



American Heart Association® | American Stroke Association®

Learn and Live™

Know the Facts, Get the Stats 2006



Our guide to heart disease, stroke and risks



Heart Attack/Sudden Cardiac Death

A heart attack occurs when the blood supply to part of the heart muscle (the myocardium) is severely reduced or stopped because one or more of the heart's arteries is blocked. The process usually begins with atherosclerosis, the buildup of fatty deposits (plaque) inside artery walls. The plaque can rupture, causing a blood clot to form and block the artery. If the blood supply is cut off for more than a few minutes, heart muscle cells suffer permanent injury or die. This can kill or disable someone, depending on how much heart muscle is damaged.

Warning Signs

Some heart attacks are sudden and intense, but most start slowly, with mild pain or discomfort. Often the people affected aren't sure what's wrong and wait too long before getting help. Here are some signs that can mean a heart attack is happening.

- **Chest discomfort.** Most heart attacks involve discomfort in the center of the chest that lasts more than a few minutes, or that goes away and comes back. It can feel like uncomfortable pressure, squeezing, fullness or pain.
- **Discomfort in other areas of the upper body.** Symptoms can include pain or discomfort in one or both arms, the back, neck, jaw or stomach.
- **Shortness of breath.** May occur with or without chest discomfort.
- **Other signs.** These may include breaking out in a cold sweat, nausea or lightheadedness.

If you or someone you're with has chest discomfort, especially with one or more of the other signs, don't wait longer than 5 minutes before calling for help.

Call 9-1-1.

Calling 9-1-1 is almost always the fastest way to get lifesaving treatment. Emergency medical services (EMS) staff can begin treatment when they arrive — up to an hour sooner than if someone gets to the hospital by car. The staff are trained to revive someone whose heart has stopped. You'll also get treated faster in the hospital if you come by ambulance.

Sudden Death From Cardiac Arrest

Cardiac arrest is the stopping of the heartbeat. When a person's heartbeat stops abruptly and unexpectedly, it's called **sudden cardiac arrest**. Death can occur within minutes after the victim collapses. This is called **sudden cardiac death** or SCD. The term "massive heart attack"

is often mistakenly used to describe SCD. A heart attack may cause cardiac arrest and sudden death, but it's not the same thing.

The most common underlying cause of sudden cardiac arrest is a heart attack that results in ventricular fibrillation (VF) (quivering of the heart's lower chambers). This irregular heart rhythm causes the heart to suddenly stop pumping blood. No statistics are available for the exact number of sudden cardiac arrests that occur each year. However, about 330,000 people a year die of coronary heart disease (CHD) in an emergency department or before reaching a hospital. That's two-thirds of all deaths from CHD — more than 900 Americans each day. Most of these deaths are from sudden cardiac arrest.

When Minutes Count

A victim of VF sudden cardiac arrest suddenly collapses, is unresponsive to gentle shaking and stops breathing normally. Brain damage can start to occur in just 4 to 6 minutes after the heart stops pumping blood. Death may be prevented if the sudden cardiac arrest victim receives immediate bystander cardiopulmonary resuscitation (CPR) and defibrillation within a few minutes after collapse. CPR consists of mouth-to-mouth rescue breathing and chest compressions. It can help keep blood flowing to the heart and brain until emergency help arrives. Defibrillation can stop the abnormal, erratic rhythm and allow the heart to resume its normal rhythm. An automated external defibrillator (AED) provides an electric shock, which is the only way to defibrillate.

If no bystander CPR is provided, a victim's chances of survival are reduced by 7 to 10 percent with every minute of delay until defibrillation. The cardiac arrest survival rate is only about **5 percent** if a system for providing early defibrillation is not present in a community. In cities with "community AED programs," when bystanders provide **immediate** CPR and the first shock is delivered **within 3 to 5 minutes**, the reported survival rates from VF sudden cardiac arrest are as high as 48 to 74 percent.

Thousands of portable, computerized AEDs are now used in police and emergency vehicles and many public buildings. Lay rescuers can be trained to use them. If survival rates from sudden cardiac arrest increased from 5 percent to 20 percent, about 40,000 more lives could be saved each year.

- If symptoms last more than a few minutes, **call 9-1-1** or the person is unresponsive, **begin CPR** immediately. If you don't know how to perform CPR, call 9-1-1. If you know how to perform CPR, begin CPR on the victim's heart, if an AED is available and if you're trained to use it. If you're not trained, call 9-1-1. If you're trained, you can begin CPR. If given within 3 minutes of a heart attack, they can minimize heart damage. If given within 3



Stroke

A stroke occurs when a blood vessel that brings oxygen and nutrients to the brain bursts or is clogged by a blood clot or some other particle. Because of this rupture or blockage, part of the brain doesn't get the blood and oxygen it needs. Deprived of oxygen, nerve cells in the affected area of the brain die within minutes.

There are two main types of stroke. One is caused by blood clots or other particles (ischemic strokes), and the other by bleeding from a burst blood vessel (hemorrhagic strokes). Ischemic strokes are the most common.

Cerebral thrombosis is the most common type of ischemic stroke. It occurs when a blood clot (thrombus) forms and blocks blood flow in an artery bringing blood to part of the brain. Blood clots usually form in arteries narrowed by fatty deposits called plaque. Cerebral embolism, another kind of ischemic stroke, occurs when a wandering clot or some other particle (an embolus) forms away from the brain, usually in the heart. The bloodstream carries the clot until it lodges and blocks blood flow in an artery leading to or in the brain.

A subarachnoid hemorrhage occurs when a blood vessel on the brain's surface ruptures and bleeds into the space between the brain and the skull (but not into the brain itself). Another type of hemorrhagic stroke occurs when a defective artery in the brain bursts, flooding the surrounding tissue with blood. This is a cerebral hemorrhage. Bleeding from an artery in the brain can be caused by a head injury or a burst aneurysm. Aneurysms are blood-filled pouches that balloon out from weak spots in the artery wall. They're often caused or made worse by high blood pressure. If an aneurysm bursts in the brain, it causes a hemorrhagic stroke.

After-Effects of Stroke

When brain cells injured by a stroke can't work, the part of the body they control can't work either. This is why a stroke can be so devastating. Brain injury from a stroke can affect the senses, motor activity, speech and the ability to understand speech. It can also affect a person's behavior and thought patterns, memory and emotions. Paralysis or weakness on one side of the body is common. These effects may be temporary or lasting, depending on the area of the brain affected and the extent of the brain injury.

Warning Signs

- Sudden numbness or weakness of the face, arm or leg, especially on one side of the body.
- Sudden confusion, trouble speaking or understanding.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, loss of balance or coordination.
- Sudden, severe headache with no known cause.

Any of the above symptoms may be temporary and last only a few minutes. This may be due to a "mini-stroke" called a transient ischemic attack (TIA). TIAs are extremely important indicators of an impending stroke. Don't ignore them! If symptoms appear, call 9-1-1 to get medical attention immediately.

Injured and dead brain cells can't heal or replace themselves. Recovery from a severe stroke usually takes months or years of medical treatment, rehabilitation therapy and determined effort by the stroke survivor. Many survivors never regain all their lost functions. Stroke is a leading cause of serious, long-term disability.

Preventing Stroke

Risk factors are traits and lifestyle habits that increase the risk of disease. The risk factors for stroke that you can control or treat are...

- high blood pressure
- tobacco use
- diabetes mellitus
- carotid or other artery disease
- atrial fibrillation or other heart disease
- a history of TIAs ("mini-strokes")
- a high red blood cell count
- sickle cell anemia
- high blood cholesterol
- physical inactivity
- overweight and obesity
- excessive alcohol intake
- some illegal drugs

Work with your healthcare provider to reduce or control as many risk factors as you can.

Rx for Survival

emergency medical services (EMS) immediately. Note the time that the first symptom started. • If someone collapses suddenly and how to do CPR, the EMS dispatcher can tell you what to do. **Use an automated external defibrillator** to shock the heart. • **Clot-busting drugs** are a major advance in treating acute heart attack and stroke. If given within a few hours of the start of the stroke, they can reduce long-term disability.

Risk Reduction Checklist for Heart Attack and Stroke

What You Can Do on Your Own:

- **Don't use tobacco** — It's the No.1 preventable cause of serious illness such as heart disease, stroke, lung cancer and emphysema.
- **Be physically active** — It can build endurance, control blood pressure, reduce cholesterol levels, aid in weight control and reduce your risk of developing diabetes.
- **Eat healthy foods** — Foods high in saturated fat, trans fat and cholesterol contribute to atherosclerosis, a primary cause of heart attack and stroke. Consuming too much salt (sodium) can cause high blood pressure in some people.
- **Watch your weight** — Obesity is a major risk factor.
- **Avoid excessive alcohol** — One or two drinks a day may help increase "good" HDL cholesterol, but heavy drinking can contribute to high blood pressure, heart disease and stroke.

What You Can Do With Your Doctor's Help:

- **Have regular checkups** — A doctor can pinpoint major risk factors such as smoking, elevated cholesterol or blood pressure, excess weight and diabetes.
- **Control your cholesterol** — A simple blood test can show your blood cholesterol level. If it's too high, dietary changes, exercise, weight loss, and/or drug therapy can bring it down to a safer level.
- **Keep tabs on your blood pressure** — Even if it's less than 120/80 mm Hg, have it checked at least every two years. If it's 120/80 or above, have it checked more often, according to your doctor's recommendations.
- **Keep diabetes in check** — Your doctor can detect diabetes or a pre-diabetic condition and prescribe a program to minimize the risk.

Risks You Can't Control:

- **Age** — The risk gradually increases as people age, but this doesn't mean that younger people are immune. Advanced age significantly raises the risk of heart attacks or strokes.
- **Sex** — Before menopause, women have a much lower death rate from coronary attack than men. Women's risk rises sharply after menopause, but it still remains lower than men's in the same age group. Each year more women than men have a stroke.
- **Heredity** — Some families have a higher-than-normal genetic risk of heart attack and stroke. **African Americans are more likely than Caucasians to have high blood pressure, and they tend to have strokes earlier in life and with more severe results.**

2006 Heart Disease and Stroke Statistics

Coronary Heart Disease

- This year about 1.2 million Americans will have a first or recurrent coronary attack. About 479,000 of these people will die. Coronary heart disease is the nation's single leading cause of death.
- About 7.2 million Americans age 20 and older have survived a heart attack (myocardial infarction). About 6.5 million Americans have angina pectoris (chest pain or discomfort due to reduced blood supply to the heart).

Sudden Cardiac Death

- 330,000 coronary heart disease deaths occur out-of-hospital or in hospital emergency departments annually.

Stroke

- Each year about 700,000 people suffer a new or recurrent stroke in the United States. Nearly 158,000 of these people die, making stroke the third leading cause of death.
- About 5.5 million U.S. stroke survivors are alive today, many of them with permanent stroke-related disabilities.
- Women account for more than 6 in 10 stroke deaths.

High Blood Pressure

- Data from the National Health and Nutrition Examination Survey 1999-2002 shows that the estimated prevalence of high blood pressure in adults age 20 and older in the United States is now 65.0 million.
- Up to 95 percent of high blood pressure cases stem from unknown causes, but the condition is easily detectable and most cases can be controlled with proper treatment. **Normal blood pressure in adults is below 120/80 mm Hg. High blood pressure is 140/90 mm Hg or higher.**

Tobacco

- An estimated 25.5 million men and 21.5 million women put themselves at increased risk of heart attack and stroke by smoking cigarettes.

High Blood Cholesterol

- About 34.5 million American adults have cholesterol levels of 240 mg/dL or higher — the point at which it becomes a major risk factor for coronary heart disease and stroke. **Your total cholesterol should be below 200 mg/dL, and your HDL (good) cholesterol should be 40 mg/dL or higher.**

Physical Inactivity

- Data released by the Centers for Disease Control and Prevention show that 30.1 percent of American adults engage in light-moderate physical activity for at least 30 minutes on 5 or more days a week, or vigorous physical activity for at least 20 minutes on 3 or more days a week.

Overweight and Obesity

- About 65 percent of Americans age 20 and older are overweight or obese.

Diabetes Mellitus

- At least 65 percent of people with diabetes die of some form of heart or blood vessel disease.

For more information about heart disease and stroke or about the statistics in this publication, contact your nearest American Heart Association or call 1-800-AHA-USA1 (1-800-242-8721), or visit americanheart.org.