ARGENTINA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (millions) **44.7**
Life expectancy (years) **76.7**

Argentina is located in the far southeast of South America. It covers an area of 3,761,274 km2 and borders Bolivia, Paraguay, Brazil, Uruguay, Chile, and the Atlantic Ocean.

It has a representative, republican, and federal form of government. Politically, the country is organized into the Autonomous City of Buenos Aires (CABA) and 23 provinces, which form a federation, distributed into five geographical regions.

Between 1990 and 2019, the population grew by some 30.5%, reaching around 44.7 million in 2019. The population has aged, and its structure has become stationary.

Life expectancy at birth in 2019 was 76.7 years (80.0 in women and 73.2 in men).
A full 92% of the population lives in urban areas, and 2.4% of the population is indigenous, with 31 indigenous groups across the country.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 19% of all disability- adjusted life years (DALYs) and 36% of all years lived with disability (YLDs).

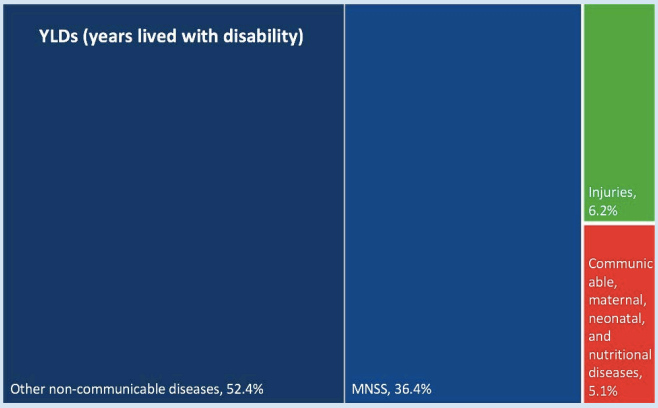

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

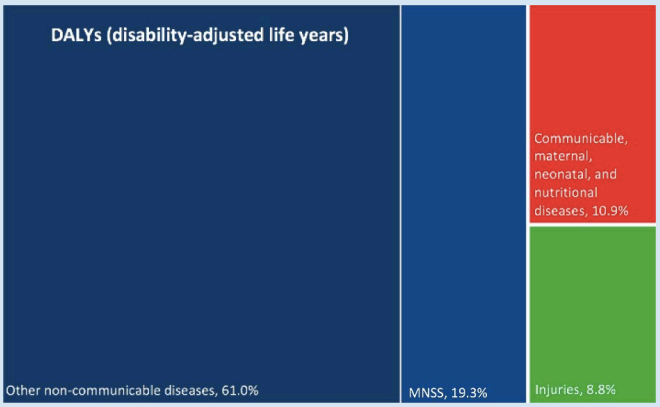

Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

THE BURDEN AFFECTING MENTAL HEALTH ACROSS THE LIFETIME

Fig. 3 shows the changes in disease burden across age-groups. NCDs (in shades of blue) surpass 50% of the burden in the 1 to 4 years old group, and will remain the largest burden (mostly above 70%) throughout the lifetime. MNSS account for a third to 40% of the total burden between 10 and 40 years of age, the largest burden of all disease groups during this period. Fig. 4 focuses exclusively on the burden resulting from MNSS. Until 5 years old, the MNSS burden is mostly due to autism (48%) and epilepsy (41%). Between 5 and 15 years old, the burden of anxiety disorders (25%), conduct disorders (19%), and headaches (17%) –including migraine and tension-type- gain prominence. Around 20 years of age, a pattern emerges that will remain stable throughout youth and adulthood: common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for 50% of the burden, headaches for 18%, substance use disorders 15% (9% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) around 7%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which surpasses 50% of the burden near 80 years old and remains above 70% after 85 years old.

This is the second installment of the 2018 PAHO report, found here

Pan American Health Organization
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Figure 3. Burden of disease, by disease group and age

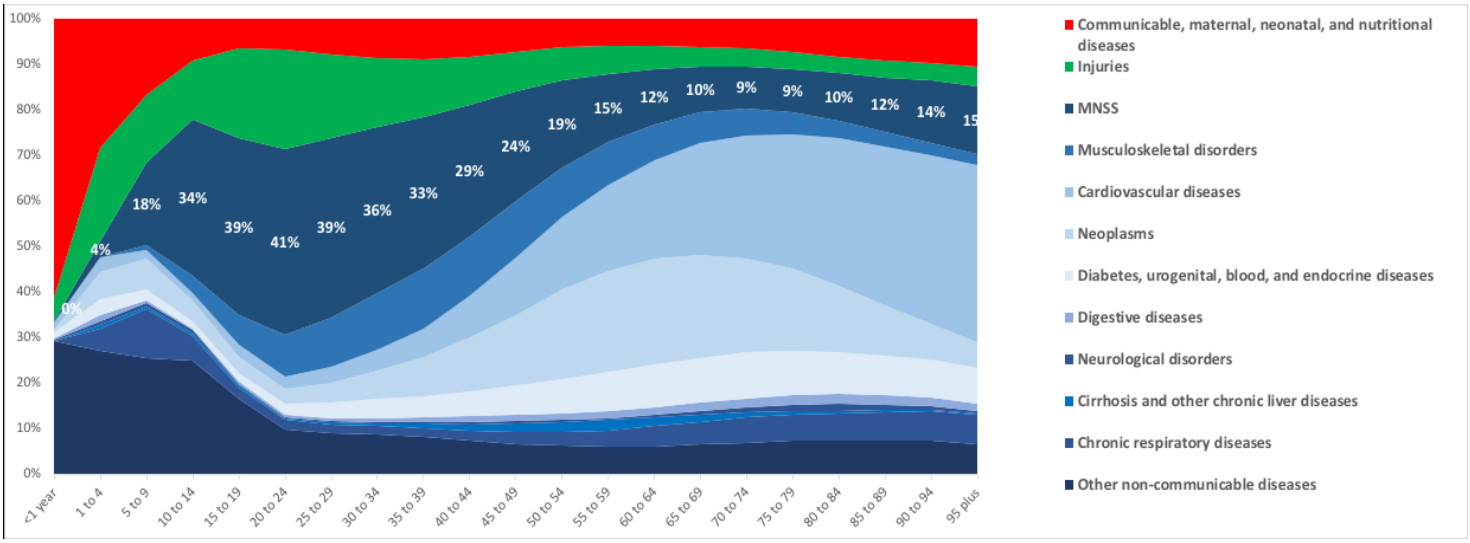
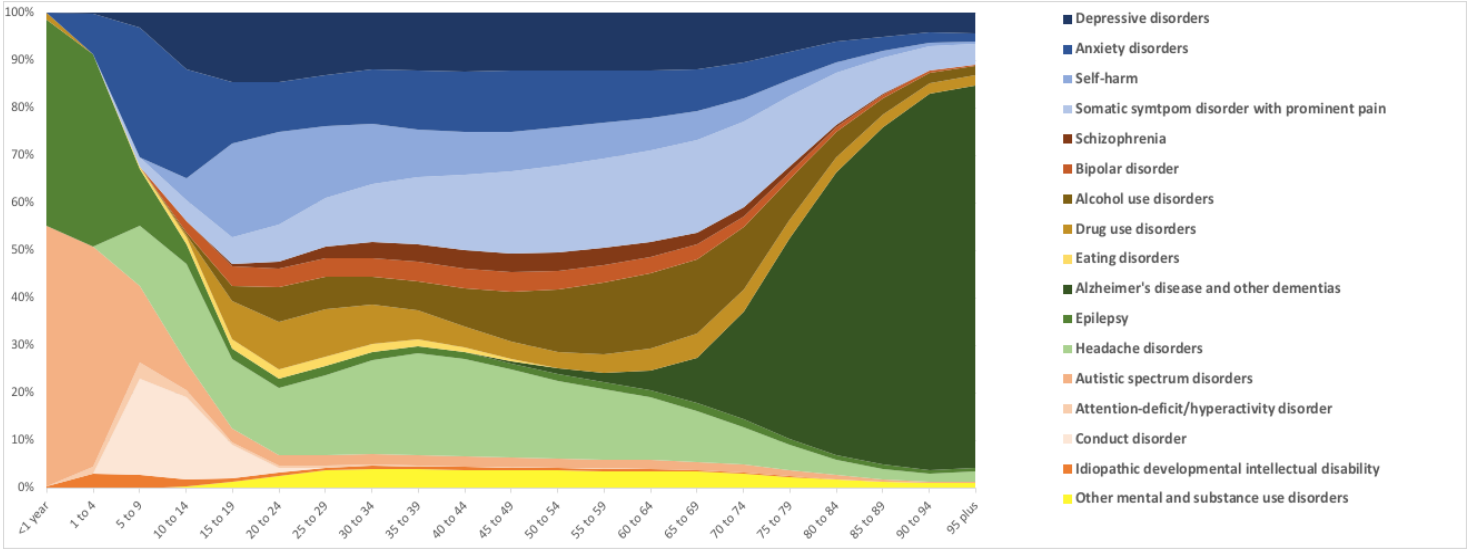


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 55% of total MNSS burden– are not the same for men and women: While men are mostly affected by self-harm and suicide, alcohol use disorders and somatic symptom disorder with prominent pain, women are mostly affected by headaches, anxiety and depressive disorders.

Men		Women	
Disorder	**DALYs per 100 000**	**Disorder**	**DALYs per 100 000**
MNSS (all)	4978	MNSS (all)	4891
Self-harm and suicide	833	Headache disorders	986
Alcohol use disorders	645	Anxiety disorders	816
Somatic symptom disorder with prominent pain	606	Depressive disorders	737
Headache disorders	535	Somatic symptom disorder with prominent pain	653
Depressive disorders	435	Alzheimer's disease and other dementias	329

Conclusions:

Considering these estimates, primary care providers should receive training and tools to prioritize detection and treatment or referral for the common disorders highlighted above for each age-group and sex. For the severe disorders –such as autism, schizophrenia, bipolar disorder and Alzheimer's– as well as for severe, comorbid, or complex presentations of other disorders –e.g. depression during pregnancy, substance use in public service professions, etc.– primary care providers and families need access to adequate supports, such as:

- Referral and/or supervision platforms that allow for continued treatment in the community, including the use of digital technology to increase access to distant geographically concentrated resources.
- Emergency, inpatient, and residential services for the management of high-risk acute situations and high-need patients. These services should be community-based as much as possible, including for crisis management, inpatient treatment in general hospitals, supported housing, and residential services.