

Overall death rate from heart disease declines, although increase seen for certain types

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Matthew D. Ritchey, D.P.T., of the Centers for Disease Control and Prevention (CDC), Atlanta, and colleagues examined the contributions of heart disease subtypes to overall heart disease mortality trends during 2000-2010. The study appears in the November 19 issue of *JAMA*, a cardiovascular disease theme issue.

Despite considerable information on overall [heart disease](#) (HD) and coronary HD (CHD) mortality trends, less is known about trends for other HD subtypes. The researchers analyzed mortality data from the CDC WONDER database, which contains death certificate information from every U.S. state and the District of Columbia. Deaths were included that occurred during 2000-2010 among U.S. residents 35 years or older with an underlying cause of death coded as CHD, [heart failure](#), hypertensive HD (HHD), valvular HD, arrhythmia, pulmonary HD, or other HD.

During 2000-2010, there were 7,102,778 HD deaths. The mortality rates declined annually for total HD (-3.8 percent) and CHD (-5.1 percent). Mortality increased annually for HHD (1.3 percent) and arrhythmia (1.0 percent) and declined for most other subtypes. Although the HHD rate increased among non-Hispanic whites and was unchanged among non-Hispanic blacks, it remained much higher among non-Hispanic blacks in 2010. In 2010, excluding CHD and other HD, the leading cause of HD-related death was HHD among adults 35 to 54 years of age (12.1

percent) and those 55 to 74 years of age (6.7 percent); among those 75 years or older, it was heart failure (12.2 percent).

The authors write that although the proportions of HD deaths attributable to HHD and arrhythmia are relatively small, their mortality rate increases are notable. "Uncontrolled blood pressure and obesity among younger adults, especially non-Hispanic blacks, may be putting them at risk for developing HHD at an early age. ... These increases might be linked to an aging population, the sequelae of persons living longer with heart failure, increases in chronic kidney disease and HHD prevalence, and possible changes in how arrhythmias are diagnosed and reported on death certificates."

"Despite a continued decrease in overall HD [mortality](#), considerable burden still exists. Public health and clinical communities should continue to develop and rigorously apply evidence-based interventions to prevent and treat CHD as well as other HD subtypes such as HHD and arrhythmia," the authors conclude.

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