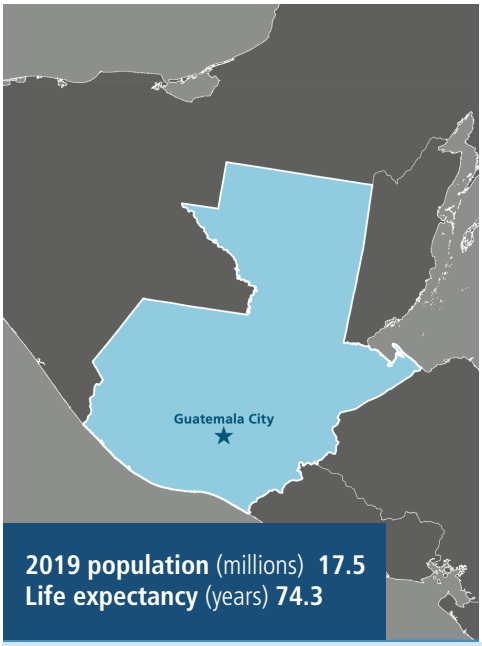
GUATEMALA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



2019 population (millions) **17.5**
Life expectancy (years) **74.3**

Guatemala is located in Central America and borders Mexico, Honduras, El Salvador, and Belize. With a territory of 108,928 km^2, it is divided politically and administratively into 22 departments and 340 municipalities.

The main ethnic groups are the Garifuna, the Maya, the Xinca, and mixed race, or mestizo.

Although Spanish is the official language, 22 languages with their different dialects are spoken by ethnic Mayans, and the Garifuna and Xinca also speak their own languages.

Between 1990 and 2016, the population grew by 81.5%. The population structure remains expansive, totaling 17.5 million inhabitants in 2019, although the population is steadily aging. In 2015, people aged 65 and over made up 5.3% of the population.

In 2019, life expectancy at birth was 71.4 years for men and 77.2 for women.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 17% of all disability- adjusted life years (DALYs) and 35% of all years lived with disability (YLDs**).**

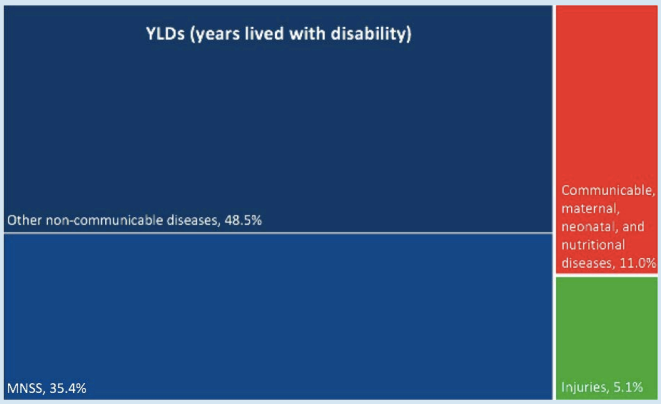


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

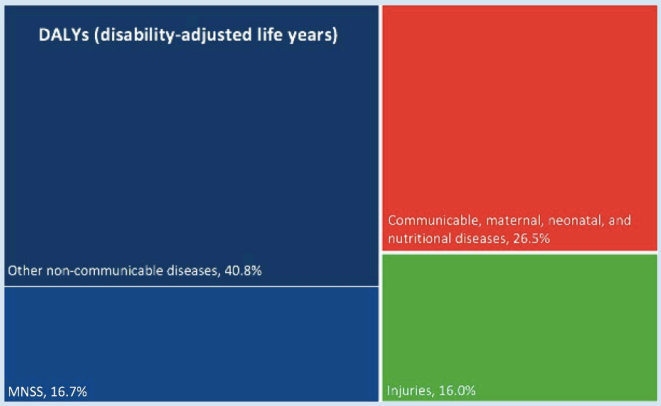


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 around 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for around a fourth 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 (65%) and autism (30%). Between 5 and 15 years old, the burden of conduct disorders (20%), headaches (18%) –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: substance use disorders account for 36% (30% due to alcohol), common disorders (anxiety, depression, self-harm and somatic symptom disorder) for 31%, headaches 16%, and severe mental disorders (schizophrenia and bipolar disorders) around 6%. 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
REGIONAL OFFICE FOR THE Americas

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

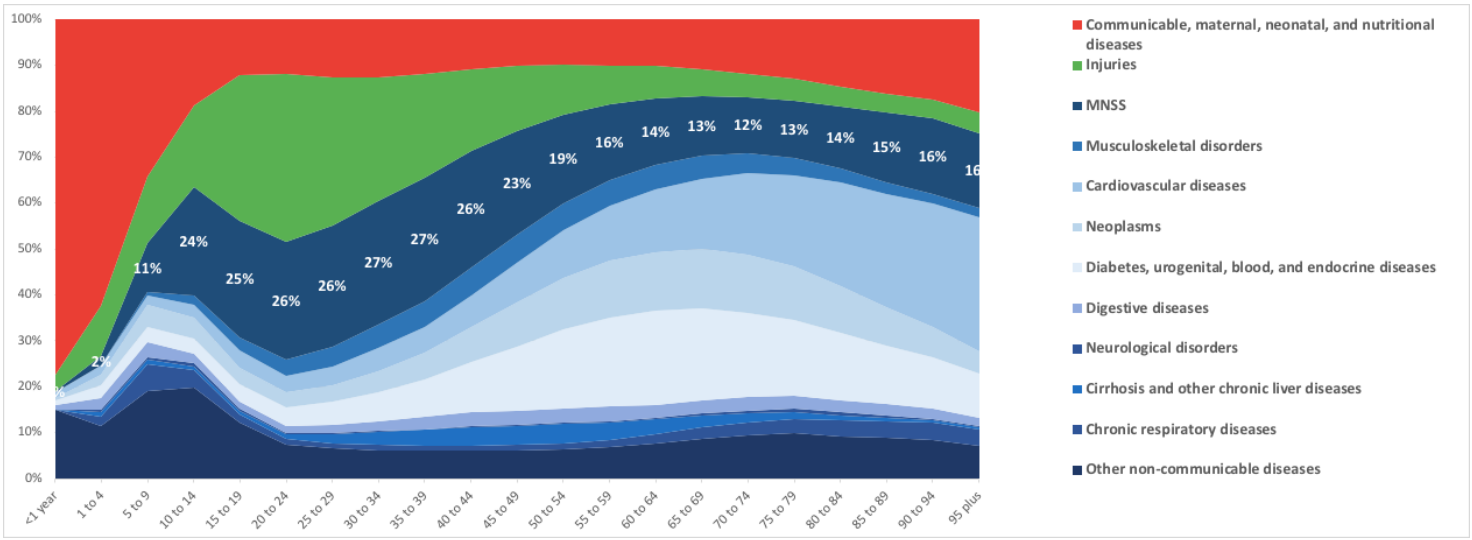
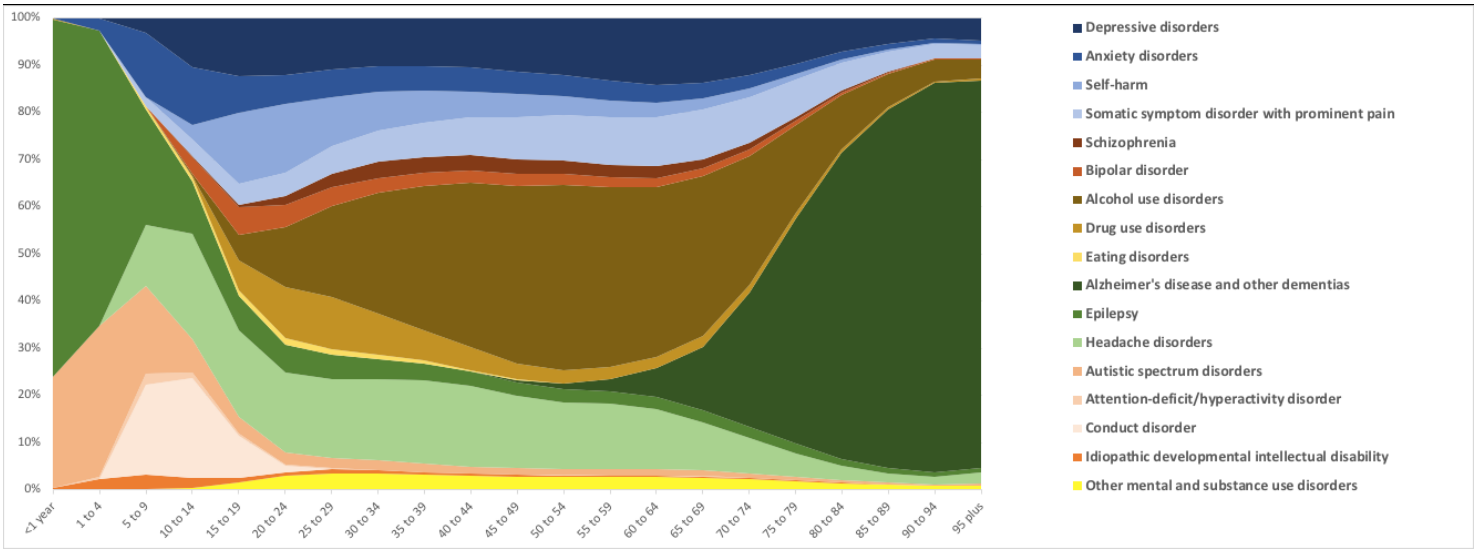


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 45 to 55% 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 and alcohol use disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	6409	MNSS (all)	4720
Alcohol use disorders	2353	Headache disorders	999
Self-harm and suicide	564	Depressive disorders	729
Headache disorders	546	Alcohol use disorders	584
Alzheimer's disease and other dementias	495	Alzheimer's disease and other dementias	485
Depressive disorders	466	Somatic symptom disorder with prominent pain	449

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.