

The ABCDs of CARDIOVASCULAR DISEASE



Maine Center for Disease
Control and Prevention
An Office of the
Department of Health and Human Services

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

A DATA BRIEF FOR PUBLIC HEALTH & HEALTHCARE PROFESSIONALS

Aspirin use, Blood pressure control, Cholesterol management, Diabetes control, Smoking cessation & Sodium reduction to prevent heart disease and stroke in Maine

- Heart disease, stroke, and diabetes are among the most common, costly and preventable of all health problems among Maine adults.
- Heart disease, stroke and diabetes are the **second, fourth** and **seventh** leading causes of death in Maine, respectively.¹
- Leading a healthy lifestyle - such as eating well, being active, not smoking, reducing sodium intake and following prescription medication regimens - greatly reduces a person's risk for developing conditions such as high blood pressure and high cholesterol, reducing the risk of heart disease, stroke and diabetes.

A = ASPIRIN USE

Daily aspirin use can prevent cardiovascular disease among those who are at-risk.

The U.S. Preventative Services Task Force recommends the use of daily aspirin use for:

Primary Prevention: among men ages 45-79 years to prevent heart attacks and among women ages 55-79 years to prevent ischemic strokes*

In 2013:

- Forty-five percent** of Maine men ages 45-79 years took aspirin daily² and
- Forty-four percent** of Maine women ages 55-79 years took aspirin daily²

Secondary Prevention: to prevent heart attack and ischemic stroke among people who have already experienced such an event*

In 2013, among Maine adults who had a previous cardiovascular event:

- Eighty-three percent** of Maine adults who had a previous heart attack were now taking aspirin daily²
- Sixty-three percent** of Maine adults who had a previous stroke were taking now aspirin daily²

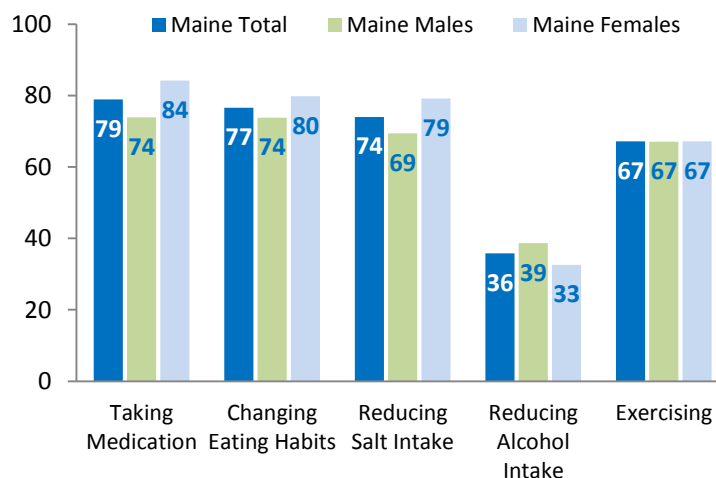
*For adults who are not taking NSAIDs and who do not have other contraindications for aspirin usage. Individuals should first speak with their healthcare provider to discuss aspirin usage.

B = BLOOD PRESSURE

In Maine, 33 percent of Maine adults reported having diagnosed high blood pressure.²

- Maine men were significantly more likely to have high blood pressure than Maine women (**36 percent** vs. **31 percent**)²
- In 2011, among Maine adults with high blood pressure, **79 percent** were actively taking medication to control their blood pressure²
- Maine men were significantly less likely to be taking medication than Maine women (**74 percent** vs. **84 percent**)²

Actions to Control High Blood Pressure (%) among Maine Adults with High Blood Pressure, 2011²



C = CHOLESTEROL

In 2013, 40 percent of Maine adults had high cholesterol, similar to the U.S. median (38 percent).²

- **Eighty-two percent** of Maine adults reported having had their cholesterol checked in the past five years²
- Maine men were significantly more likely to have high cholesterol (**42 percent**) than Maine women (**38 percent**)²
- Maine women were significantly more likely to have had their cholesterol checked in the past five years (**83 percent**) than Maine men (**80 percent**)²

S = SMOKING

In 2013, 20 percent of Maine adults were current smokers, similar to the U.S. median (19 percent).²

- Maine men (**22 percent**) were significantly more likely to smoke than Maine women (**18 percent**)²
- Among Maine adults who have diabetes, **15 percent** were current smokers²

s = SODIUM

In 2013, 56 percent of Maine adults were reducing their sodium intake.²

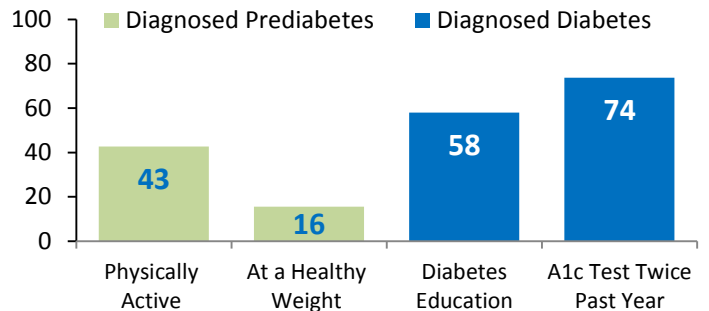
- Too much sodium can cause high blood pressure and raise the risk of heart attack and stroke.
- Depending on age, race and risk factors, most people should consume 1500 milligrams or less of sodium per day³
- In 2013, **22 percent** of Maine adults reported having been told by a doctor or health professional to reduce their sodium intake²

D = DIABETES

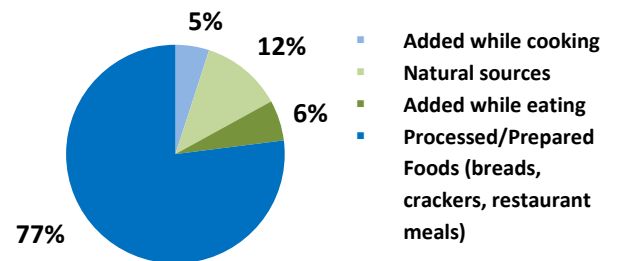
In 2013, 10 percent of both Maine and U.S. adults had diagnosed diabetes.²

- In 2013, **58 percent** of Maine adults with diagnosed diabetes had received formal diabetes education²
- **Seventy-four percent** of Maine adults with diagnosed diabetes had a Hemoglobin A1c (A1c) test to measure blood sugar control at least twice within the past year²
- **Seven percent** of Maine adults have diagnosed prediabetes²
- Addressing prediabetes with healthy lifestyle changes can prevent or delay the onset of type 2 diabetes

Preventative Behaviors (%) Among Maine Adults with Diagnosed Prediabetes or Diabetes, 2013²



Where does Sodium Come From?³



Data Sources: 1. CDC WISQARS, <http://www.cdc.gov/injury/wisqars/leadingcauses.html> 2. Behavioral Risk Factor Surveillance System (BRFSS), U.S. median comparisons data includes all states and Washington, DC. 3. Dietary Guidelines for Americans, 2010, <http://www.health.gov/dietaryguidelines/dga2010/dietaryguidelines2010.pdf>

MAINE CDC CARDIOVASCULAR HEALTH AND DIABETES PREVENTION & CONTROL PROGRAMS

Maine Department of Health and Human Services, Maine Center for Disease Control and Prevention

MAINEHEARTHEALTH.ORG

MAINE.GOV/DHHS/MECDC/POPULATION-HEALTH/DCP/



Department of Health
and Human Services

Maine People Living
Safe, Healthy and Productive Lives

Paul R. LePage, Governor

Mary C. Mayhew, Commissioner

Published June 2015, updated November 2015

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, sexual orientation, age, or national origin, in admission to, access to, or operations of its programs, services, or activities, or its hiring or employment practices. This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, Title IX of the Education Amendments of 1972 and the Maine Human Rights Act and Executive Order Regarding State of Maine Contracts for Services. Questions, concerns, complaints, or requests for additional information regarding the ADA may be forwarded to DHHS' ADA Compliance/EEO Coordinators, 11 State House Station – 221 State Street, Augusta, Maine 04330-0011, (207) 287-4289 (V), (207) 287-3488 (V), TTY users call Maine Relay 711. Individuals who need auxiliary aids for effective communication in program and services of DHHS are invited to make their needs and preferences known to the ADA Compliance/EEO Coordinator. This notice is available in alternate formats.