A rising burden in cardiovascular risk factors among younger U.S. adults, particularly those from historically marginalized racial and ethnic groups, calls for stepped up screening and treatment among this population.

“We are witnessing a smoldering public health crisis that could result in a tsunami of cardiovascular disease over the long-term,” said Rishi K. Wadhera, MD, MPP, MPhil, the senior author of a study published in *JAMA®* examining cardiovascular health trends in young adults over the course of a decade, focusing on metrics such as hypertension, obesity, diabetes and hyperlipidemia.

“As a medical community, we need to double down on our efforts to ensure that young adults receive guideline-directed screening and treatment for cardiovascular risk factors,” said Dr. Wadhera, section head of health policy and equity at the Smith Center for Outcomes Research at Beth Israel Deaconess Medical Center. He also is assistant professor of medicine at Harvard Medical School.

The AMA has developed online tools and resources created using the latest evidence-based information to support physicians to help manage their patients’ high BP. These resources are available to all physicians and health systems as part of Target: BP®, a national initiative co-led by the AMA and American Heart Association.

**Diabetes, obesity increases reported**

Cardiovascular disease claims a death in the U.S. every 34 seconds. Dr. Wadhera and his colleagues did a cross-sectional analysis of 12,924 U.S. adults 20–44 years old participating in the National Health and Nutrition Examination Survey to see whether risk factors changed from 2009 to 2020.
“Although cardiovascular mortality had been declining for decades in the United States, these gains have stagnated since 2011. We wanted to understand whether these concerning trends might be related to worsening cardiovascular health in young adults,” Dr. Wadhera explained.

During this period, diabetes prevalence rose from 3% to 4.1%. Meanwhile, the prevalence of obesity increased 32.7% to 40.9%. Glycemic control throughout the study period was suboptimal.

“The onset of these risk factors earlier in life is associated with a higher lifetime risk of developing heart disease and potentially life-threatening cardiovascular conditions, like a heart attack or stroke,” said Dr. Wadhera.

Hypertension also rose among this population (9.3% to 11.5%), but hyperlipidemia fell from 40.5% to 36.1%, possibly due to modulation of partially hydrogenated oils such as trans fatty acids, the study’s authors speculated.

## Racial, ethnic inequities

Investigators found substantial differences in the burden of cardiovascular risk factors across racial and ethnic groups.

Young Black adults have the highest premature cardiovascular death rates in the country. They are also two times more likely to have hypertension than any other group.

Diabetes and obesity were far more common in younger Black and Mexican American adults than in all other racial or ethnic groups, said Dr. Wadhera.

“We also found that there has been a large increase in the prevalence of hypertension in young Hispanic adults over the past decade, with rates more than doubling from approximately 4% to nearly 11%.”

These gaps are rooted in the country’s ubiquitous structural inequities, said Dr. Wadhera.

Younger Black people are more likely to experience unstable housing, food insecurity, and live in economically marginalized neighborhoods with limited green space for exercise and more exposure to air pollution.

Systemic barriers also make it more difficult for Black people to access primary and preventive care.

“These factors, which are all strongly linked with cardiovascular health, contribute to the higher rates of hypertension, diabetes, and obesity in young Black adults,” said Dr. Wadhera.

The AMA’s Diabetes Prevention Guide supports physicians and health care organizations in defining and implementing evidence-based diabetes prevention strategies.

This comprehensive and customized approach helps clinical practices and health care organizations identify patients with prediabetes and manage their risk of developing type 2 diabetes, including referring patients at risk to a National Diabetes Prevention Program lifestyle-change program based on their individual needs.

Younger doesn’t mean healthier

The rising burden of cardiovascular risk factors in young adults could have major public health implications as the U.S. population ages, Dr. Wadhera said.

“We generally think of this younger age group as being healthy, but it’s critically important that they’re not forgotten,” he said, noting that more work should be done “to either prevent the onset of risk factors—or identify and treat risk factors as early as possible in this younger population.”