About 610,000 Americans die each year from heart disease. Heart disease is a leading cause of death and disability in the United States. The most common form of heart disease in the United States is coronary heart disease, which can lead to heart attack.1

Heart disease was the leading cause of death in South Carolina for 2014.

During 2014, 9,924 South Carolinians died from heart disease.

Heart disease accounted for 49,195 hospitalizations in South Carolina during 2014, with a total hospitalization cost of more than $3.1 billion.

**Smoking**

- Cigarette smokers have a 70 percent greater chance of dying of heart disease than nonsmokers.3
- As many as 30 percent of all coronary heart disease deaths in the United States each year are attributable to cigarette smoking.3
- One out of every four adults in South Carolina smokes.

**Overweight and Obesity**

- Being overweight increases the risk of heart disease by 32 percent.4
- Two out of every three adults in South Carolina are overweight or obese.

**Sedentary Lifestyle**

- Regular physical activity could reduce one’s risk of having high blood pressure by nearly 20 percent.5
- Physical inactivity is estimated as being a cause of 30 percent of ischaemic heart disease.6
- Half of adults in South Carolina do not get the recommended amount of physical activity.
- Sedentary lifestyle is more common among women than men in South Carolina.

**Hypertension (High Blood Pressure)**

- Hypertension is often called the “silent killer” because, with the exception of extreme cases, it has no symptoms.7
- People with uncontrolled hypertension (high blood pressure) are three times more likely to die of heart disease.8
- Nearly two out of every five adults in South Carolina has high blood pressure.

**Diabetes**

- Adults with diabetes are two to four times more likely to have heart disease than adults without diabetes.9
- At least 68 percent of people age 65 or older with diabetes die from some form of heart disease.9
- One out of every eight South Carolina adults has diabetes.

**High Cholesterol**

- People with high blood cholesterol have about twice the risk of heart disease as people with lower levels.10
- High cholesterol affects 43 percent of South Carolina adults.
Stroke in South Carolina

Burden of Disease for South Carolinians:
• Stroke is a leading cause of serious, long-term disability in the United States.
• South Carolina had the seventh highest stroke death rate in the nation in 2014 and is part of the “Stroke Belt,” a group of Southeastern states with high stroke death rates.
• Stroke was the fifth leading cause of death in South Carolina, resulting in 2,385 deaths during 2014.
• African Americans are 60 percent more likely to die from stroke than Caucasians in South Carolina.
• Stroke resulted in 14,517 hospitalizations in South Carolina in 2014.

Modifiable Risk Factors for Stroke:
• High blood pressure
• Cigarette smoking
• Diabetes
• Heart disease
• Unhealthy diet
• Physical inactivity

How to Reduce Your Risk of Stroke:
• Get your blood pressure checked.
• Stay active.
• Eat a healthy diet.
• Use less salt.
• If you drink alcohol, drink in moderation.
• Get your cholesterol level checked.
• Stay smoke-free.

Warning Signs of Stroke:
• Sudden weakness or numbness of the face, arm or leg on one side of the body.
• Loss of speech or trouble talking or understanding speech.
• Sudden dimness or loss of vision, particularly in one eye.
• Unexplained dizziness, unsteadiness or sudden falls, with no previous symptoms.
• Sudden, severe headaches with no known cause.

Economic Cost of Stroke:
• Hospitalization costs of stroke totaled more than $658 million in 2014 for South Carolina.
• The total cost of stroke in the United States for 2012 is estimated at $33 billion (both direct and indirect costs).**

For more information on cardiovascular disease prevention in South Carolina, contact:
DHEC’s Division of Diabetes, Heart Disease, Obesity and School Health at (803) 898-0584.

Data Sources: S.C. BRFSS, S.C. Vital Records, S.C. Hospital Discharge
Fact Sheet produced by the Division of Chronic Disease Epidemiology, December 2015
**Based on new data sources and estimation methods published in AHA Circulation Heart Disease and Stroke Statistics–2016 Update

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