COSTA RICA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (millions) **5**
Life expectancy (years) **80**

Costa Rica is located in Central America, between the Atlantic and Pacific Oceans; it borders Nicaragua and Panama.
It is divided politically into 7 provinces, 81 cantons, and 463 districts. Its 8 indigenous populations are distributed across 24 territories. Of the total population, 2.42% describe themselves as indigenous, 1.9% as Afro-Costa Ricans, and 0.5% as Chinese.

Between 1990 and 2015, the population grew by 55.3% and its pyramid shifted from an expansive one toward a regressive one through population aging. In 2019, the population was 5 million (80% in urban areas).
In 2019, life expectancy at birth was 80 years (82.9 for women and 77.7 for men).

Costa Rica is among the countries with high human development and is ranked fifth in Latin America on this scale as a result of heavy public social investment.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 22% of all disability- adjusted life years (DALYs) and 35% of all years lived with disability (YLDs).

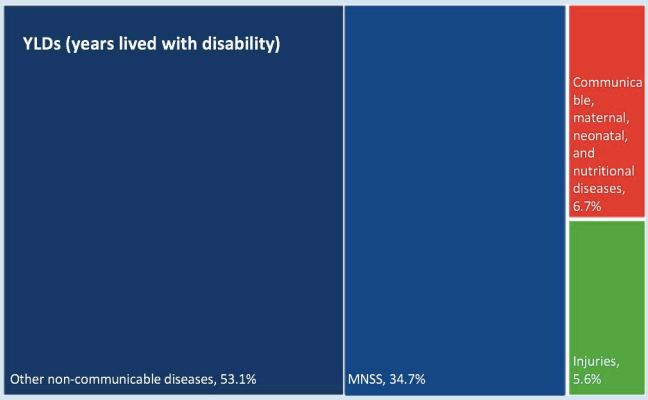

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

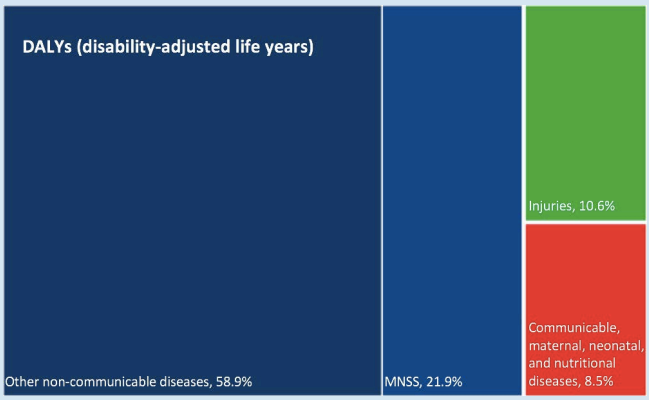

Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 long before 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 45 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 epilepsy (50%) and autism (44%). Between 5 and 15 years old, the burden of conduct disorders (21%), headaches (18%) -including migraine and tension-type-, and anxiety disorders (14%) 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 41% of the burden, headaches for 22%, substance use disorders 15% (10% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 9%. 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 of age.

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

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

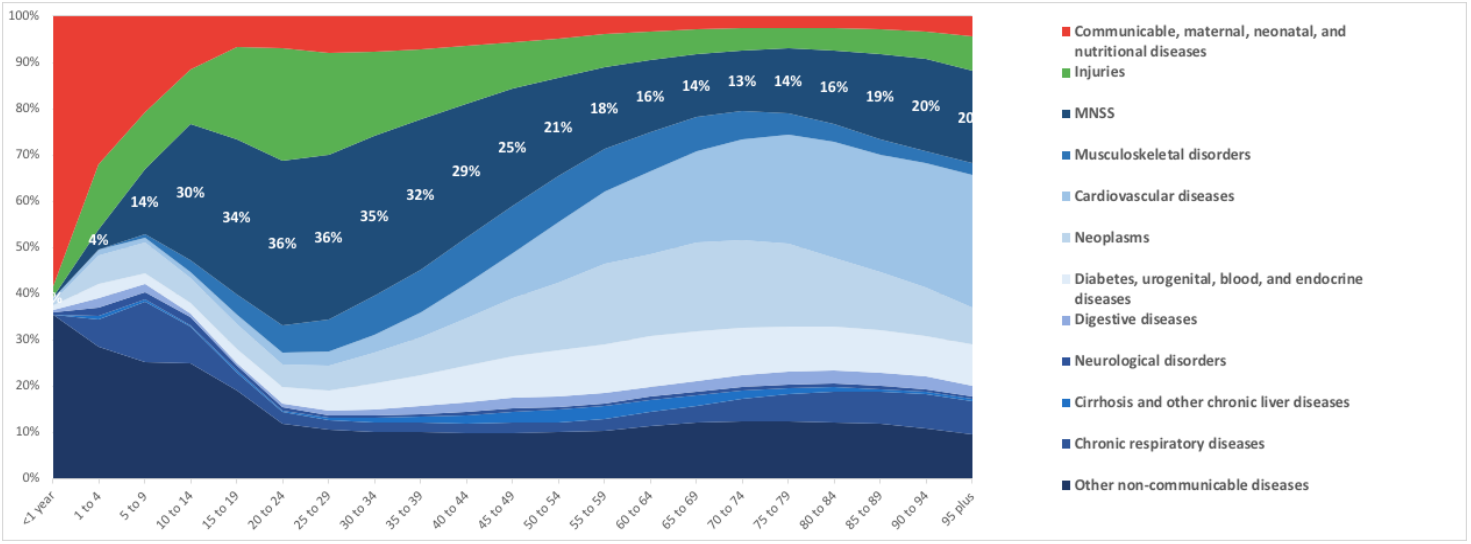
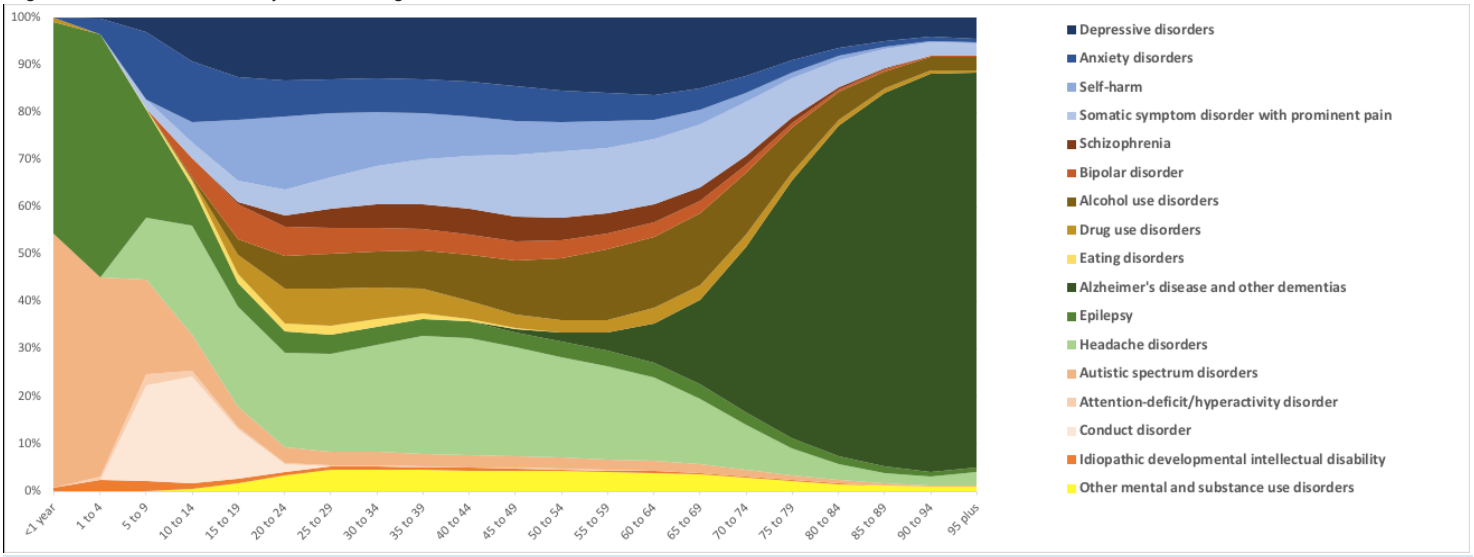


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 35 to 50% of total MNSS burden-–are different for men and women: Headaches top both rankings, but men are also affected by self harm and suicide, and alcohol use disorders, while women are mostly affected by depression and Alzheimer's disease.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	4255	MNSS (all)	4088
Headache disorders	548	Headache disorders	1002
Self-harm and suicide	534	Depressive disorders	604
Alcohol use disorders	522	Alzheimer's disease and other dementias	464
Alzheimer's disease and other dementias	477	Somatic symptom disorder with prominent pain	424
Depressive disorders	444	Anxiety disorders	346

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.