

The Maine CDC/DHHS Cardiovascular Health Program (MCVHP) works to reduce death and disability due to heart disease and stroke among Maine residents. We have developed this fact sheet to help you understand the burden of cardiovascular disease in Maine by presenting key data.

KEY FINDINGS

- Fewer women than men have high blood pressure.
- Compared to men, women are better able to correctly identify major signs and symptoms for both stroke and heart attack.
- Compared to women, men are more likely to die from major CVD, coronary heart disease, and heart attack. Deaths due to stroke are similar in men and women.

Major cardiovascular diseases (heart disease and stroke) are the leading cause of death among men and women in the United States and in Maine, accounting for roughly 33 percent and 28 percent of all deaths, respectively, in 2005¹. Some risk factors that you can change for cardiovascular disease include lack of physical activity, poor nutrition, tobacco use, high blood pressure, high blood cholesterol, overweight, and diabetes. Data related to high blood pressure and high blood cholesterol are included in this fact sheet. In addition, we present data on knowledge about warning signs and symptoms for heart attack and stroke, as well as death and hospitalization rates for selected cardiovascular diseases.

Prevalence of Cholesterol Indicators Among Adults – Maine, 2005

High levels of cholesterol in the blood can lead to blockage of the arteries and cause diseases such as coronary heart disease, heart attack and stroke.

Cholesterol Screening

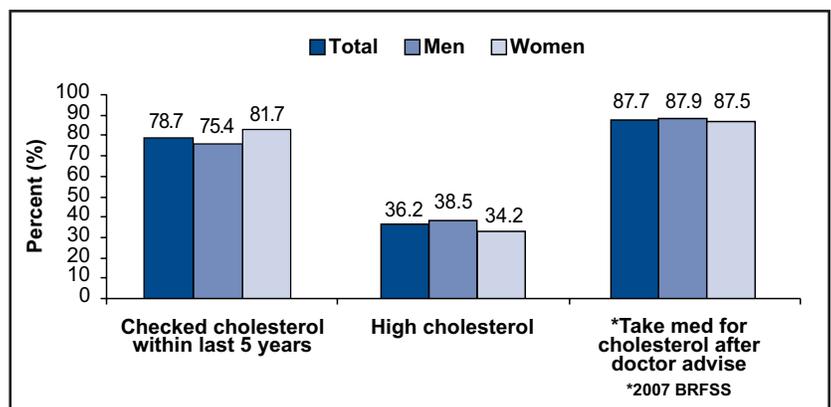
In 2005, nearly 79 percent of Maine adults said that they received blood cholesterol screening within the last five years. More women than men had their cholesterol checked. Adults with college education or high household income are more likely to have had their cholesterol checked.

High Cholesterol

About 36 percent of Maine adults were told they had high blood cholesterol in 2005. Fewer women have high cholesterol than men. Adults with low household income or less than college education are more likely to have high cholesterol levels.

Cholesterol Control

In 2007, nearly 88 percent of Maine adults with high cholesterol said they were following their doctor's advice to take prescribed medication to control their cholesterol levels. There were no differences between men and women. Adults with low household income or less than a high school education are more likely to take medications to control cholesterol levels.



Prevalence of Blood Pressure Indicators Among Adults – Maine, 2005

High blood pressure is known to increase the risk of heart disease and stroke.

Blood Pressure Screening

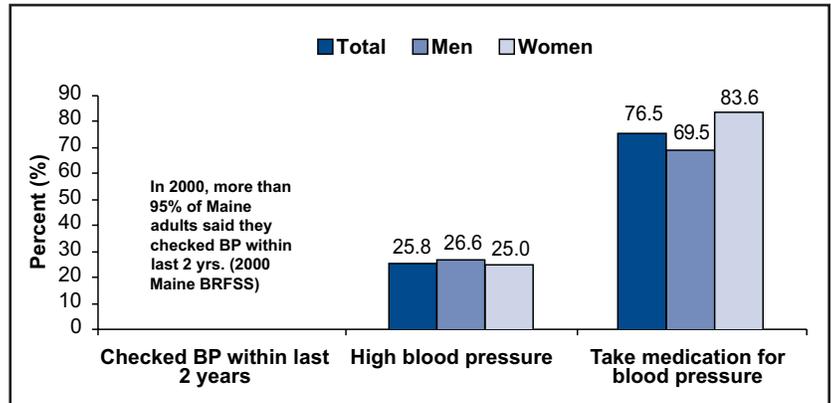
Most adults in Maine check their blood pressure at least once every two years with no apparent evidence of disparities across subpopulations.

High Blood Pressure

Nearly 26 percent of Maine adults had high blood pressure in 2005. Fewer women than men have high blood pressure. Adults with low household income or less than college education are more likely to have high blood pressure.

Blood Pressure Control

More than 76 percent of Maine adults with high blood pressure said they were taking prescribed medication to control their blood pressure in 2005. More women than men take medications for blood pressure control. Adults with low household income or less than college education are more likely to take medications to control their blood pressure.



2005 Maine Behavioral Risk Factor Surveillance System

Prevalence of Knowledge About Heart Attack and Stroke Among Adults – Maine, 2005

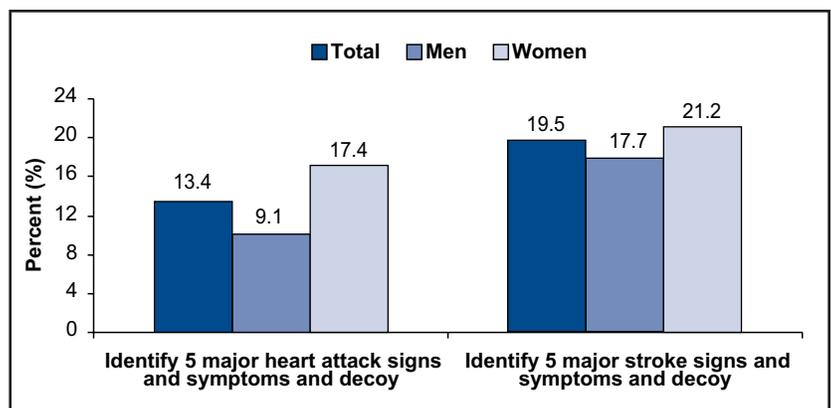
Early recognition of the warning signs and symptoms of heart attack or stroke by patients and by bystanders are vital to timely access to emergency care and receiving of lifesaving treatment.^{2,3}

Warning Signs and Symptoms for Heart Attack

In 2005, more than 13 percent of Maine adults were able to correctly identify all the major signs and symptoms of heart attack. Compared to men, more women are able to identify the signs and symptoms of heart attack. Generally, adults between the ages of 35 and 64 years are more likely to correctly identify the signs and symptoms of heart attack compared to those 18 to 34 or 65 and older.

Warning Signs and Symptoms for Stroke

In 2005, almost 20 percent of Maine adults were able to identify all the major signs and symptoms of stroke. Women appear more knowledgeable about the signs and symptoms of stroke. Adults between the ages of 35 and 64 years are more likely to correctly identify the signs and symptoms of stroke compared to those younger than 35 or 65 and older.



2005 Maine Behavioral Risk Factor Surveillance System

Hospitalizations Due to Major Cardiovascular Disease (CVD), Coronary Heart Disease (CHD), Heart Attack, and Stroke – Maine, 2005

Hospitalization rates for CVD are a measure of disease burden. Hospitalizations can be minimized with early detection and appropriate management of CVD.

Major Cardiovascular Diseases

In 2005, nearly 24,700 Maine residents were hospitalized for major CVD. The unadjusted hospitalization rate was about 1869 per 100,000. The age-adjusted hospitalization rate for major CVD is higher in men.

Coronary Heart Disease

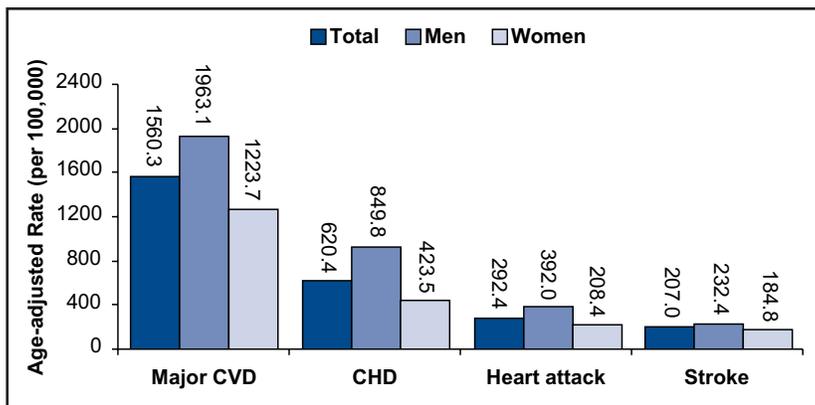
In 2005, about 9,870 Maine residents were hospitalized for coronary heart disease. The unadjusted hospitalization rate was 747 per 100,000.

Heart Attack

In 2005, about 4,650 Maine residents were hospitalized for acute heart attack. The unadjusted hospitalization rate was about 352 per 100,000.

Stroke

In 2005, about 3,280 Maine residents were hospitalized for stroke. The unadjusted hospitalization rate was about 248 per 100,000.



Maine Health Data Organization

Deaths Due to Major Cardiovascular Disease (CVD), Coronary Heart Disease (CHD), Heart Attack, and Stroke – Maine, 2005

CVD death rates are another measure of disease burden. Death from CVD can be minimized through primary prevention, early detection, appropriate management of CVD, and timely access to quality care for acute events..

Major Cardiovascular Diseases

3900 Maine residents died of major CVD in 2005, representing an unadjusted death rate of 295 per 100,000.

Coronary Heart Disease

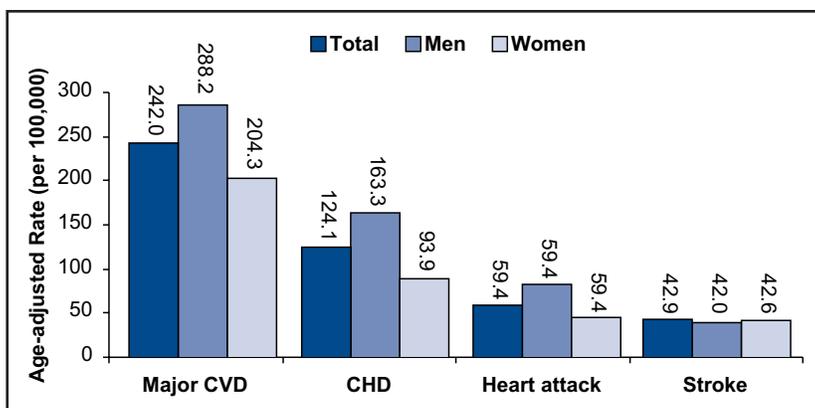
Nearly 2000 Maine residents died of coronary heart disease in 2005, representing an unadjusted death rate of 151 per 100,000.

Heart Attack

960 Maine residents died of acute heart attack in 2005, representing an unadjusted death rate of about 73 per 100,000.

Stroke

800 Maine residents died of stroke in 2005, representing an unadjusted death rate of about 61 per 100,000.



Maine Office of Data, Research and Vital Records

The Cost of Cardiovascular Disease

In 2005, national indirect cost of cardiovascular disease due to mortality was estimated at \$117 billion.⁴ Based on national figures, the indirect cost of cardiovascular disease mortality in Maine for 2005 was estimated at \$501 million.⁴ This figure includes the cost of lost productivity as a result of premature deaths.

**Selected Cardiovascular Disease Indicators
By Public Health District
Maine, 2005**

Indicator	Aroostook	Central	Cumberland	Downeast	Midcoast	Penquis	Western	York
High blood cholesterol, %	35.0	36.4	29.3	39.8	36.5	39.1	42.9	36.4
High blood pressure, %	28.7	25.3	18.9	29.0	25.8	29.7	25.0	29.0
Correct identification of heart attack signs, %	15.9	14.1	9.6	12.0	10.7	12.0	14.4	14.8
Correct identification of stroke signs, %	20.6	17.7	15.8	18.9	19.1	21.6	20.7	19.3
Heart attack hospitalizations, per 100,000	570.8	377.1	196.2	410.9	284.3	319.2	229.5	219.7
Stroke hospitalizations, per 100,000	248.8	187.9	217.1	194.9	196.3	205.7	222.0	191.3
Heart attack deaths, per 100,000	70.5	86.3	33.0	90.9	57.1	66.8	51.4	55.7
Stroke deaths, per 100,000	45.0	45.7	37.5	46.5	47.4	48.9	46.5	32.5

Data Sources:

Cholesterol, blood pressure, and warning signs and symptoms: 2005 Maine Behavioral Risk Factor Surveillance System

Hospitalization: Maine Health Data Organization

Death: Maine Office Data, Research and Vital Records

1 H.C. Kung, Ph.D., D.L. Hoyert, Ph.D., J.X., M.D., S.L. Murphy, B.S. Deaths: Final Data for 2005. National vital statistics reports. Hyattsville, MD. National Center for Health Statistics, 2008.

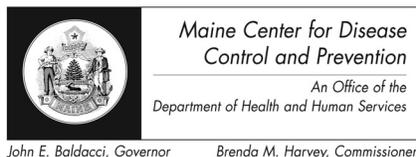
2 W. Hacke, G. Donnan, C. Fieschi, et al. Association of outcome with early stroke treatment: pooled analysis of ATLANTIS, ECASS, and NINDS rt-PA stroke trials. Lancet 2004; 363: 768-774.

3 Fang, N. Keenan, S. Dai, C. Denny. Disparities in Adult Awareness of Heart Attack Warning Signs and Symptoms – 14 States, 2005. MMWR 2008; 57: 175-179.

4 American Heart Association: Heart Disease and Stroke Statistics 2005 Update. Dallas, TX: American Heart Association; 2008.

Available at: <http://www.americanheart.org/downloadable/heart/1105390918119HDSStats2005Update.pdf>.

Technical Notes: Age-adjusted rates are adjusted to the year 2000 United States standard population. All subpopulation statements appearing in district level fact sheets are based on Maine data and do not reflect actual disparities, if any, within the district.



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