

Risk factors of cardiovascular disease rising in poor, young

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Cardiovascular disease is increasing in adults under 50 and those of lower socioeconomic status, despite recent trends which show that cardiovascular disease is declining in Canada overall, say researchers at the Peter Munk Cardiac Centre. Untreated cardiovascular disease can lead to heart failure, coronary artery disease and death, and is the most common cause of hospitalization in North America.

By exploring national trends in [heart disease](#), [hypertension](#), diabetes, obesity and smoking prevalence from 1994-2005, researchers found that [cardiovascular disease](#) is on the rise in adults under 50 and those of lower socioeconomic status according to a study published in the July edition of the [Canadian Medical Association Journal](#).

"Our results indicate that young people are increasingly bearing the burden of cardiovascular risk factors," says Dr. Douglas Lee, cardiologist and scientist at the Institute for Clinical Evaluative Sciences (ICES). "This is an important group because they are the ones who will predict future heart disease, and earlier onset of cardiovascular disease means potentially longer and more intense treatment over their lifetime."

The study, called "Trends in risk factors for cardiovascular disease in Canada: temporal, socio-demographic and geographic factors," sampled Canadians aged 12 years and older from all socioeconomic and ethnic groups. The prevalence of heart disease and diabetes is rising fastest among Canadians of lower [socioeconomic status](#), who also tend to have the highest cardiovascular risk profiles. The prevalence of hypertension

and obesity is increasing in nearly all Canadians, but is rising fastest in those with higher incomes.

"These trends are quite different from the United States where some risk factors such as hypertension are declining," Dr. Lee continues. "In Canada risk factors have not reached a plateau, suggesting that these increases may continue to worsen over time."

These findings have implications on both the policy and individual level. Increasing community programming for physical activity in poorer areas, making cities more pedestrian-friendly and improving healthy eating habits are ways to encourage healthier lifestyles and potentially decrease the rising prevalence of risk factors. Young individuals who haven't considered themselves at risk should take action to reduce their risk of developing cardiovascular disease by diligently scheduling routine medical exams and talking to their doctor.

Source: University Health Network

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