## Cardiovascular Disease

* Cerebrovascular disease and heart disease are the second, third of the leading causes of death.
* Years of life lost are much more than other disease.
* Age-specific mortality of cardiovascular disease shows that most victims are over the age of 65 .


## Age-Specific Mortality of Heart Diseases, 2000



## Prevalence of Heart Disease



Data from National Health Interview Survey in Taiwan, 2001

## Prevalence of Stroke



| $\square$ 20-39year |
| :--- |
| $\square$ 40-64year |
| $\square$ 65+year |

Data from National Health Interview Survey in Taiwan, 2001

## Years of Life Lost by Cause in Taiwan

(Estimates for 1998 )

|  | Total |  | Females |  |
| :---: | :---: | :---: | :---: | :---: |
|  | (000) | \% of T | \% of T | \% of T |
| Total YLLs 1,373 | 1,373,137 100.0 | 100.0 |  | 100.0 |
| Communicable, maternal, prenata and nutritional conditions | 101,443 | 7.4 | 7.4 | 7.4 |
| Noncommunicable | 957,776 | 69.8 | 66.9 | 75.1 |
| Cardiovascular diseases | 237,409 | 17.3 | 16.7 | 18.4 |
| Rheumatic heart disease | 3,661 | 0.3 | 0.2 | 0.5 |
| Ischemic heart disease | 57,762 | 4.2 | 4.6 | 3.5 |
| Cerebrovascular disease | 113,861 | 8.3 | 7.9 | 9.0 |
| Inflammatory cardiac | 4,427 | 0.3 | 0.3 | 0.4 |
| Other cardiac disease | 57,698 | 4.2 | 3.7 | 5.1 |
| Injuries | 313,918 | 22.9 | 25.7 | 17.5 |

## Risk Factors

* Hypertension
* Hypercholestrolemia
* diabetes
* obesity
* high dietary salt
* alcohol and cigarette consumption
* insufficient physical activities and stress


## Prevalence of hypertension



Data from National Health Interview Survey in Taiwan, 2001

## Prevalence of hypercholestrolemia



Data from National Health Interview Survey in Taiwan, 2001

## Bureau of Health Promotion

## Heart Disease case(over 12 years) combine other chronic disease

|  |  | HD <br> $(\mathrm{N}=1135)$ | Non HD <br> $(\mathrm{N}=17007)$ | $\mathrm{X}^{2}$ test |
| :--- | :---: | :---: | :---: | :---: |
| Hypertension | Yes | $\mathbf{4 6 . 1} \%$ | $8.4 \%$ | $* * *$ |
|  | No | $53.9 \%$ | $91.6 \%$ |  |
| DM | Yes | $\mathbf{1 7 . 7} \%$ | $3.5 \%$ | $* * *$ |
|  | No | $82.3 \%$ | $96.5 \%$ |  |
| Hyperlipidemia | Yes | $\mathbf{2 7 . 2} \%$ | $8.8 \%$ | $* * *$ |
|  | No | $78.2 \%$ | $91.2 \%$ |  |
| Stroke | Yes | $\mathbf{8 . 2} \%$ | $1.1 \%$ | $* * *$ |
|  | No | $91.8 \%$ | $98.9 \%$ |  |

Data from National Health Interview Survey in Taiwan, 2001

## Heart Disease case (over 12 years) combine risk behaviors

| Risk behavior | $\%$ |
| :--- | :---: |
| Irregular take medicine | $50.1 \%$ |
| Drink | $2.2 \%$ |
| Smoke | $17.4 \%$ |
| Chew betel nut | $3.3 \%$ |
| Lack of exercise(past two weeks) | $43.4 \%$ |
| BMI $>=27$ | $20.1 \%$ |

Data from National Health Interview Survey in Taiwan, 2001

## Five Dimensions Control Plan

*Establishing a comprehensive prevention and control system
*Strengthening educational activities

* Implementing screening and care management
* Providing affordable medical care

Conducting relevant research and surveys

## Establishing a comprehensive prevention and control system

Integrating government, medical care facilities, and community resources to collaborate in prevention program.
Developing national guidelines on hypertension, dyslipidemia and diabetes.
The Tobacco Hazards Prevention Act (1997) regulates the sales promotion of tobacco products, restriction on smoking area, smoke cessation and anti-smoking education.

Conducting regular experts committee to supervise control efforts.

## Strengthening educational activities

Educational activities are carried out through multichannel, on multi-sites to improve awareness of the major risk factors and promote healthy lifestyles.

Producing educational materials such as: booklet, pamphlets, posters, video tapes, etc.

Setting September as the healthy heart promotion month to work in concert with the World Heart Day campaign.



Fitness activities

