

부정맥질환 현황에 대한 Factsheet 발간 제안

2023.6.23

Eue-Keun Choi, MD, PhD

**Division of Cardiology, Department of Internal Medicine
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
 - Dyslipidemia
 - Urology
- AF fact sheet

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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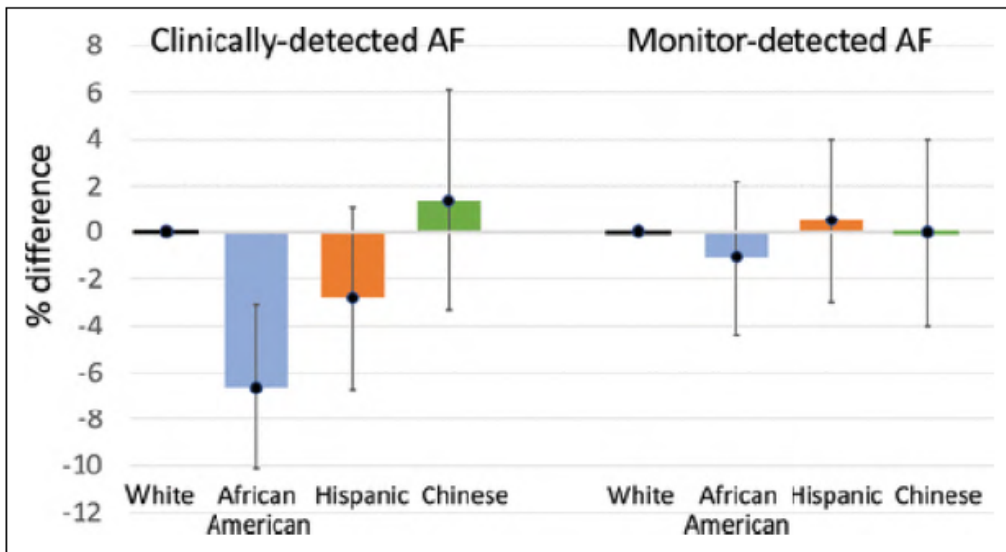


Chart 18-2. Adjusted percent difference in AF prevalence compared with White individuals for clinically detected AF (2000–2018) and monitor-detected AF (2016–2018) in the MESA Study.

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% CI. 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.

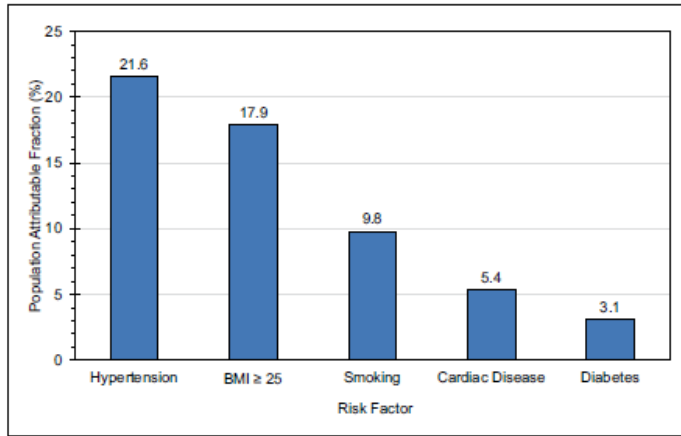


Chart 18-4. PAF of major risk factors for AF in the ARIC study, 1987 to 2007.

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

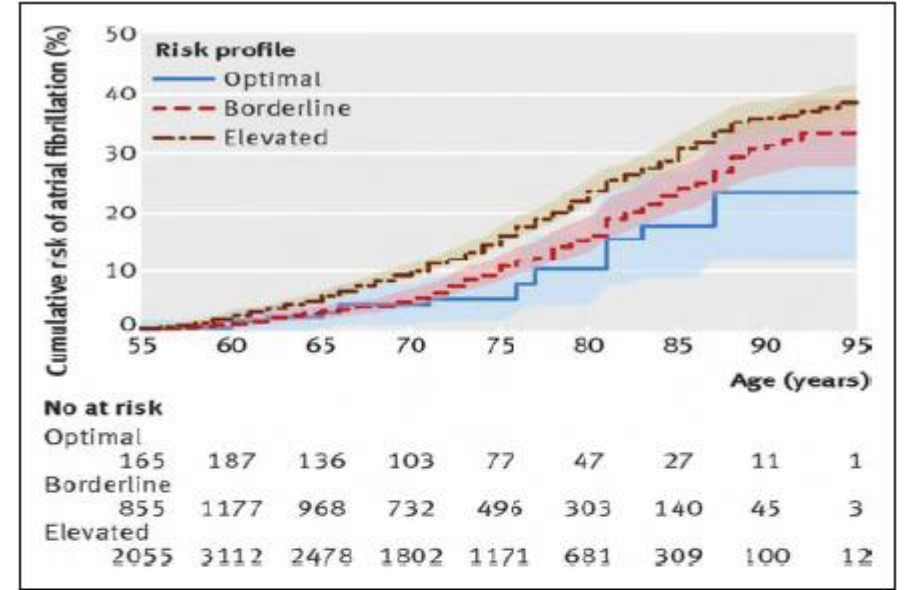


Chart 18-3. Lifetime risk (cumulative incidence at 95 years of age) for AF at different ages (through 94 years of age) by sex in the FHS, 1968 to 2014.

AF indicates atrial fibrillation; and FHS, Framingham Heart Study. Source: Reprinted from Staerk et al.⁷³ Copyright © 2018, The Authors. Published on behalf of the Authors by the British Medical Group. This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build on this work noncommercially, and license their derivative works on different terms, provided the original work is properly cited and the use is noncommercial. See <http://creativecommons.org/licenses/by-nc/4.0/>.

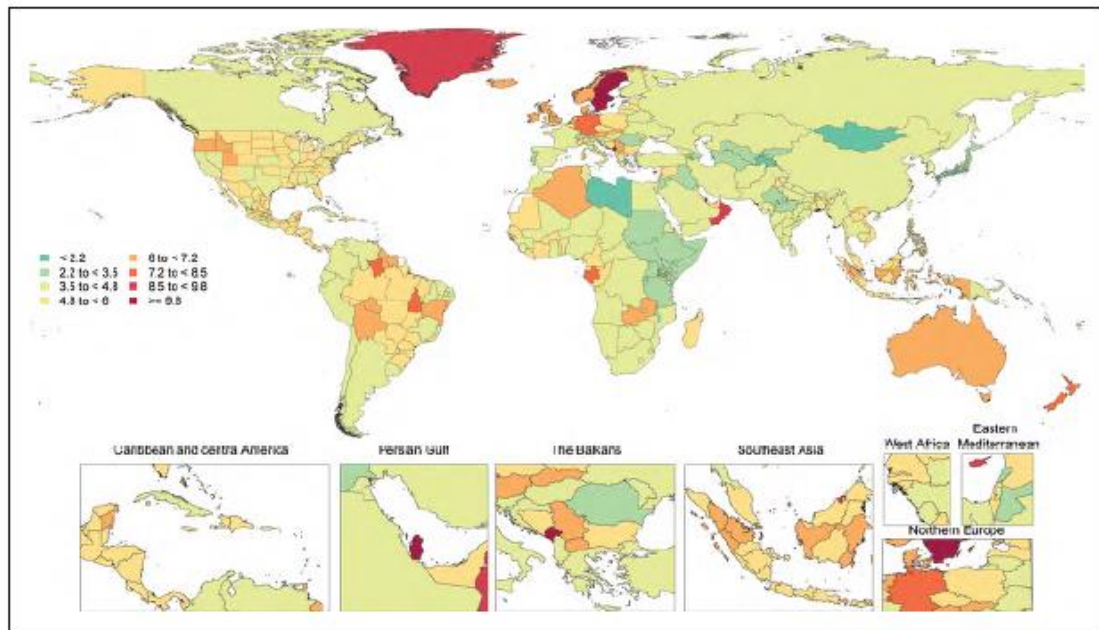


Chart 18-8. Age-standardized global mortality rates of AF and atrial flutter per 100 000, both sexes, 2020.

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

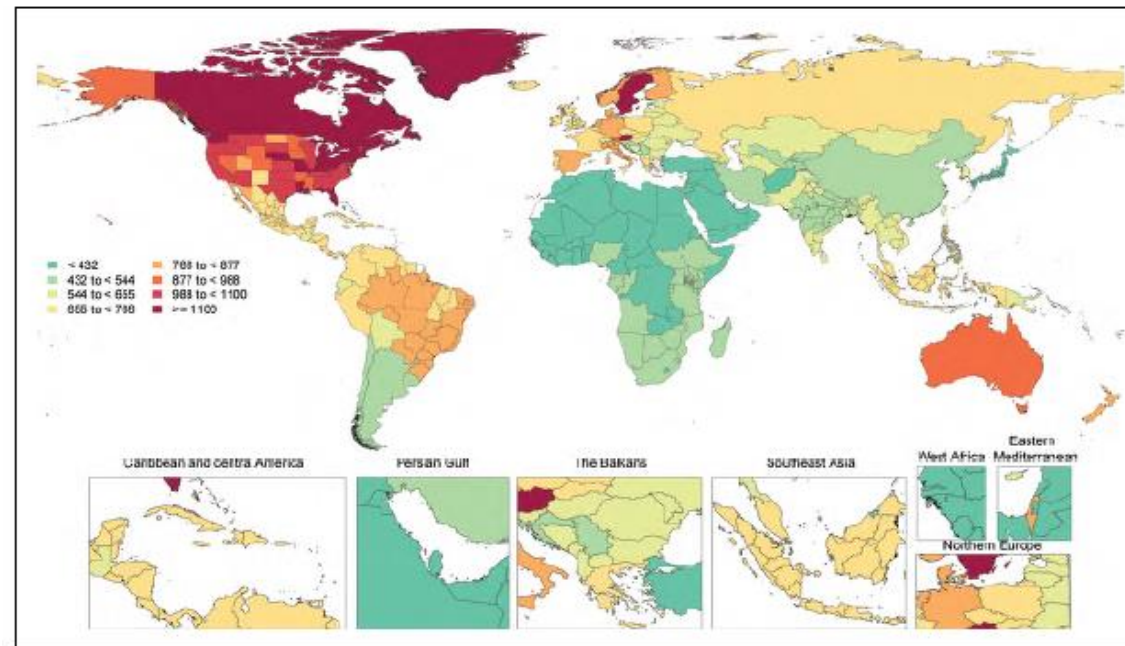


Chart 18-9. Age-standardized global prevalence rates of AF and atrial flutter per 100 000, both sexes, 2020.

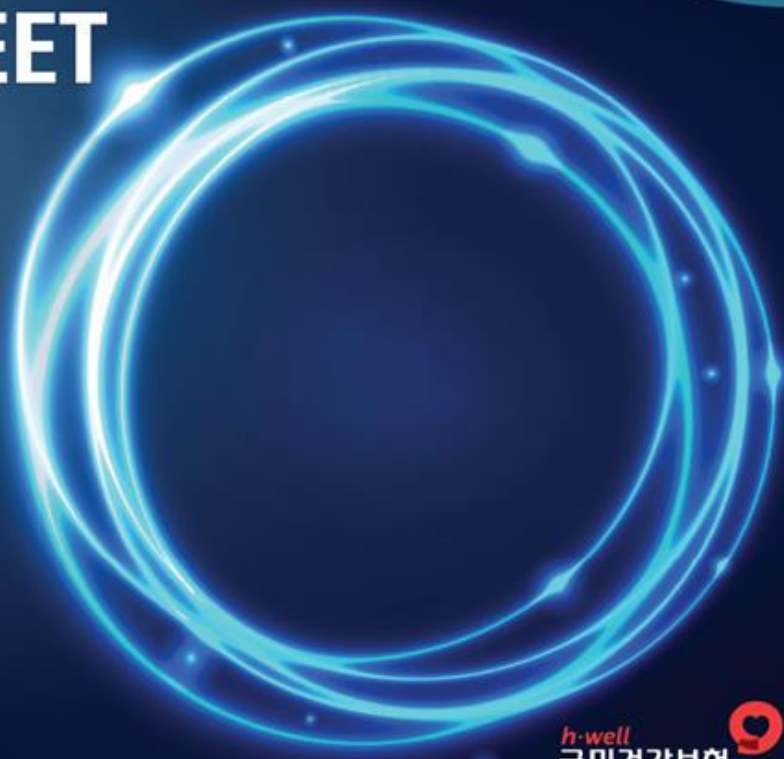
During each annual GBD Study cycle, population health estimates are produced for the full time series. Improvements in statistical and geospatial modeling methods and the addition of new data sources may lead to changes in past results across GBD Study cycles. AF indicates atrial fibrillation; and GBD, Global Burden of Disease.

Source: Data courtesy of the GBD Study 2020. Institute for Health Metrics and Evaluation. Used with permission. All rights reserved.²⁶²

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KOREAN DIABETES FACT SHEET 2015



DIABETES FACT SHEET IN KOREA 2022

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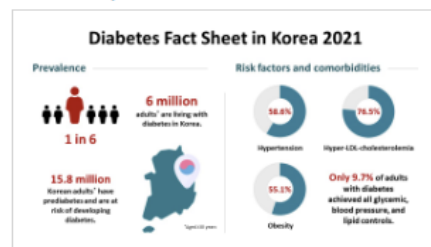
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Diabetes Fact Sheet in Korea 2021

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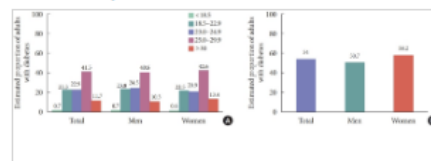
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Chan-Hee Jung, Jang Won Son, Shinae Kang, Won Jun Kim, Hun-Sung Kim, Hae Soon Kim, Mihae Seo, Hye-Jung Shin, Seong-Su Lee, Su Jin Jeong, Yongin Cho, Seung Jin Han, Hyang Mi Jang, Mira Rho, Shinbi Lee,

Mihyun Koo, Been Yoo, Jung-Wha Moon, Hye Young Lee, Jae-Seung Yun, Sun Young Kim, Sung Rae Kim, In-Kyung Jeong, Ji-Oh Mok, Kun Ho Yoon

Diabetes Metab J. 2021;45(1):1-10. Published online January 13, 2021

DOI: <https://doi.org/10.4093/dmj.2020.0254>

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DIABETES & METABOLISM JOURNAL



Diabetes Fact Sheet in Korea 2021

Jae Hyun Bae^{1,*}, Kyung-Do Han^{2,*}, Seung-Hyun Ko³, Ye Seul Yang⁴, Jong Han Choi⁵, Kyung Mook Choi⁶, Hyuk-Sang Kwon⁷,
Kyu Chang Won⁸, on Behalf of the Committee of Media-Public Relation of the Korean Diabetes Association

¹Department of Internal Medicine, Korea University Anam Hospital, Korea University College of Medicine, Seoul,

²Department of Statistics and Actuarial Science, Soongsil University, Seoul,

³Department of Internal Medicine, St. Vincent's Hospital, College of Medicine, The Catholic University of Korea, Suwon,

⁴Department of Internal Medicine, Uijeongbu St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Uijeongbu,

⁵Department of Internal Medicine, Konkuk University Medical Center, Konkuk University School of Medicine, Seoul,

⁶Department of Internal Medicine, Korea University Guro Hospital, Korea University College of Medicine, Seoul,

⁷Department of Internal Medicine, Yeouido St. Mary's Hospital, College of Medicine, The Catholic University of Korea, Seoul,

⁸Department 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



2023 당뇨병 개인의 연수강좌

당뇨병: 일차 진료의가 묻고 당뇨병 전문가가 근거로 답하다.

일시 2023년 6월 4일(일) 09:30~16:00

장소 강남 SC 컨벤션센터, 지하 1층 국제회의장

평점 의사협회연수교육평점 4점

분과전문의평점 4점

당뇨병교육자평점 5점




DMJ
Diabetes & Metabolism Journal



JKD
The Journal of Korean Diabetes

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YouTube '당뇨병의 정석' 

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학회일정 |

공지사항

더보기 ▶

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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

 당뇨병 교육자료

 Diabetes Fact Sheet

 당뇨병학 용어집 검색

 디지털강의 플랫폼 D-TALK

진료지침 온라인 (KDASS)

당뇨병 진단 

임신당뇨병 진단 

초진 약물 선택 

병용요법 허가기준 

진료지침 자료실 다운로드 바로가기 

DM fact sheet

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Diabetes Fact Sheet

당뇨병 진료지침

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DETM 슬라이드

환자교육용 자료

연속혈당측정길잡이

당뇨병학 용어검색

당뇨병 교육 인증병원

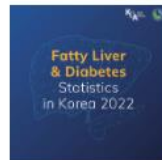


- DFS-KNHANES : Data from the Korean National Health and Nutritional Examination Survey (KNHANES)
- KDFS-NHIS : Data from the National Health Insurance Service (NHIS)

DFS-KNHANES

KDFS-NHIS

Fatty Liver & Diabetes
Statistics in Korea 2022
(국문)



Diabetes Fact Sheet 2022
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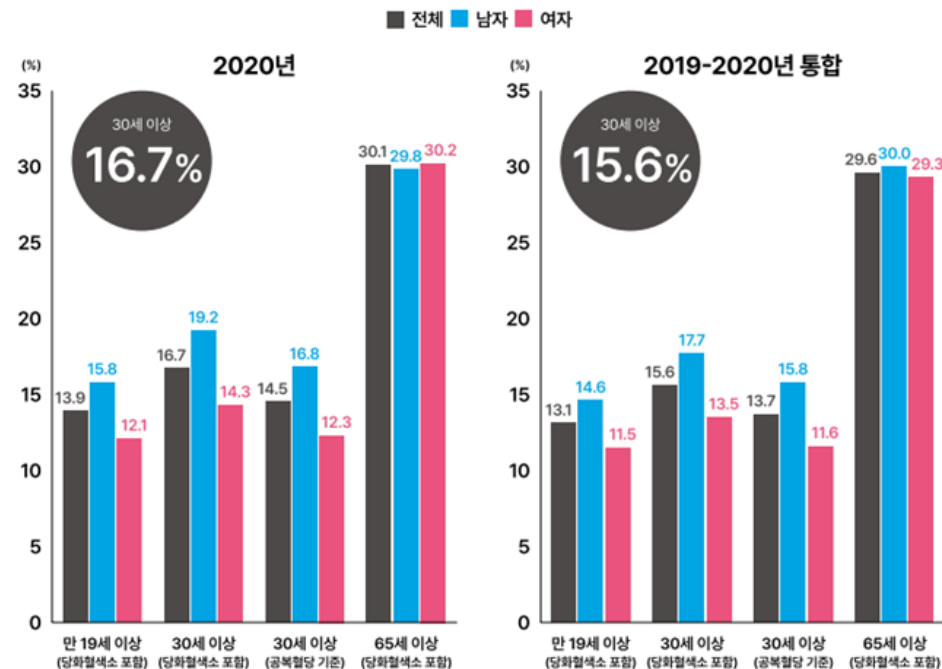
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2020년 기준 30세 이상 성인 6명 중 1명(16.7%)이 당뇨병을 가지고 있음.
 공복혈당만을 진단에 사용할 경우 당뇨병 유병률은 14.5%로 7명 중 1명이 당뇨병을 가지고 있음.
 65세 이상 성인에서는 10명 중 3명(30.1%)임.



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

당뇨병약제 치료 현황

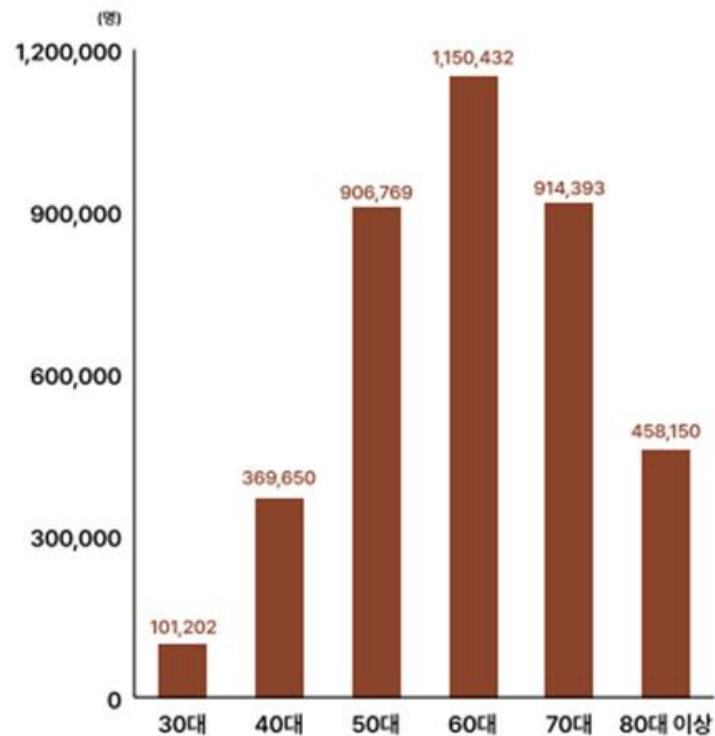
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 경구혈당강하제 병용요법 현황
 당뇨병약제 성분별 처방 패턴 분석
 당뇨병 진단 후 생애 첫 약제 처방 현황
 당뇨병약제 지속치료를

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

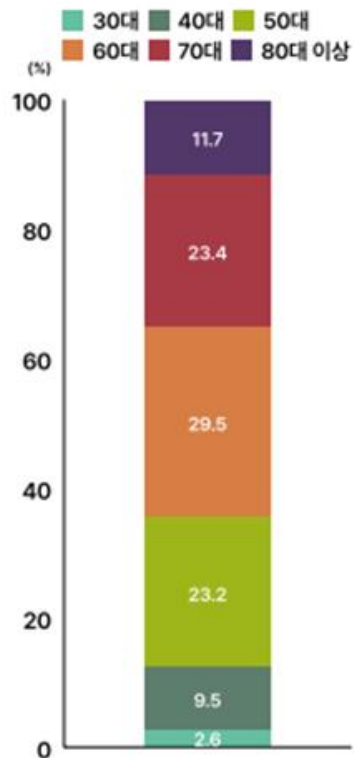


당뇨병환자의 약제 치료 현황 (2019년)

연령별 당뇨병약제 치료 인구

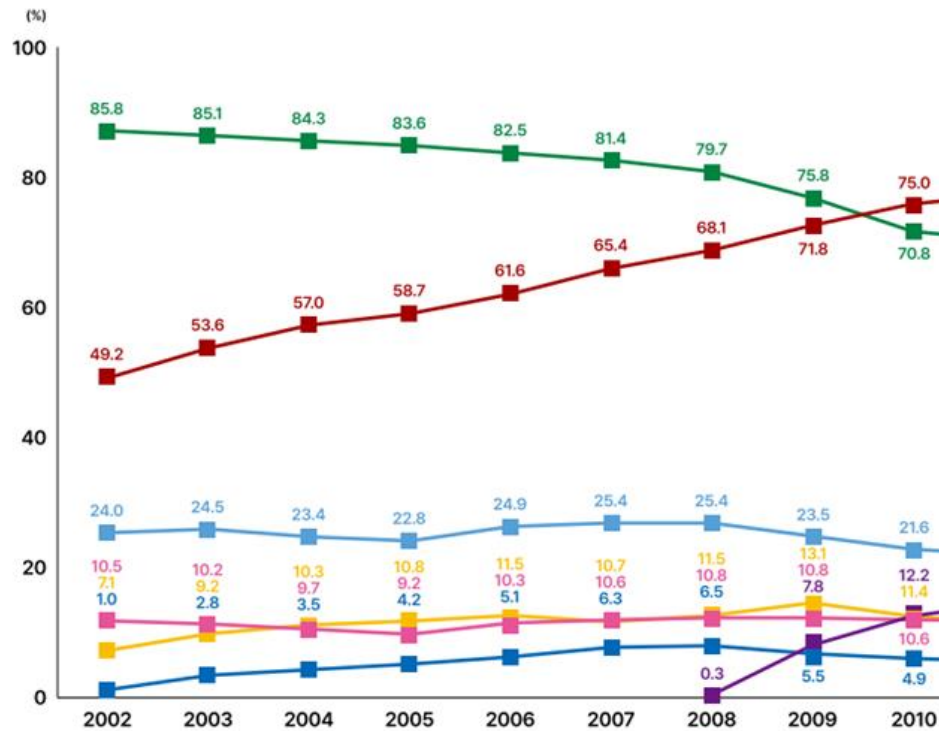


연령별 분포



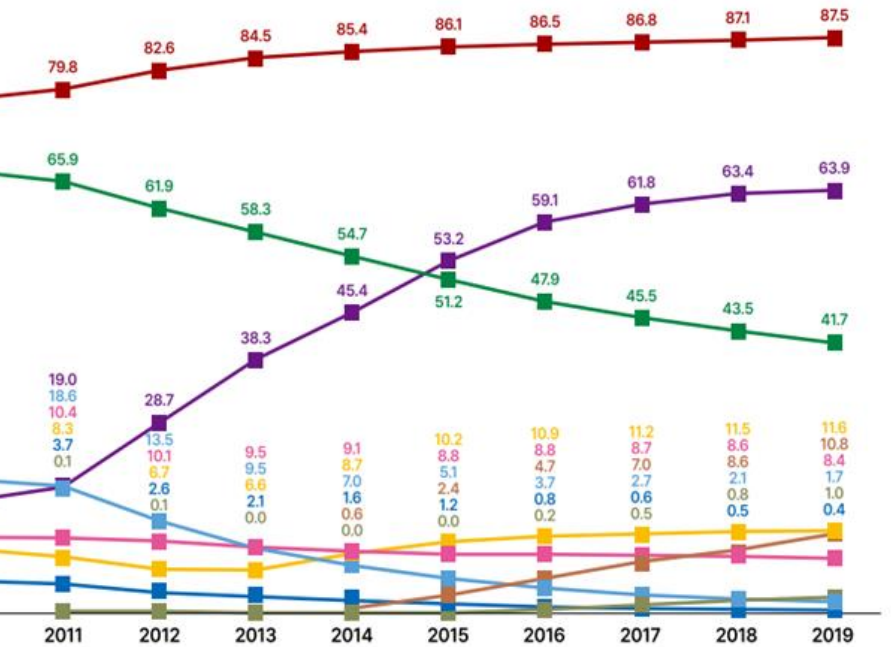
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당뇨병약제 성분별 처방 패턴 분석



*인슐린: 1년에 3회이상 처방된 경우

Insulin* Metformin SU Meglitinide TZD AGI DPP-4i SGLT-2i GLP-1RA



SU: sulfonylurea, TZD: thiazolidinedione, AGI: alpha-glucosidase inhibitor, DPP-4i: dipeptidyl peptidase-4 inhibitor, SGLT-2i: sodium-glucose cotransporter 2 inhibitor, GLP-1 RA: glucagon-like peptide-1 receptor agonist

(단)

건강검진 대상자의 당뇨병 현황

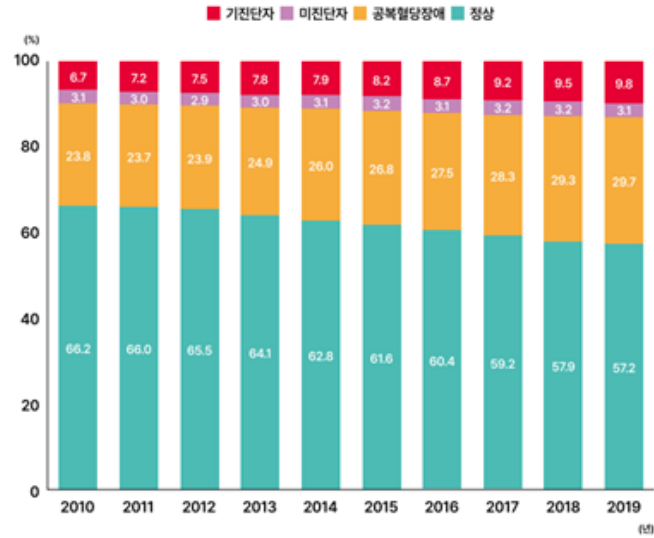
소득수준에 따른 당뇨병약제 지속치료를
건강검진 대상자의 혈당 분포 현황
신규 당뇨병환자의 병원 방문을

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



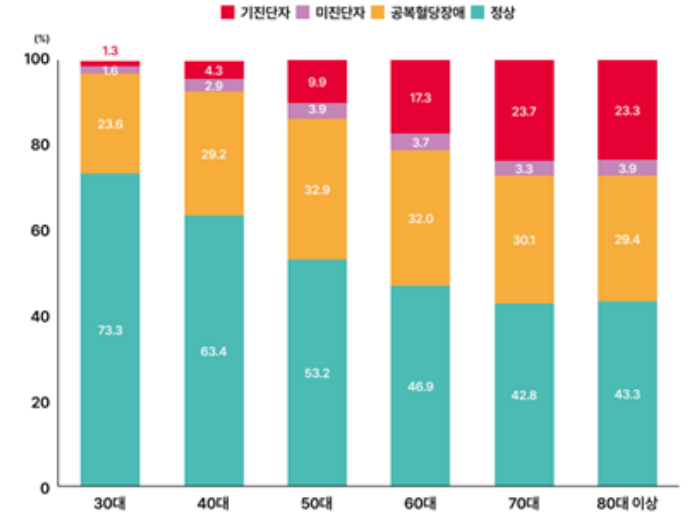
건강검진 대상자의 혈당 분포 현황

연도별



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

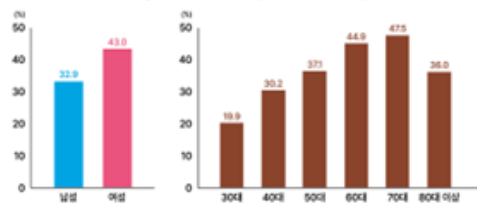
연령대별 (2019년)



신규 당뇨병환자의 병원 방문율 (2017년)

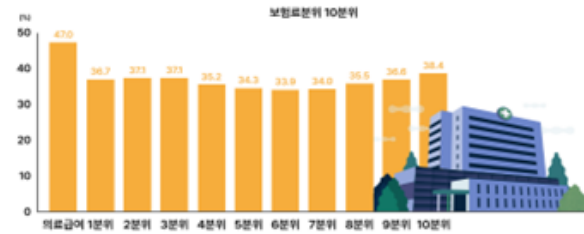


성별, 연령별 병원 방문율(진단 후 6개월 이내)

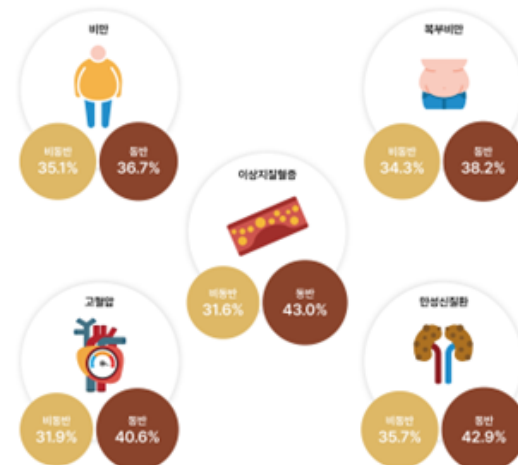


신규 당뇨병환자: 이전에 당뇨병약을 처방받지 않았고, 건강검진 시 공복혈당이 126 mg/dL 이상인 경우

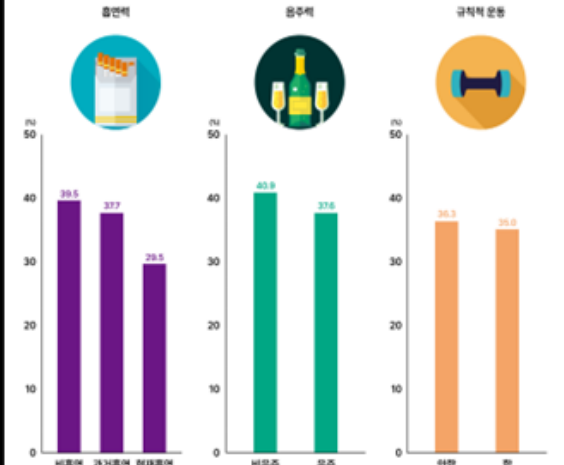
소득수준 및 가입자별 병원 방문율(진단 후 6개월 이내)



동반질환별 병원 방문율(진단 후 6개월 이내)



생활습관에 따른 병원 방문율



당뇨병의 주요 합병증

주요 사망 원인
혈관합병증
암

최근 10년간 말기신질환 발생률 변화
최근 10년간 중식당뇨병망막병증 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, 중식당뇨병망막병증: 30세 이상 당뇨병환자



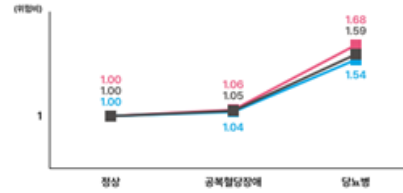
혈관합병증

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

심근경색증 + 허혈뇌졸중



심근경색증



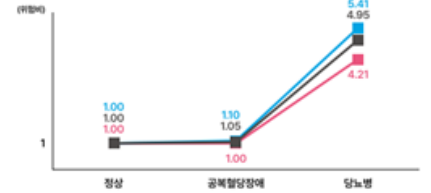
허혈뇌졸중



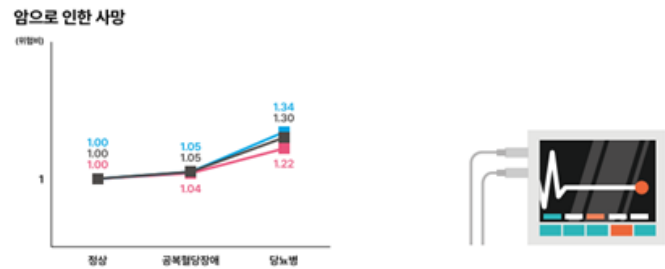
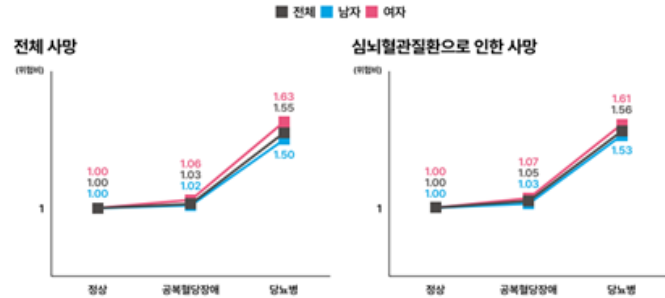
심부전



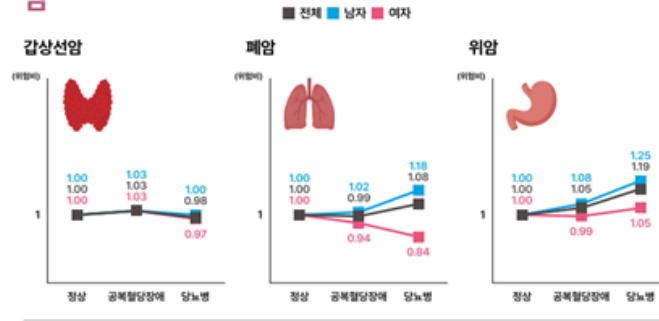
말기신질환



주요 사망 원인



암



대장암



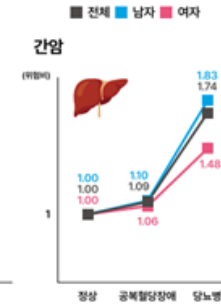
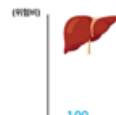
유방암



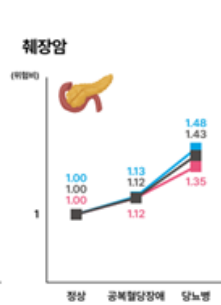
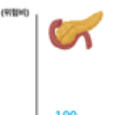
전립선암



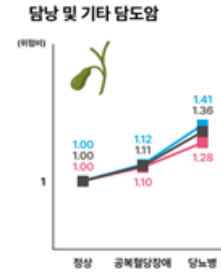
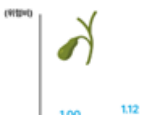
간암



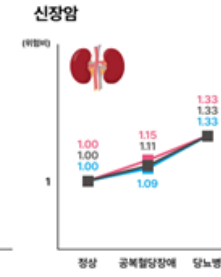
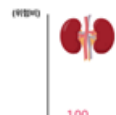
췌장암



담낭 및 기타 담도암



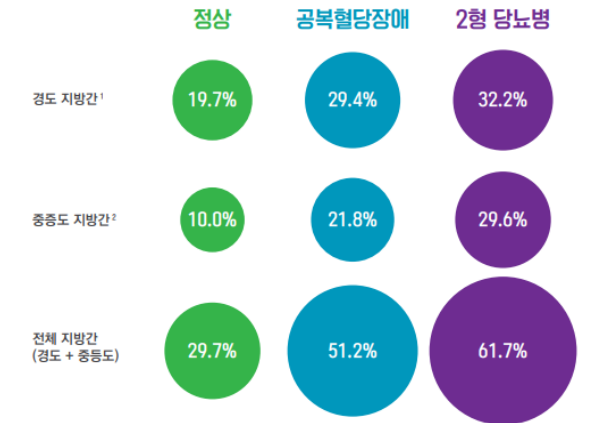
신장암



Fatty liver & Diabetes

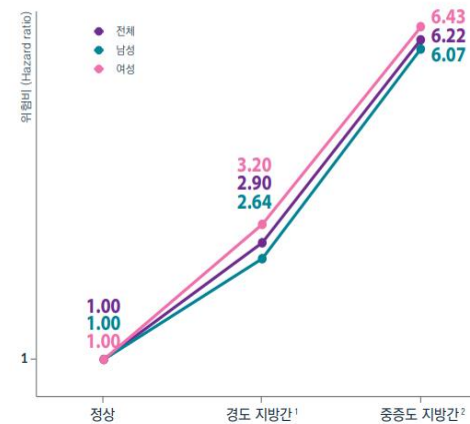
Fatty Liver & Diabetes Statistics in Korea 2022

당대사 이상에 따른 지방간 유병률 (2017년)

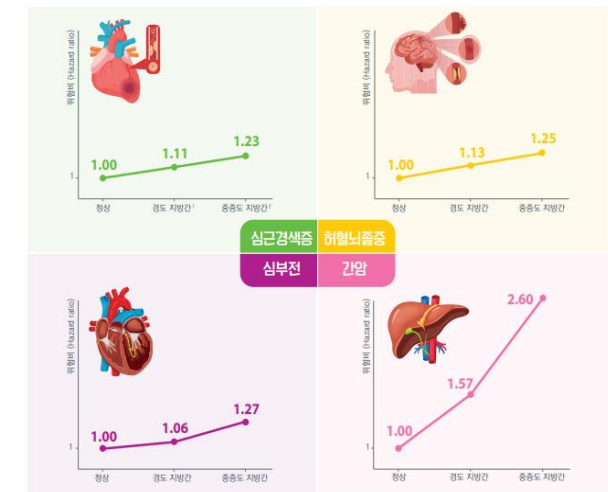


1. 경도 지방간 정의: Fatty liver index 30 이상, 60 미만
2. 중증도 지방간 정의: Fatty liver index 60 이상
Fatty Liver & Diabetes Statistics in Korea 2022

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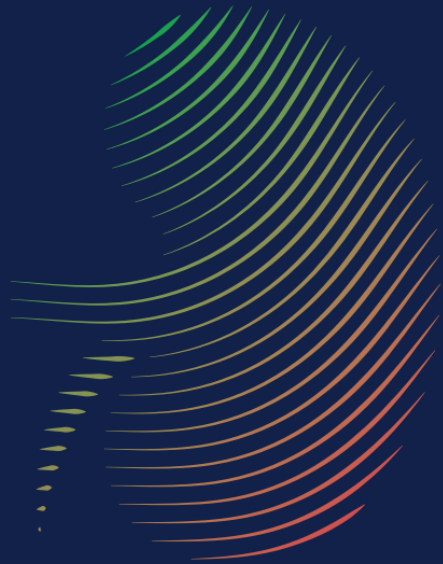


2형 당뇨병 환자에서 지방간 단계에 따른 주요합병증 발생위험

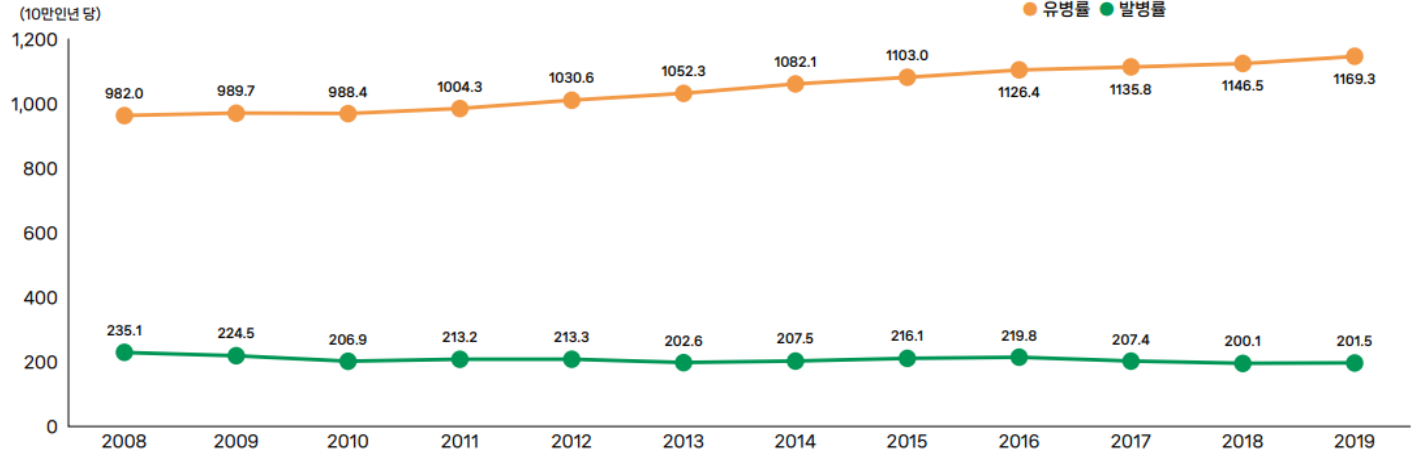


DKD FACT SHEET 2023

당뇨병신장질환 팩트시트

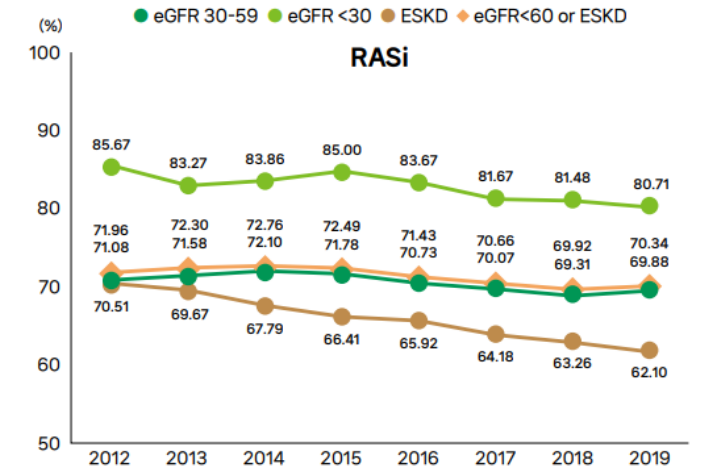
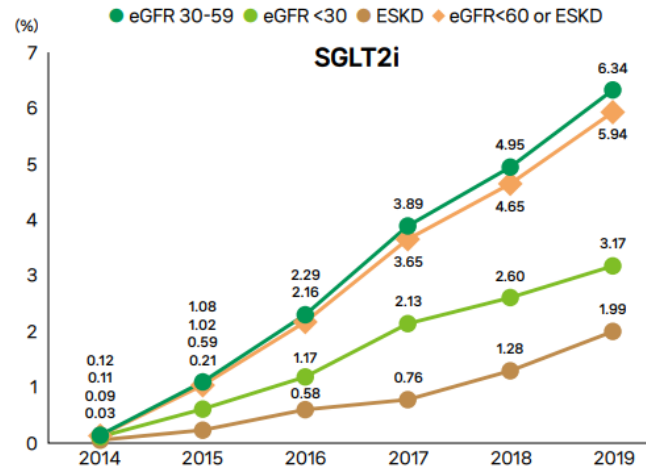


당뇨병-말기신장질환 발생률 및 유병률 (2008-2019)



발병률 및 유병률은 2011년 당뇨인구에 기초하여 성, 연령 표준화 된 100,000인년 당 인원수로 산출
말기신장질환: ICD-10 코드 N18 또는 투석 진료행위코드와 파키질환 신장특례코드 V001(인공신장투석실시당일), V003(계속적 복막관류술실시,복막관류역수행당일), 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









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

Original Article



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

So Mi Jemma Cho ^{1,2,*} Hokyoo Lee ^{2,3,*} Hyeok-Hee Lee ^{2,3,*} Jongmin Baek ²
Ji Eun Heo ^{1,2} Hyung Joon Joo ⁴ Soon Jun Hong ^{4,†} Hyeon Chang Kim ^{2,3,†}
on behalf of the Korean Society of Lipid and Atherosclerosis (KSoLA)
Public Relations Committee

¹Department of Public Health, Yonsei University Graduate School, Seoul, Korea

²Department of Preventive Medicine, Yonsei University College of Medicine, Seoul, Korea

³Department of Internal Medicine, Yonsei University College of Medicine, Seoul, Korea

⁴Department of Cardiology, Cardiovascular Center, Korea University Anam Hospital, Korea University College of Medicine, Seoul, Korea



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Correspondence to

Soon Jun Hong

Department of Cardiology, Cardiovascular Center, Korea University College of Medicine, 73 Goryeodae-ro, Seongbuk-gu, Seoul 02841, Korea.

E-mail: psyche94@korea.ac.kr

Hyeon Chang Kim

Department of Preventive Medicine, Yonsei University College of Medicine, 50-1 Yonsei-ro, Gyeongbuk-gu, Seoul 03763, Korea.

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



DYSLIPIDEMIA FACT SHEET IN KOREA, 2022



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The Korean Society of Lipid and Atherosclerosis
[04168] No.707, 68 Mapo-daero, Mapo-gu,
Seoul, Republic of Korea
Tel 82-2-3272-5330
Fax 82-2-3272-5331
E-mail ksla@lipid.or.kr
www.lipid.or.kr

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Data source and analysis

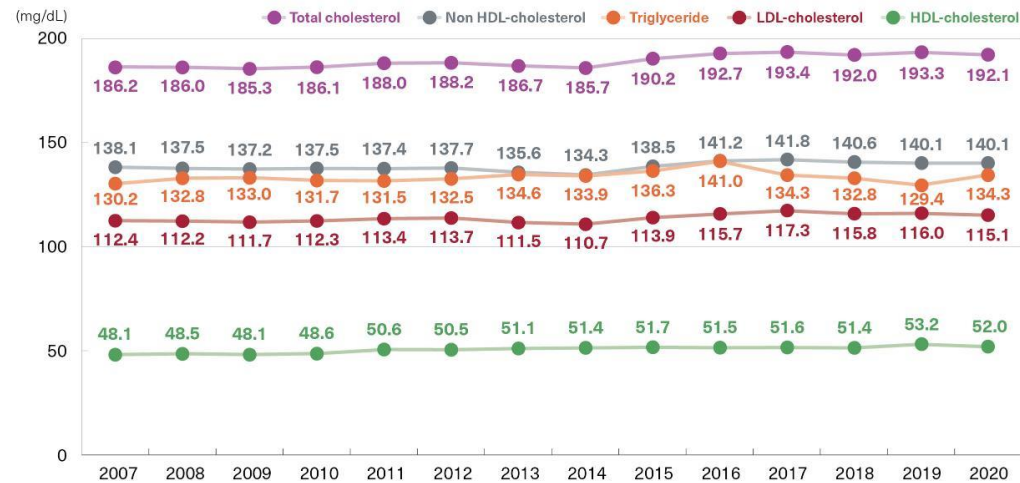
Data source

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

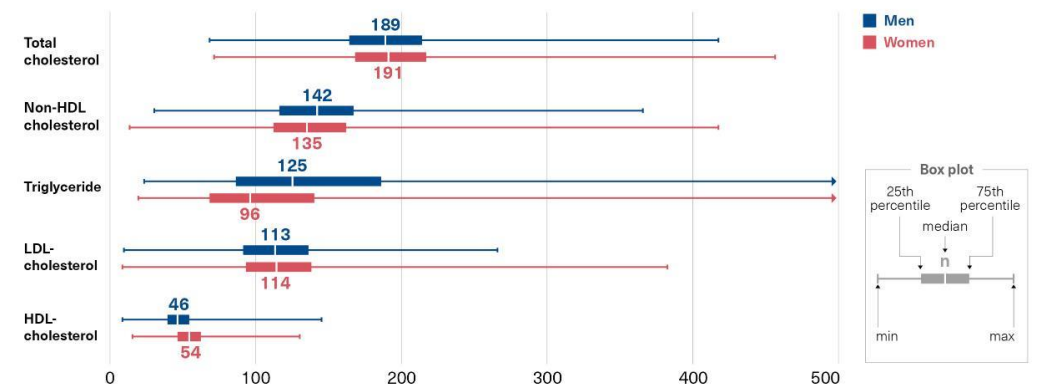


Age-standardized to 2005 population

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

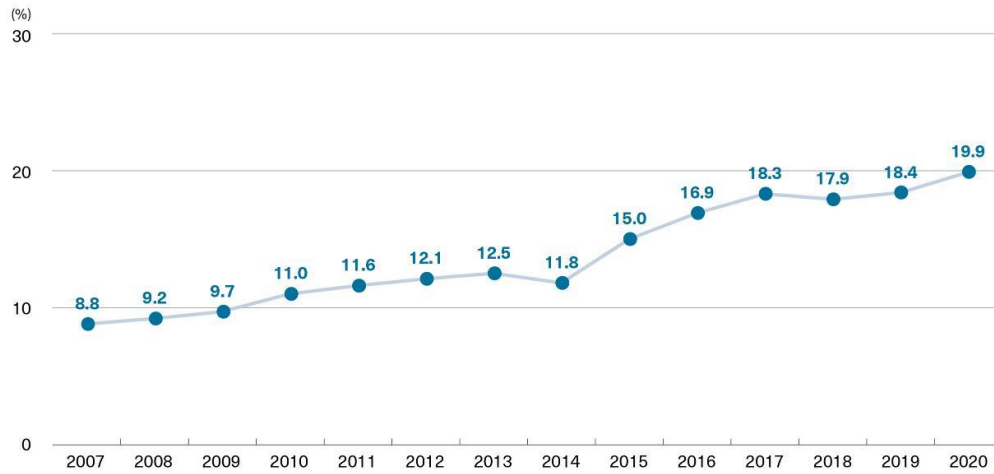
Data: 2016-2020 KNHANES; adults aged 20+ years

Prevalence and management of hypercholesterolemia in Korean adults

Age-standardized prevalence of hypercholesterolemia

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

2007-2020 trend

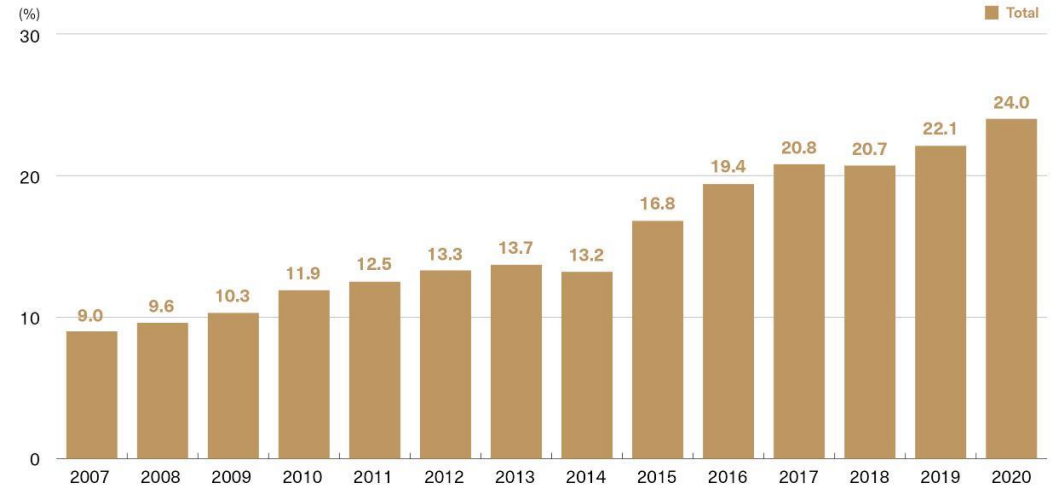


Data: 2007-2020 KNHANES; adults aged 20+ years; standardized to the 2005 Korean population.
Hypercholesterolemia: total cholesterol \geq 240 mg/dL or taking a lipid-lowering drug.

Crude prevalence of hypercholesterolemia

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

2007-2020 trend



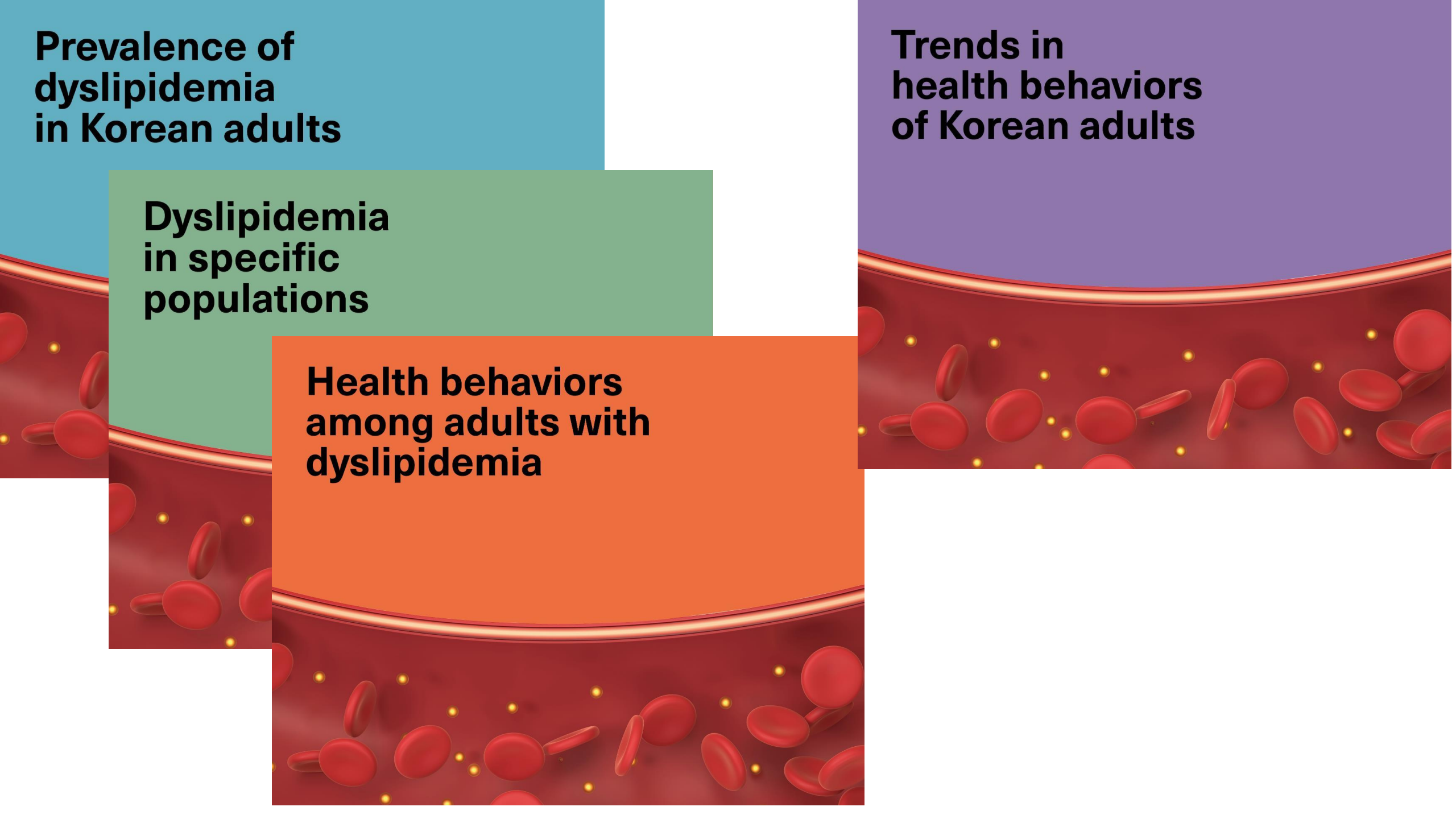
Data: 2007-2020 KNHANES; adults aged 20+ years
Hypercholesterolemia: total cholesterol \geq 240 mg/dL or taking a lipid-lowering drug.

**Prevalence of
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**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



2017 한 눈에 보는 전립선암 발생 현황

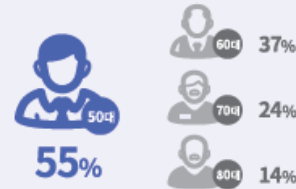
2017 KOREAN PROSTATE CANCER FACT SHEET



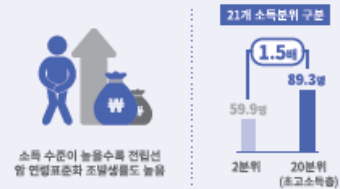
2015 전립선암 연령표준화 조발생률 (10만 명당)



2006년 대비 2015년 전립선암 조발생률 증가폭



소득별 전립선암 발생률



동반질환별 전립선암 발생률



복부비만과 전립선암 발생률



2022

대한민국 방광암 현황

FACT SHEET



대한비뇨기종양학회
The Korean Urlogical Oncology Society

h·well
국민건강보험
National Health Insurance Corporation



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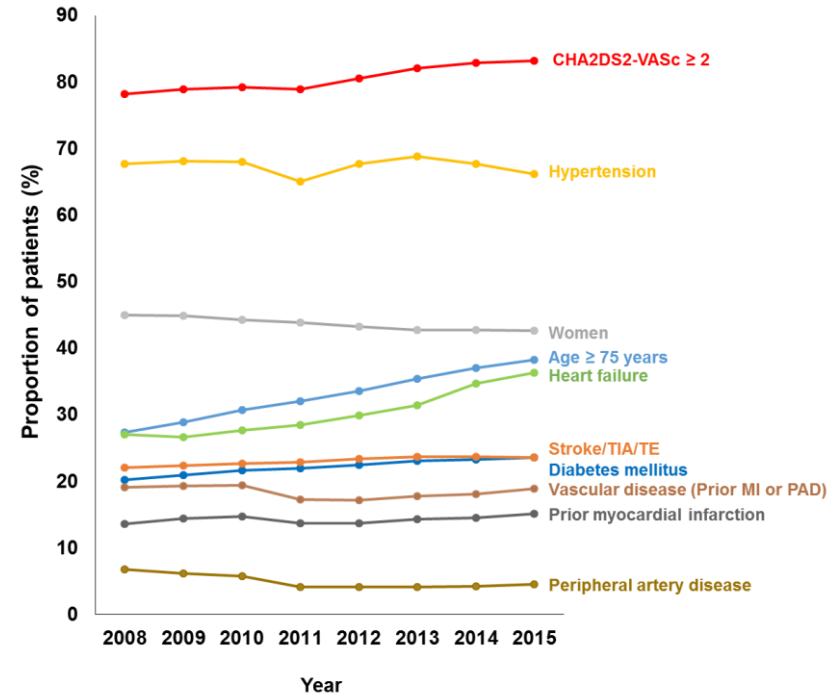
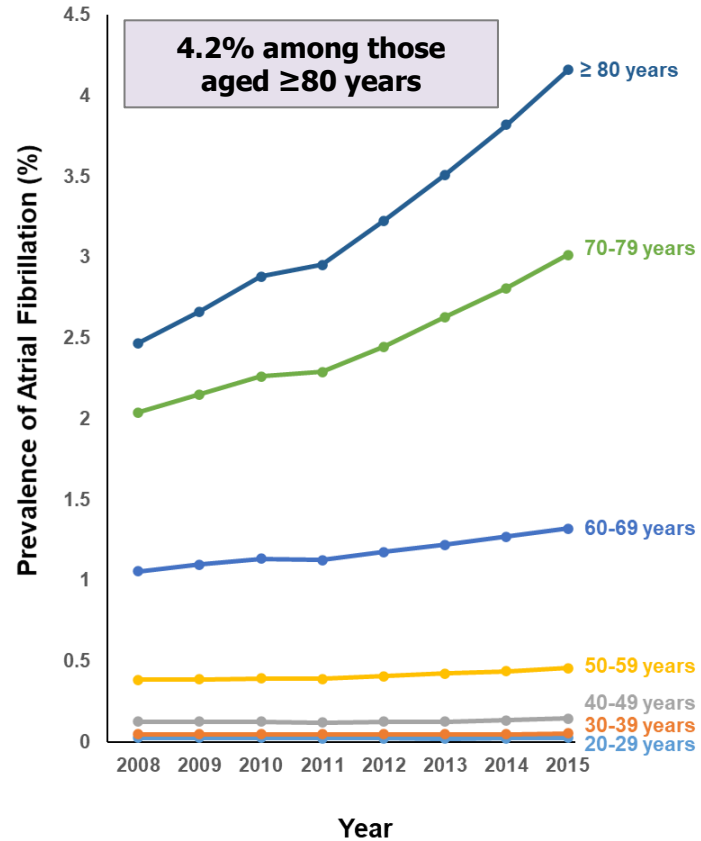
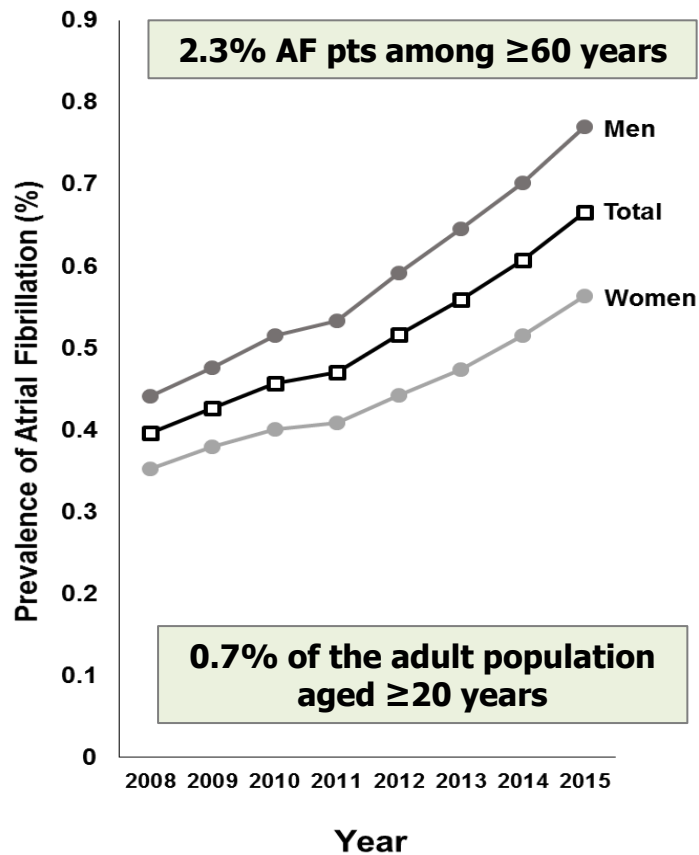
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- Fact sheet in other fields
 - AHA statistics
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- AF fact sheet

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)



CHA₂DS₂-VASc ≥ 2

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

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

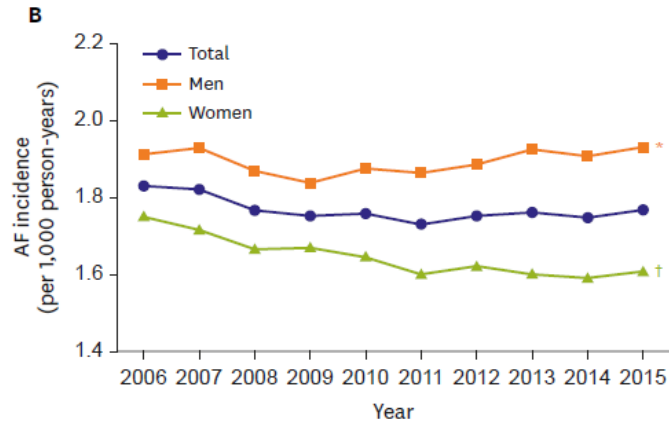
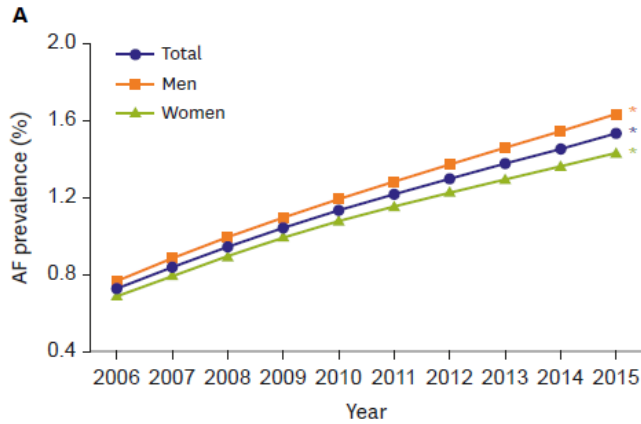
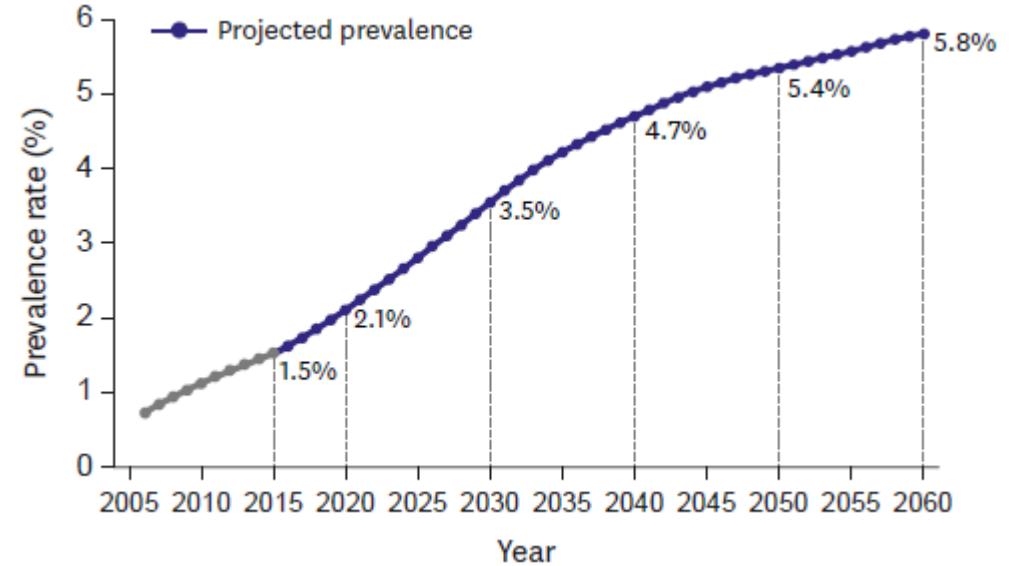
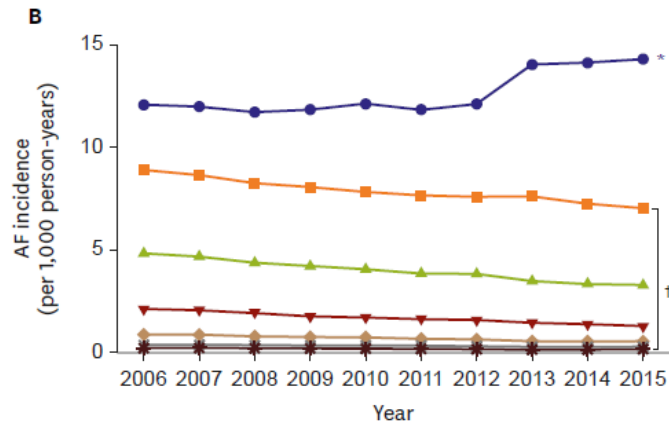
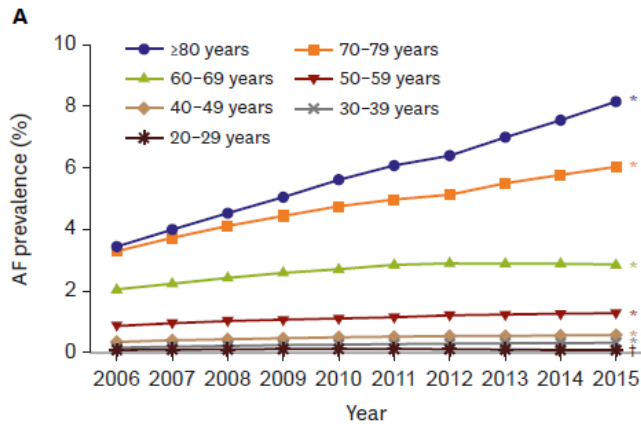
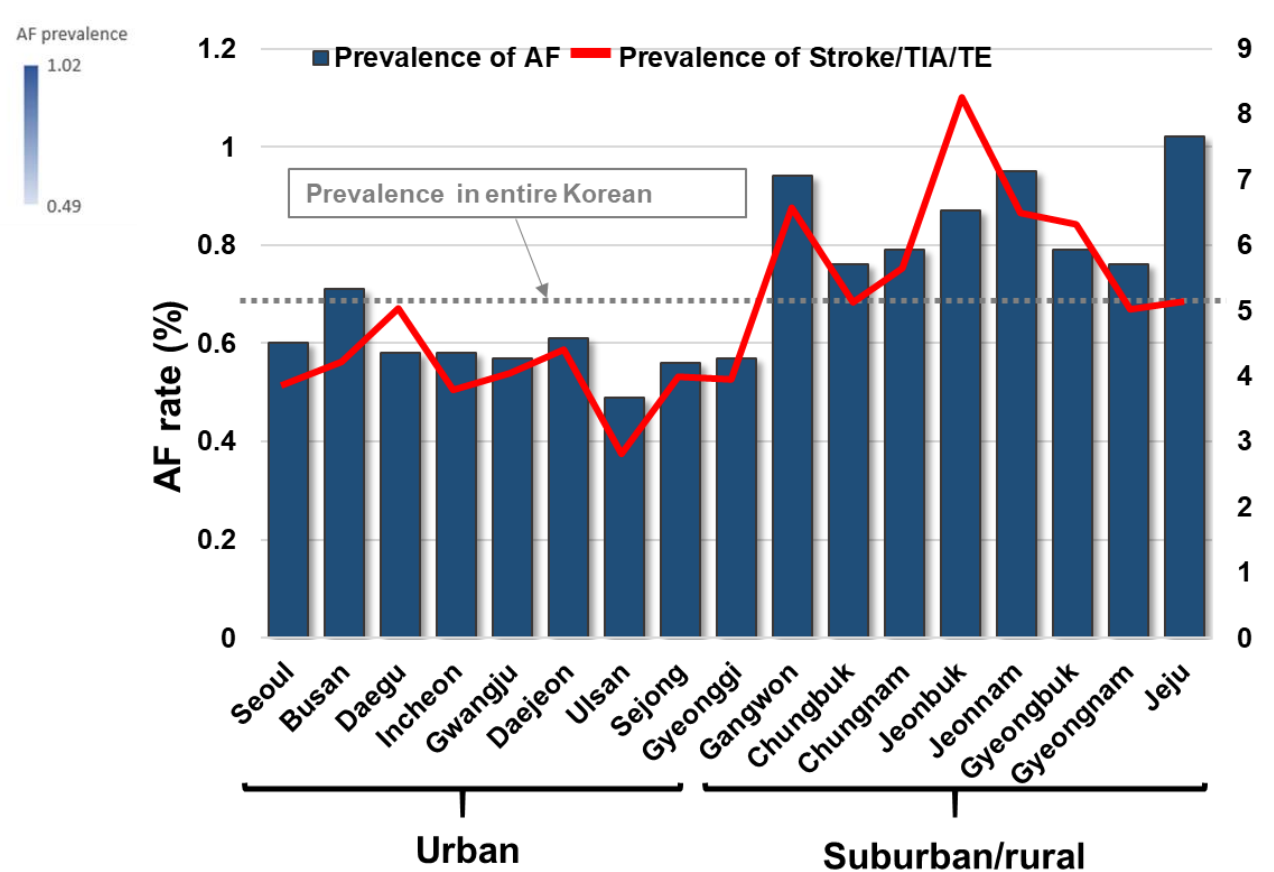
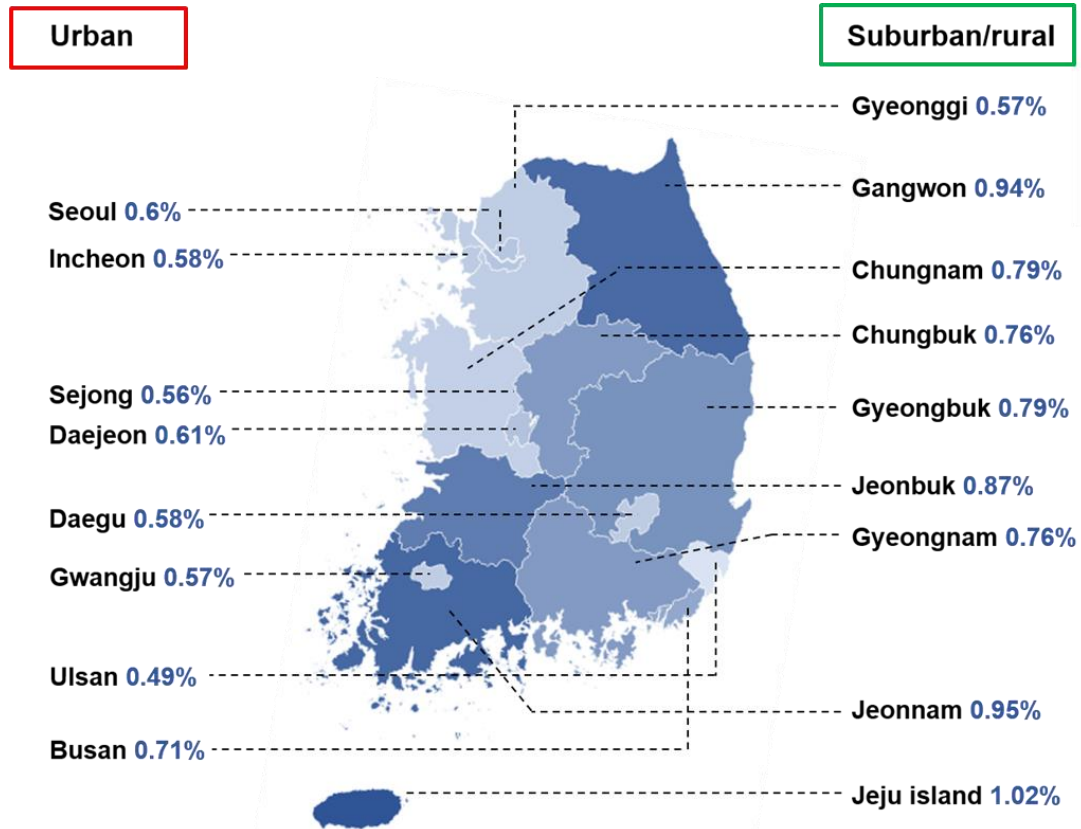


Figure 1. Annual prevalence (A) and incidence (B) of AF, 2006–2015, stratified by sex. AF = atrial fibrillation. *p value for increasing trends <0.001. †p value for decreasing trends <0.001.



Regional prevalence of AF and stroke in Korea



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}

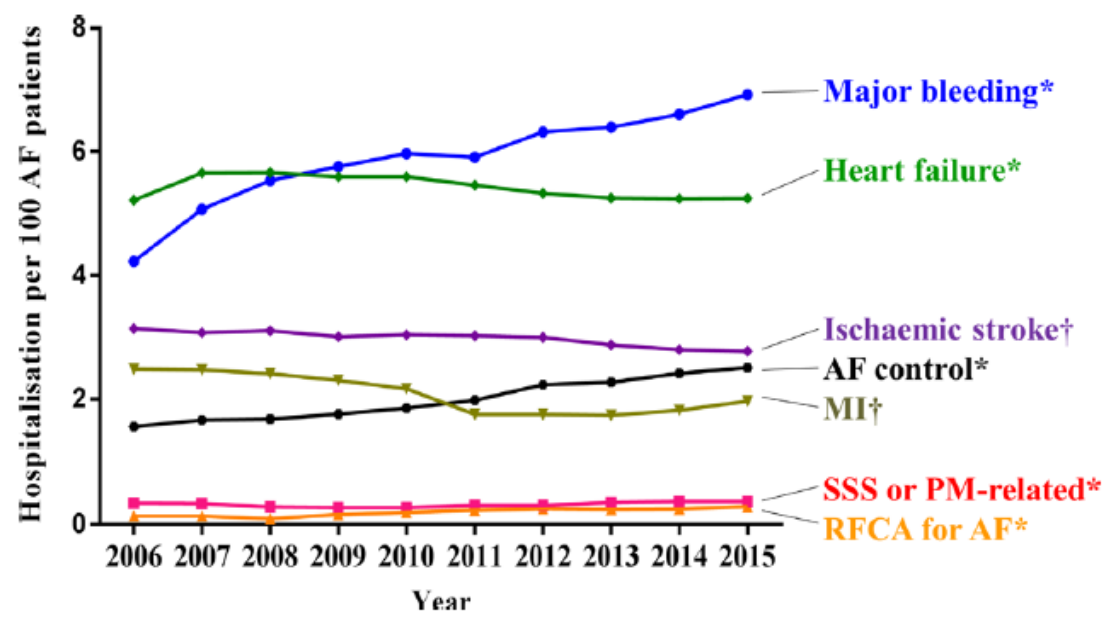
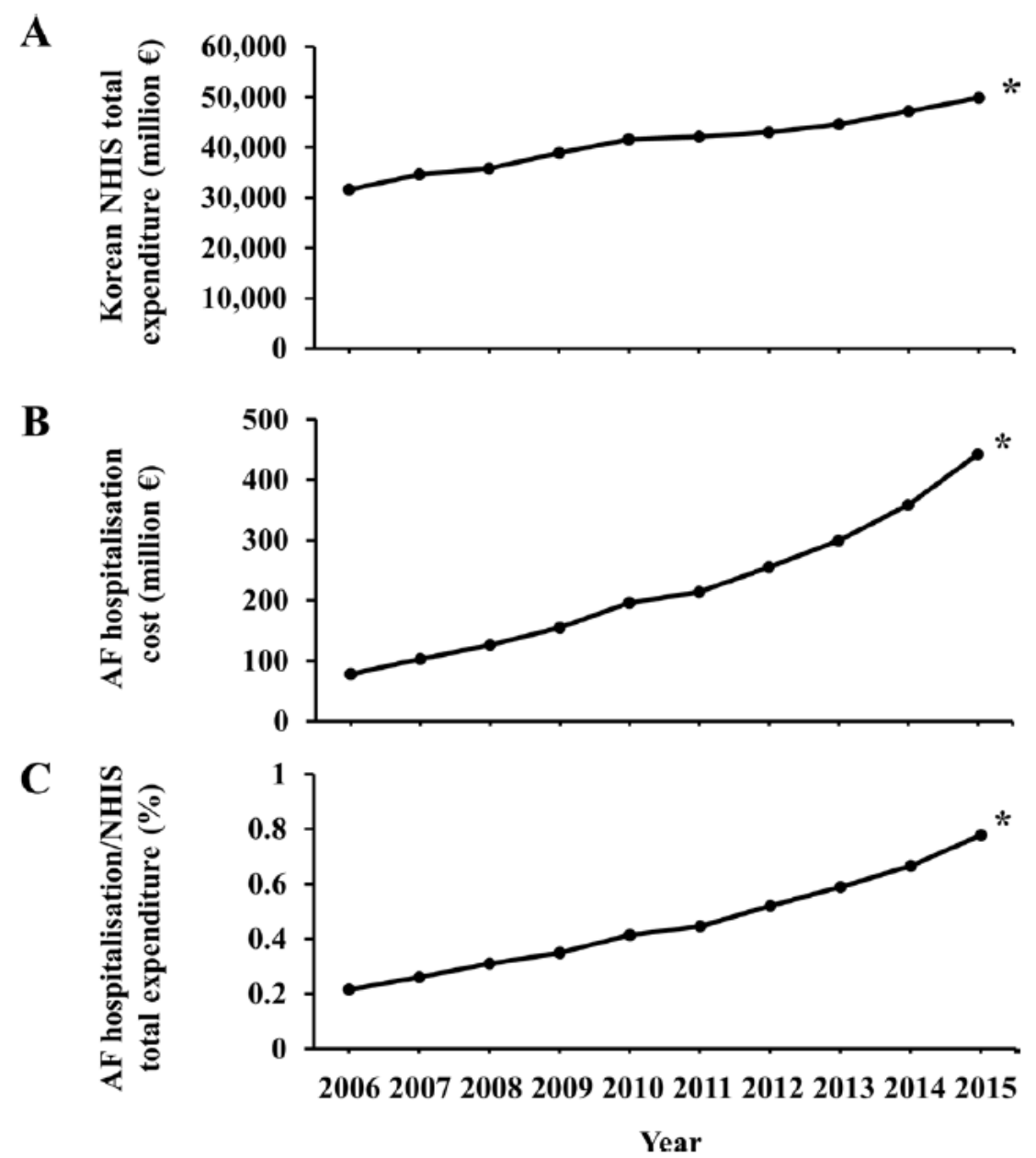
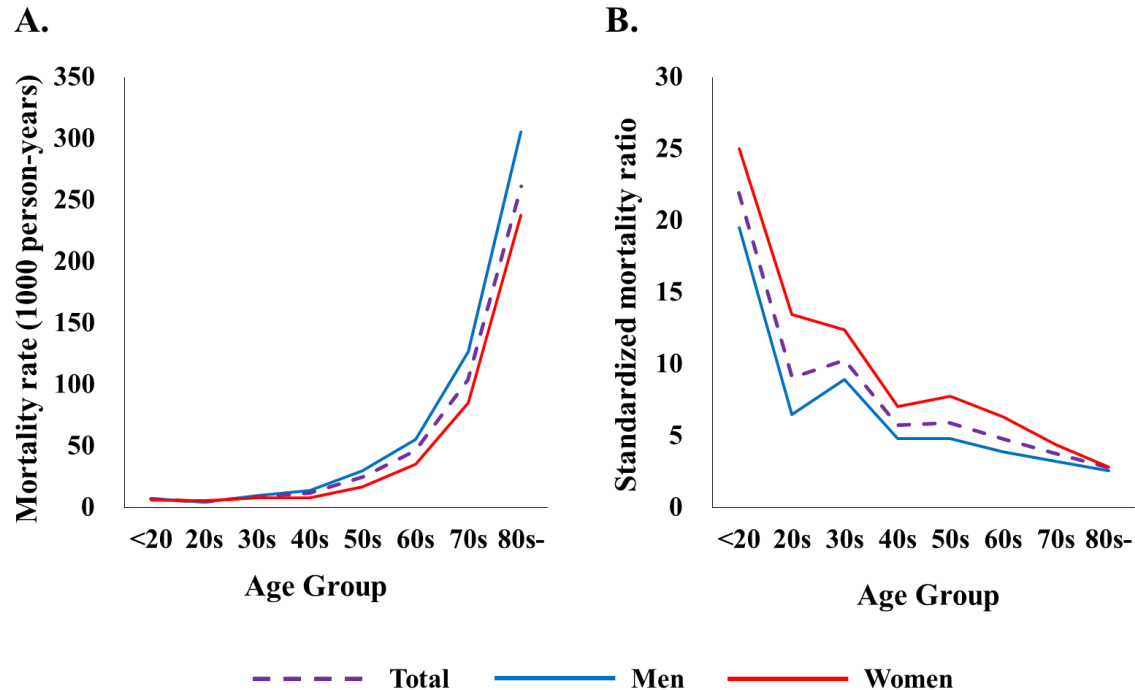


Figure 1 Temporal trends of AF hospitalisation per 100 patients with AF according to main hospitalisation causes between 2006 and 2015. *P value for increase trends <0.001. †P value for decrease trends <0.001. AF, atrial fibrillation; MI, myocardial infarction; PM, pacemaker; RFCA, radiofrequency catheter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



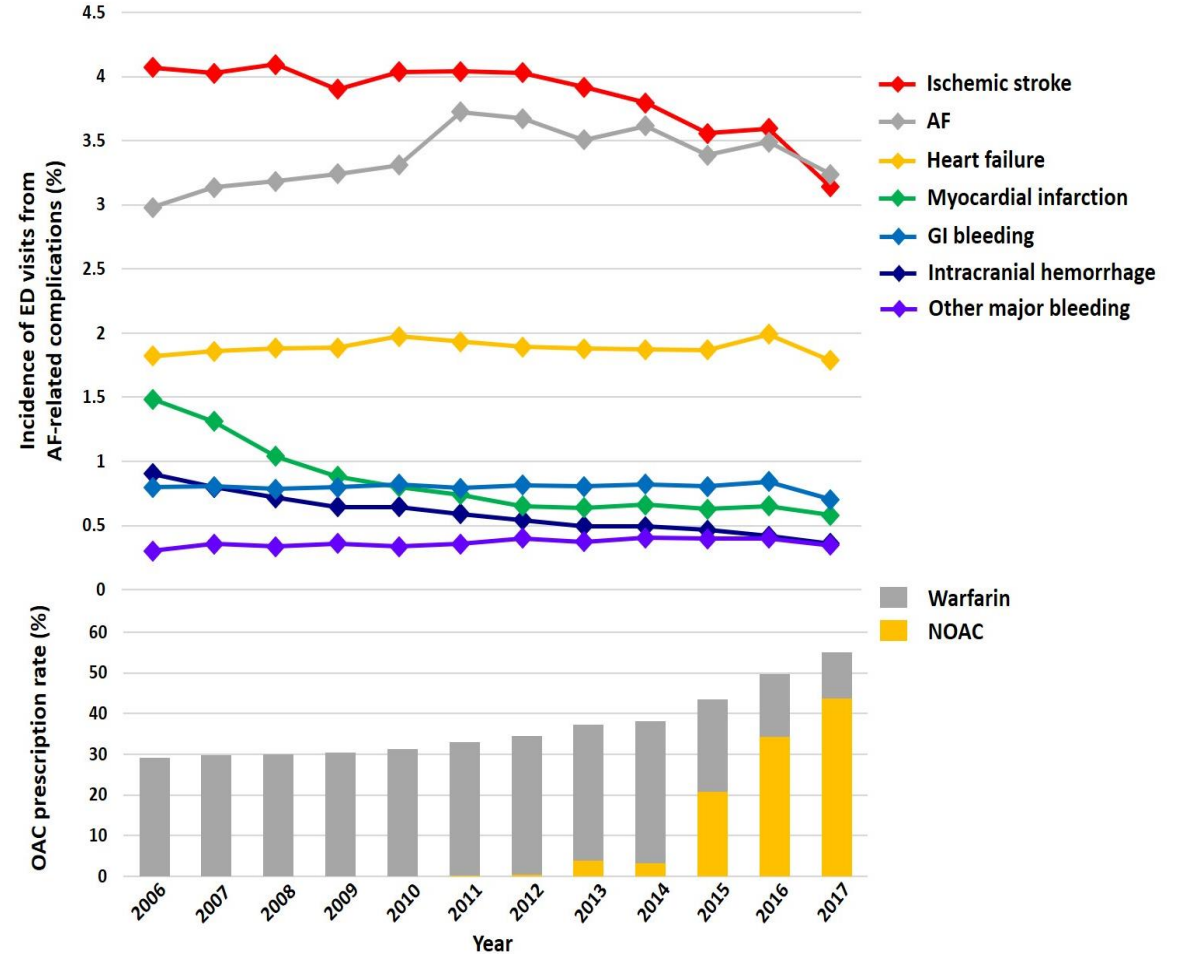
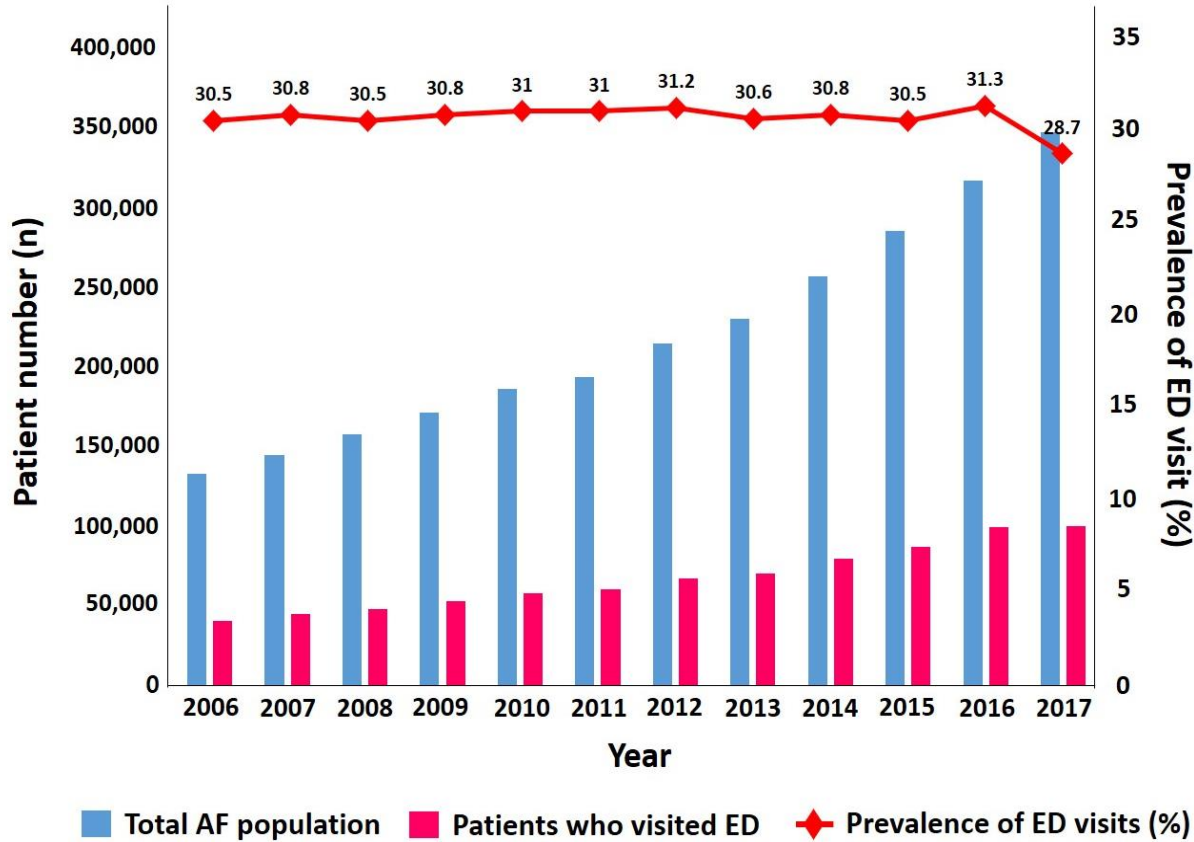
Increased risk of Mortality in Korean AF



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)		Cerebrovascular diseases (I60-9)	16.3
8	Certain infectious and parasitic diseases & B)		Ischemic heart diseases (I20-5)	8.2
9	Diseases of the nervous system (G)		Hypertensive diseases (I10-3)	3.4
10	Mental, behavioral and neurodevelopmental disorders (F)		Heart failure (I50)	3.2
			Other circulatory diseases	6.8

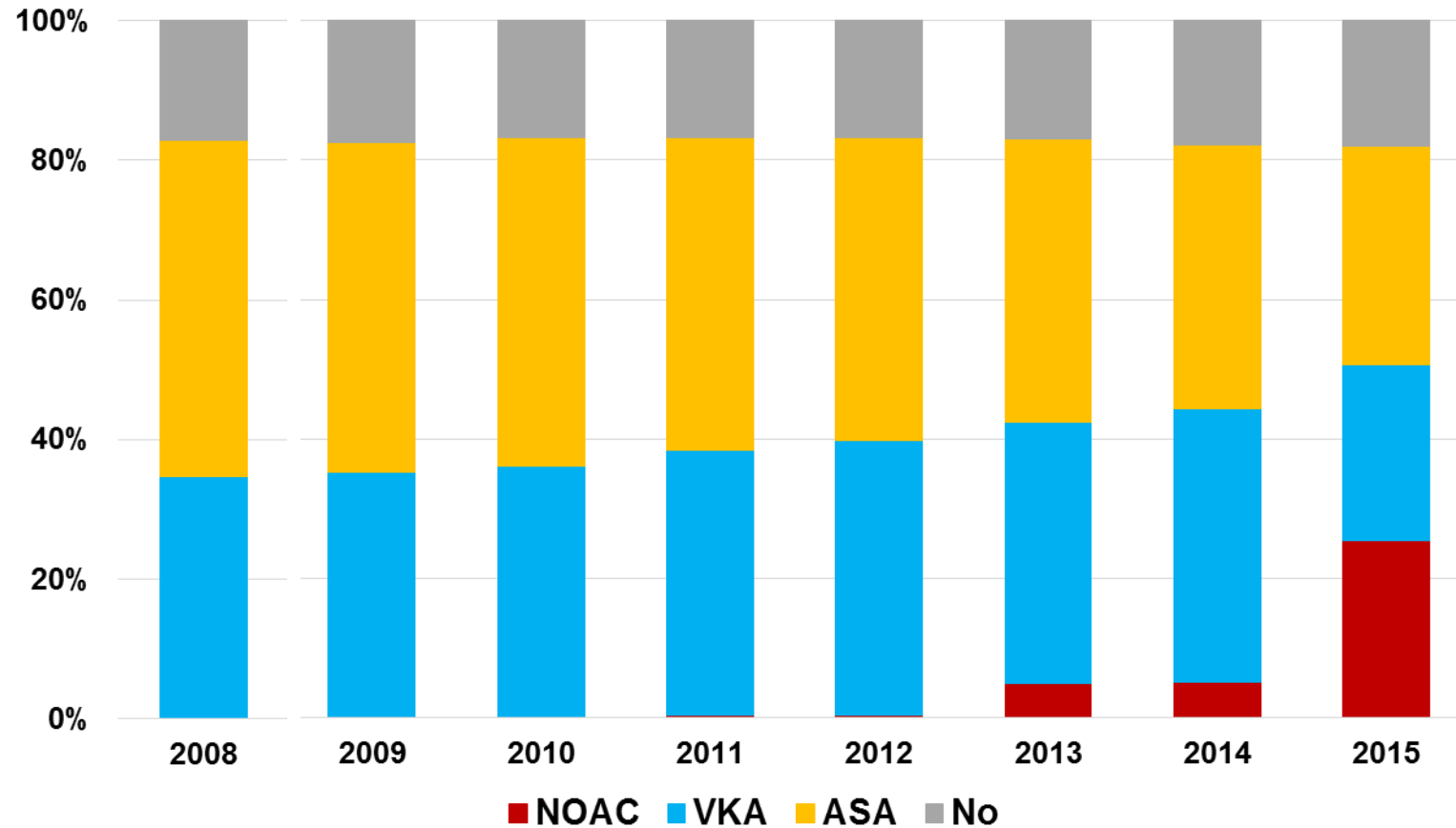
- AF pts were at **3.7-fold increased risk of all-cause death** compared with the general population
- **SMR for all-cause death was the greatest in the young ages** and attenuated with increasing age

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

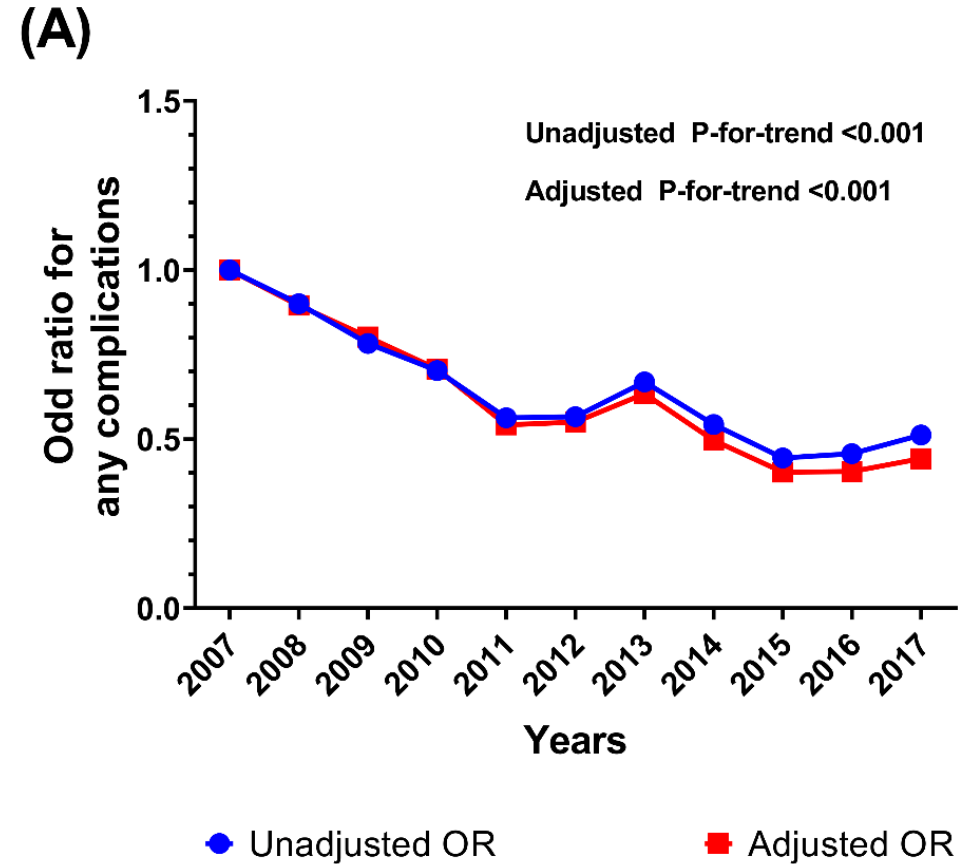
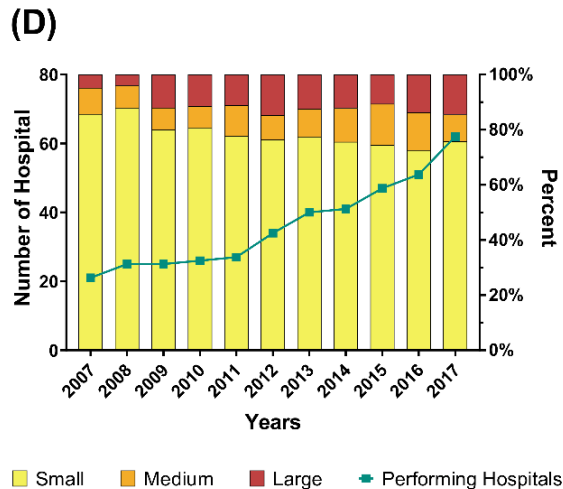
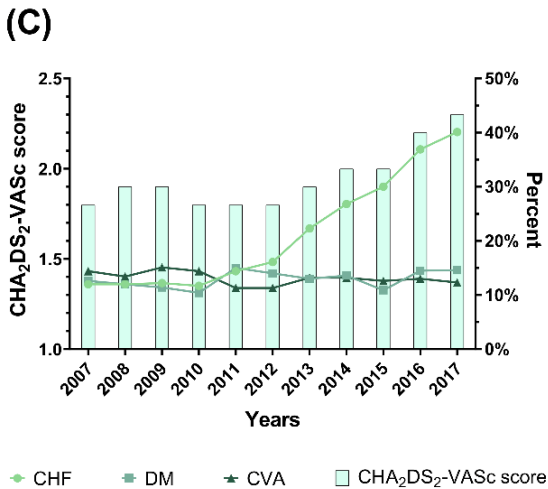
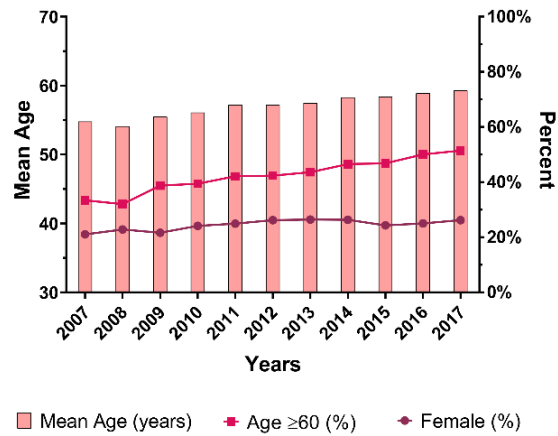
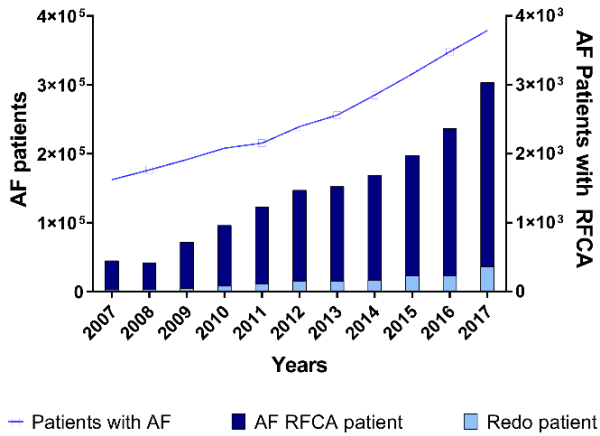


Underutilization of Antithrombotic therapy in the Entire Korean Population

AF patients with CHA₂DS₂-VASc score \geq 2 points (n=230,332 in 2015)



Temporal trends of AF RFCA in Korea



Taskforce Team of AF factsheet

		연구책임자	책임간사
#1	AF epidemiology	최의근 (서울의대)	이소령 (서울의대)
#2	Stroke prevention in AF (SPAF)	이기홍 (전남의대)	양필성 (차의대)
#3	AF rhythm Tx : drug, ablation	심재민 (고대의대)	김윤기 (고대의대)

Seoul National University Hospital Cardiac Arrhythmia Laboratory

SNUH EP lab

Seil Oh, MD, PhD

Eue-Keun Choi, MD, PhD

So-Ryoung Lee, MD, PhD

Soonil Kwon, MD

Hyo-Jeong Ahn, MD

JungMin Choi, MD

Kyung-Yeon Lee, MD

Animal Lab

Moo-Kang Kim

Ae-Sun Yoon

Hae-Deun Kim

Clinical Research

Ji-Hee Min

Hye-Jin Song

So-Hee Kim

Eun-Keung Song

Ji-In Hong

Ji-Yeon Ham

Joung-Yun Kim

SNUBH EP lab

Il-Young Oh, MD, PhD

Youngjin Cho, MD

Ji Hyun Lee, MD

SMG-SNU Boramae Medical Center EP lab

Woo-Hyun Lim, MD

University of Liverpool and Liverpool Chest & Heart Hospital

Gregory Y. H. Lip, MD

Soongsil University

Kyung-Do Han, PhD

Thank you for your attention