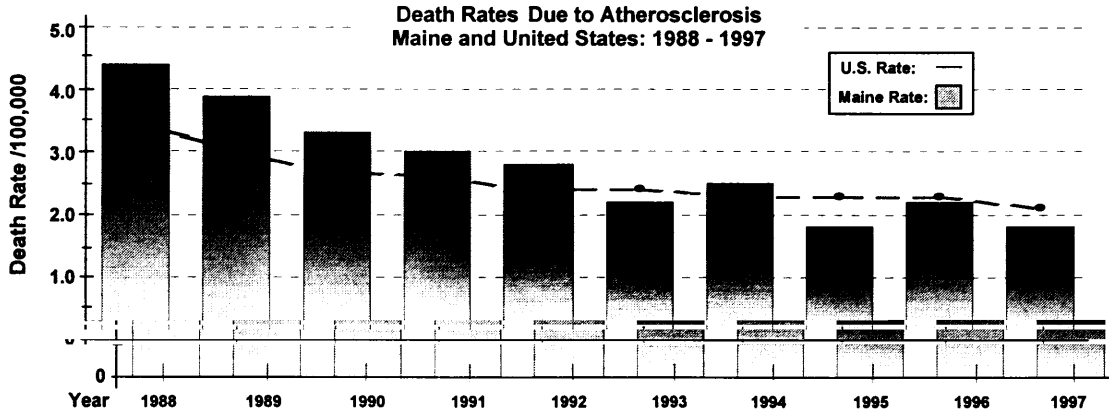


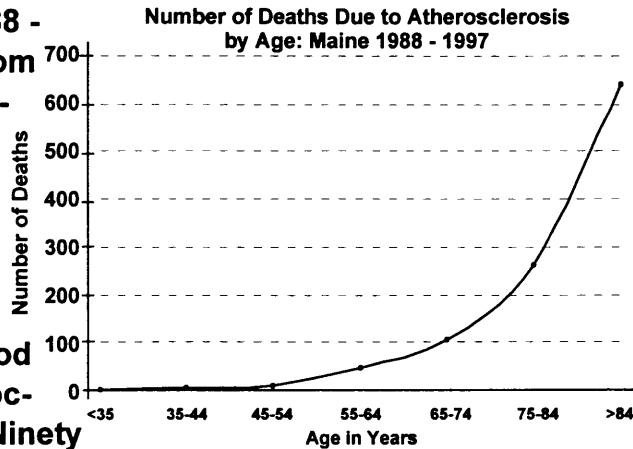
# DEATHS DUE TO ATHEROSCLEROSIS

Data are from the  
MAINE VITAL STATISTICS SYSTEM: 1988 - 1997

- ➔ From 1988 - 1997, atherosclerosis, also called coronary artery disease or hardening of the arteries, claimed more than 1,000 lives in Maine. During that time the death rate improved from nearly 4½ deaths per 100,000 population to less than 2 deaths, a statistically significant change.
- ➔ Nationally, the death rate from this cause has declined also, but at a slower rate. In 1988, Maine's rate was significantly higher statistically than the US rate, but in 1997, the U.S. and Maine rates were comparable.



- ➔ Increased age and deaths due to atherosclerosis were positively correlated. In fact, during 1988 - 1997, there were no deaths from this cause to residents younger than 35, and 5 times as many deaths to those age 75 and older than to those younger than 75.
- ➔ Along with increased age, high cholesterol and high blood pressure are risk factors associated with atherosclerosis.<sup>1</sup> Ninety one percent of Maine's elderly population (residents 65 years old and older) have had their blood cholesterol checked; 42% of them have been told at some point that their cholesterol was high. Forty two percent of Maine's elderly population have also been told that they have high blood pressure; 85% of that group have been told this more than once.<sup>2</sup>
- ➔ A third of Maine residents who have had their cholesterol checked have been told at least once that their cholesterol level is high. This was the 2nd highest proportion reported nationwide.<sup>2</sup>



NOTES: Atherosclerosis deaths are those attributed to ICD-9 cause of death codes 440.0-440.9. US data were obtained from CDC WONDER. All rates are for underlying cause of death, (national data are for whites only) and are age-adjusted to the US 1940 standard population; these are rates that have been standardized to eliminate differences due solely to variations in the age composition of the populations. Unless noted, differences in rates are not statistically significant, i.e., they could be accounted for by chance alone.

Footnote 1: "Heart and Stroke - A - Z Guide", American Heart Association. FN2: Maine Behavioral Risk Factor Surveillance System, 1997 data. Full citations will be provided upon request.

For further data on this topic, please contact:  
the Office of Data, Research, and Vital Statistics, Bureau of Health  
at 35 Anthony Avenue, #11 State House Station, Augusta, Maine 04333-0011  
The contact person is: Cathy St. Pierre - (207) 624-5445 624-5512 (TTY)

Angus S. King, Jr.  
Governor



Kevin W. Concannon  
Commissioner

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