 years of age and older, 2.5% of NH White females had a previous stroke; 4.9% of NH Black females; 1.7% of Hispanic females; and 1.0% of NH Asian females.

* Due to inconsistencies in reporting, some statistics may be unreliable.
Unless otherwise noted, all statistics in this Fact Sheet pertain to the United States.

Stroke (ICD-9 430 to 438; ICD-10 I60 to I69) (continued)

- The highest rates for stroke are in the oldest age groups.
- In 2019, stroke caused the deaths of 85,658 females (57.1% of total stroke deaths).

High Blood Pressure (HBP) (ICD-9 401 to 404; ICD-10 I10 to I15)

- In 2015 to 2018, a higher percentage of males than females had hypertension up to 64 years of age. For individuals 65 years of age and older, the percentage of females with hypertension was higher than for males.
- Among females 20 years of age and older in 2015 to 2018, the following had HBP: 40.5% of NH White females; 57.6% of NH Black females; 40.8% of Hispanic females; and 42.1% of NH Asian females.
- Of females with HBP between 2015 and 2018, 22.7% of NH White females had their BP under control; 19.7% of NH Black females; 16.1% of Hispanic females, and 14.8% NH Asian females.
- In 2019, 52,621 females died from HBP. They represented 51.6% of deaths from HBP.

Heart Failure (HF) (ICD-9 428; ICD-10 I50)

- According to 2015 to 2018 data, about 2.6 million adult females have HF (1.7% of females). In 2014, about 505,000 new cases were diagnosed in females 55 years of age and older.
- Among females 20 years of age and older, 1.4% of NH White females have HF; 3.3% of NH Black females, 1.7% of Hispanic females, and 0.7% of NH Asian females.
- In 2019, there were 46,076 female deaths from HF (53.5% of HF deaths).

Smoking

- According to 2019 data, lifetime use of tobacco products for individuals 12 to 17 years of age was lower in females than males (11.0% vs 14.5%).
- Among adults 18 years of age and older in 2019, 12.7% of females and 15.3% of males were current smokers.
- In 2020, 18.7% of female high school students used e-cigarettes compared with 20.4% of male students.
- Among females who gave birth in 2017, 6.9% smoked cigarettes during pregnancy. Rates were highest for pregnant females 20 to 24 years of age and among NH American Indian and Alaska Native females at all ages.
- Worldwide, in 2020, tobacco caused 1.8 million female deaths and 6.3 million male deaths.

High Blood Cholesterol and Other Lipids

- According to 2015 to 2018 data, among children 6 to 11 years of age, the mean total cholesterol level was 157.3 mg/dL; 157.4 mg/dL for males and 157.1 mg/dL for females.
- According to 2015 to 2018 data, among adolescents 12 to 19 years of age, the mean total cholesterol level was 155.1 mg/dL; 152.7 mg/dL for males and 157.5 mg/dL for females.

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High Blood Cholesterol and Other Lipids (continued)

- Among adults 20 years of age and older in 2015 to 2018: o 35.3% of males and 40.4% of females had total cholesterol levels of 200 mg/dL or higher.
 - o 10.5% of males and 12.1% of females had total cholesterol levels of 240 mg/dL or higher.
 - o 27.4% of males and 28.1% of females had low-density lipoprotein (LDL) cholesterol of 130 mg/dL or higher.
 - o 26.6% of males and 8.5% of females had high-density lipoprotein (HDL) cholesterol less than 40 mg/dL.

Physical Inactivity

- In 2018, adult females were more likely than adult males to report inactivity.
- In 2019, fewer female students in grades 9–12 played video or computer games or used a computer for activities other than schoolwork for 3 or more hours on an average school day than male students; 44.6 vs. 47.5%.
- 27.4% of adult males and 20.8% of females met the 2018 Federal Physical Activity Guidelines for both aerobic and strengthening PA in 2018.

Overweight and Obesity

Using data from 2015 to 2018:

- An estimated 35.8% of females 2 to 19 years of age are overweight or obese; 31.7% NH White females, 45.2% NH Black females, 43.8% Hispanic females, and 18.8% NH Asian females.
- Of all females 2 to 19 years of age, 18.0% are obese; 14.2% of NH White females, 27.1% of NH Black females, 23.4% of Hispanic females, and 7.4% of NH Asian females.
- An estimated 68.1% of females 20 years of age and older are overweight or obese; 65.4% of NH White females, 78.4% of NH Black females, 77.8% of Hispanic females, and 42.9% of NH Asian females.
- Of all adult females, 41.1% are obese; 38.7% of NH White females, 55.2% of NH Black females, 46.2% of Hispanic females, and 15.9% of NH Asian females.

Diabetes (ICD-9 250; ICD-10 E10 to E14)

- Based on 2015 to 2018 data, of the estimated 28.2 million American adults with physician-diagnosed diabetes, 12.7 million were females (9.0% of all females); 7.5% of NH White females, 13.2% of NH Black females, 13.1% of Hispanic females and 10.1% of NH Asian females.
- Based on 2015 to 2018 data, of the estimated 9.8 million Americans with undiagnosed diabetes, about 4.3 million were females (3.2% of all females); 2.9% of NH White females, 3.3% of NH Black females, 4.6% of Hispanic females, and 3.1% of NH Asian females.
- Based on 2015 to 2018 data, of the estimated 113.6 million Americans with prediabetes, about 50.5 million were females (38.9% of all females); 37.3% of NH White females; 30.3% of NH Black females, 41.2% of Hispanic females, and 42.3% of NH Asian females.
- In 2019, diabetes caused the deaths of 38,135 females.

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**For additional information, charts and tables, see
*Heart Disease & Stroke Statistics – 2022 Update***

Additional charts may be downloaded directly from the online publication or www.heart.org/statistics.

Many statistics in this At-a-Glance document come from unpublished tabulations compiled for this document and can be cited using the document citation listed below. The data sources used for the tabulations are listed in the full document. Additionally, some statistics come from published studies. If you are citing any of the statistics in this At-a-Glance document, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

The American Heart Association requests that this document be cited as follows:

Tsao CW, Aday AW, Almarzooq ZI, Alonso A, Beaton AZ, Bittencourt MS, Boehme AK, Buxton AE, Carson AP, Commodore-Mensah Y, Elkind MSV, Evenson KR, Eze-Nliam C, Ferguson JF, Generoso G, Ho JE, Kalani R, Khan SS, Kissela BM, Knutson KL, Levine DA, Lewis TT, Liu J, Loop MS, Ma J, Mussolino ME, Navaneethan SD, Perak AM, Poudel R, Rezk-Hanna M, Roth GA, Schroeder EB, Shah SH, Thacker EL, VanWagner LB, Virani SS, Voecks JH, Wang N-Y, Yaffe K, Martin SS; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee. Heart disease and stroke statistics—2022 update: a report from the American Heart Association [published online ahead of print Wednesday, January 26, 2022]. *Circulation*. doi: 10.1161/CIR.0000000000001052

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If you have questions about statistics or any points made in the Statistical Update, please contact the American Heart Association National Center, Office of Science & Medicine at statistics@heart.org. Please direct all media inquiries to News Media Relations at <http://newsroom.heart.org/newsmedia/contacts>.