



Heart & Vascular Health in Veterans: What You Should Know

Injuries, trauma, environmental exposures, and health conditions related to your service may affect your heart and blood vessels years later. This guide covers what research shows about heart risk in veterans, which risk factors matter most, and what to bring up at your next doctor's visit.

Veterans Face Higher Risk

Higher cardiovascular risk

In one study, veterans had 34% higher odds of heart disease than people who didn't serve. Researchers checked whether age, smoking, or weight explained the higher odds, but none of those factors did.

Most limb loss isn't from combat

Researchers looked at more than 27,000 leg and foot amputations in veterans. Only 15 came from combat. Other health conditions caused the rest. Diabetes was a cause in 81.6% of cases. Narrowed leg arteries (peripheral artery disease) were a cause in 63.3%.

Heart disease and stroke risk factors are common

One study covered more than 103,000 service members and veterans. Nearly 6 in 10 had at least one risk factor for heart disease or stroke. These factors include:

- High blood pressure
- High cholesterol
- Diabetes
- Obesity
- Smoking

These findings can't predict what will happen to you. But they do show why regular screening, follow-up visits, and open talks with your clinician matter.

Your service is part of your health history.

Make sure your doctor knows about it.



Top Risk Factors To Know About

Having a risk factor doesn't mean that you'll develop heart disease but it does mean that you and your doctor should monitor your health and discuss ways to lower your risk.

Diabetes

About 1 in 4 veterans who get VA care has diabetes, compared with about 1 in 8 U.S. adults. Diabetes can damage blood vessels and increase the risk of heart attack, stroke, PAD, and limb loss.

High blood pressure

High blood pressure often causes no symptoms. In one study of younger post-9/11 veterans, nearly half had high blood pressure but many had not been diagnosed or treated.

Smoking and tobacco use

In 2023, about 25% of veterans used a tobacco product in the past month, and 13% smoked. Tobacco use damages blood vessels and increases the risk of heart attack, stroke, PAD, and other serious health problems.

Obesity

Among veterans ages 18 to 44, 46% of men and 40% of women had obesity. Carrying excess weight can increase the risk of high blood pressure, diabetes, high cholesterol, and heart disease.

Sleep disorders

Insomnia and sleep apnea are common and may affect cardiovascular health. In one study, veterans with both of these conditions had nearly 4 times the risk of heart disease or stroke as those without a sleep disorder. Tell your doctor if you snore loudly, stop breathing during sleep, wake up gasping, have difficulty sleeping, or feel unusually tired during the day.



Why Service History Matters

A routine medical form may not capture everything you experienced during service. Your clinician may not know what you went through unless you bring it up.

Combat injury

One study compared service members with severe injuries to those who deployed uninjured. The injured group had 3 to 5 times the risk of diabetes, high blood pressure, and blocked heart arteries (coronary artery disease).

Traumatic brain injury (TBI)

Even a mild brain injury carried about a 60% higher risk of heart disease in one study. The risk climbed with more severe injuries. In another study, veterans with a brain injury had a 69% higher risk of stroke that stayed high past 10 years.

Post-traumatic stress disorder (PTSD)

PTSD can affect both emotional and physical health and is linked to a 61% higher risk of coronary heart disease. Even after researchers account for depression, the risk is still higher. A 2026 national study found that 14.4% of U.S. veterans had PTSD at some point in their lives.

Toxic exposures

Burn pits, chemicals, smoke, dust, and other hazards can affect your health years later. One large study followed veterans who served in Iraq and Afghanistan. Those deployed longer to bases with burn pits had slightly higher odds of high blood pressure and stroke.



Transitioning out of the military

More than half of veterans receive at least some care outside the VA. However, one survey found that fewer than half of primary care clinicians routinely asked new patients about military service.

Be sure to tell your doctor:

- Where and when you served
- What you may have been exposed to
- How long the exposure might have lasted
- If you had any injuries
- What VA records you have
- What medications you take

Bring This To Your Visit

Appointments move fast. Use these questions so nothing gets missed.

Ask your clinician about:

→ **Blood pressure**

What's my blood pressure, and what should my goal be?

→ **Blood sugar or A1C**

The A1C test shows your average blood sugar. Should I be checked for diabetes or prediabetes?

→ **LDL cholesterol**

LDL is the cholesterol that builds up in arteries. Is my level healthy for me?

→ **Lp(a)**

Lp(a) is a cholesterol particle you inherit from your parents. Should I get mine checked?

→ **Weight and waist size**

Does my weight or waist size affect my heart or blood vessel risk?

→ **Leg pain or PAD**

Should I be checked for blood vessel disease in my legs?

→ **Sleep**

Should I be checked for insomnia or sleep apnea?

→ **Service-related injuries, trauma, or exposures**

Could my service history affect my heart risk later in life? I want to talk about head injuries, combat injuries, PTSD, and trauma. I also want to talk about burn pits, chemicals, smoke, and dust.

→ **Military or VA records**

What records from my military or VA health history would help you understand my risk?

Not sure how to bring up your military service? You can start with:

“I served in the military, and I want to make sure my service history is part of my heart and vascular care.”

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