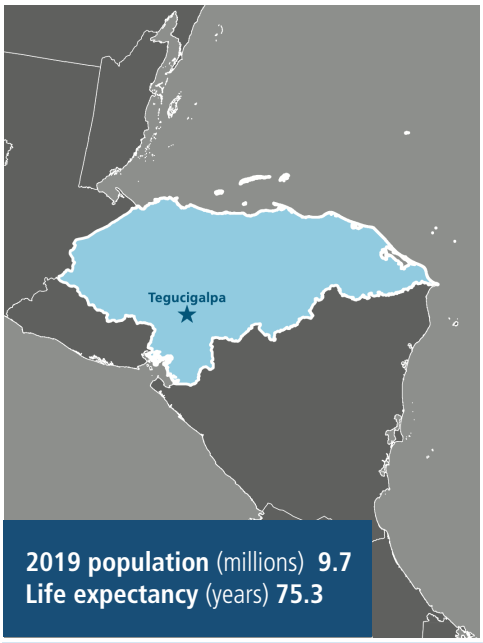
HONDURAS

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



2019 population (millions) **9.7**
Life expectancy (years) **75.3**

Honduras is located in Central America and borders El Salvador, Nicaragua, Guatemala, and the Atlantic and Pacific Oceans. It is divided politically into 18 departments and 298 municipalities. Indigenous and Afro-descendant people make up 8.6% of its population, with nine indigenous groups present in the country.

The estimated population in 2019 was 9.7 million.
In 1990, the population pyramid had an expansive structure, but since then, it has displayed a regressive trend, with a decline in the percentage of the population under 20. This reflects the lower fertility and mortality rates of the past two decades.
Life expectancy at birth was 75.3 in 2019.
Per capita gross domestic product (GDP) was US$ 2,495 in 2015.

Honduras is transitioning from a mainly agricultural to an industrial economy, with industry already representing 20% of GDP.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 15% of all disability- adjusted life years (DALYs) and 35% of all years lived with disability (YLDs).

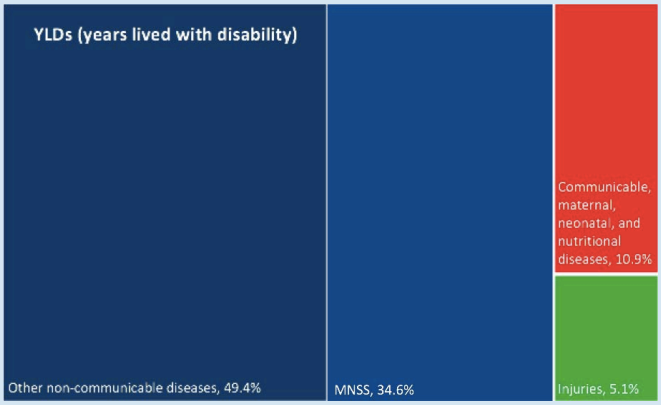


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

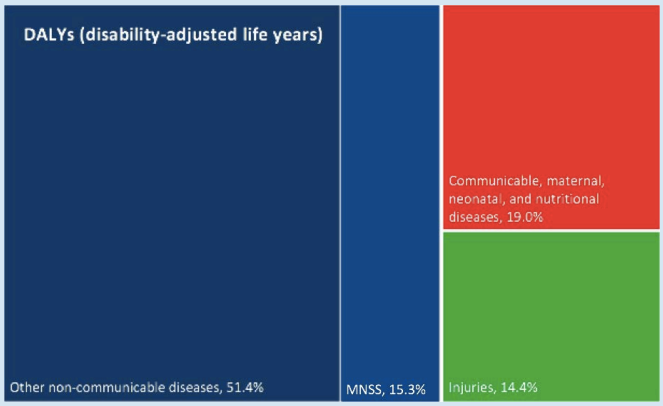


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 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 (64%) and autism (31%). 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: common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for 34%, substance use disorders for 21% (16% due to alcohol), headaches 21%, and severe mental disorders (schizophrenia and bipolar disorders) 8%. 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 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

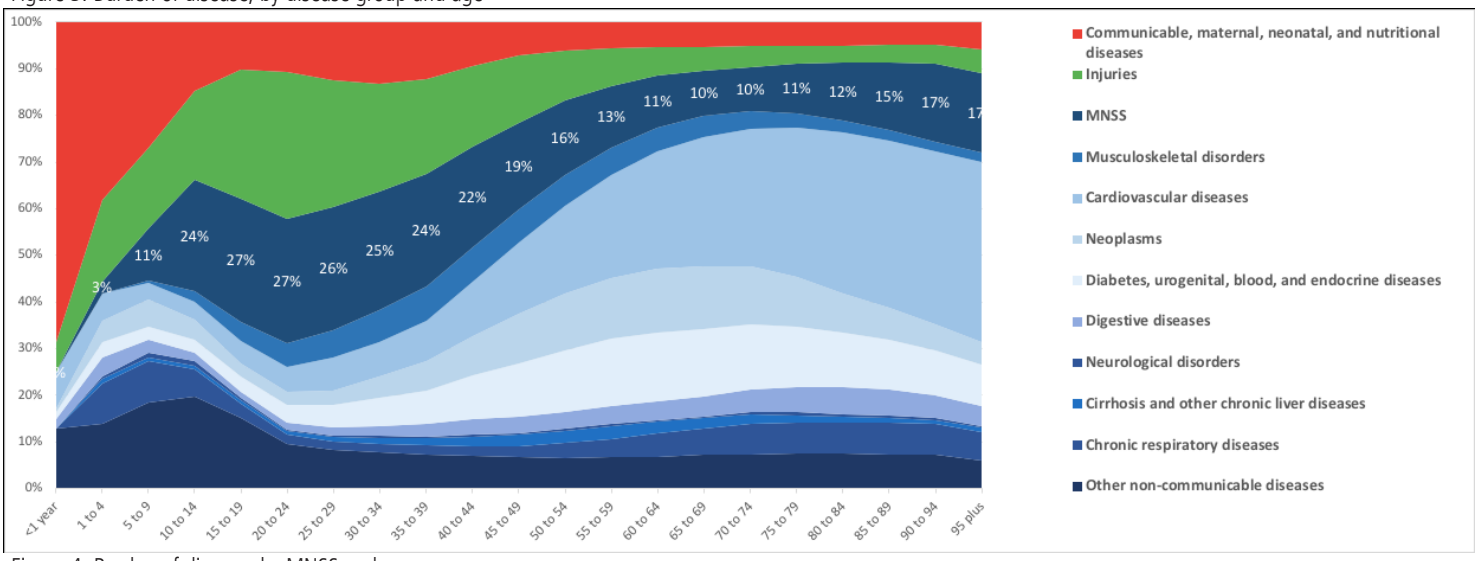
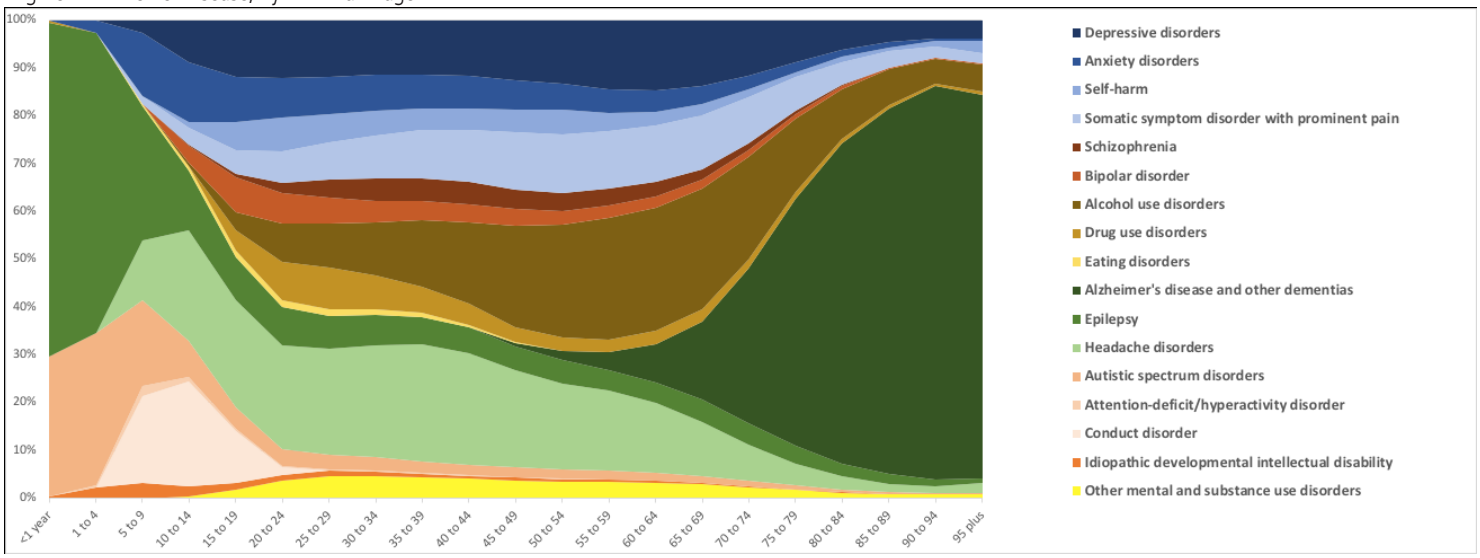


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 50% of total MNSS burden- are not the same for men and women: While men are mostly affected by alcohol use disorders, headaches, and Alzheimer's disease and other dementias, 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)	4487	MNSS (all)	4547
Alcohol use disorders	932	Headache disorders	1002
Headache disorders	549	Depressive disorders	620
Alzheimer's disease and other dementias	499	Alzheimer's disease and other dementias	596
Depressive disorders	395	Somatic symptom disorder with prominent pain	443
Somatic symptom disorder with prominent pain	343	Alcohol use disorders	423

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.