부정맥질환 현황에 대한 Factsheet 발간 제안

2023.6.23

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Seoul National University Hospital

Disclosure

- **Relationships with commercial interests:**
  - **Grants/Research Support:** Abbott, Bayer, BMS/Pfizer, Biosense Webster, Chong Kun Dang, Daewoong Pharmaceutical Co., Daiichi-Sankyo, DeepQure, Dreamtech Co., Ltd., Jeil Pharmaceutical Co. Ltd, Medtronic, Samjinpharm, Seers Technology, and Skylabs.
  - **Speakers Bureau/Honoraria:** Abbott, Bayer, BMS/Pfizer, Biosense Webster, Chong Kun Dang, Daewoong Pharmaceutical Co., Daiichi-Sankyo, Dreamtech Co., Ltd., Jeil Pharmaceutical Co. Ltd, Medtronic, Samjinpharm, Seers Technology, and Skylabs.

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- Fact sheet in other fields
  - AHA statistics
  - Diabetes
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Circulation

AHA STATISTICAL UPDATE

Heart Disease and Stroke Statistics—2023 Update: A Report From the American Heart Association

Connie W. Tsao, MD, MPH, FAHA, Chair; Aaron W. Aday, MD, MSc, FAHA; Zaid I. Almarzooq, MBBCh, MPH; Cheryl A.M. Anderson, PhD, MPH, FAHA; Pankaj Arora, MD, FAHA; Christy L. Avery, PhD, MPH, FAHA; Carissa M. Baker-Smith, MD, MPH, FAHA; Andrea Z. Beaton, MD, MS, FAHA; Amelia K. Boehme, PhD, MSPH; Alfred E. Buxton, MD; Yvonne Commodore-Mensah, PhD, MHS, RN, FAHA; Mitchell S.V. Elkind, MD, MS, FAHA; Kelly R. Evenson, PhD, MS, FAHA; Chete Eze-Nliam, MD, MPH; Setri Fugar, MD; Giuliano Generoso, MD, PhD; Debra G. Heard, PhD; Swapnil Hiremath, MD, MPH, FAHA; Jennifer E. Ho, MD, FAHA; Rizwan Kalani, MD; Dhruv S. Kazi, MD, MSc, MS, FAHA; Darae Ko, MD, MSc; Deborah A. Levine, MD, MPH; Junxiu Liu, PhD; Jun Ma, MD, PhD, FAHA; Jared W. Magnani, MD, MS, FAHA; Erin D. Michos, MD, MHS, FAHA; Michael E. Mussolino, PhD, FAHA; Sankar D. Navaneethan, MD, MS, MPH; Nisha I. Parikh, MD, MPH; Remy Poudel, MS, MPH, CPH; Mary Rezk-Hanna, PhD, FAHA; Gregory A. Roth, MD, MPH, FAHA; Nilay S. Shah, MD, MPH; Marie-Pierre St-Onge, PhD, FAHA; Evan L. Thacker, PhD; Salim S. Virani, MD, PhD, FAHA; Jenifer H. Voeks, PhD, FAHA; Nae-Yuh Wang, PhD, MS, FAHA; Nathan D. Wong, PhD, MPH, FAHA; Sally S. Wong, PhD, RD, CDN, FAHA; Kristine Yaffe, MD; Seth S. Martin, MD, MHS, FAHA, Vice Chair; on behalf of the American Heart Association Council on Epidemiology and Prevention Statistics Committee and Stroke Statistics Subcommittee

BACKGROUND: The American Heart Association, in conjunction with the National Institutes of Health, annually reports the most up-to-date statistics related to heart disease, stroke, and cardiovascular risk factors, including core health behaviors (smoking, physical activity, diet, and weight) and health factors (cholesterol, blood pressure, and glucose control) that contribute to cardiovascular health. The Statistical Update presents the latest data on a range of major clinical heart and circulatory disease conditions (including stroke, congenital heart disease, rhythm disorders, subclinical atherosclerosis, coronary heart disease, heart failure, valvular disease, venous disease, and peripheral artery disease) and the associated outcomes (including quality of care, procedures, and economic costs).

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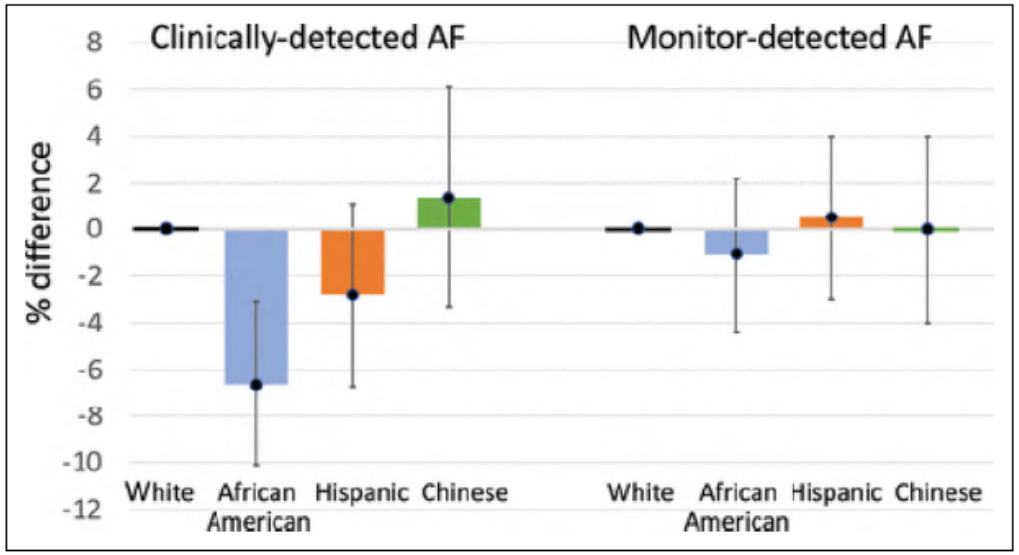

Chart 18-2. Adjusted percent difference in AF prevalence compared with White individuals for clinically detected AF (2000–2018) and monitor-detected AF (2016–2018) in the MESA Study.

Adjusted for age, sex, height, weight, treated hypertension, current smoking, diabetes, SBP, history of HF, and history of MI; estimates for monitor-detected AF are also adjusted for monitoring duration. Vertical lines indicate 95% C

AF indicates atrial fibrillation; HF, heart failure MESA, Multi-Ethnic Study of Atherosclerosis; MI, myocardial infarction; and SBP, systolic blood pressure.

Source: Reprinted with permission from Heckbert et al.[65] Copyright © 2020 American Heart Association, Inc.

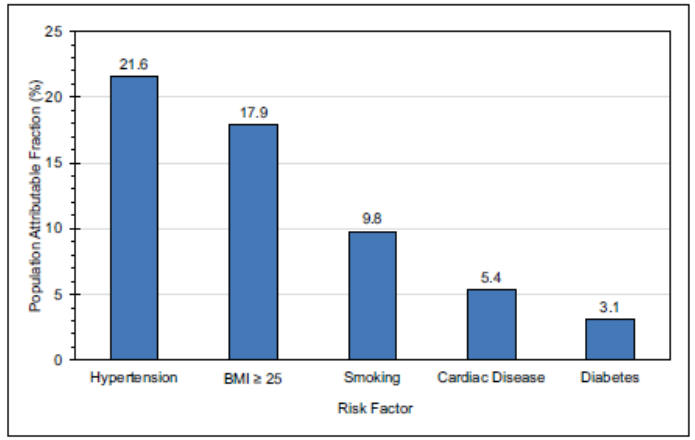

Chart 18-4. PAF of major risk factors for AF in the ARIC study, 1987 to 2007.

Cardiac disease includes a history of CAD or HF; smoking refers to current smoker.

AF indicates atrial fibrillation; ARIC, Atherosclerosis Risk in Communities; BMI, body mass index; CAD, coronary artery disease; HF, heart failure; and PAF, population attributable fraction

Source: Data derived from Huxley et al.[132]

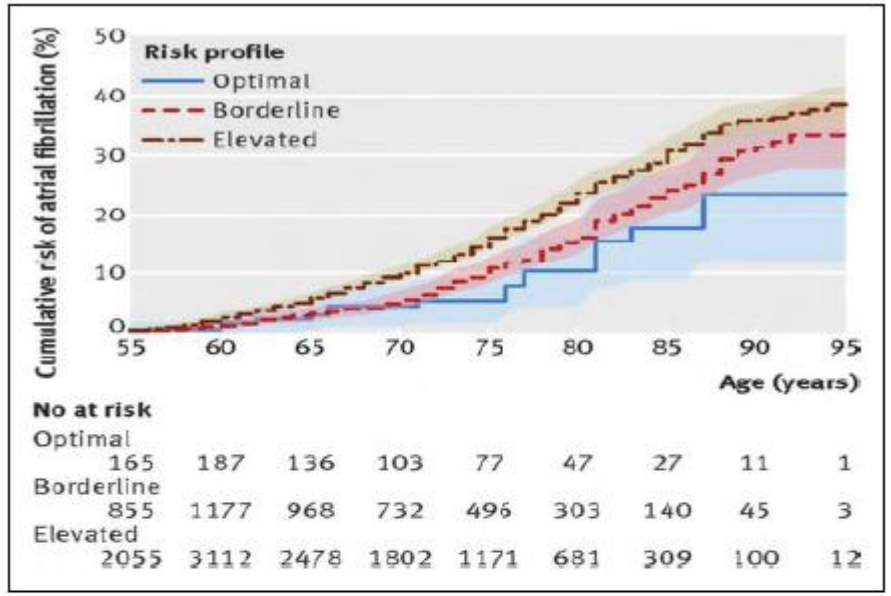

Chart 18-3. Lifetime risk (cumulative incidence at 95 years of age) for AF at different ages (through 94 years of age) by sex in the FHS, 1968 to 2014.

AF indicates atrial fibrillation; and FHS, Framingham Heart Study.

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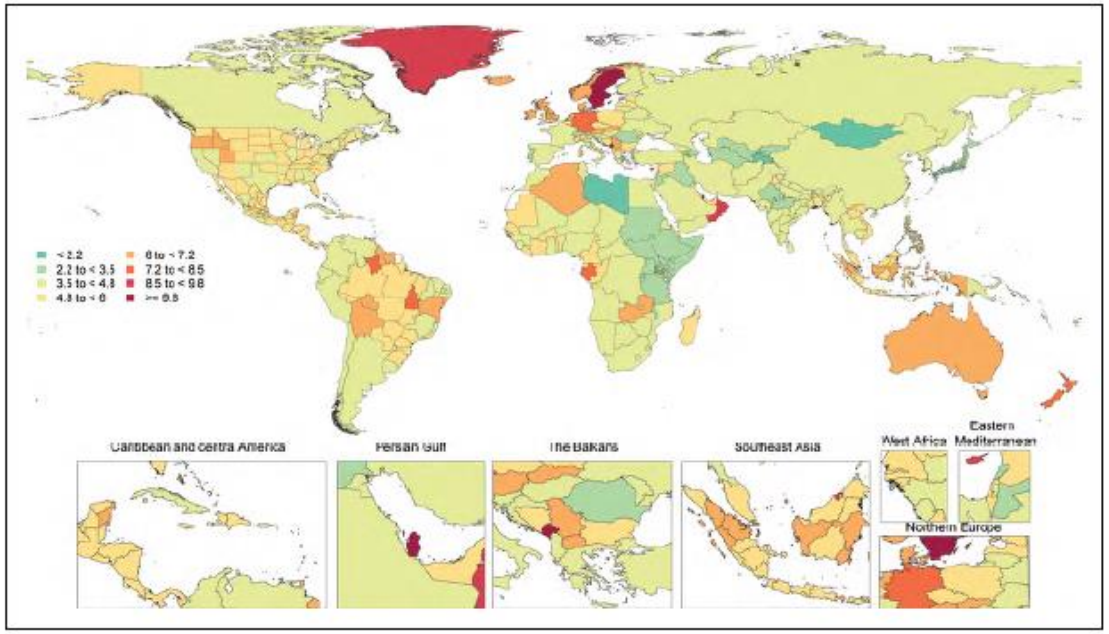

Chart 18-8. Age-standardized global mortality rates of AF and atrial flutter per 100 000, both sexes, 2020.
During each annual GBD Study cycle, population health estimates are produced for the full time series. Improvements in statistical and geospatial modeling methods and the addition of new data sources may lead to changes in past results across GBD Study cycles.
AF indicates atrial fibrillation; and GBD, Global Burden of Disease.
Source: Data courtesy of the GBD Study 2020. Institute for Health Metrics and Evaluation. Used with permission. All rights reserved.[262]

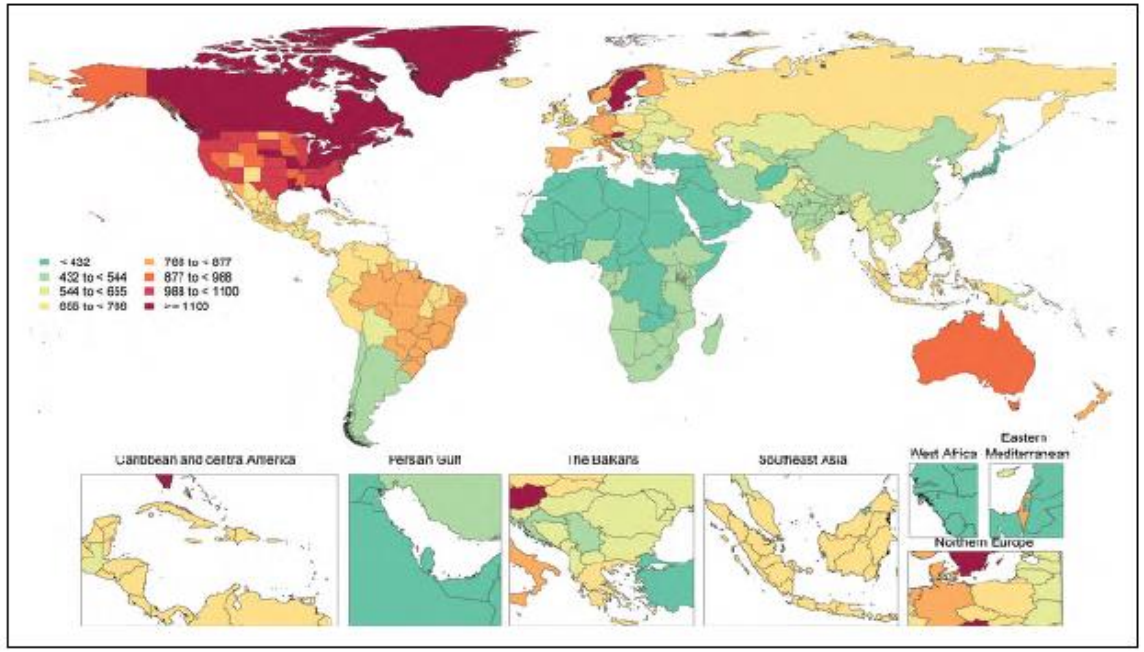

Chart 18-9. Age-standardized global prevalence rates of AF and atrial flutter per 100 000, both sexes, 2020.
During each annual GBD Study cycle, population health estimates are produced for the full time series. Improvements in statistical and geospatial modeling methods and the addition of new data sources may lead to changes in past results across GBD Study cycles.
AF indicates atrial fibrillation; and GBD, Global Burden of Disease.
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KOREAN DIABETES FACT SHEET 2015

KOREAN DIABETES ASSOCIATION

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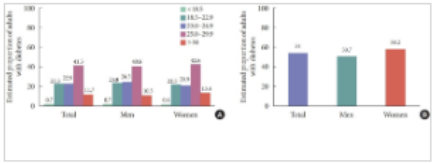

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DIABETES & METABOLISM JOURNAL

Diabetes Fact Sheet in Korea 2021

Jae Hyun Bae[1,*], Kyung-Do Han[2,*], Seung-Hyun Ko[3], Ye Seul Yang[4], Jong Han Choi[5], Kyung Mook Choi[6], Hyuk-Sang Kwon[7], Kyu Chang Won[8], on Behalf of the Committee of Media-Public Relation of the Korean Diabetes Association

[1]Department of Internal Medicine, Korea University Anam Hospital, Korea University College of Medicine, Seoul,
[2]Department of Statistics and Actuarial Science, Soongsil University, Seoul,
[3]Department of Internal Medicine, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Suwon,
[4]Department of Internal Medicine, Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Uijeongbu,
[5]Department of Internal Medicine, Konkuk University Medical Center, Konkuk University School of Medicine, Seoul,
[6]Department of Internal Medicine, Korea University Guro Hospital, Korea University College of Medicine, Seoul,
[7]Department of Internal Medicine, Yeouido St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul,
[8]Department of Internal Medicine, Yeungnam University Medical Center, Yeungnam University College of Medicine, Daegu, Korea

Background: This study aimed to investigate the prevalence and management of diabetes mellitus, risk-factor control, and comorbidities among Korean adults.

Methods: We conducted a cross-sectional analysis of data from the Korea National Health and Nutrition Examination Survey to assess the prevalence, treatment, risk factors, comorbidities, and self-management behaviors of diabetes mellitus from 2019 to 2020. We also analyzed data from the Korean National Health Insurance Service to evaluate the use of antidiabetic medications in people with diabetes mellitus from 2002 through 2018.

Results: Among Korean adults aged 30 years or older, the estimated prevalence of diabetes mellitus was 16.7% in 2020. From 2019

DMJ
Diabetes & Metabolism Journal

JKD
The Journal of Korean Diabetes

당뇨병 E-뉴스레터

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카카오톡 채널 당당이의 당뇨가 뭐니

학회 출판물 구매

학회일정

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- 제32차 당뇨병 연구 하계워크샵 개최 2023-05-09
- 2023 당뇨병 혈관질환 심포지엄 개최 (7/1(토)오후1시, 연세대학교 에비슨의생명연구센터) 2023-05-08
- 2023 당뇨병 신경병증 심포지엄 개최 (7/1(토)오후2시, SC컨벤션센터 12층) 2023-05-08

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Diabetes Fact Sheet

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디지털강의 플랫폼 D-TALK

진료지침 자료실
다운로드 바로가기

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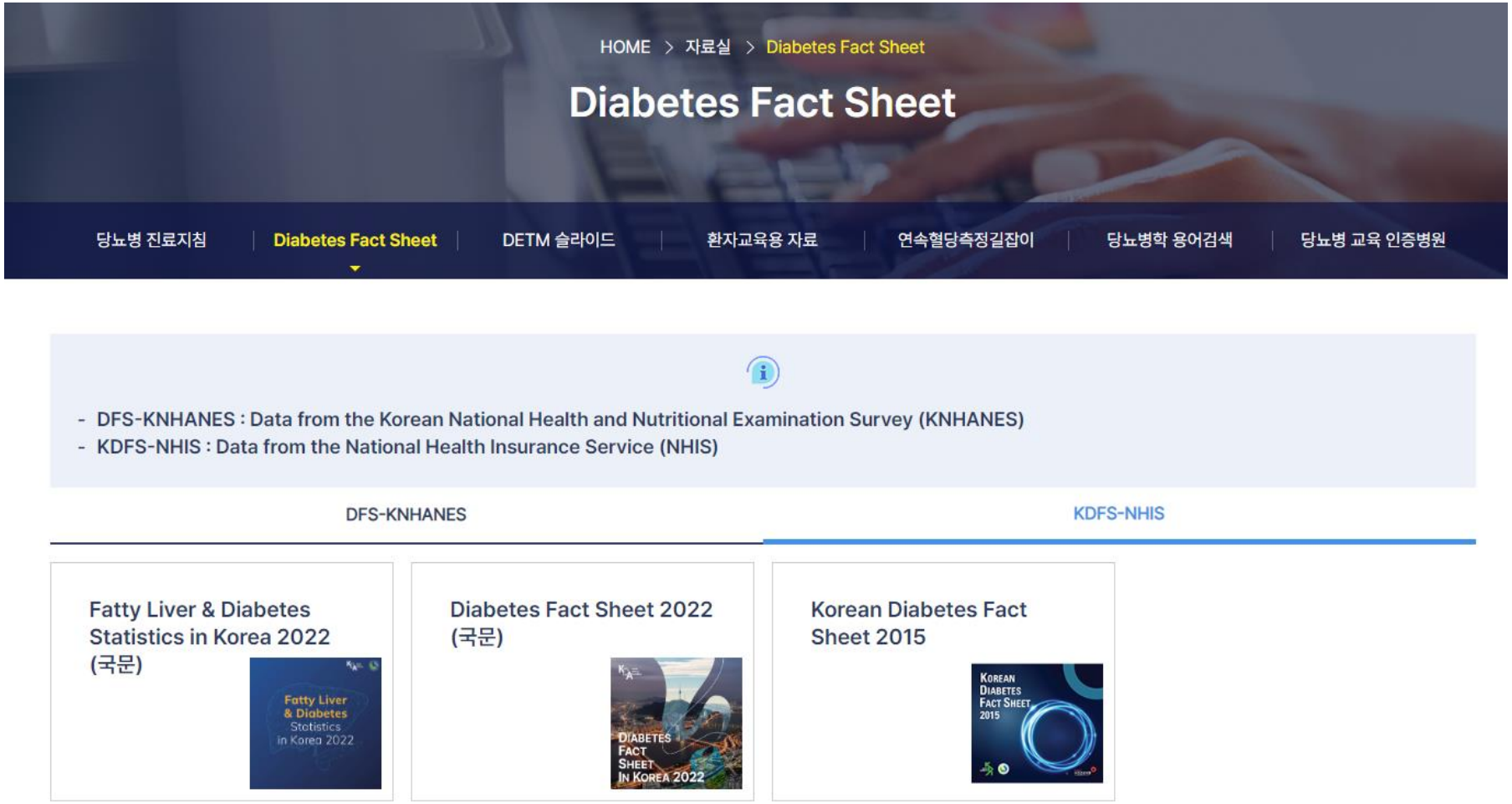

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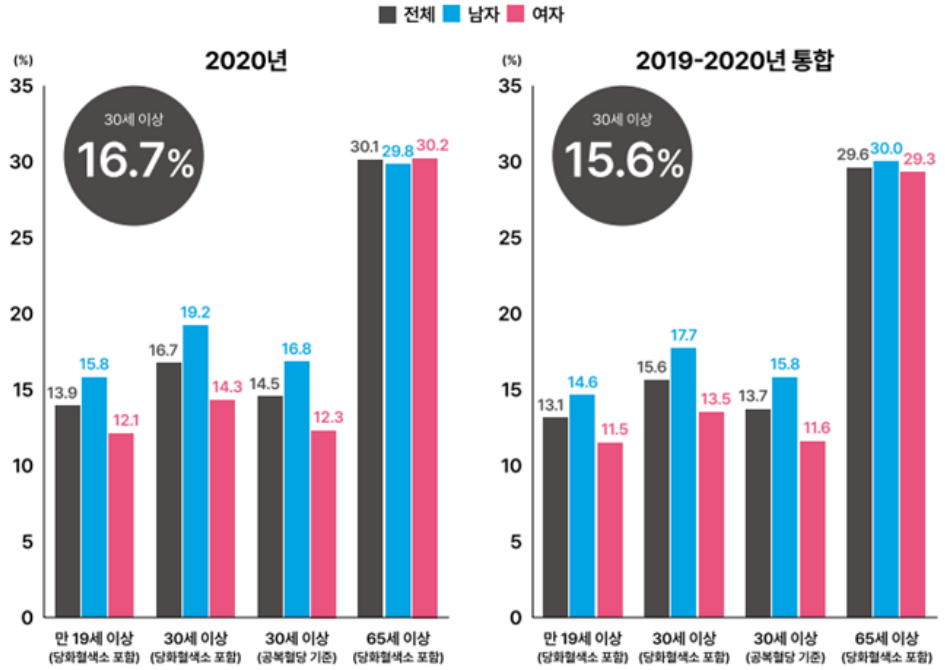
DM fact sheet

목차

2020년 기준 30세 이상 성인 6명 중 1명(16.7%)이 당뇨병을 가지고 있음.
공복혈당만을 진단에 사용할 경우 당뇨병 유병률은 14.5%로 7명 중 1명이 당뇨병을 가지고 있음.
65세 이상 성인에서는 10명 중 3명(30.1%)임.



당뇨병 진단기준: 4개 경우 중 하나 이상에 해당되는 경우 ① 의사로부터 당뇨병을 진단받은 경우 ② 당뇨병약제로 치료 중인 경우 ③ 공복혈당이 126 mg/dL 이상인 경우 ④ 당화혈색소가 6.5% 이상인 경우

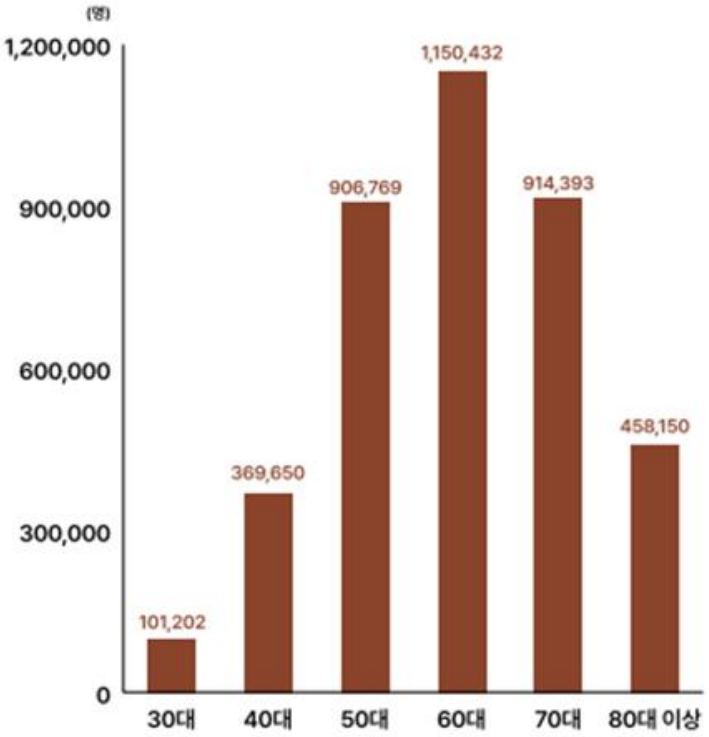
DIABETES FACT SHEET IN KOREA 2022

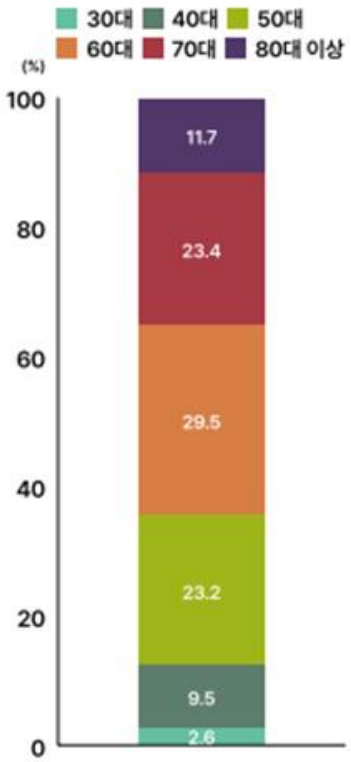
당뇨병약제 치료 현황

당뇨병환자의 약제 치료 현황
당뇨병환자의 약제 치료율 변화
경구혈당강하제 병용요법 현황
당뇨병약제 성분별 처방 패턴 분석
당뇨병 진단 후 생애 첫 약제 처방 현황
당뇨병약제 지속치료율

자료원: 국민건강보험공단
30세 이상 국민건강보험 가입자 및 의료급여 수급권자 대상

당뇨병환자의 약제 치료 현황 (2019년)





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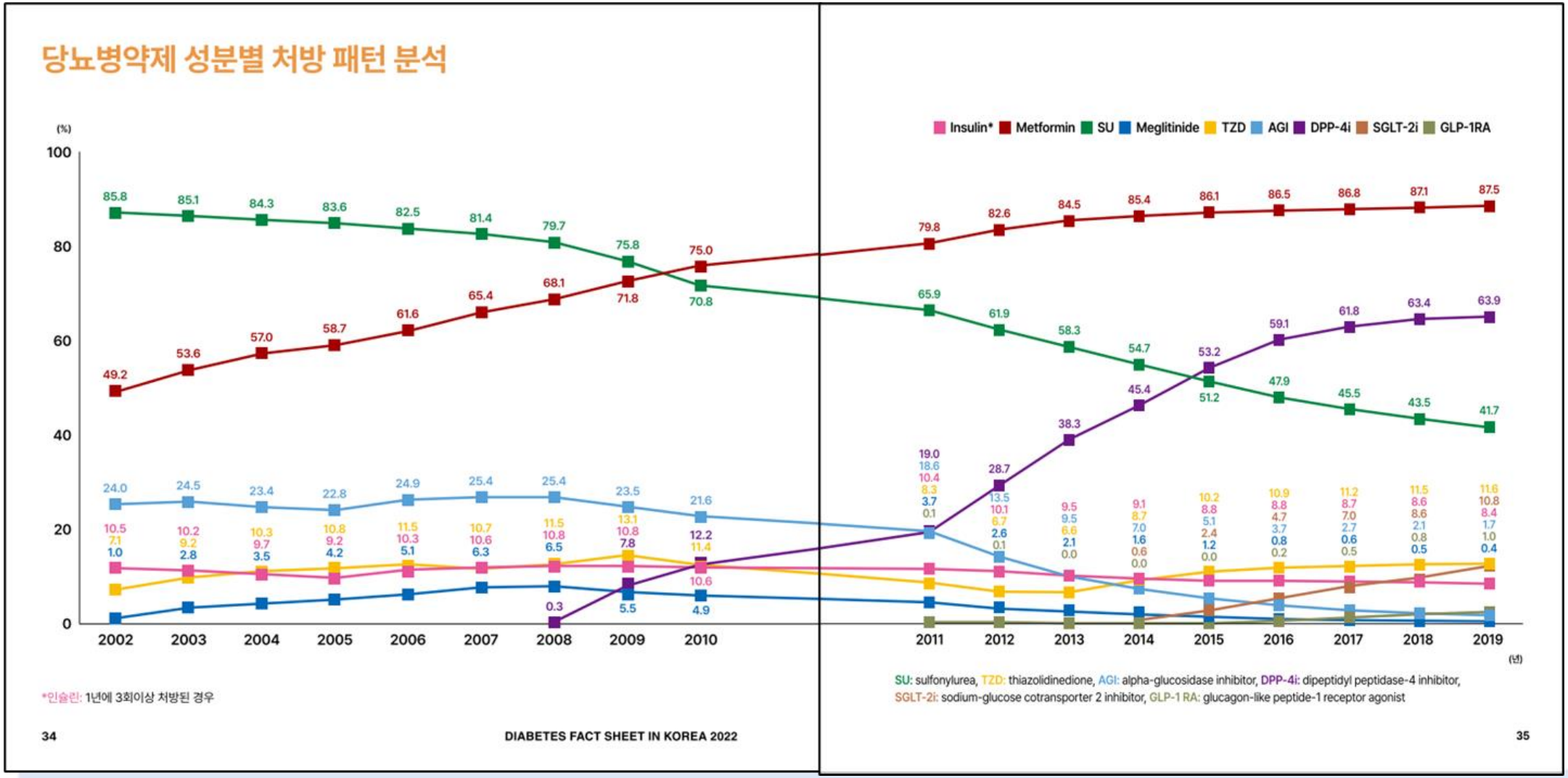

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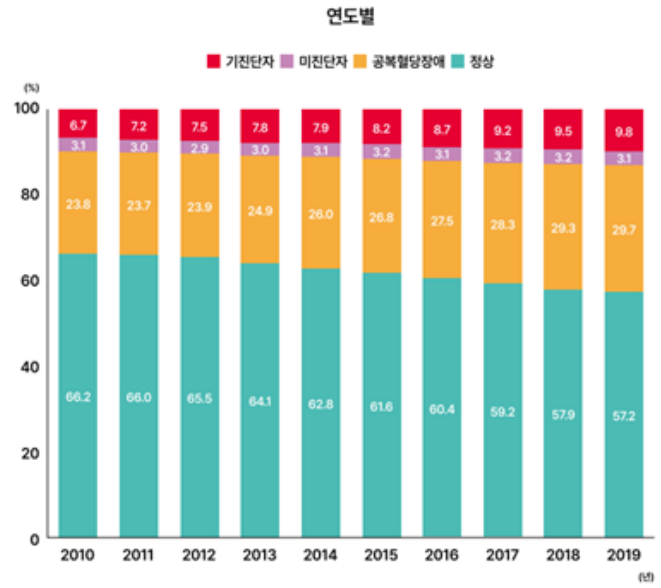
건강검진 대상자의 당뇨병 현황

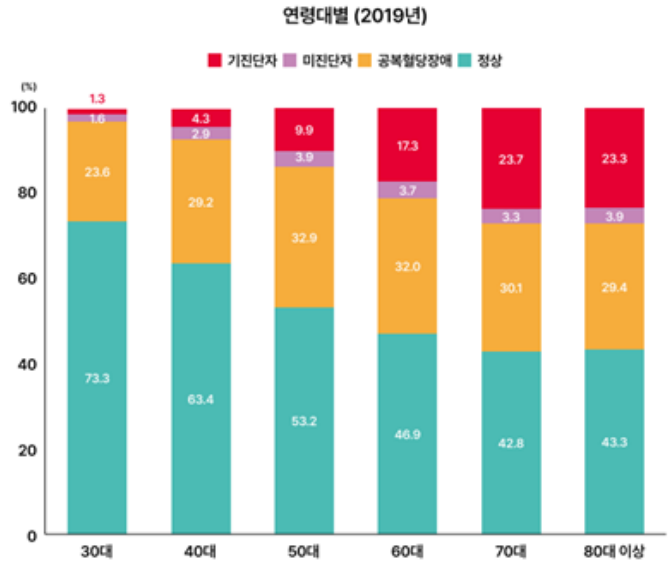
소득수준에 따른 당뇨병약제 지속치료율
건강검진 대상자의 혈당 분포 현황
신규 당뇨병환자의 병원 방문율

자료원: 국민건강보험공단
30세 이상 국민건강보험 가입자 및 의료급여 수급권자 대상

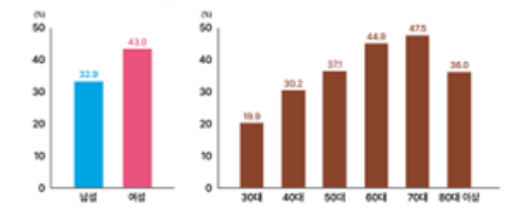
건강검진 대상자의 혈당 분포 현황



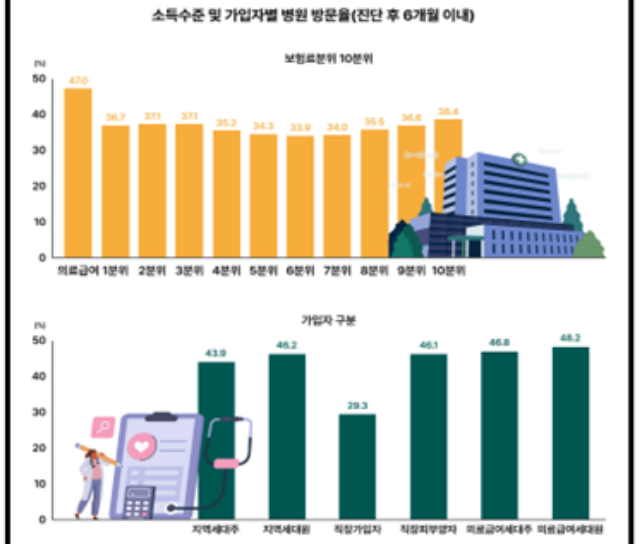
미진단자: 당뇨병약제를 처방받지 않았으나 건강검진 시 공복혈당이 126 mg/dL 이상인 경우

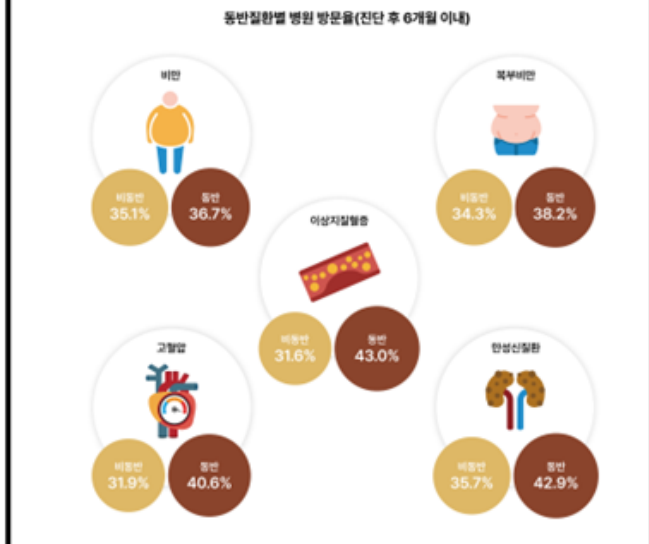


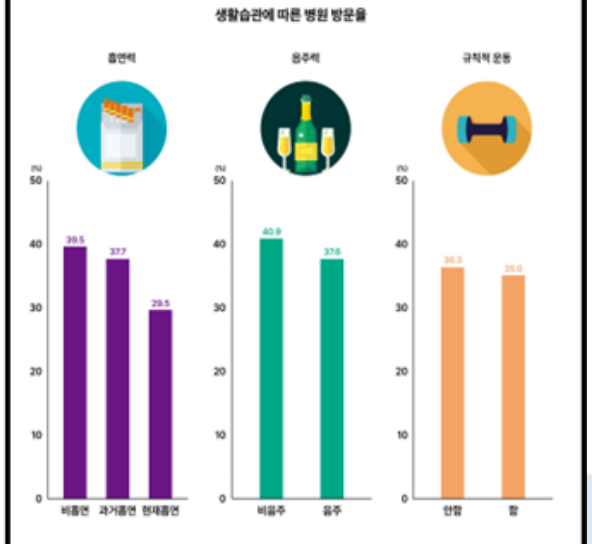
신규 당뇨병환자의 병원 방문율 (2017년)



신규 당뇨병환자: 이전에 당뇨병약제를 처방받지 않았고, 건강검진 시 공복혈당이 126 mg/dL 이상인 경우







DIABETES FACT SHEET IN KOREA 2022

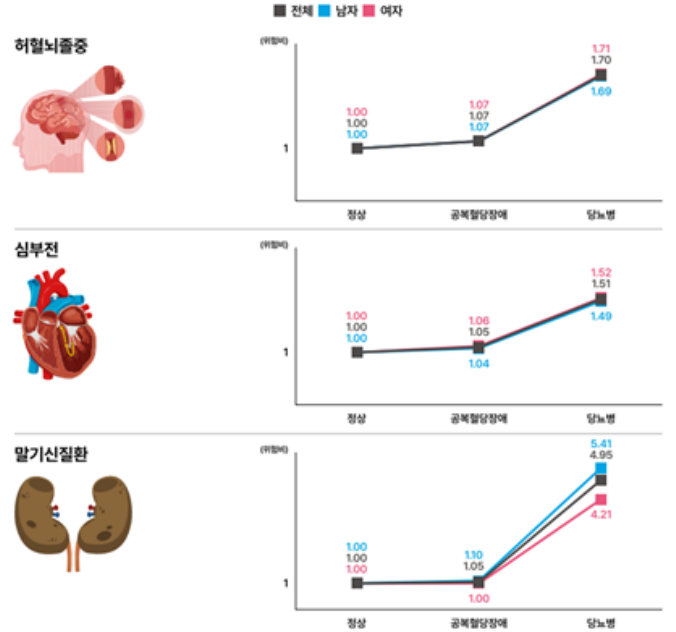
당뇨병의 주요 합병증

주요 사망 원인
혈관합병증
암
최근 10년간 말기신질환 발생률 변화
최근 10년간 증식당뇨병망막병증 발생률 변화

자료원: 국민건강보험공단
30세 이상 국민건강보험 가입자 및 의료급여 수급권자 대상
주요 사망 원인, 혈관합병증, 암: 1형당뇨병을 제외한 2009년 30세 이상 일반건강검진 대상자
말기신질환, 증식당뇨병망막병증: 30세 이상 당뇨병환자

혈관합병증

심근경색증의 위험은 당뇨병이 없는 경우보다 당뇨병전단계는 1.05배, 당뇨병은 1.59배 증가함.



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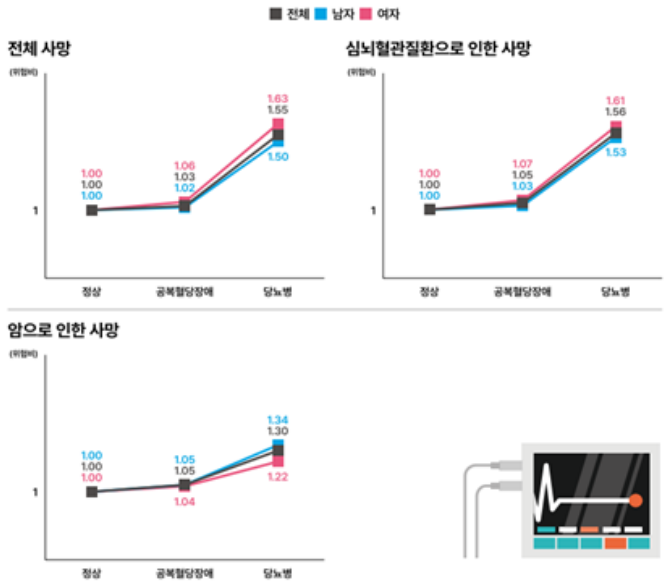

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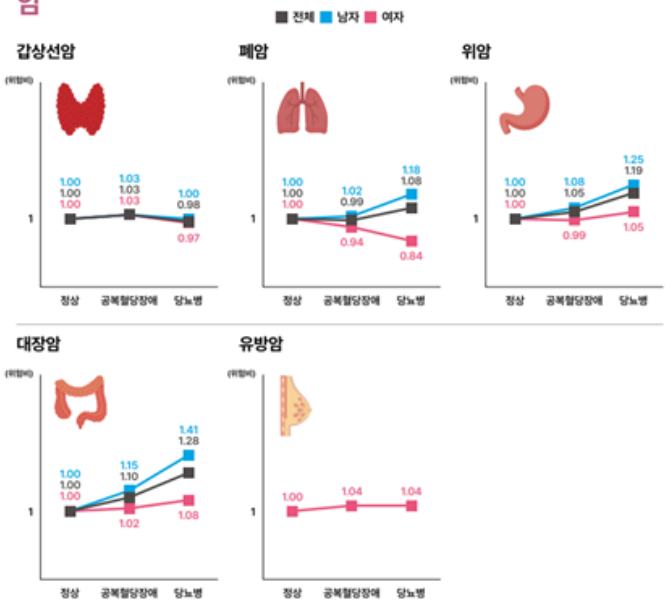
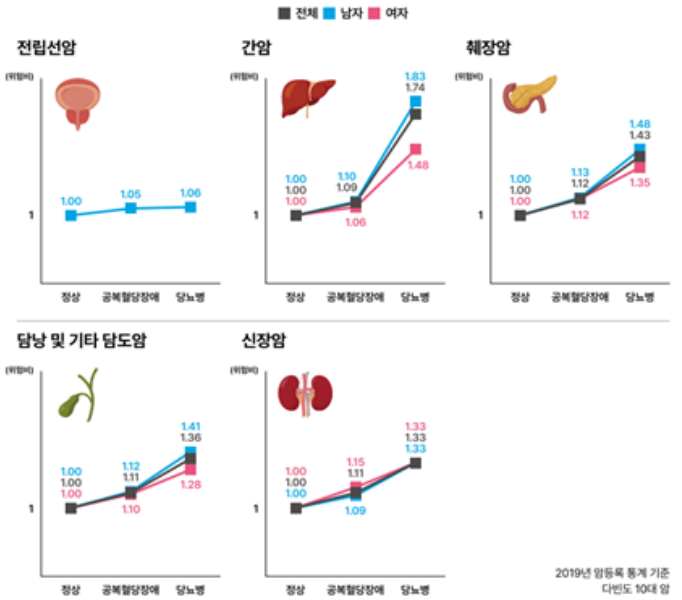




2019년 암등록 통계 기준
다빈도 10대 암

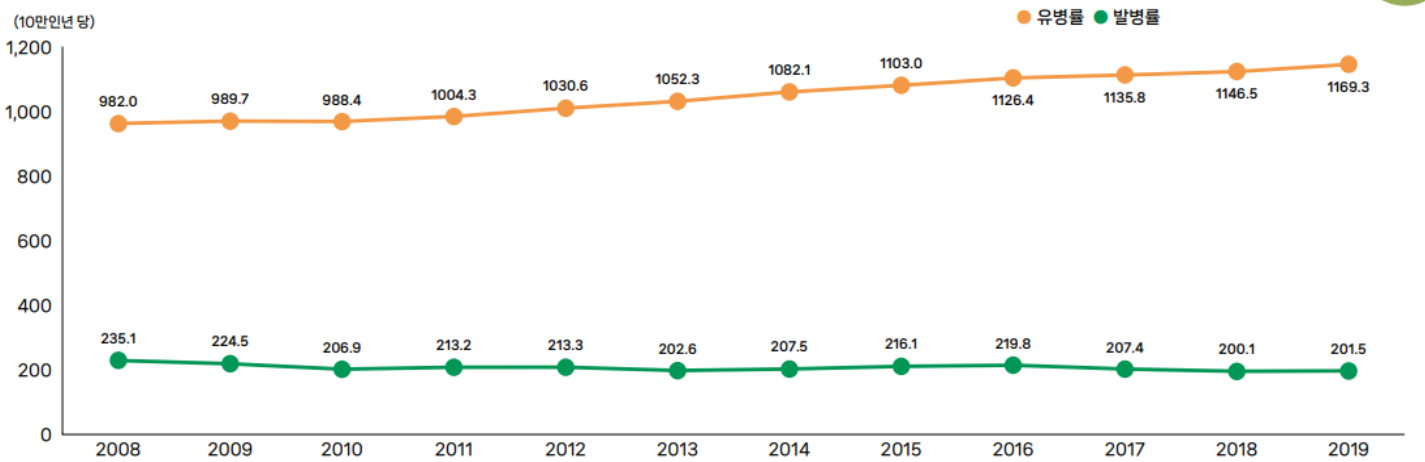
Fatty liver & Diabetes

DKD FACT SHEET 2023

당뇨병신장질환 팩트시트

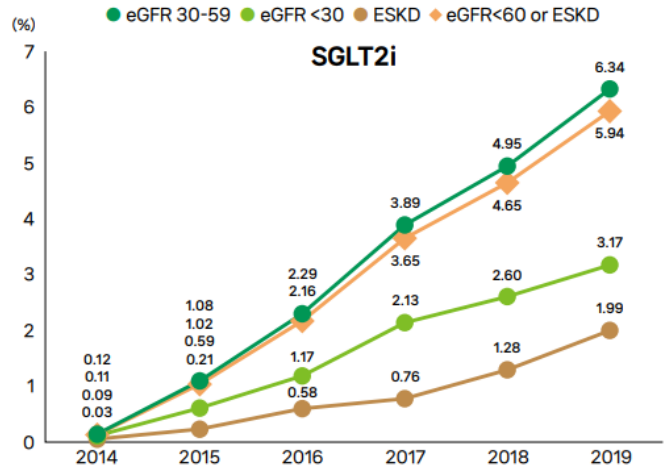
Korean Diabetes Association

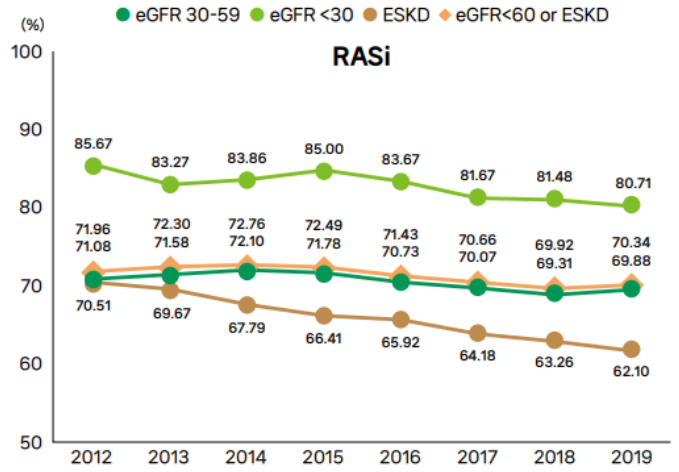
당뇨병-말기신장질환 발생률 및 유병률 (2008-2019)



발생률 및 유병률은 2011년 당뇨인구에 기초하여 성, 연령 표준화 된 100,000인년 당 인원으로 산출
말기신장질환: ICD-10 코드 N18 또는 투석 진료행위코드와 희귀질환 산정특례코드 V001(인공신장투석실시당일), V003(계속적 복막관류술실시,복막관류액수령당일), V005(신 이식술 및 이와 직접 관련된 입원치료 및 외래진료)가 3개월 이상 청구된 경우

당뇨병신장질환 환자의 적정치료율 (SGLT2i, RASi)





SGLT2i: Sodium Glucose Cotransporter-2 inhibitor
eGFR (ml/min/1.73m², CKD-EPI) / ESKD (End Stage Kidney Disease, 말기신장질환)

RASi: Renin-Angiotensin System Inhibitor

SEOUL NATIONAL UNIVERSITY HOSPITAL

CONTENTS

- Fact sheet in other fields
  - AHA statistics
  - Diabetes
  - Dyslipidemia
  - Urology
- AF fact sheet

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JLA Journal of Lipid and Atherosclerosis

Original Article

Dyslipidemia Fact Sheets in Korea 2020: an Analysis of Nationwide Population-based Data

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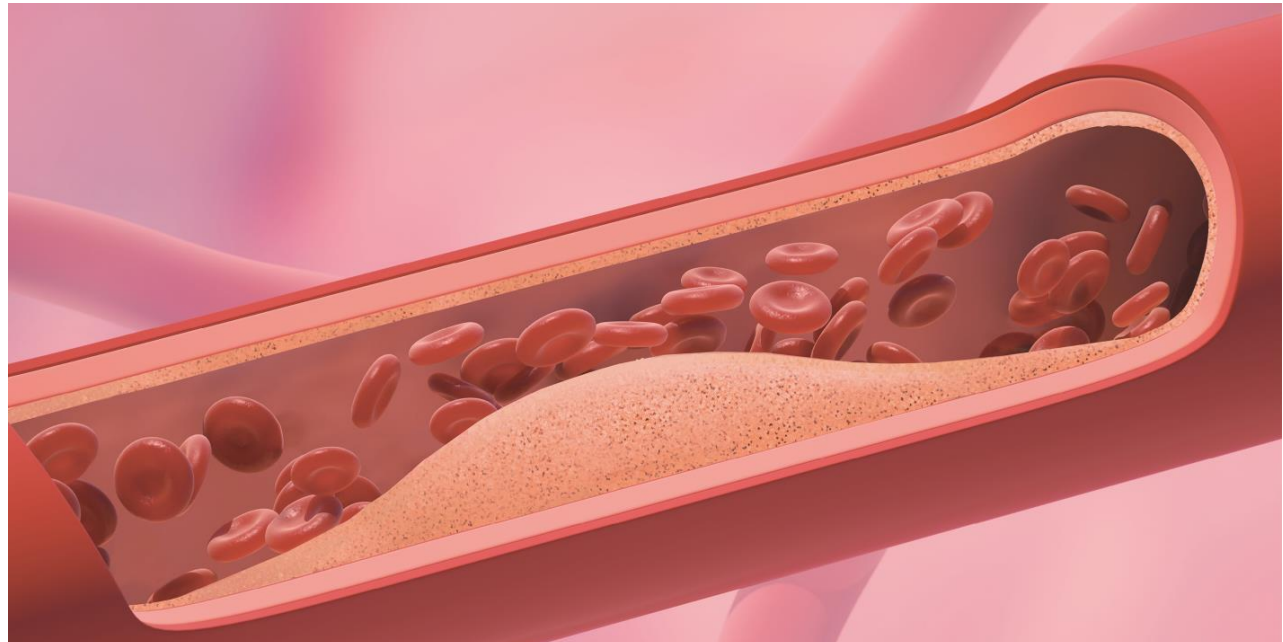
ABSTRACT

Objective: The Korean Society of Lipid and Atherosclerosis (KSoLA) has published the Dyslipidemia Fact Sheets in Korea 2020 to provide an overview of magnitude and management status of dyslipidemia and their recent trends therein.
Methods: The Fact Sheets were based on the analyses of Korean adults aged 20 years or older of the 2007–2018 Korea National Health and Nutrition Examination Survey (KNHANES) and the 2002–2018 National Health Insurance Big Data (NHI-BD).
Results: Between 2007 and 2018, the crude prevalence of hypercholesterolemia increased from 9.0% to 20.7%. During the same period, its management rate also improved yet remained unsatisfactory. In 2018, the prevalence of dyslipidemia was 45.6% in men and 31.3% in women, which increased with older age and presence of metabolic abnormalities. Indeed, the number of people diagnosed with dyslipidemia has increased nearly 8-fold

KSoLA
The Korean Society of Lipid and Atherosclerosis

DYSLIPIDEMIA FACT SHEET IN KOREA, 2022



DYSLIPIDEMIA
FACT SHEET
IN KOREA, 2022

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Data source and analysis

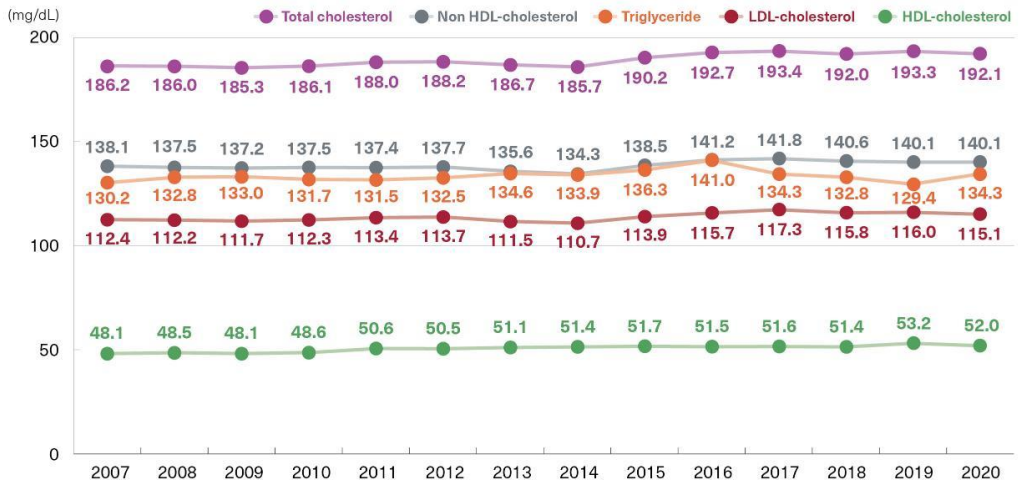
Data source

2007–2020 Korea National Health and Nutrition Examination Survey (KNHANES)

Lipid profile in Korean adults

Age-standardized mean concentration of blood lipid

2007–2020 trend

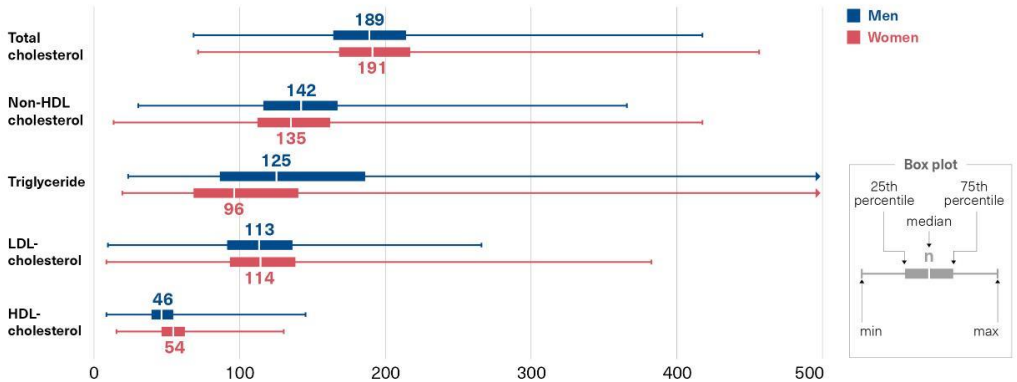


Age-standardized to 2005 population

Data source: KNHANES 2007-2020
Subjects: Adults aged 20+ years

Distribution of blood lipid concentration

2016–2020 average



		Mean	S.D.	Percentile						
				5	10	25	50	75	90	95
Men	Total cholesterol	190	38	129	141	164	189	214	238	253
	Non-HDL cholesterol	142	38	83	95	116	142	167	191	207
	Triglyceride	157	129	52	62	86	125	186	273	358
	LDL-cholesterol	114	33	60	71	91	113	136	157	169
	HDL-cholesterol	47	11	32	34	39	46	54	62	68
Women	Total cholesterol	194	38	136	148	168	191	217	243	259
	Non-HDL cholesterol	139	95	85	95	112	135	162	188	204
	Triglyceride	115	81	44	50	68	96	140	198	245
	LDL-cholesterol	117	34	67	76	93	114	138	160	176
	HDL-cholesterol	55	13	36	39	46	54	62	72	78

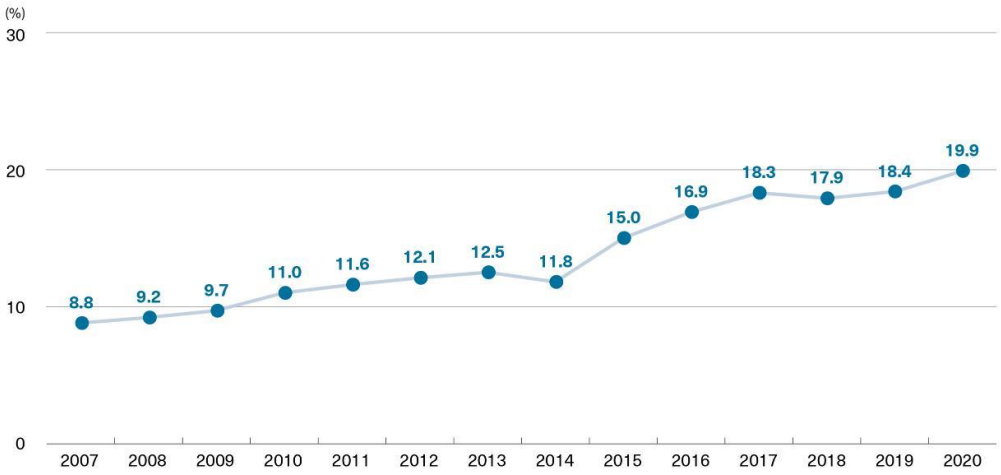
Data: 2016-2020 KNHANES; adults aged 20+ years

Prevalence and management of hypercholesterolemia in Korean adults

Age-standardized prevalence of hypercholesterolemia

2007–2020
trend

The age-standardized prevalence of hypercholesterolemia more than doubled from 2007 to 2020.

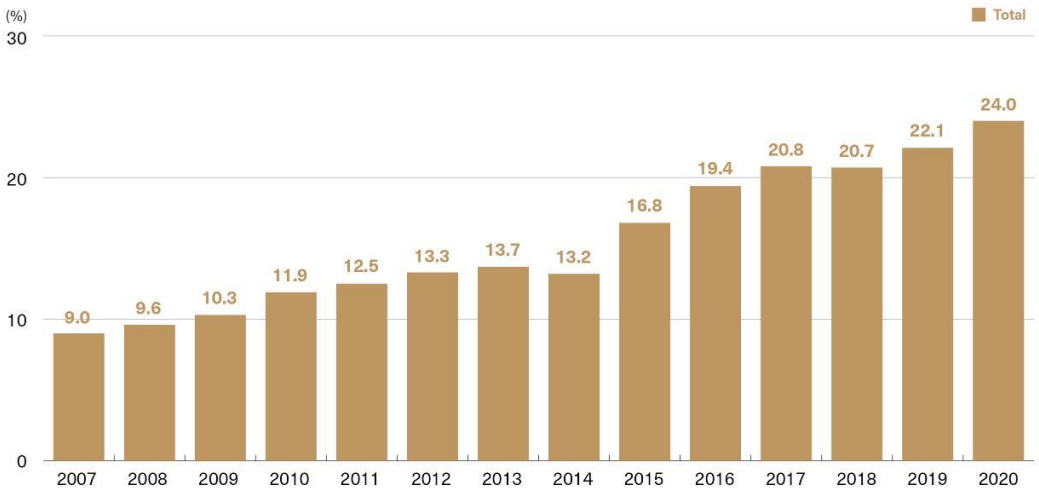


Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population.
Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug.

Crude prevalence of hypercholesterolemia

2007–2020
trend

Hypercholesterolemia is steadily increasing.
Nearly 1 out of 4 adults has hypercholesterolemia.



Data: 2007-2020 KNHANES; adults aged 20+ years
Hypercholesterolemia: total cholesterol ≥240 mg/dL or taking a lipid-lowering drug.

Prevalence of dyslipidemia in Korean adults

Dyslipidemia in specific populations

Health behaviors among adults with dyslipidemia

Trends in health behaviors of Korean adults

2017 한국인 전립선암 발생 현황

한국 전립선암 팩트

2017 KOREAN PROSTATE CANCER FACT SHEET

KUA 대한비뇨기과학회 The Korean Urological Association

대한비뇨기종양학회 The Korean Urological Oncology Society

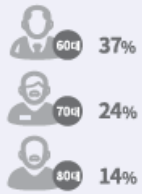
대한비뇨기과학재단

2017 한 눈에 보는 전립선암 발생 현황

2017 KOREAN PROSTATE CANCER FACT SHEET

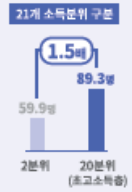
2015 전립선암 연령표준화 조발생률 (10만 명당)

2006년 대비 2015년 전립선암 조발생률 증가폭



소득별 전립선암 발생률

소득 수준이 높을수록 전립선암 연령표준화 조발생률도 높음



동반질환별 전립선암 발생률

1.29배 당뇨병 환자 전립선암 발생률

1.45배 고혈압 환자 전립선암 발생률

1.4배 이상지질혈증 환자 전립선암 발생률

복부비만과 전립선암 발생률

정상체중 남성

복부 둘레 90cm 이상인 복부비만 남성

2022
대한민국 방광암 현황
FACT SHEET

대한비뇨기종양학회
The Korean Urlogical Oncology Society

h·well
국민건강보험
National Health Insurance Corporation

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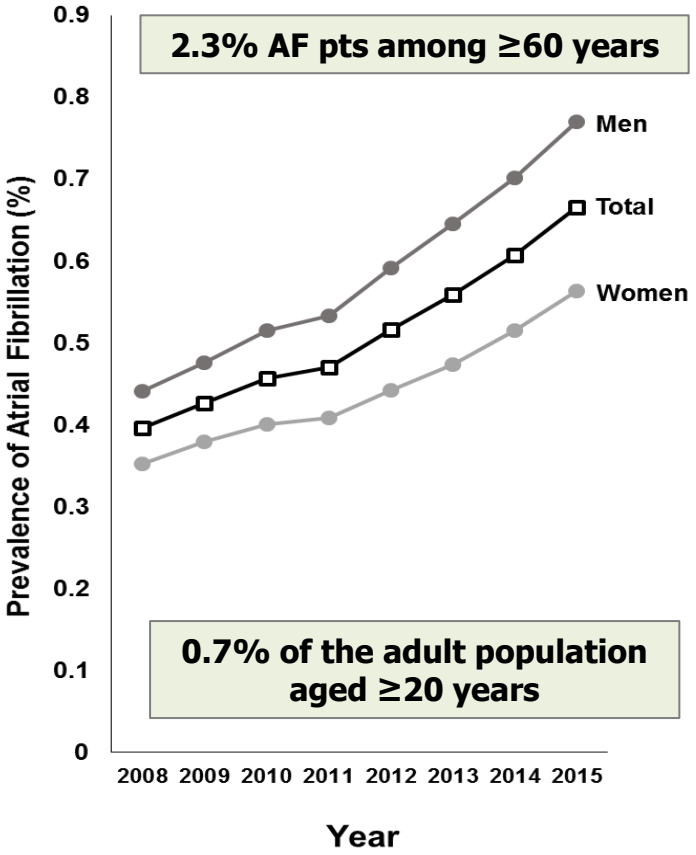
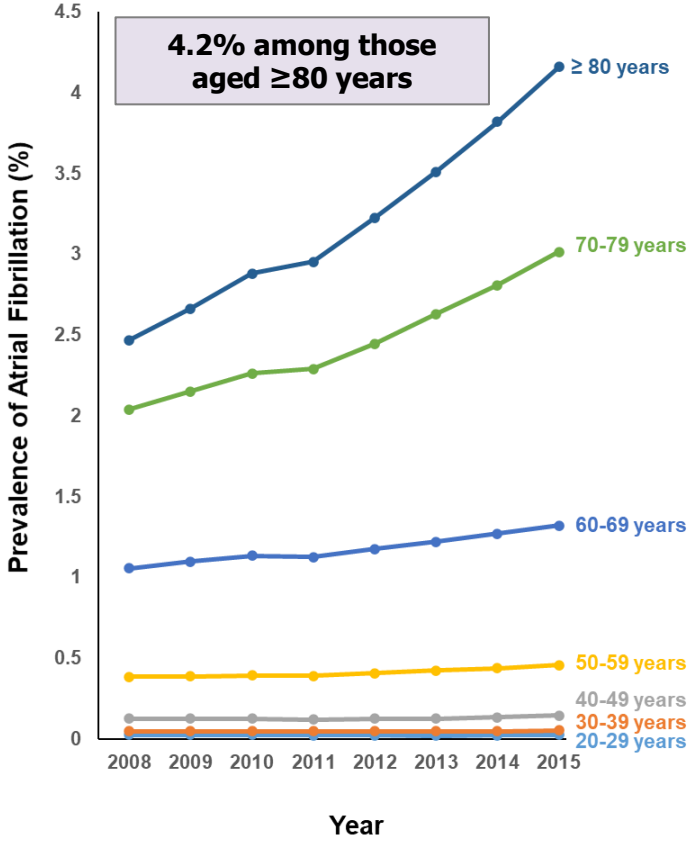
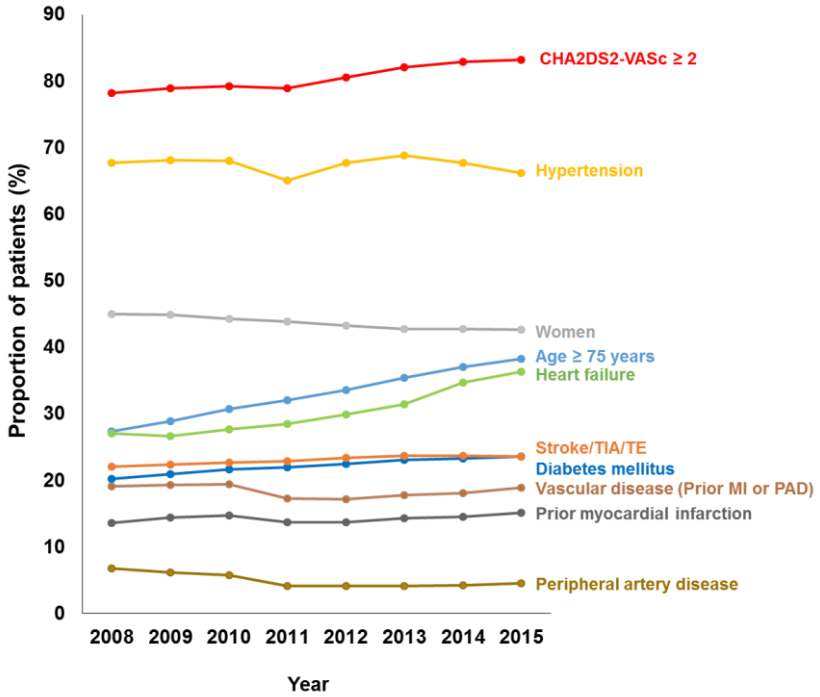
- AF fact sheet

AF epidemiology in Korean Population

- Entire Korean population (n=41,505,679)
- The prevalence of AF in Korea consistently increased by 1.7-fold from 0.4% in 2008 to 0.7% in 2015 (n=276,246)







CHA_2DS_2-VASc ≥ 2

2008 **78.2%** 117,596 → 2015 **83.2%** 230,332

Lee SR, Choi EK et al. Int J Cardiol 2017;236:226-231

Annual incidence (A) and prevalence (B) of AF

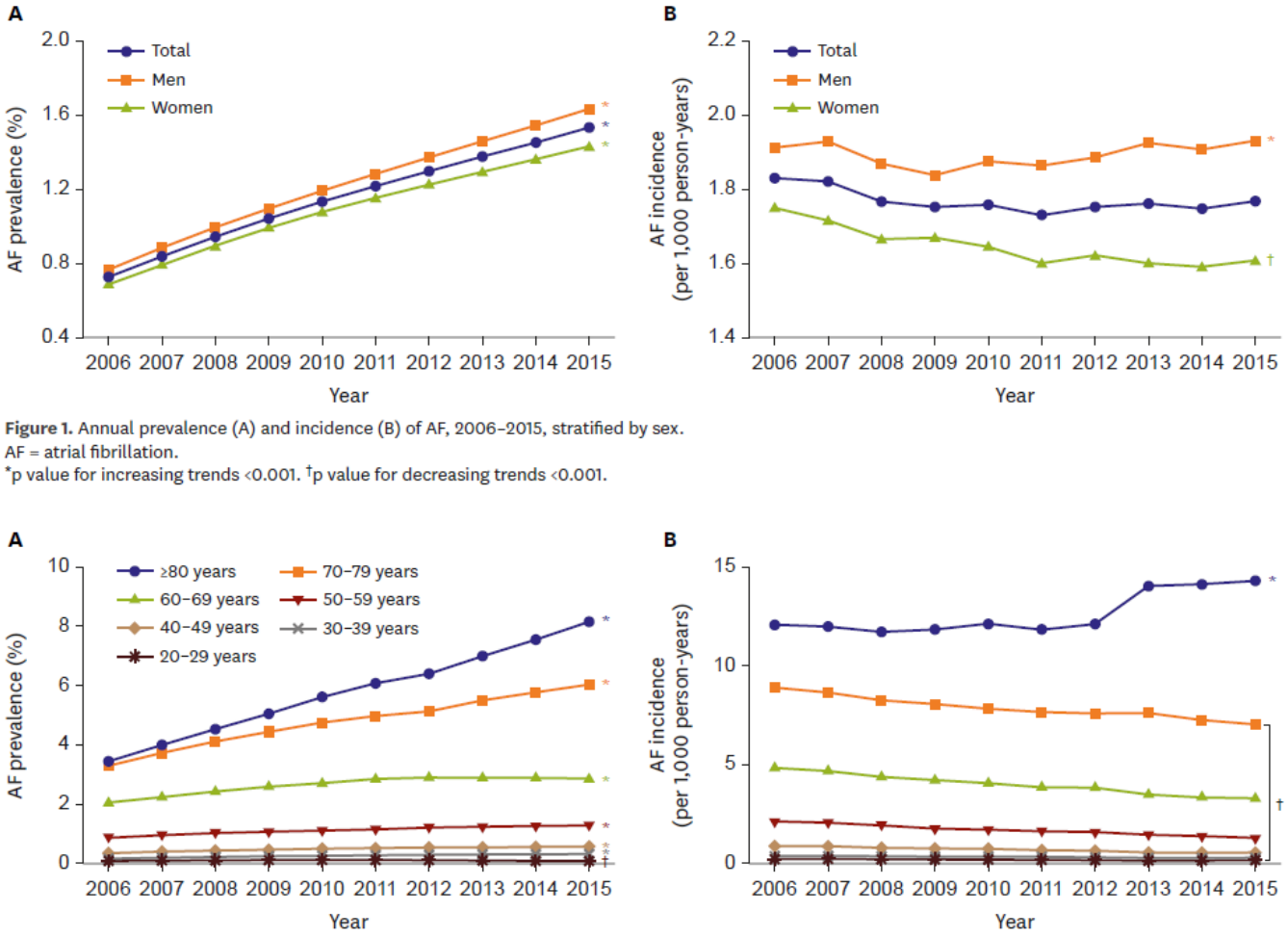
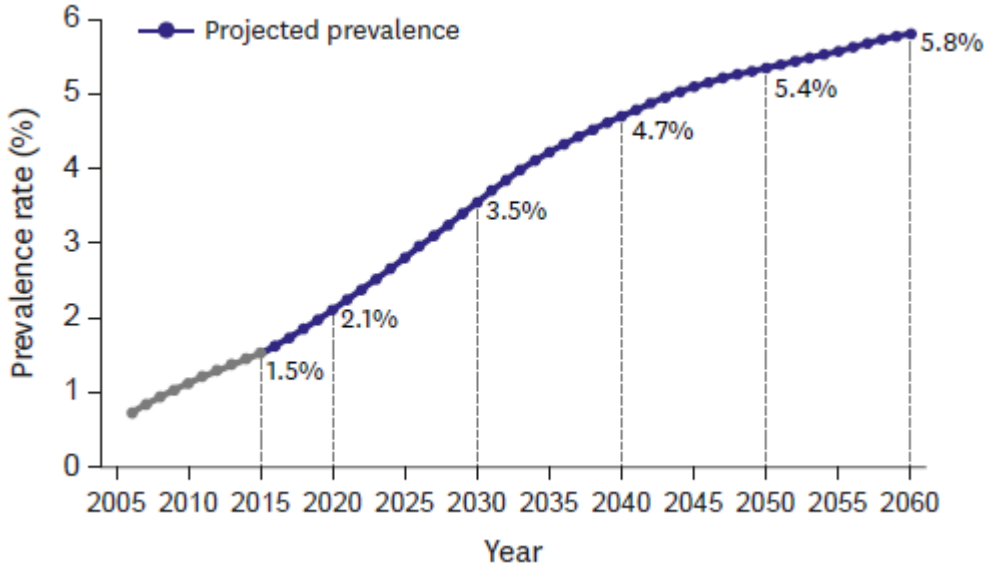
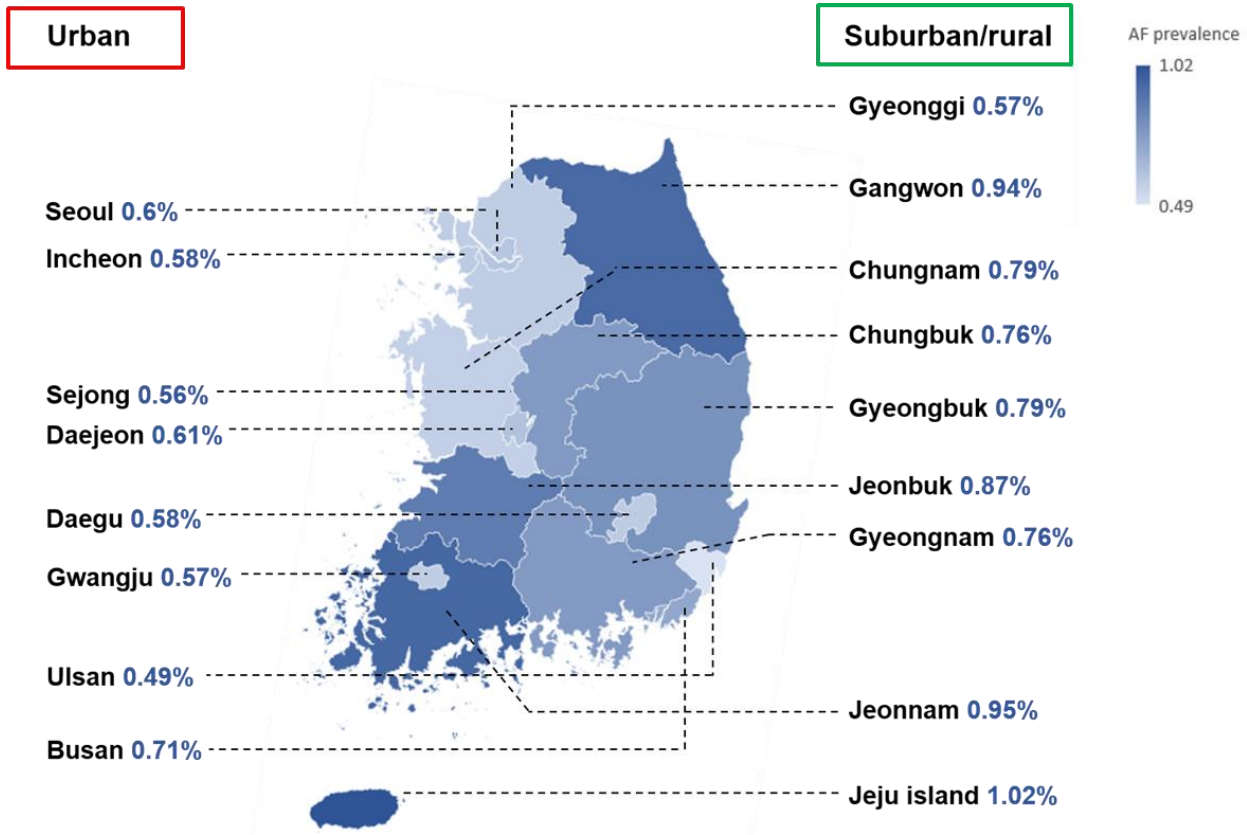


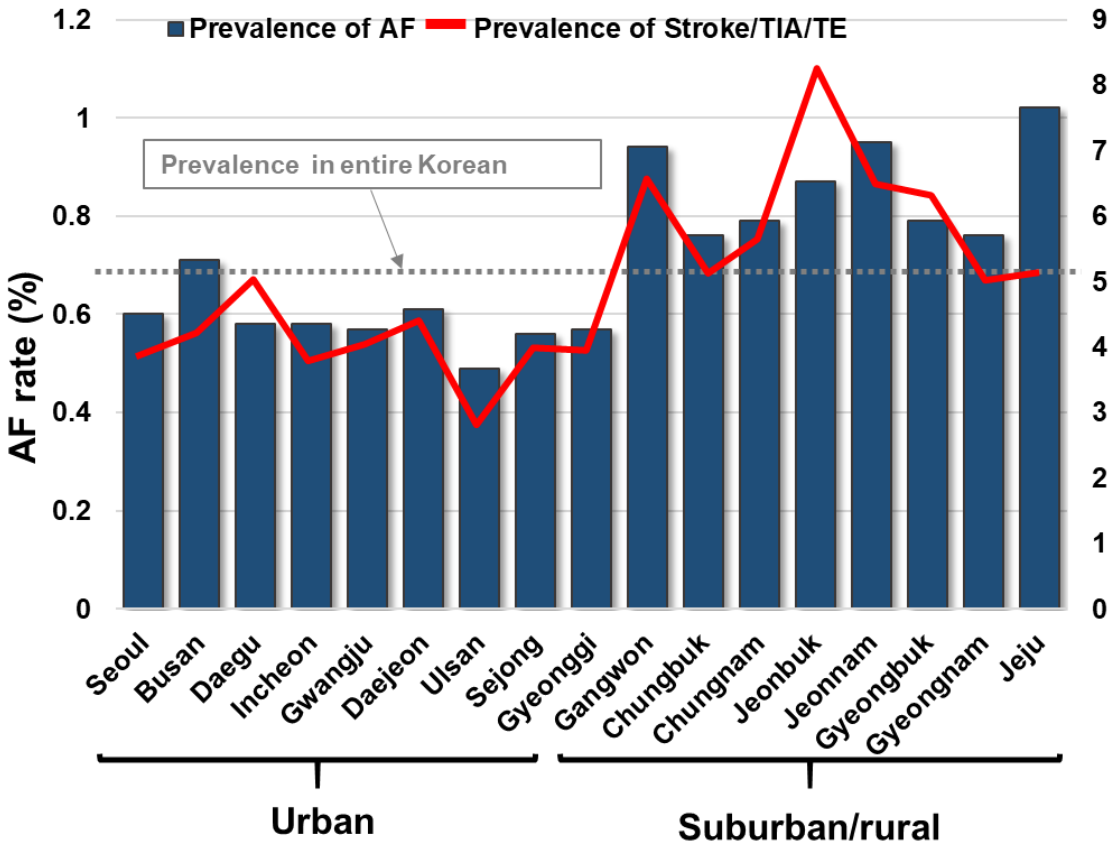
Figure 1. Annual prevalence (A) and incidence (B) of AF, 2006–2015, stratified by sex.
AF = atrial fibrillation.
*p value for increasing trends <0.001. †p value for decreasing trends <0.001.



Kim DH, Joung B et al. Am Heart J 2018;202:20-6.

Regional prevalence of AF and stroke in Korea





Lee SR, Choi EK et al. Korean Circ J. 2018;48:622-634

Increasing trends in hospital care burden of atrial fibrillation in Korea, 2006 through 2015

Daehoon Kim,[1] Pil-Sung Yang,[1,2] Eunsun Jang,[1] Hee Tae Yu,[1] Tae-Hoon Kim,[1] Jae-Sun Uhm,[1] Jong Youn Kim,[1] Hui-Nam Pak,[1] Moon-Hyoung Lee,[1] Boyoung Joung,[1] Gregory Y H Lip[3,4]

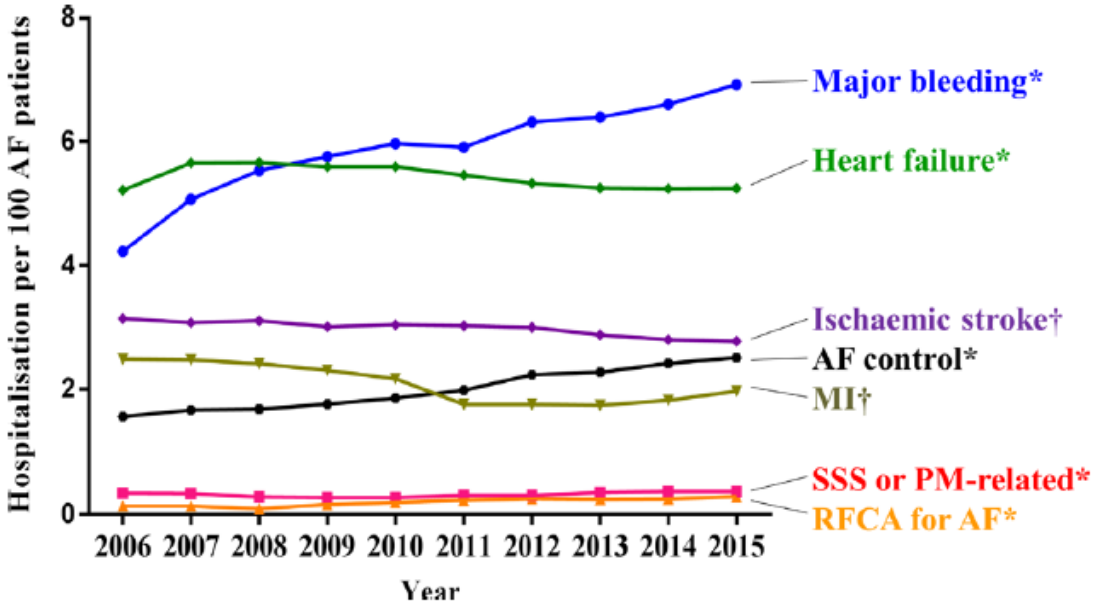
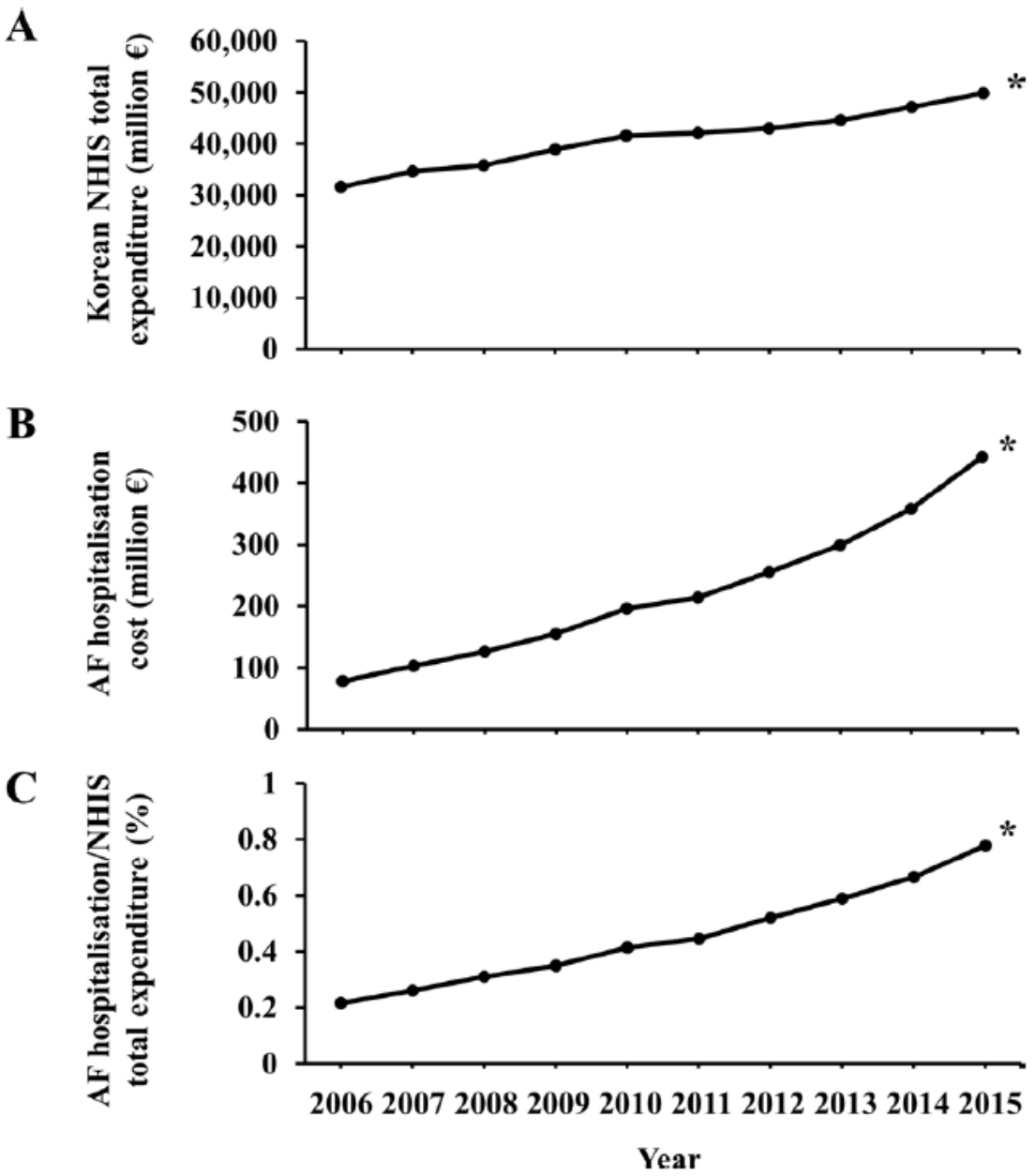
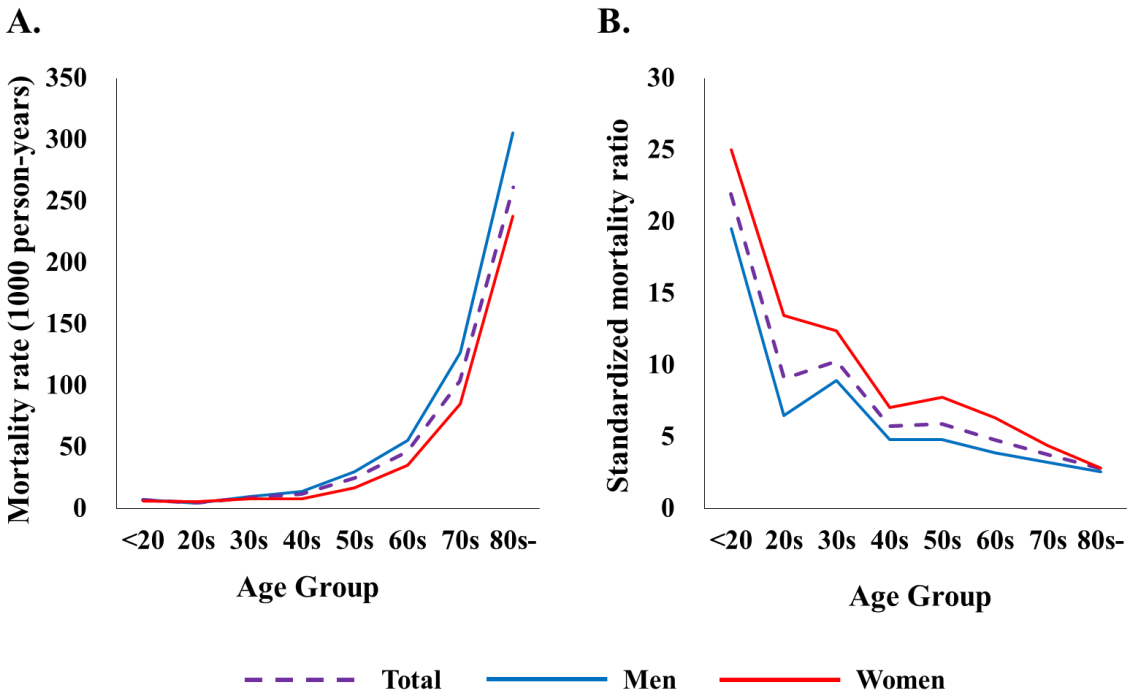


Figure 1 Temporal trends of AF hospitalisation per 100 patients with AF according to main hospitalisation causes between 2006 and 2015. *P value for increase trends <0.001. †P value for decrease trends <0.001. AF, atrial fibrillation; MI, myocardial infarction; PM, pacemaker; RFCA, radiofrequency catheter ablation; SSS, sick sinus syndrome.



Kim DH, Joung B et al. Heart 2018

Increased risk of Mortality in Korean AF



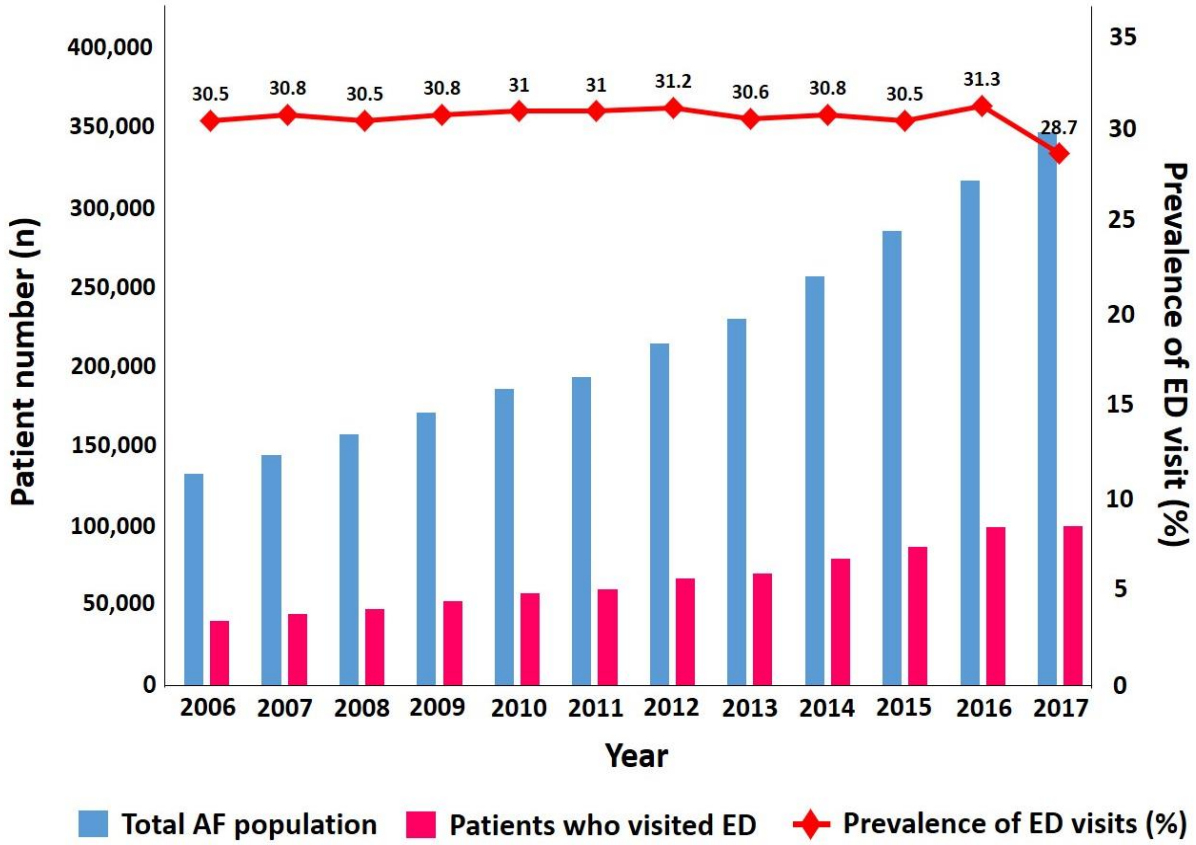
Rank	Total Cohort		AF patients	
	ICD-10 codes	Number (%)	ICD-10 codes	Number (%)
1	Malignant neoplasms (C)	15,440 (27.6)	Diseases of the circulatory system (I)	1,701 (38.0)
2	Diseases of the circulatory system (I)	12,546 (22.4)	Malignant neoplasms (C)	1,046 (23.4)
3	Injury, poisoning and certain other consequences of external causes (S & T)	6,779 (12.1)	Diseases of the respiratory system (J)	372 (8.4)
4	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R)	5,978 (10.7)	Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified (R)	275 (6.2)
5	Diseases of the respiratory system (J)	3,669 (6.6)	Endocrine, nutritional and metabolic diseases (E)	253 (5.7)
6	Endocrine, nutritional and metabolic diseases (E)	2,649 (4.7)	Injury, poisoning and certain other	195 (4.4)
7	Diseases of the digestive system (K)			
8	Certain infectious and parasitic diseases & B)			
9	Diseases of the nervous system (G)			
10	Mental, behavioral and neurodevelopment disorders (F)			

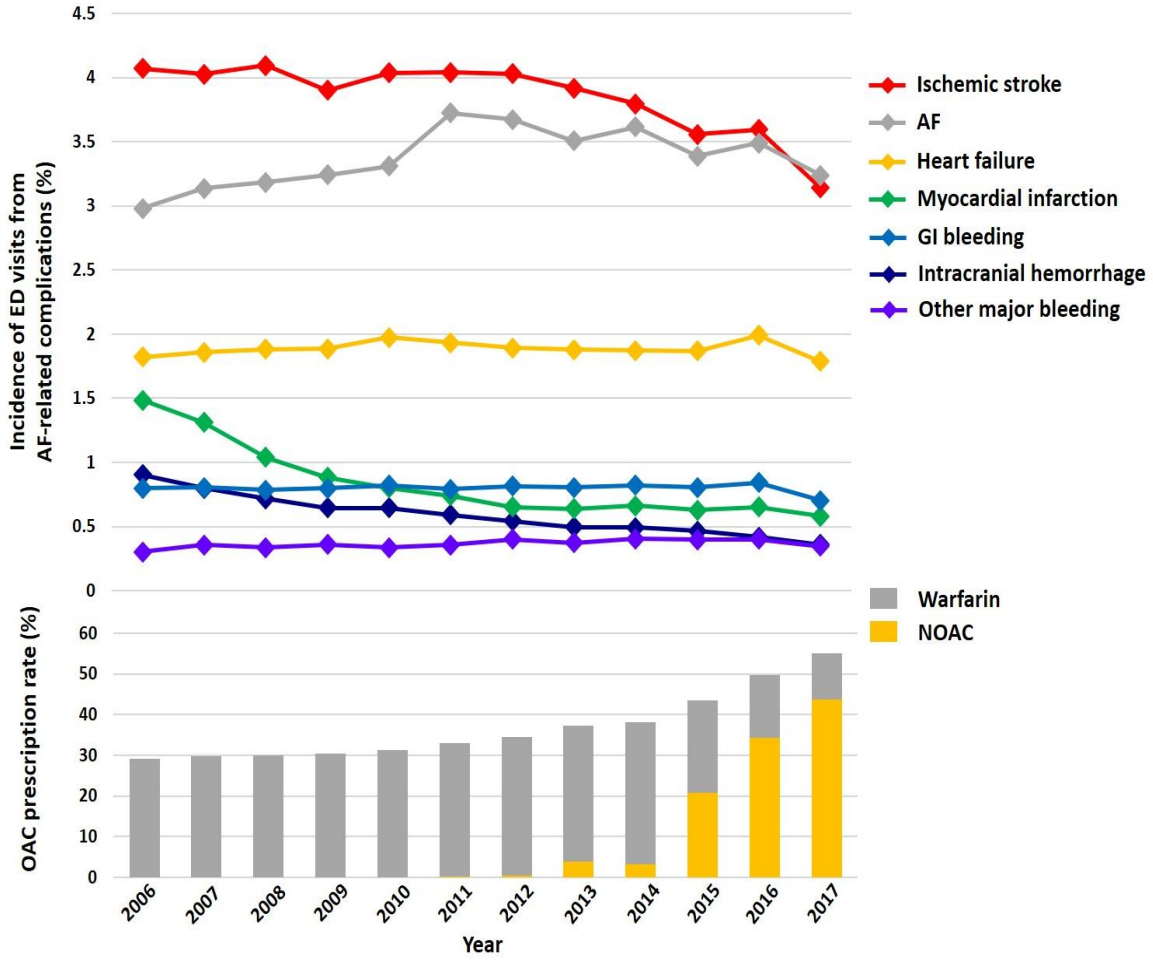
Cerebrovascular diseases (I60-9)	16.3
Ischemic heart diseases (I20-5)	8.2
Hypertensive diseases (I10-3)	3.4
Heart failure (I50)	3.2
Other circulatory diseases	6.8

- AF pts were at **3.7-fold increased risk of all-cause death** compared with the general population
- **SMR for all-cause death was the greatest in the young ages** and attenuated with increasing age

Lee EJ, Choi EK et al. PLOSone 2018

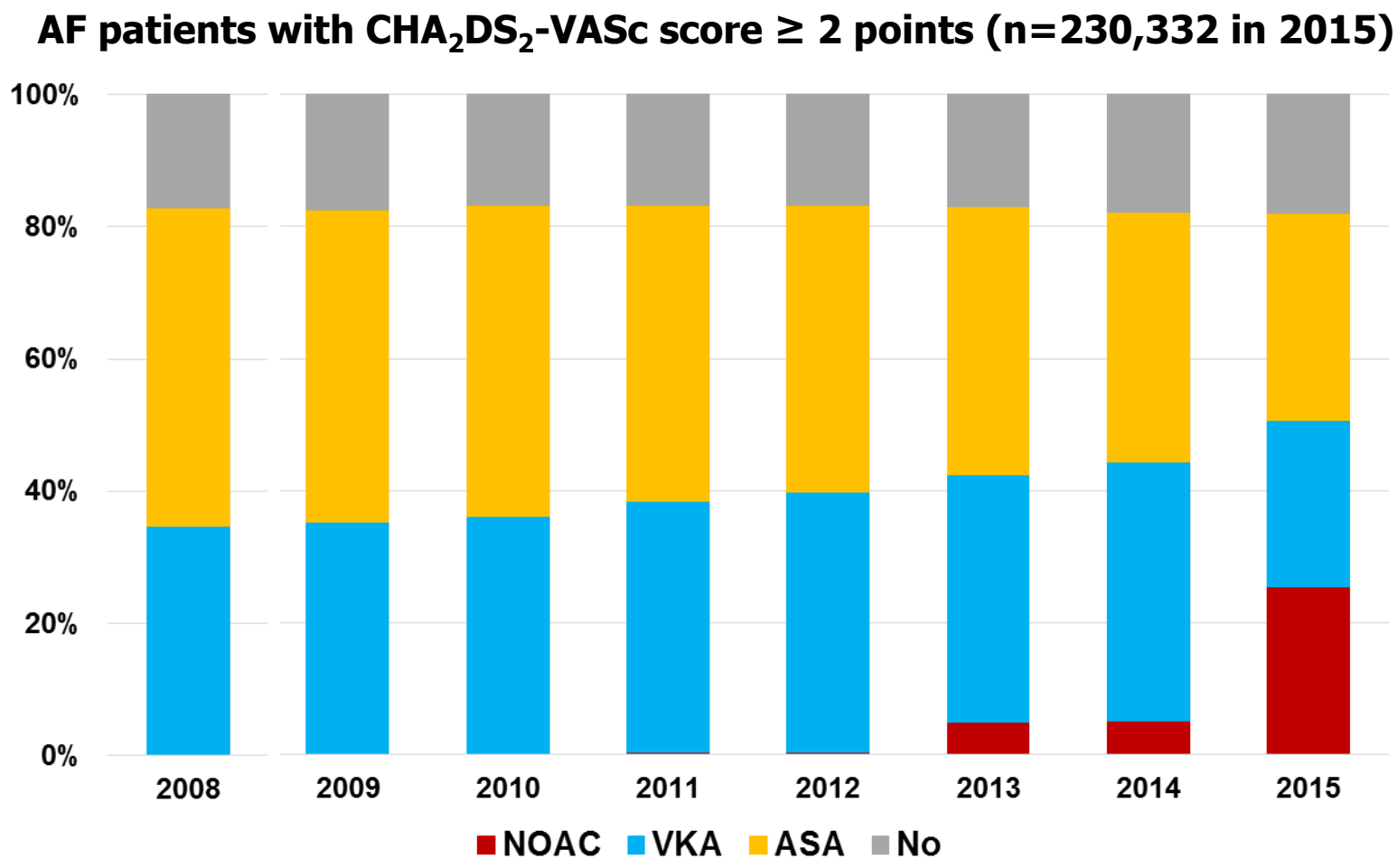
Temporal Trends of ED Visits and AF related complications in pts with AF





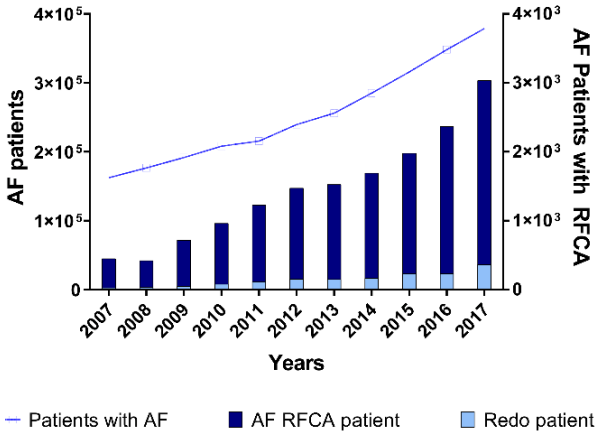
Lee SR, Choi EK, Kwon WY, Shin SD, Lip GYH et al. JCM 2020

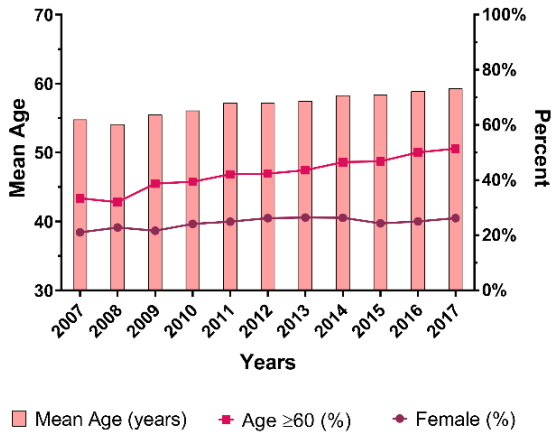
Underutilization of Antithrombotic therapy in the Entire Korean Population



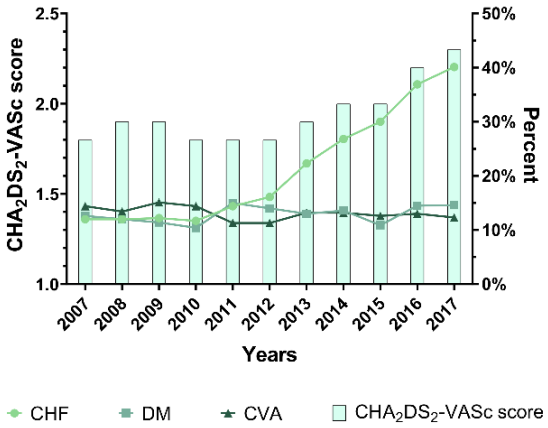
Lee SR, Choi EK et al. PLOS one 2017 Dec

Temporal trends of AF RFCA in Korea

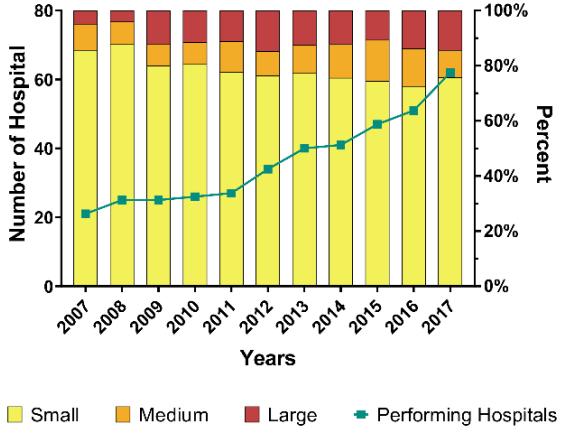




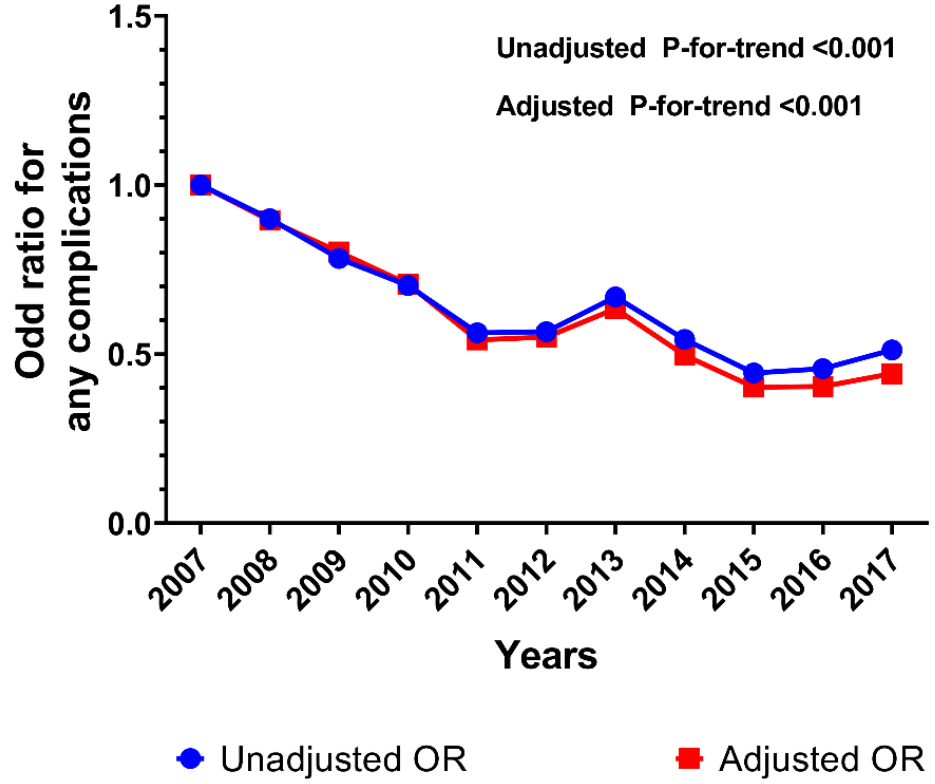
(C)



(D)



(A)



Lee EJ, Lee SR, Choi EK, Oh S et al. JCE 2020

Taskforce Team of AF factsheet

		연구책임자	책임간사
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#3	AF rhythm Tx : drug, ablation	심재민 (고대의대)	김윤기 (고대의대)

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Kyung-Do Han, PhD

Thank you for your attention