BRAZIL

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

Brazil has a population of 211 million and a land area of over 8.5 million km^2. It is divided politically into 26 states and a Federal District, with 5,570 municipalities. The states are organized into five geographical regions.

Between 1990 and 2015, the population grew by 35.9%. Life expectancy in 2019 was 75.9 years (79.6 years for women and 72.2 years for men).

In 2014, health expenditure represented 6.7% of total Government expenditure, and out-of-pocket expenditure accounted for one- quarter of all health expenditure.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 19% of all disability- adjusted life years (DALYs) and 38% 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)

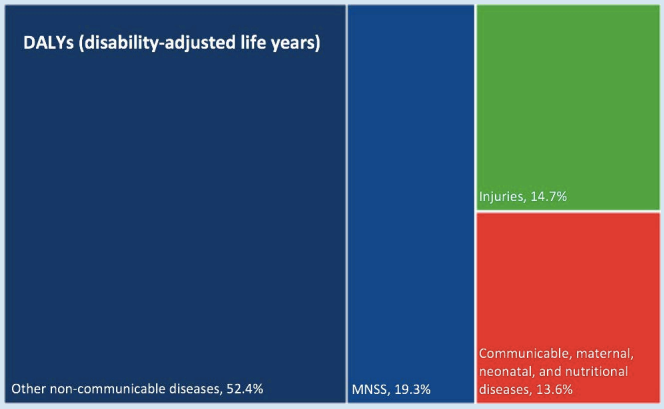


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for nearly a third of the total burden between 10 and 40 years of age, the largest burden of all NCDs during this period. Fig. 4 focuses exclusively on the burden resulting from MNSS. Until 5 years old, the MNSS burden is mostly due to epilepsy (55%) and autism (37%). Between 5 and 15 years old, the burden of anxiety disorders (20%), headaches (17%) -including migraine and tension-type-, and conduct disorders (16%) gain prominence. Around 20 years of age, a pattern emerges that will remain stable throughout the working years: common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for 42% of the burden, substance use disorders 21% (16% due to alcohol), headaches 18%, and severe mental disorders (schizophrenia and bipolar disorders) 8%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which surpasses 50% of the burden around 75 years old and remains above 80% after 85 years old.

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

Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

Figure 3. Burden of disease, by disease group and age

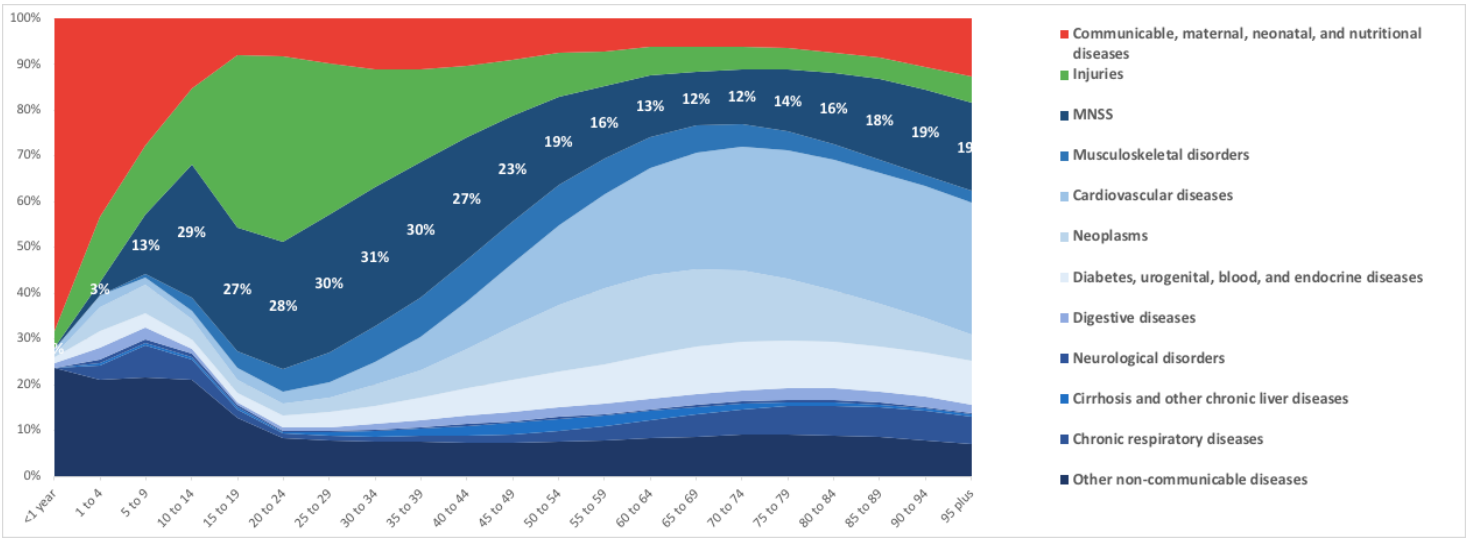
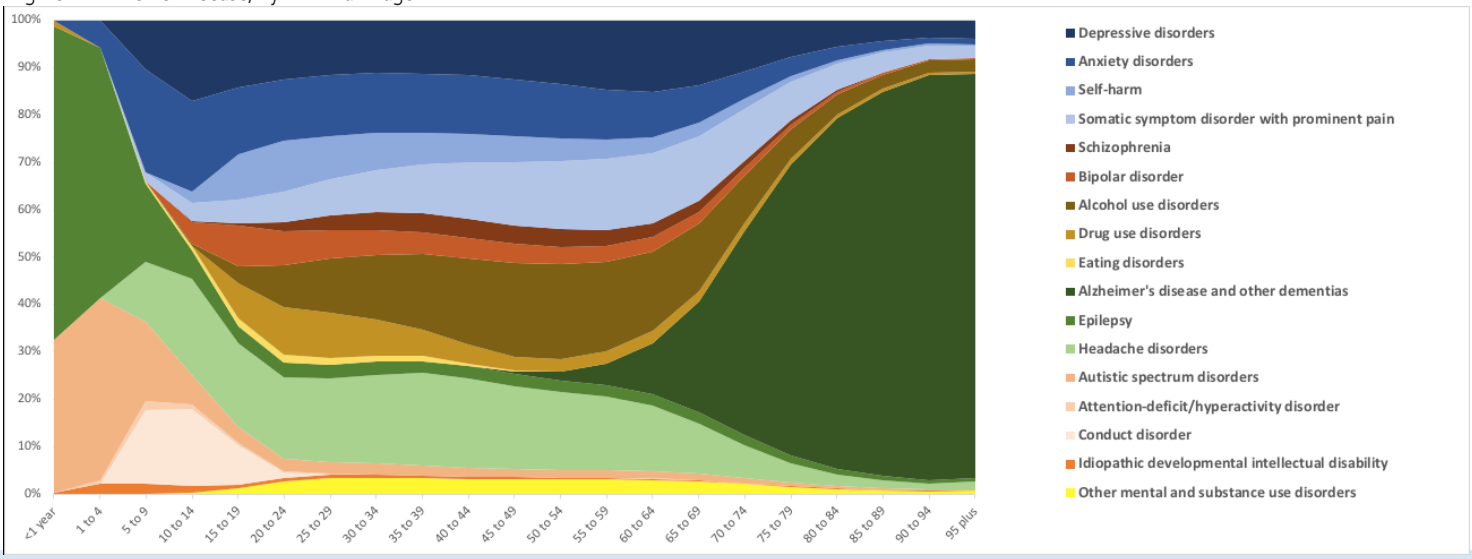


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for between 40% and 50% of total MNSS burden- are not the same for men and women: While men are mostly affected by alcohol use disorders, Alzheimer's disease, and headaches, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	**DALYs per 100 000**	**Disorder**	**DALYs per 100 000**
MNSS (all)	5298	MNSS (all)	5144
Alcohol use disorders	1045	Headache disorders	1013
Alzheimer's disease and other dementias	670	Depressive disorders	808
Headache disorders	532	Anxiety disorders	746
Self-harm and suicide	469	Alzheimer's disease and other dementias	672
Somatic symptom disorder with prominent pain	455	Somatic symptom disorder with prominent pain	549

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.