HOME

Silent Heart Disease Found in Adults Under 30—New Study Reveals 7 Hidden Risks You Shouldn't Ignore

By bestfolkmedicine · 05/11/2026 · 11 min read



Imagine being 25 years old, physically active, feeling perfectly healthy, and having absolutely no reason to suspect anything is wrong with your heart.

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No chest pain. No shortness of breath. No dizziness. No unusual fatigue.

Yet deep inside your blood vessels, a dangerous process may have already begun.

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A major international study has revealed that approximately 1 in 13 adults under 30 already show signs of atherosclerosis, a condition involving fatty plaque accumulating inside the arteries—even though they have no known cardiovascular disease.

The research, published in The New England Journal of Medicine in August 2026, examined thousands of adults and uncovered something that challenges the way many people think about heart health.

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Cardiovascular disease doesn't necessarily begin when symptoms appear. It can develop silently for decades.

And surprisingly, being young, active, and feeling healthy does not guarantee that your arteries are free from plaque.

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A Major Study Reveals Hidden Artery Disease in Young Adults

The findings come from the international REACT study, conducted by researchers in Denmark and Spain.

Scientists examined 16,808 adults between the ages of 18 and 70 who had no previously known atherosclerotic cardiovascular disease.

Using advanced imaging technology, including three-dimensional vascular ultrasound and coronary CT angiography, researchers investigated the presence of plaque in arteries supplying the neck, legs, and heart.

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The findings were striking.

Among participants with evaluable imaging, approximately 57.1% had detectable atherosclerosis.

Even more concerning, plaque was already present in some of the youngest participants.

Researchers discovered that:

- Approximately 1 in 13 adults aged 18–29 had detectable arterial plaque.
- Among young men, the prevalence was 8.7%.
- Among young women, the prevalence was 6.7%.
- By ages 60–70, approximately 9 in 10 participants had evidence of atherosclerosis.
- Men generally developed detectable plaque earlier than women.
- Plaque became more widespread and extensive with increasing age.

The 57.1% figure applied to the broader adult study population, not specifically to people under 30.

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The researchers emphasized that arterial changes may develop long before a person experiences any noticeable cardiovascular symptoms.

What Is Silent Atherosclerosis?

Atherosclerosis is a gradual process in which cholesterol-rich particles, inflammatory cells, and other substances accumulate within artery walls.

Over time, these deposits form plaques.

As plaques develop, they may narrow blood vessels and interfere with normal circulation.

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Some plaques can also rupture, potentially triggering blood clots that cause heart attacks or strokes.

However, early-stage atherosclerosis often produces no symptoms.

A person may continue working, exercising, traveling, and living normally while plaque slowly develops.

This is why atherosclerosis is sometimes described as a silent cardiovascular threat.

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Importantly, finding a small amount of plaque does not mean someone is about to experience a heart attack.

The actual risk depends on several factors, including the location and characteristics of the plaque, blood pressure, cholesterol levels, smoking history, and overall cardiovascular health.

Why Heart Disease May Begin Earlier Than Expected

Many people associate cardiovascular disease with older age.

While the risk of heart attacks and strokes generally increases as people get older, the biological processes contributing to these conditions can begin much earlier.

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Arterial plaque formation is influenced by a combination of genetic, metabolic, environmental, and lifestyle factors.

Elevated LDL cholesterol, high blood pressure, tobacco exposure, and certain inherited conditions can contribute to arterial damage over time.

The longer arteries are exposed to unfavorable risk factors, the greater the opportunity for plaque to develop.

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That is one reason cardiovascular prevention during young adulthood is increasingly attracting scientific attention.

The REACT findings suggest that early vascular changes are not limited to people who already have diagnosed heart disease.

7 Hidden Risk Factors That May Contribute to Early Artery Plaque

1. High LDL Cholesterol

LDL cholesterol is one of the major contributors to atherosclerosis.

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When LDL particles enter artery walls, they can become involved in inflammatory processes that lead to plaque formation.

High LDL cholesterol often produces no noticeable symptoms.

A young adult can have significantly elevated cholesterol while feeling completely healthy.

Some people also inherit genetic conditions, such as familial hypercholesterolemia, that cause unusually high LDL levels from childhood.

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Routine cholesterol testing can help identify these problems before complications develop.

2. High Blood Pressure Without Symptoms

High blood pressure is another important cardiovascular risk factor.

Over time, excessive pressure against artery walls can contribute to vascular injury and accelerate atherosclerosis.

The challenge is that hypertension frequently causes no obvious symptoms.

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Many individuals discover elevated blood pressure only during routine medical examinations.

Checking blood pressure periodically is therefore important, even for otherwise healthy adults.

3. Smoking and Nicotine Exposure

Smoking damages blood vessels and promotes several processes associated with cardiovascular disease.

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Tobacco smoke can increase inflammation, impair blood vessel function, and make blood more likely to clot.

Young adults sometimes underestimate the cumulative cardiovascular consequences of smoking because serious symptoms may take years to appear.

Avoiding tobacco is among the most effective lifestyle strategies for protecting long-term heart health.

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4. Insulin Resistance and Poor Metabolic Health

Insulin resistance occurs when cells become less responsive to insulin.

It is often associated with excess abdominal fat, elevated triglycerides, abnormal blood sugar regulation, and other metabolic changes.

Over time, these factors can contribute to increased cardiovascular risk.

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Importantly, insulin resistance can develop before someone meets the diagnostic criteria for type 2 diabetes.

Improving physical activity, maintaining a balanced diet, and addressing metabolic risk factors can support cardiovascular health.

5. Chronic Inflammation

Inflammation plays an important role in the development and progression of atherosclerosis.

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When LDL particles accumulate within artery walls, immune cells become involved in a complex inflammatory response.

Over time, this process contributes to plaque formation.

Certain chronic inflammatory diseases, including rheumatoid arthritis and lupus, are associated with increased cardiovascular risk.

However, inflammation is not simply something that can be eliminated through a detox drink or supplement.

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Managing underlying medical conditions and maintaining healthy lifestyle habits are more reliable approaches.

6. Sedentary Lifestyle

Regular physical activity supports cardiovascular fitness, blood pressure regulation, insulin sensitivity, and healthy lipid metabolism.

A sedentary lifestyle can contribute to unfavorable metabolic changes that increase long-term cardiovascular risk.

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Current public health recommendations generally encourage adults to accumulate at least 150 minutes of moderate-intensity aerobic activity each week, along with muscle-strengthening activities.

Even simple habits such as daily walking, cycling, swimming, or taking movement breaks can contribute to better cardiovascular health.

However, being physically active does not completely eliminate inherited or metabolic cardiovascular risks.

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7. Family History and Genetic Predisposition

Some individuals develop atherosclerosis earlier because of inherited risk factors.

A family history of premature heart attacks or strokes can be an important warning sign.

For example, certain inherited conditions lead to markedly elevated cholesterol levels from a young age.

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People with close relatives who experienced cardiovascular disease unusually early may benefit from discussing preventive assessment with a healthcare professional.

Genetics cannot always be changed, but identifying inherited risk factors can help guide earlier preventive care.

Men May Develop Artery Plaque Earlier Than Women

Another noteworthy finding involved differences between men and women.

Researchers observed that men tended to develop detectable atherosclerosis approximately five to ten years earlier than women.

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Women generally experienced a later but particularly steep increase in plaque prevalence during midlife.

This pattern became especially noticeable between approximately ages 40 and 60.

Researchers noted that the timing overlaps with the menopausal transition.

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Estrogen influences several aspects of cardiovascular physiology, including blood vessel function and lipid metabolism.

Changes in hormone levels during menopause may contribute to shifts in cardiovascular risk, although aging, genetics, blood pressure, cholesterol, and other factors also play important roles.

These findings reinforce the importance of cardiovascular prevention throughout adulthood, including during and after menopause.

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Why Traditional Heart Risk Assessments May Miss Early Disease

Doctors commonly evaluate cardiovascular risk using factors such as age, cholesterol levels, blood pressure, smoking history, and diabetes status.

These assessments are useful for estimating the likelihood of cardiovascular events over a specified period.

However, a relatively low estimated short-term risk does not necessarily mean an individual has no existing artery plaque.

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This is especially relevant for younger adults.

Because age strongly influences cardiovascular risk calculations, a person in their twenties may have a low estimated ten-year risk even when early atherosclerosis is present.

The REACT study demonstrated that advanced imaging can identify plaque that traditional risk estimates may not fully capture.

However, researchers have not yet established that routinely scanning every young adult would improve long-term clinical outcomes.

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Further studies are needed to determine when vascular imaging provides meaningful advantages over standard preventive care.

Can Artery Plaque Be Reversed Naturally?

This is one of the most common questions surrounding atherosclerosis.

The answer depends on what is meant by reversal.

Lifestyle improvements can reduce cardiovascular risk and help slow the progression of plaque.

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In some circumstances, intensive LDL-cholesterol lowering can lead to modest regression of certain atherosclerotic plaques.

However, no food, herb, juice, or supplement has been proven to reliably dissolve established arterial plaque.

Promising lifestyle strategies include eating a diet rich in vegetables, fruits, legumes, nuts, and whole grains; replacing some saturated fats with unsaturated fats; exercising regularly; avoiding smoking; and maintaining healthy blood pressure.

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Some people also require cholesterol-lowering medication or other medical treatments.

The most effective prevention strategy depends on individual risk factors and should be discussed with a healthcare professional.

7 Everyday Habits That Support Healthier Arteries

Although atherosclerosis can begin early, there are practical ways to reduce cardiovascular risk.

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1. Eat more fiber-rich foods. Oats, beans, lentils, fruits, and vegetables can support cholesterol management and metabolic health.

2. Choose healthier fats. Olive oil, walnuts, almonds, seeds, and other sources of unsaturated fats can be useful alternatives to foods high in saturated fat.

3. Move your body daily. Consistent physical activity supports circulation, blood pressure control, and overall cardiovascular fitness.

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4. Know your cholesterol numbers. Blood testing can reveal elevated LDL cholesterol before symptoms appear.

5. Monitor blood pressure. Regular measurements can help identify hypertension early.

6. Prioritize adequate sleep. Consistent sleep habits contribute to cardiovascular and metabolic health.

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7. Avoid smoking and manage existing conditions. Addressing tobacco exposure, diabetes, high cholesterol, and other established risk factors is especially important.

These habits cannot guarantee plaque-free arteries, but they can meaningfully support long-term cardiovascular health.

Should Young Adults Get Their Arteries Scanned?

The new research raises an important question: Should cardiovascular screening begin earlier?

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Advanced imaging can detect plaque before symptoms develop.

However, that does not mean everyone in their twenties should undergo CT scans or specialized ultrasound examinations.

Screening decisions should consider individual risk factors, medical history, potential benefits, costs, and possible harms.

Coronary CT angiography involves radiation exposure and usually requires contrast material.

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For many younger adults without significant risk factors, routine blood pressure measurements, cholesterol assessments, and lifestyle counseling remain appropriate starting points.

People with unusually high cholesterol, a strong family history of premature cardiovascular disease, or other important risk factors may require more individualized evaluation.

The next phase of cardiovascular prevention research will help determine whether earlier imaging-based detection can prevent heart attacks and strokes more effectively.

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The Most Important Lesson From This Study

Perhaps the most surprising finding is that early atherosclerosis can exist in people who have never been diagnosed with cardiovascular disease.

The results challenge the assumption that heart health only becomes important after middle age.

But they should not cause unnecessary panic.

A small amount of arterial plaque is not the same as an impending heart attack, and the study did not establish that every person with detectable plaque will develop serious cardiovascular disease.

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What the research demonstrates is that the underlying process can begin long before clinical symptoms.

That creates an opportunity to rethink the timing of preventive care.

Rather than waiting until something goes wrong, identifying and managing modifiable risk factors earlier in life may help protect cardiovascular health over the coming decades.

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Final Thoughts: Your Arteries May Tell a Different Story Than Your Symptoms

You may feel energetic, exercise regularly, and have no obvious signs of cardiovascular disease.

Yet the condition of your arteries cannot always be determined by how healthy you feel.

The international REACT study provides new evidence that atherosclerosis can begin in early adulthood and becomes increasingly common with age.

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Its findings highlight why blood pressure, cholesterol, family history, and everyday lifestyle choices deserve attention long before retirement age.

The good news is that many cardiovascular risk factors can be identified and managed.

Heart disease prevention doesn’t have to begin with a warning sign. It can begin with knowing your numbers and making informed decisions today.

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Did you know artery plaque could develop before age 30 without any symptoms? Do you think young adults should receive earlier cardiovascular screenings? Share your thoughts in the comments.

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