

The preventable burden of ASCVD

Cardiovascular disease (CVD) is the first cause of death in the world¹ and rising



CVD is expected to rise, reaching nearly 24 million deaths a year by 2030²



CVD accounts each year for **31% of all deaths worldwide**¹



Over **one third (36%)** of cardiovascular deaths **prematurely occur** in people under 70³

ASCVD (atherosclerotic CVD) is the leading cause behind these deaths, accounting for 4 out of 5 CVD deaths⁴

ASCVD is the form of cardiovascular disease that can cause a **heart attack or stroke**^{5,6}

75% of recurrent cardiovascular events could be prevented, especially with better control of patients' LDL-C (low-density lipoprotein cholesterol or "bad cholesterol")¹, which is the most readily modifiable risk factor^{7,8}



Patients exposed to long-term elevated LDL-C levels have a higher risk of developing ASCVD⁷. Maintaining low LDL-C levels is vital to reduce the risk of heart attacks and strokes

CVD is the largest economic burden the world has today

By 2030 the total global cost of cardiovascular disease is set to rise from approximately \$863 billion in 2010 to more than **\$1 trillion**⁹



In the United States, the total direct and indirect cost of CVD was **\$555 billion** in 2015 and is projected to reach **\$1,1 trillion by 2035**¹⁰



In the European Union, direct and indirect costs related to CVD reached **€210 billion** in 2015¹⁰

As a chronic disease CVD has a significant personal and social impact



Current therapies and lifestyle changes required by CVD have shown **several limitations leading to poor adherence to treatment and frustration**¹¹



People living with CVD rely on **unpaid support** from relatives or friends as caregivers to help manage their chronic disease, creating an additional burden to society¹²

Both patients with CVD and caregivers are at **high risk of depression**, a known risk factor for recurrent CVD^{13,14}



How to bend the curve: help patients better control their LDL-C levels

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