DOMINICAN REPUBLIC

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (millions) **10.7**
Life expectancy (years) **74.1**

The Dominican Republic is situated in the Antilles archipelago between the Caribbean Sea and the Atlantic Ocean, occupying approximately two-thirds of the island of Hispaniola, which it shares with Haiti. It is divided into 31 provinces and the National District, where Santo Domingo, the country's capital, is located.

In 2019, the country had a population of 10.7 million, with 82% living in urban areas. In 2019, life expectancy at birth was 74.1 years (71 for men and 77.4 for women).
Basic health and development indicators steadily improved between 1990 and 2015, with a human development index score of 0.715 in 2014.

Remittances are a main source of foreign exchange for the Dominican Republic, accounting for nearly 7% of GDP in recent years. In 2015, the tourism industry produced revenues of US$ 6.15 billion.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 16% of all disability- adjusted life years (DALYs) and 34% of all years lived with disability (YLDs).

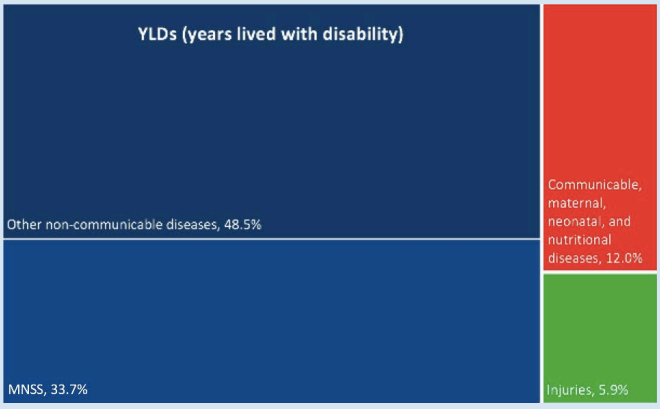

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

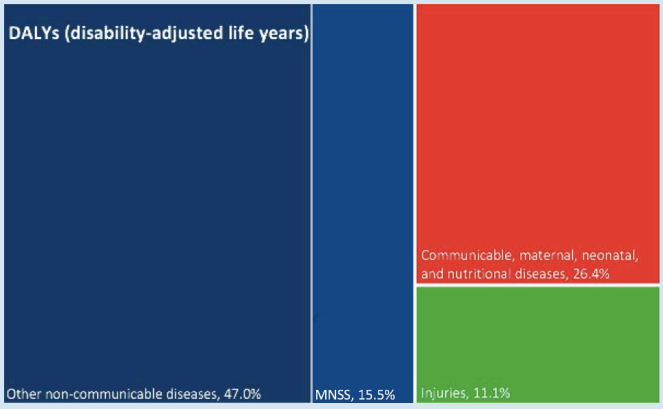

Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 between 20 and 30% of the total burden between 10 and 45 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 (49%) and autism (45%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type– gain prominence, with 18% of the MNSS burden each. 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 42%, headaches for 22%, substance use disorders 14% (9% 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 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
World Health Organization
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Figure 3. Burden of disease, by disease group and age

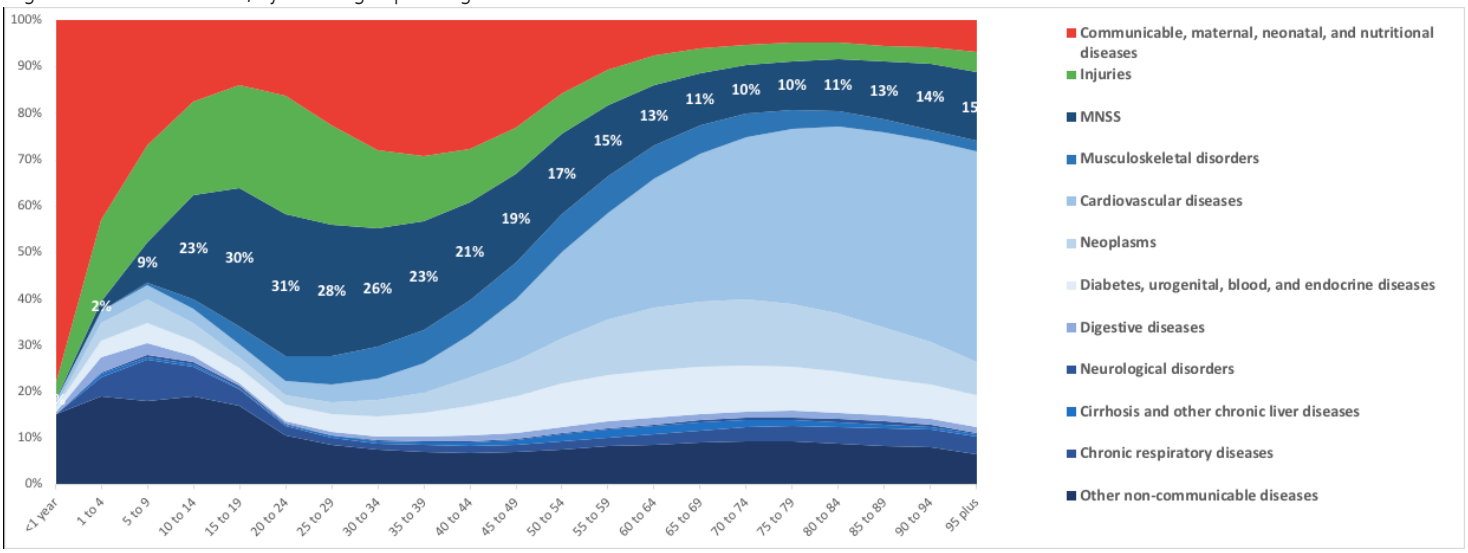
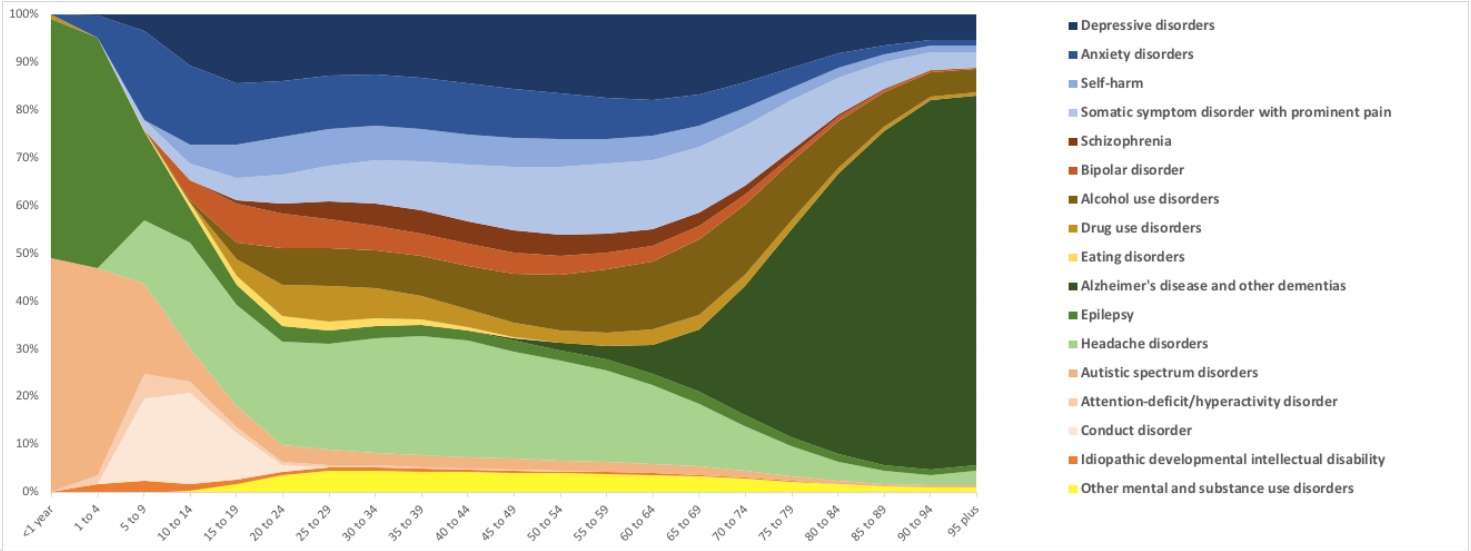


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 35 to 55% of total MNSS burden- are not the same for men and women: While men are mostly affected by headaches, alcohol use and depressive disorders, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	4134	MNSS (all)	4116
Headache disorders	556	Headache disorders	1000
Alcohol use disorder	533	Depressive disorders	677
Depressive disorders	444	Anxiety disorders	505
Self-harm and suicide	383	Somatic symptom disorder with prominent pain	427
Somatic symptom disorder with prominent pain	381	Alzheimer's disease and other dementias	338

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.