Cardiovascular Disease in Asian American Communities

A Clinical Guide - July 2026

Background

More than 50% of Asian American men and nearly 40% of Asian American women have cardiovascular disease (CVD), including coronary artery disease, myocardial infarction (heart attack), heart failure, and stroke.

CVD Risk in Asian Communities

- **South Asian, Filipino, and many Southeast Asian populations** have disproportionately high rates of **metabolic syndrome** (diabetes/insulin resistance, dyslipidemia, hypertension, and abdominal obesity), significantly increasing CVD risk.
- **East Asian and Southeast Asian populations** have high rates of **stroke**, often associated with **hypertension**. Uncontrolled high blood pressure is also associated with development of **chronic kidney disease** in these populations.
- **South Asian populations** have earlier onset and more aggressive **coronary artery disease** and **heart attacks**, often **up to 10 years earlier** than individuals of European descent. These populations also have a higher prevalence of **elevated lipoprotein(a) levels**, which is a significant and independent risk factor for developing coronary artery disease and myocardial infarction.
- Many **East Asian populations metabolize statin medications at a slower rate** and are at increased risk of developing serious statin-associated side effects such as **rhabdomyolysis**, causing severe muscle and kidney damage. Therefore, these populations should be prescribed lower doses of statins, less intensive statin medications or non-statin therapy to lower cholesterol levels.
- Many populations of Asian descent, including **57% of Bangladeshis and Pakistanis, up to over 50% of East Asians, as well as up to over 90% of Pacific Islanders, have a CYP2C19 loss-of-function allele which makes the antiplatelet medication, clopidogrel, ineffective** at preventing thrombosis following percutaneous coronary intervention, acute coronary syndrome or atherosclerotic cardiovascular disease, increasing the risk of heart attack or stroke if these patients are prescribed clopidogrel instead of another antiplatelet medication.
- **Native Hawaiian and Pacific Islander adults**, in aggregate, **have disproportionately high rates of CVD**, CVD risk factors, and CVD-related mortality.
- Standard **cardiovascular risk calculators may significantly underestimate true risk of CVD** in patients with Asian, Native Hawaiian, and Pacific Islander ancestry.

Disaggregating data by ethnicity to improve diagnosis and management of CVD in specific Asian subpopulations is important since Asian American communities in the United States represent over 50 ethnicities and speak more than 100 languages.

Diabetes in Asian Communities

- **Asian populations**, in aggregate, have the **highest rate of undiagnosed diabetes** in the United States among all ethnicities, with over 50% of Asians living with diabetes in the U.S. unaware of having diabetes because they have never been screened.
- Individuals of **Asian** descent are considered **overweight** starting at a **body mass index (BMI) of 23 kg/m2** according to the World Health Organization (WHO).
- All overweight or obese adults aged 35-70 years should be screened for diabetes according to the U.S. Preventive Services Task Force (USPSTF), so **Asians with a BMI of 23 kg/m2 or higher should be screened for diabetes** to prevent delayed diagnosis of diabetes and development of more advanced and severe diabetes-associated complications.
- Overweight and obese **Asian, Native Hawaiian, and Pacific Islander youth living in the U.S.** experience **prediabetes and diabetes at roughly twice the rate** of White youth, with an overall prevalence of 27%, but up to 31% of South Asian youth, 28% of Filipino youth, 26% of Chinese youth, and 32% of Native Hawaiian or Pacific Islander youth.

Clinical Management of CVD and CVD Risk Factors in Patients of Asian Descent

- Screen all Asian adults for **diabetes** with a **BMI of 23 kg/m2 or higher**
- Routinely screen Asian adults for **dyslipidemia**
- Screen Asian adults for **lipoprotein(a)**, particularly those of South Asian descent
- **South Asians with familial hypercholesterolemia** should be aggressively treated to lower their low density lipoprotein cholesterol **(LDL-c) to less than 30 mg/dl**, since the most recent familial hypercholesterolemia consensus recommendations characterize those of South Asian ethnicity as extreme risk
- Screen **South Asian populations** for **dyslipidemia** at earlier ages, engage in aggressive risk factor modification, and consider starting lipid lowering therapies such as statins to treat high cholesterol, even when calculated CVD risk appears borderline
- Patients of **Japanese, Chinese or other East Asian descent** requiring lipid lowering therapy should be prescribed lower doses of statins, lower-intensity statins, or non-statin therapy to prevent statin-associated rhabdomyolysis, since many of these patients **metabolize statins at lower rates**
- In select cases – particularly younger South Asian or Filipino adults with multiple risk factors – perform imaging to determine coronary artery calcium (CAC) scoring to assess atherosclerotic cardiovascular disease risk and guide clinical management
- **Screen all Asians and Pacific Islanders for CYP2C19 loss-of-function alleles prior to starting clopidogrel or prescribe a different antiplatelet medication to use following percutaneous coronary intervention, acute coronary syndrome, or atherosclerotic vascular disease** due to high rates of CYP2C19 loss-of-function alleles among Asians and Pacific Islanders
- **Native Hawaiian and Pacific Islander adults** should be **routinely screened and treated for CVD** and CVD risk factors such as diabetes, hyperlipidemia and hypertension
- Consider **screening overweight and obese Asian, Native Hawaiian, and Pacific Islander youth for CVD risk factors**, such as diabetes, dyslipidemia, and hypertension
- Provide **culturally grounded dietary counseling** that addresses the need to reduce refined carbohydrates, high salt diets including sodium-rich condiments, and sugar-sweetened beverages that are common in many Asian cuisines
- Record specific Asian ethnicity, country of birth, language preference, and family history of premature CVD in the health record
- Disaggregate data by ethnicity to improve CVD outcomes in the Asian American community
- Remember that **CVD risk calculators may underestimate CVD risk** in patients of **Asian, Native Hawaiian and Pacific Islander** descent

Notes:

- South Asian countries: India, Pakistan, Bangladesh, Nepal, Bhutan, Maldives, Sri Lanka
- East Asian countries: Japan, China, Hong Kong, Macau, Mongolia, North Korea, South Korea, Taiwan
- Southeast Asian countries: Brunei, Myanmar, Cambodia, Timor-Leste, Indonesia, Laos, Malaysia, Thailand, Philippines, Singapore, Vietnam

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- Type 2 Diabetes Among Filipino American Adults in the Multiethnic Cohort
- Understanding and Addressing Unique Needs of Diabetes in Asian Americans, Native Hawaiians, and Pacific Islanders
- Type 2 diabetes among Asian Americans: Prevalence and prevention
- Diabetes and Asian Americans
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- Sex-Specific Coronary Artery Calcium Percentiles Across South Asian Adults
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- Native Hawaiian and Pacific Islander adults have second-highest cardiovascular death rate in the U.S.
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- Marshallese COFA Migrants in Arkansas
- Key Data on Health and Health Care for Native Hawaiian or Pacific Islander People
- Consider lower BMI cutoffs for diabetes, CVD risk screening in patients of Asian descent
- Q&A: Overlooked health issues that 'need to be addressed' in Asian communities
- Toward Understanding Cardiovascular Risk Burden in South Asians
- Statin Intolerance—An Asian Perspective
- Clopidogrel Pharmacogenomics: Validation in a Population of South-Asian Ancestry
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