

## Top Ten Things To Know Current Science on Consumer Use of Mobile Health for Cardiovascular Disease Prevention

1. People who meet 6 or more of the Life's Simple 7 cardiovascular health metrics – Manage Blood Pressure, Control Cholesterol, Reduce Blood Sugar, Get Active, Eat Better, Lose Weight, and Stop Smoking – have a significantly better risk profile than those who meet one or none of the metrics.
2. There are thousands of mobile applications available for Android and iOS Operating Systems that focus on lifestyle health factors: weight management, physical activity, smoking, diabetes, etc.
3. 87% of American adults use the internet. 90% of American adults have a mobile phone and nearly two thirds of American adults have a smartphone.
4. This scientific statement reviews the literature on mobile health (mHealth) tools (text messages, smartphone applications, wearable sensors, etc.) available to consumers to prevent cardiovascular disease and provides recommendations for future research directions.
5. The vast majority of studies and applications that address mHealth tools focus on weight management and physical activity. There are fewer applications and studies that address mHealth tools for monitoring blood pressure and cholesterol.
6. Based on the available data, there is evidence for short-term weight loss benefits in adults when one of the following strategies is used: short messaging service (SMS) or text messaging for self-monitoring and automated personalized feedback when incorporated into an existing lifestyle program or when supported by other methods (e.g., coach phone calls, websites, and private social media peer groups).
7. A large number of smartphone applications are designed to monitor, track, and promote physical activity, and more than 20% of US adults are tracking their health with some form of technology.
8. There is substantial evidence that mobile phone apps for smoking cessation, particularly SMS programs, are effective for smoking cessation; however, not all text messaging programs are created equal, and there is considerable variability in individual's responses to these programs.
9. While several studies have focused on text messaging or web-based modalities for lifestyle interventions, there is a need for studies that focus on emerging technologies and applications; that focus on high-risk or underserved populations; and that address compliance, sustainability, and longer term health outcomes.
10. Instead of concluding that mobile technologies are generally “unproven,” and thus can be ignored, researchers, developers, physicians, and consumers need to embrace the challenge of producing this needed evidence regarding how effective these new technologies are and how to best adopt them into practice to promote better patient health.

Burke LE, et al; on behalf of the American Heart Association Publications Committee of the Council on Epidemiology and Prevention, Behavior Change Committee of the Council on Cardiometabolic Health, Council on Cardiovascular and Stroke Nursing, Council on Functional Genomics and Translational Biology, Council on Quality of Care and Outcomes Research, and Stroke Council. [Current science on consumer use of mobile health for cardiovascular disease prevention: a scientific statement from the American Heart Association](#) [published online ahead of print August 13, 2015]. *Circulation*. doi: 10.1161/CIR.000000000000232.

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