

Experts Predict Increase in Cardiovascular Disease by 2060

Older Latino and Black adults may be disproportionately impacted by the increase.

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[Researchers](#) estimate that cardiovascular disease—the No. 1 killer of adults 65 and older—will become even more prevalent by 2060, and Latino and Black people will be disproportionately impacted by the increase, according to a [KFF Health News](#) article.

A team of researchers from Harvard and other institutions estimates that by 2060, the prevalence of ischemic heart disease will increase by 31% compared with 2025 and that [heart attacks](#), [heart failure](#) and [strokes](#) will increase by 30%, 33% and 34%, respectively. They predict the greatest increase will be observed between 2025 and 2030.

In an [accompanying editorial](#), the researchers note that because risk factors for [cardiovascular](#) disease are typically more common among Latino and Black populations, “disparities in the burden of cardiovascular disease are only going to be exacerbated over time.” They emphasize the need for targeted efforts to improve health education and access to care and expand prevention efforts.

Unhealthy [diets](#) and physical inactivity are some of the factors contributing to the rate of cardiovascular deaths in the United States. But researchers also note that the [COVID-19 pandemic](#) has negatively impacted people’s health. For example, although coronavirus infections caused complications such as blood clots, many older adults did not seek medical care for such conditions for fear of contracting the virus.

Researchers said low-income individuals were most affected by the pandemic. Indeed, older Latino and non-Hispanic Black people have disproportionately died of the virus compared with non-Hispanic white people.

Researchers also emphasize the need to educate people in high-risk communities about other cardiovascular risk factors, including high blood pressure, obesity, high cholesterol, diabetes, insufficient sleep and smoking. To educate people on reducing these risk factors, the American Heart Association created [Life’s Essential 8](#), which promotes improving the eight key measures for improving and maintaining cardiovascular health.

“We really need to be going into vulnerable communities and reaching people where they’re at to

increase their knowledge of risk factors and how to reduce them,” Natalie Bello, MD, MPH, a cardiologist and the director of hypertension research at the Smidt Heart Institute at Cedars-Sinai Medical Center in Los Angeles who was not involved in the study, told KFF.

To learn more about [#Cardiovascular Health](#), read Tu Salud’s Health [Basics on Heart Health](#). It reads in part:

How is cardiovascular disease diagnosed?

There is no one test for cardiovascular disease. In general, doctors start by asking questions about your personal and family medical history. Next, they record any current and past symptoms you may have had. Some of the tests to diagnose or monitor heart disease are basic blood tests that check the level of cholesterol and lipids, or fats, in your blood, your blood pressure, blood sugar levels and kidney function.

What are the different types of cardiovascular disease?

There are a number of cardiovascular diseases. Some directly affect the heart’s structure and ability to function. Others indirectly do so by making it harder for blood to circulate through the blood vessels. Some people are born with heart or blood vessel defects (congenital), but most problems occur as a result of disease, lifestyle or age.

How can I reduce my risk of cardiovascular disease?

It is possible to dramatically reduce your risk for cardiovascular disease. In general, diet and exercise can also profoundly reduce risk. What’s more, if you quit smoking, within 10 years your heart attack and stroke risk drops by nearly 300%. These behavioral changes, along with good medical management, also apply to people who’ve already had a heart attack or have been diagnosed with significantly clogged arteries. For people living with HIV, managing cardiovascular disease risk may also involve decisions about when to start antiretroviral (ARV) therapy and which ARVs to avoid.