

# CARDIOVASCULAR DISEASE STATISTICS REFERENCE DOCUMENT



# **CARDIOVASCULAR DISEASE**

in South Africa



Globally, CVD takes more lives than TB, HIV and malaria combined.

Heart disease and stroke are South Africa's biggest killers after HIV/AIDS.



SA has one of the highest levels of overweight and obesity in the world which is a contributing factor for heart disease.



Every hour in South Africa: 5 people have heart attacks and 10 people have strokes.



80% of premature deaths (before 60 years) can be prevented with a healthy diet, regular exercise & avoiding smoking.



Globally CVD kills over 17.3 million people every year – that's almost the population of the Netherlands.



More South Africans die of CVD than of all cancers combined.





# Heart and Stroke Foundation South Africa Cardiovascular Disease Statistics Reference Document

This document provides a brief summary of some key statistics related to the burden of cardiovascular disease in South Africa, as well as the risk factors for cardiovascular disease. This document is not intended as an exhaustive collection of scientific literature or review of all available evidence, but rather as a convenient resource that can be used by healthcare professionals and the media for key statistics regarding the burden of heart disease and stroke in South Africa.

Compiled by: Heart and Stroke Foundation South Africa (HSFSA)

Contributing authors: Jessica Byrne RD (SA), Gabriel Eksteen RD (SA), Christelle Crickmore MSc

(Nutrition)

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#### **About the Heart and Stroke Foundation South Africa**

The HSFSA plays a leading role in the fight against preventable heart disease and stroke, with the aim of seeing fewer South Africans suffer premature deaths and disabilities. The HSFSA, established in 1980 is a non-governmental, non-profit organisation and has NPO and section 21 status.

Heart and Stroke Foundation South Africa
PO Box 15139
Vlaeberg
8018
021 422 1586
heart@heartfoundation.co.za
www.heartfoundation.co.za





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# Burden of cardiovascular disease

- Cardiovascular disease (CVD, including heart disease and strokes) is the leading cause of disabilities and death worldwide, accounting for 17 million deaths a year (31% of total global deaths) <sup>1</sup>.
- Up to 80% of CVD-related premature deaths in young people (< 65 years) are preventable through a healthy lifestyle a healthy diet, regular exercise and avoiding smoking <sup>2</sup>.
- Once thought to be a disease associated with the elderly, more than half of deaths occur before age 65 <sup>3</sup>. Premature deaths caused by CVD in people of working age (35-64yrs) are expected to increase by 41% by 2030 <sup>4</sup>.

### South Africa

- CVD is the leading cause of death in South Africa after HIV/AIDS<sup>5</sup>.
- More South Africans die of CVD than of all the cancers combined <sup>5</sup>.
- CVD is responsible for almost 1 in 6 deaths (17.3%) in South Africa <sup>6</sup>.
- 215 people die every day from heart disease or strokes <sup>6</sup>.
- Every hour in South Africa: 5 people have heart attacks, 10 people have strokes and of those events, 10 people will actually die from it.

# Risk factors for cardiovascular disease

#### Hypertension (high blood pressure)

- Hypertension is the leading risk factor for death from CVD, responsible for 13% of deaths globally.
   Of the various risk factors contributing to CVD, hypertension has the largest impact <sup>7</sup>.
- Hypertension is the leading risk factor for stroke in South Africa, responsible for 1 in 2 (50%) strokes and 2 in 5 (42%) heart attacks <sup>8</sup>.
- 1 in 3 South Africans 15 years and older have high blood pressure <sup>9</sup>. To add to this problem, more than 50% of people with high blood pressure are unaware of their condition. Of the people diagnosed with high blood pressure, only a third is on treatment, and of those, only a third has adequate control of their blood pressure <sup>10</sup>.
- South Africa has the highest rate of high blood pressure reported among people aged 50 and over for any country in the world, at any time in history, with almost 8 out of 10 people in this age group being diagnosed with high blood pressure <sup>11</sup>.
- 1 in 10 children are already suffering from high blood pressure <sup>12</sup>.

#### Overweight and obesity

• About two out of three women (65.1%) and almost one in three men (31.2%) are overweight or obese in South Africa. 40.1% of women are obese compared to 11.6% of men <sup>13</sup>.

- One in ten males (9.9%) have a waist circumference ≥ 102 cm, while one in two (50.5%) of females have a waist circumference ≥ 88 cm. Waist circumference is a measure of abdominal obesity and is defined as a circumference ≥ 102cm in males and 88cm in females <sup>13</sup>.
- Two thirds of adults appear to be happy with their weight, and almost 9 out of 10 agreed that their ideal body image was being 'fat' <sup>13</sup>.
- Almost 1 in 4 (22.9%) children aged 2-14 years are overweight or obese in South Africa. Overweight and obesity is significantly higher in girls (1 in 4; 23.6%) than in boys (1 in 6; 16.2%) <sup>13</sup>. Overweight or obese children have an increased risk of developing these diseases earlier in life and are more likely to remain obese throughout their adult life.

#### High cholesterol

- One in four adults have high total cholesterol (23.9%) and LDL-cholesterol (28.8%), and one in two (47.9%) have low HDL-cholesterol <sup>13</sup>.
- In a national survey, only 4.2% of respondents were aware they had high blood cholesterol <sup>13</sup>.

#### **Diabetes**

- Almost one in 10 adults are diagnosed with diabetes, and almost one in 5 adults has impaired blood glucose control <sup>13</sup>.
- 1 in 2 people don't know they have diabetes <sup>14</sup>.

#### Tobacco use

- Globally, nearly 6 million people die from tobacco use or exposure to second-hand smoke each year<sup>15</sup>. Smoking is the second leading cause of CVD, after high blood pressure <sup>15</sup>.
- There is no risk-free level of exposure to second-hand smoke. Non-smokers who breathe second-hand smoke have between a 25–30 % increase in the risk of developing a CVD <sup>16</sup>. Globally each year, exposure to second-hand smoke kills 600,000 people: 28 % of them are children. Of all adult deaths caused by second-hand smoke, more than 80 % are from CVD <sup>17</sup>.
- In South Africa, 1 in 5 (20.8%) adults report a history of ever having smoked tobacco and 1 in 5 (17.7%) report being exposed to second-hand smoke on a daily basis in their homes. The mean age of initiation of tobacco smoking was 17.4 years <sup>13</sup>.
- 1 in 5 (21%) adolescents smoke currently in South Africa, and 6.8% of adolescents smoked their first cigarette before the age of 10 years <sup>18</sup>.

#### Physical inactivity

- In SA, over a quarter of men (27.9%) and almost half of women (45.2%) are physically inactive <sup>13</sup>.
- 1 in 3 (29%) adolescents spend 3 hours or more per day watching TV and only 1 in 3 (29%) adolescents participate in sufficient moderate intensity activity <sup>18</sup>.

#### **Unhealthy diet**

- Unhealthy dietary practices are putting South Africans at an increased risk for CVD <sup>19</sup>:
  - o poor intake of fruit and vegetables (<400 grams per person per day);
  - high and increasing fat intake;
  - reduction in milk intake;
  - o overall increase in total energy (kilojoule) intake;
  - high and increasing alcohol consumption;
  - o low fibre intake due to low intake of fruit, vegetables and legumes; and,
  - o high salt intake
- Almost one out of five adults consume a diet with a high fat score (18.3%) and high sugar score (19.7%), and one out of four consume a diet with a low fruit and vegetable score (25.6%) <sup>13</sup>.
- More than half of the children (51.1%) did not take a lunch box to school <sup>13</sup>.
- Over two thirds of adolescents consume fast foods at least three times per week and 2 in 3 learners purchase sugar sweetened beverages at least twice a week <sup>20</sup>.

#### Salt intake

- South Africans eat 6 to 11g of salt every day, double the recommendation of no more than 5 g per day <sup>21</sup>.
- More than half (55%) of the salt South Africans consume comes from processed foods, which contain hidden salts. 40% of salt consumed is discretionary salt – added during cooking and at the table <sup>22</sup>.
- In South Africa, the top contributors to daily salt intake are <sup>21, 22</sup>:
  - Bread (all types) this is the single greatest contributor to sodium intake among different ethnic groups; contributing 5-35% of sodium intake
  - Processed meat products
  - Soup/gravy powder; contributing up to 17% of sodium intake
  - Meat and vegetable extracts
  - Hard/block margarine; contributing up to 13% of sodium intake
  - Savoury snacks (including crisps)
  - Breakfast cereals
  - Atchaar can contribute more than 5% of sodium intake in the Indian population

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