2025 Heart Disease and Stroke Statistics Update Fact Sheet

At-a-Glance

This document contains key statistics about heart disease, stroke, other cardiovascular diseases and their risk factors, in addition to commonly cited statistics about the American Heart Association (AHA)'s research program. This At-a-Glance document is based on the association's 2025 Heart Disease and Stroke Statistics Update: A Report of US and Global Data From the AHA, which is compiled annually by the AHA, the National Institutes of Health, and other collaborators. The years of data cited were the most recent available for each topic at the time the Update was written.

The 2024 and 2025 Statistics Updates both contain 2021 Global Burden of Disease Study data. Some global estimates below (from the 2025 Statistics Update) reflect slightly different estimates from the 2024 Statistics Update due to improvements in demography and population estimation, statistical and geospatial modeling methods, and the addition of nearly 3000 new data sources since the 2024 AHA Statistics Update.

American Heart Association Research

- The AHA uses donations to fund research projects. Research applications are carefully weighed and selected by teams of scientists and healthcare professionals who volunteer for the association.
- Ten investigators received Nobel Prizes for research wholly or partially supported by the AHA.
- The AHA is the largest non-profit, non-governmental funder of cardiovascular and cerebrovascular research in the United States.
- The AHA has funded more than $5.7 billion in research since 1949.

Heart Disease, Stroke, and other Cardiovascular Diseases

- Cardiovascular disease (CVD), listed as the underlying cause of death, accounted for 941 652 deaths in the United States in 2022.
- Heart disease and stroke claimed more lives in 2022 in the United States than all forms of cancer and chronic lower respiratory disease combined.
- Between 2017 and 2020, 127.9 million US adults (48.6%) had some form of CVD. Between 2020 and 2021, direct and indirect costs of total CVD were $417.9 billion ($233.3 billion in direct costs and $184.6 billion in indirect costs/mortality).
- In 2017 to 2020 in the United States, 59.0% of non-Hispanic Black females and 58.9% of non-Hispanic Black males had some form of CVD. This race category had the highest prevalence of CVD.

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- In 2022 in the United States, coronary heart disease (CHD) was the leading cause of deaths (39.5%) attributable to CVD in the United States, followed by stroke (17.6%), other CVD (17.0%), hypertensive diseases (14.0%), heart failure (9.3%), and diseases of the arteries (2.6%).
- Direct costs for CVD accounted for 11% of total US health expenditures in 2020 to 2021, more than any major diagnostic group except diseases of the musculoskeletal system.
- CVD accounted for approximately 19.41 million global deaths in 2021.

Coronary Heart Disease

- Coronary Heart Disease (CHD) caused 371 506 deaths in 2022.
- According to data from 2005 to 2014, the estimated annual incidence of heart attack in the United States was 605 000 new attacks and 200 000 recurrent attacks. Average age at the first heart attack was 65.6 years for males and 72.0 years for females.
- Approximately every 40 seconds, someone in the United States will have a myocardial infarction.
- From 2012 to 2022 in the United States, the annual death rate attributable to CHD declined 16.9% and the actual number of deaths stayed relatively the same.
- The estimated direct and indirect cost of CHD in 2020 to 2021 (average annual) was $129.3 billion in the United States.

Stroke

- In 2022, stroke accounted for approximately 1 of every 20 deaths in the United States.
- On average in 2022, someone died of stroke every 3 minutes 11 seconds in the United States.
- Stroke caused 165 393 deaths in the United States in 2022.
- In 2022, the age-adjusted US stroke death rate as an underlying cause of death was 39.5 per 100 000, an increase of 7.0% from 36.9 per 100 000 in 2012, and the actual number of stroke deaths increased 28.7% during the same time period.
- In 2021, there were 7.25 million deaths attributable to stroke worldwide (3.59 million deaths from ischemic stroke, 3.31 million deaths from intracerebral hemorrhage, and 0.35 million from subarachnoid hemorrhage).
- Age-standardized mortality due to stroke amongst regions was highest for Oceania and southeast Asia. Rates were lowest for Australasia and western Europe. Age-standardized mortality due to ischemic stroke amongst regions was highest for eastern Europe, followed by north Africa and the Middle East and central Asia. Mortality was lowest for Australasia. Amongst regions, intracerebral hemorrhage mortality was highest for Oceania, followed by southeast and east Asia and central and eastern sub-Saharan Africa. Amongst regions, mortality estimated for subarachnoid hemorrhage was highest for Oceania followed by southeast Asia and Andean Latin America.

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Sudden Cardiac Arrest

- In 2022, underlying cause sudden cardiac arrest mortality in the United States was 19 171. Any-mention sudden cardiac arrest mortality was 417 957.
- According to 2023 US data, the majority of adult out-of-hospital cardiac arrests (OHCA) occur at a home or residence (71.0%). Public settings (18.2%) and nursing homes (10.7%) were other locations of adult OHCA.
- According to 2023 US data for adult OHCA only, survival to hospital discharge was 10.2% for all EMS-treated non-traumatic OHCA cardiac arrests. Bystander witnessed adult arrests had a 15.4% survival to hospital discharge and 9-1-1 responder witnessed arrests had an 18.2% survival to hospital discharge.

Heart Disease, Stroke and CVD Risk Factors

The AHA gauges the cardiovascular health of the nation by tracking eight key health factors and behaviors that increase risks for heart disease and stroke. These are called “Life’s Essential 8” and the AHA measures them to track progress toward improving cardiovascular health for all Americans. Life’s Essential 8 are: not-smoking, physical activity, healthy diet, healthy body weight, sleep health, and control of cholesterol, blood pressure, and blood sugar. Below are some key facts related to these factors:

Smoking

- Worldwide, tobacco contributed to an estimated 7.25 million deaths in 2021.
- In the United States, smoking was the second leading risk factor for years of life lost to premature mortality and the fourth leading risk factor for years of life lived with disability or injury in 2021.
- A meta-analysis of 23 prospective and 17 case-control studies of cardiovascular risks associated with secondhand smoke exposure demonstrated 18%, 23%, 23%, and 29% increased relative risk for total mortality, total CVD, CHD, and stroke, respectively, in those exposed to secondhand smoke.
- According to the 2020 Surgeon General’s report on smoking cessation, >480 000 Americans die as a result of cigarette smoking and >41 000 die of secondhand smoke exposure each year, ≈1 in 5 deaths annually.
- In 2023, 12.6% of US high school students and 6.6% of middle school students reported current tobacco product use. Additionally, 1.9% of US high school students and 1.1% of middle school students smoked cigarettes in the past 30 days. In the past 30 days, 10.0% of US high school students and 4.6% of middle school students used e-cigarettes.
- In 2021, 11.5% of US adults reported cigarette use every day or some days (13.1% of males and 10.1% of females).

Physical Inactivity

- In 2022, the overall prevalence of meeting the 2018 Physical Activity Guidelines for Americans for aerobic activity and muscle-strengthening activities was 25.3% in US adults.

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- Among US high school students in 2021, 23.9% were physically active for 60 minutes or more every day of the week.

Nutrition

- Using the AHA's Life's Essential 8 scoring metric and NHANES data from 2013 to 2018, diet was among the metrics with the lowest scores in adults; the mean diet score was 44.4 with a range across demographic groups of 31.4 to 53.1 out of 100.
- Among children 2 to 19 years of age from 2013 to 2018, a mean diet score of 41.2 out of 100 was observed with a range across demographic groups of 31.7 to 49.8.
- In 2021, diet-related risk factors accounted for 7 of the 20 leading risk factors for years of life lost to premature mortality in the United States.
- In 2021, diet-related risk factors accounted for 3 of the 20 leading risk factors for years of life lost to premature mortality globally.

Overweight/Obesity

- In the United States, the age-adjusted prevalence of obesity among adults from 2017 to 2020 was 41.8% in males and 41.8% in females.
- The age-adjusted prevalence of severe obesity in adults in the United States from 2017 to 2020 was 6.6% in males and 11.7% in females.
- The prevalence of obesity among children and adolescents 2 to 19 years of age in the United States from 2017 to 2020 was 19.7%.
- Worldwide, high body mass index was attributed to 3.71 million deaths in 2021, a change of 42.8% compared with 2010.
- According to the Global Burden of Disease 2021 study, age-standardized mortality rates attributable to high body mass index were lowest for high-income Asia Pacific and highest for southern sub-Saharan Africa, north Africa and the Middle East, and Oceania.

Cholesterol

- Using data from 2017 to 2020, 86.4 million, or 34.7% of US adults had total cholesterol of 200 mg/dL or higher.
- Using data from 2017 to 2020 about 24.7 million, or 10.0% of US adults had total cholesterol of 240 mg/dL or higher.
- Using data from 2017 to 2020, 63.1 million, or 25.5% of US adults had high levels of low-density lipoprotein cholesterol (130 mg/dL or higher).
- Using data from 2017 to 2020, 41.3 million, or 16.9% of US adults had low levels of high-density lipoprotein cholesterol (less than 40 mg/dL).
- Globally in 2021 there were 3.65 million deaths attributable to high levels of low-density lipoprotein cholesterol, a 17.4% change from 2010.

Sleep

- Data from NHANES 2017 to 2020 showed that trouble sleeping was more prevalent in older adults, females, NH White adults, and unemployed individuals. Daytime sleepiness was more prevalent among younger adults, females, NH White adults, people who were

unemployed, and people with lower income.
- Based on 2022 data, females more often reported having any sleep problem on most or all days than males for all age groups.

Diabetes

- Using data from 2017 to 2020, an estimated 29.3 million (10.6%) US adults had diagnosed diabetes.
- Using data from 2017 to 2020, an estimated 9.7 million (3.5%) US adults had undiagnosed diabetes. Additionally, 115.9 million (46.4%) US adults had prediabetes.
- In 2022, 101 209 US deaths were attributed to diabetes. The age-adjusted US death rate primarily attributable to diabetes was 24.1 per 100 000.
- In 2021, an estimated 1.66 million deaths were attributed to diabetes globally. This represents an age-standardized mortality rate of 19.61 per 100 000. In 2021, an estimated 5.29 million deaths were attributed to high fasting plasma glucose. This represents an age-standardized mortality rate of 63.73 per 100 000.

High Blood Pressure (HBP)

- Using data from 2017 to 2020, 122.4 million (46.7%) US adults had hypertension.
- In 2022, there were 131 454 US deaths primarily attributable to HBP.
- In 2022, the age-adjusted US death rate primarily attributable to HBP was 31.5 per 100 000.
- In 2021, an estimated 10.85 million deaths were attributed to high systolic blood pressure globally. This represents an age-standardized mortality rate of 131.10 per 100 000.

Fact sheets, infographics, and current/past Statistics Update publications can be downloaded from:

Heart and Stroke Association Statistics | American Heart Association.

Many statistics in this fact sheet come from unpublished tabulations compiled for the Statistics Update 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 fact sheet, please review the full Heart Disease and Stroke Statistics document to determine data sources and original citations.

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

Martin SS, Aday AW, Allen NB, Almarzooq ZI, Anderson CAM, Arora P, Avery CL, Baker-Smith CM, Bansal N, Beaton AZ, Commodore-Mensah Y, Currie ME, Elkind MSV, Fan W, Generoso G, Gibbs BB, Heard DG, Hiremath S, Johansen MC, Kazi DS, Ko D, Leppert MH, Magnani JW, Michos ED, Mussolino ME, Parikh NI, Perman SM, Rezk-Hanna M, Roth GA, Shah NS, Springer MV, St-Onge M-P, Thacker EL, Urbut SM, Van Spall HGC, Voeks JH, Whelton SP, Wong ND, Wong SS, Yaffe K, Palaniappan LP; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Committee. 2025 Heart disease and stroke statistics: a report of US and global data from the American Heart Association. *Circulation*. Published online January 27, 2025.

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