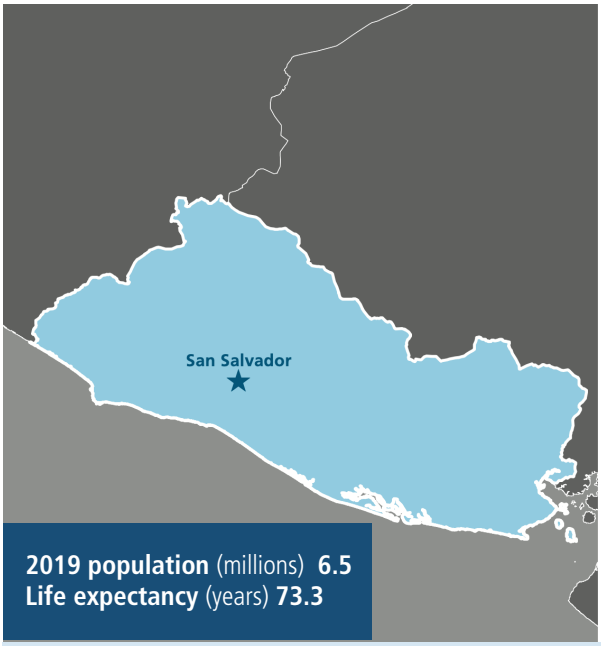
EL SALVADOR

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



El Salvador is located in Central America, and is bordered by Guatemala, Honduras, and the Pacific Ocean. Administratively, the country is divided into 14 departments in 262 municipalities.

In 2019, the population of El Salvador was 6,5 million, 73% of whom were concentrated in urban areas. From 1990 to 2015, the population grew by 16.4%, and its structure shifted from expansive to regressive, due to falling fertility and mortality.

The basic health indicators show systematic improvement in socioeconomic and health status from 1990 to 2015, although the country had an intermediate human development index of 0.666 in 2014.

Per capita gross national income was US$ 3,940 in 2014. In 2013, remittances (transfers sent from abroad) were the leading source of revenue, representing 16.3% of gross domestic product (GDP).

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 19% of all disability- adjusted life years (DALYs) and 35% of all years lived with disability (YLDs).

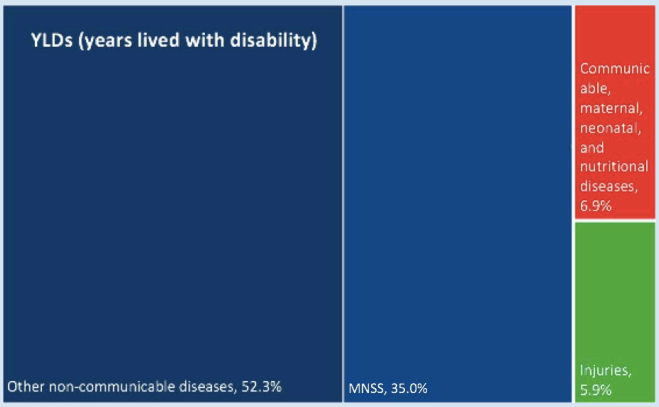


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

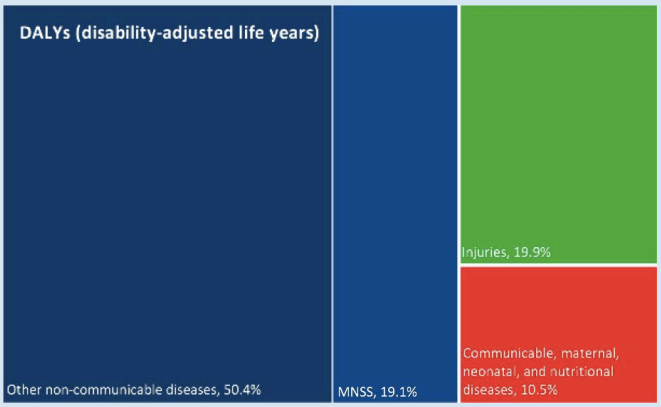


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for more than a fourth 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 (56%) and autism (39%). Between 5 and 15 years old, the burden of conduct disorders (20%), headaches (17%) –including migraine and tension-type-, and anxiety disorders (13%) 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 35%, substance use disorders for 31% (27% due to alcohol), headaches 18%, and severe mental disorders (schizophrenia and bipolar disorders) around 7%. The elderly suffer mostly from neurocognitive disorder due to Alzheimer's disease, which reaches 50% of the burden around 75 years old and remains above 65% after 80 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

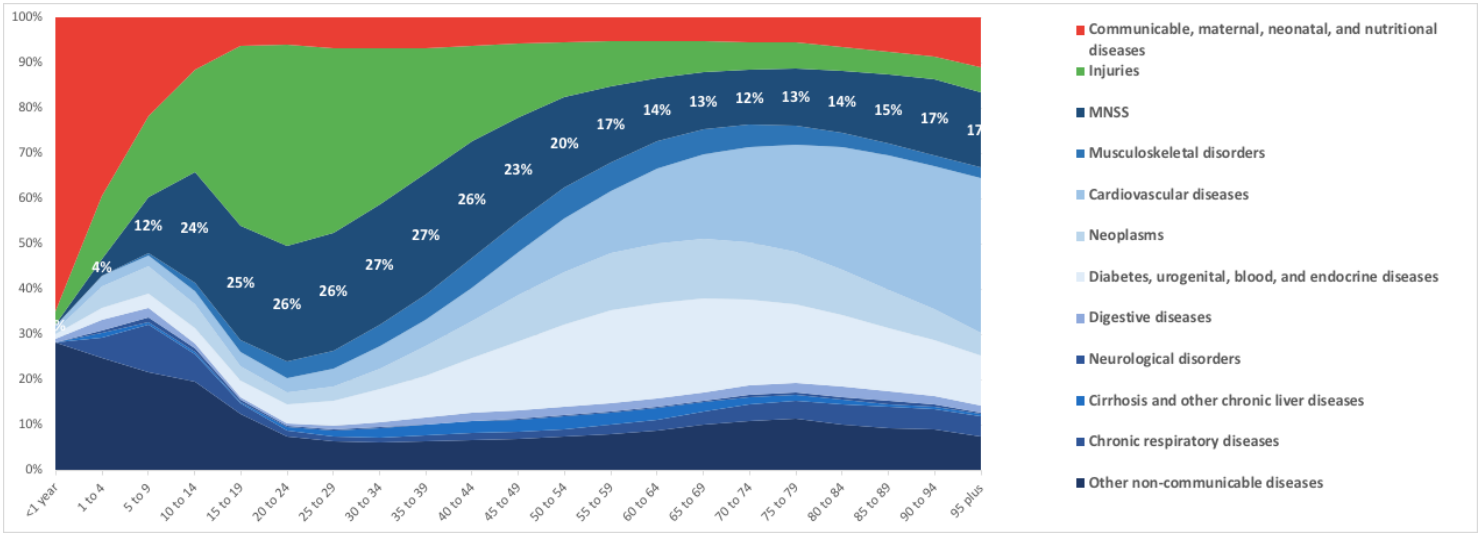
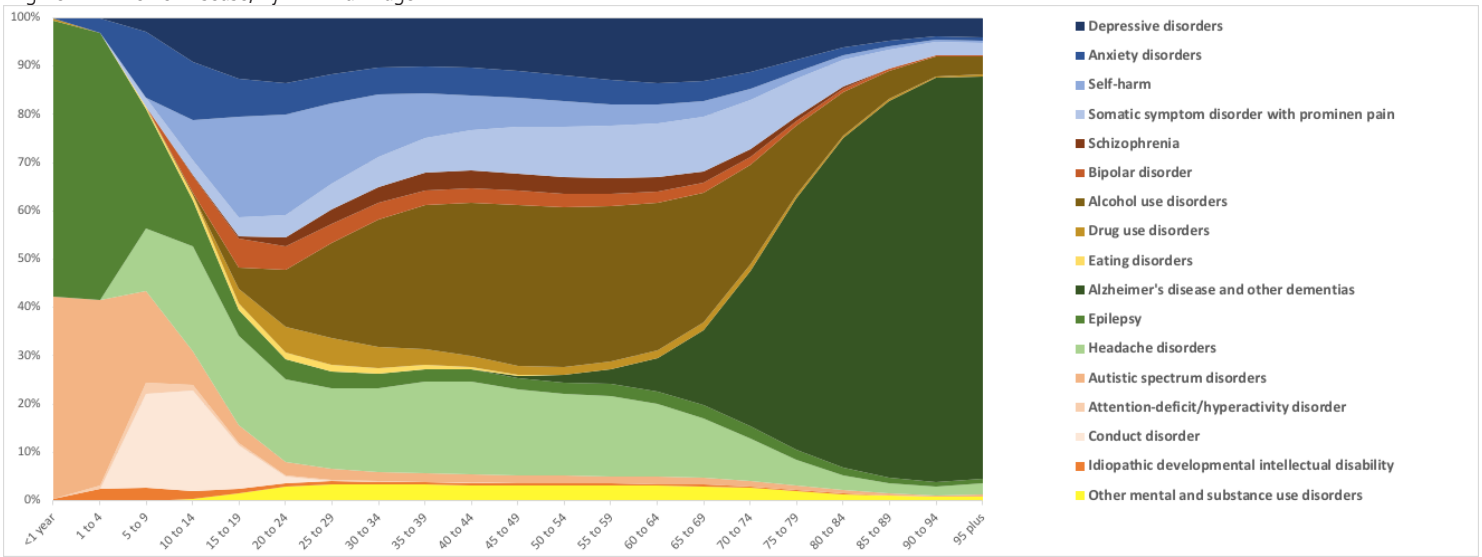


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 45 to 60% of total MNSS burden- are not the same for men and women: While men are mostly affected by alcohol use disorders, self-harm and suicide, and headaches, women are mostly affected by headaches, depressive disorders, and Alzheimer's disease and other dementias.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	6071	MNSS (all)	4335
Alcohol use disorders	2163	Headache disorders	1002
Self-harm and suicide	768	Depressive disorders	655
Headache disorders	546	Alzheimer's disease and other dementias	481
Alzheimer's disease and other dementias	489	Somatic symptom disorder with prominent pain	414
Depressive disorders	436	Anxiety disorders	344

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.