

## Summary



### Summary of Report on Cardiovascular Diseases in China, 2012

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The prevalence of cardiovascular diseases (CVDs) is associated with the socioeconomic prosperity, lifestyle changes, accelerated process of ageing and urbanization. The prevalence of CVDs is continuously increasing in China and will remain an upward trend in the next 10 years. CVDs are the leading cause of death for Chinese in both urban area and rural area. Nowadays, 41.09% of deaths in rural area and 41.52% of deaths in urban area are caused by CVDs in China. The burden of CVDs remains heavy and has become an important public health problem. Effective strategies should be enforced urgently for the prevention of CVDs under the supervision of the government. In 2012, the Ministry of Health of China and 14 governmental departments jointly issued the *Work Plan for Chronic Disease Prevention and Control in China (2012-2015)*, a guideline for the prevention of chronic diseases, especially CVDs in China.

Authorized by the Bureau of Disease Prevention and National Health and Family Planning Commission of China, National Center for Cardiovascular Diseases (NCCD) of China organizes the experts of cardiology, neurology, nephrology, diabetes, epidemiology, community health, health economics and biostatistics and other related fields to compile the annual report on CVDs in China. Seven reports have been published since 2005, which is an authoritative document for the CVDs prevention and control in China and frequently used by relevant leaders, experts and researchers.

This paper summarizes the main contents of the *Report on Cardiovascular Diseases in China, 2012*:

#### 1. Prevalence of Cardiovascular Diseases

In general, the prevalence of CVDs (including heart disease and cerebrovascular disease) is continuously increasing in China. It is estimated that the number of patients with CVDs is 290 million, in which 266 million have hypertension, more than 7 million are attacked by stroke, 2.5 million have a

myocardial infarction (MI), 4.5 million have cardiac failure, 5 million have pulmonary heart disease, 2.5 million have rheumatic heart disease, and 2 million have congenital heart disease. One of 5 adults is afflicted by CVDs.

#### 2. Mortality of CVDs

It is estimated that 3.5 million patients die of CVDs every year, which accounts for 41% of all deaths. Averagely 9 590 Chinese die of CVDs each day, i.e. 400 deaths per hour and 1 death every 10 s (Figure 1 and 2).

#### 3. Continuous Increase of Cardiovascular Risk Factors

##### 3.1 Hypertension

Hypertension is the primary risk factor for stroke and coronary heart disease. More than half of CVDs are associated with hypertension in China.

**3.1.1 Hypertension prevalence** The prevalence of hypertension in adults aged >18 year was 18.8% according to a National Survey in 2002, and increased to approximately 25% in recent years according to the reports from various provinces or municipalities. In some areas in northern China, the prevalence was as high as 30%. It is estimated that 266 million Chinese are hypertensive, indicating that 2-3 of 10 adults are afflicted with hypertension. The prevalence of hypertension in both males and females increased from 1979 to 2002. The difference in hypertension prevalence between rural residents and urban residents is not obvious. It was 19.3% in urban residents and 18.6% in rural residents in 2002.

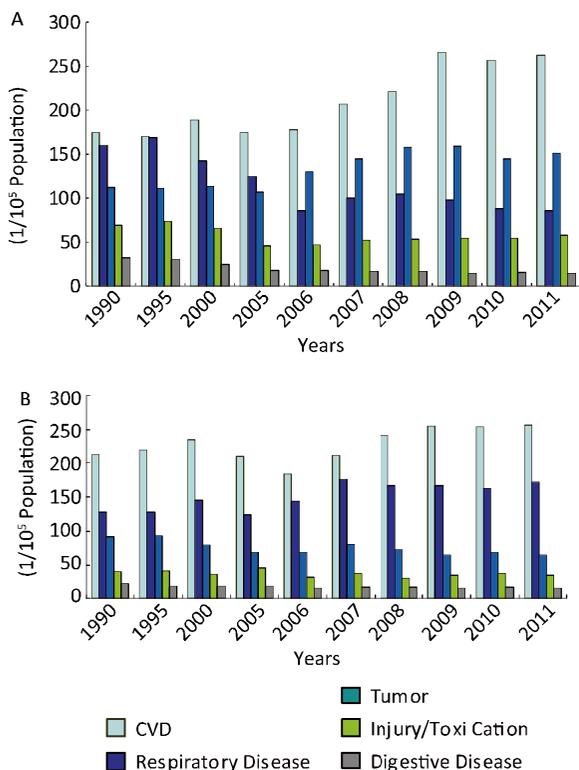
**3.1.2 Hypertension incidence** An eight-year follow-up study among 10 525 people aged >40 years indicated that the estimated annual incidence of hypertension was 3% in China.

**3.1.3 High-normal blood pressure** According to a survey in 2002, the prevalence of high normal blood pressure in adults aged >18 years was 34% in China. There were 300 million people with high-normal blood pressure. Compared with

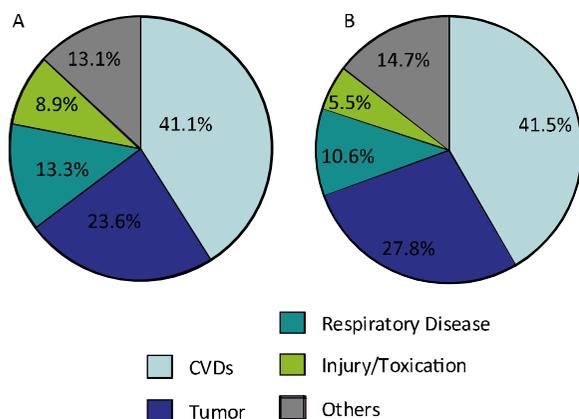
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normotensives, the risk of hypertension and CVDs in people with high normal blood pressure increased by 3.2 and 1.74, respectively. Half of people with high-normal blood pressure will develop hypertension in 10 years.



**Figure 1.** A: Mortality of major diseases in rural area in China, 1990-2011; B: Mortality of major diseases in urban area in China, 1990-2011.



**Figure 2.** A: Death constituents of major diseases in rural area in China; B: Death constituents of major diseases in urban area in China.

**3.1.4 Rate of awareness, treatment and control of hypertension** According to a National Survey in 2002, the awareness, treatment and control rates of hypertension in China were 30.6%, 24.7%, and 6.1% respectively. The rate of blood pressure control reached 25% by treatment for hypertensive patients. The rates of awareness, treatment and control of hypertension were lower in rural area than those in urban area, and the differences among different areas were statistical significant. At the out-patient departments of cardiology, nephrology and endocrinology in tertiary hospitals, the rate of blood pressure control was only 30.6% in hypertensive patients aged >18 years.

**3.1.5** The major risk factors of hypertension are high-salt diet, overweight/obesity, excessive consumption of alcohol, physical inactivity and chronic stress, etc.

**3.1.6 Prevalence of hypertension in adolescents** According to a survey conducted among Chinese children and adolescents aged 6-17 years in seven provinces, municipalities and autonomous regions, the prevalence of hypertension increased significantly from 7.1% in 1991 to 14.6% in 2004 with an annual increase of 0.58%.

**3.1.7** Compared with children with normal body weight, the relative risk of hypertension among those who were overweight, obese or abdominal obese was 2.9, 6.0, and 4.6, respectively.

**3.2 Cigarette Smoking**

**3.2.1 Prevalence of smoking** Despite non-smoking rate increased slightly in people aged >15 years in recent years, China still faces significant challenges in smoking control. According to the report of the Global Adult Tobacco Survey (GATS) 2010, there are 350 million active smokers and 540 million passive smokers in China. The smoking rate has reached a plateau in males, but is slightly increasing in young females. During 2002-2010, the smoking rate among people aged 40-59 years showed an upward trend.

**3.2.2 Trend in smoking cessation** The proportion of people trying smoking cessation increased from 9.42% in 1996 to 11.5% in 2002, and up to 16.9% in 2010. The people who stopped smoking increased by 15 million. The rate of passive smoking didn't changed in recent 10 years.

**3.2.3** Generally, smoking rate was significantly higher in rural residents than in urban residents (29.8% vs 26.1%). It was higher in rural males than in urban males (56.1% vs 49.2%). but it was significantly higher in urban females than that in

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