VENEZUELA (BOLIVARIAN REPUBLIC OF)

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (millions) **28.5**
Life expectancy (years) **72.1**

Venezuela is a federal republic located in the northern part of South America, consisting of a capital district, 23 states, 335 municipalities, and 1,091 parishes. It also includes federal dependencies that comprise 311 islands, islets, and keys. It has a land area of 912,446 km^2, with great climate diversity due to its geography.
The estimated population in 2019 was 28.5 million, 88.8% of which was concentrated in urban areas; 2.7% of Venezuelans belonged to indigenous groups. In 2019, the life expectancy at birth was 72.1 years (76 years in women and 68.3 years in men).
Since the 1990s, the population pyramid has shifted from an expansive structure to a more stationary structure (especially in relation to the population under 25), as a result of the decline in fertility and mortality over the past 25 years. Annual population growth was 1.7%, with a birth rate of 19.7 per 1,000 population.
The country's principal source of income is oil exports, which represent more than 85% of total revenues.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 17% of all disability- adjusted life years (DALYs) and 34% of all years lived with disability (YLDs).

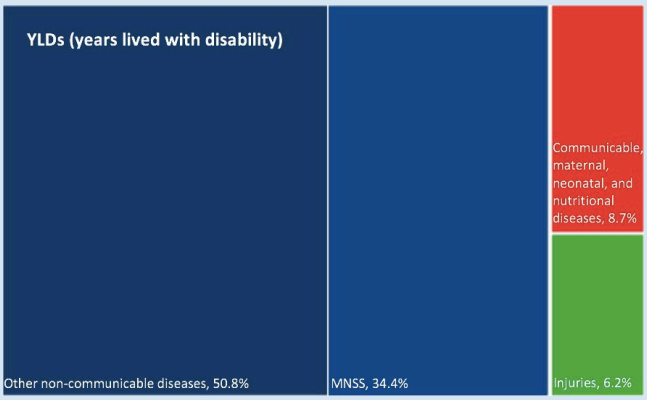

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

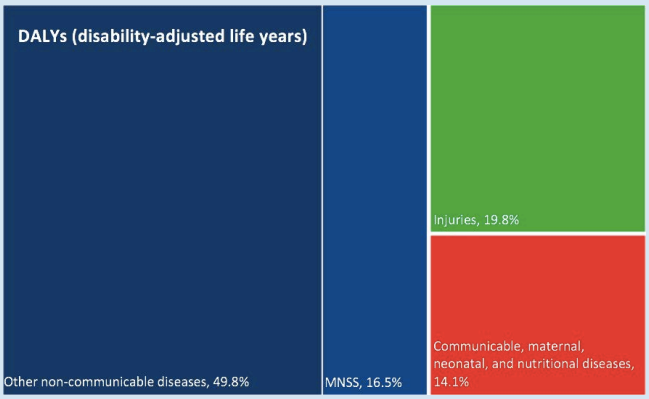

Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

THE BURDEN AFFECTING MENTAL HEALTH ACROSS THE LIFETIME

Fig. 3 shows the changes in disease burden across age-groups. NCDs (in shades of blue) reach 60% of the burden at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for around a quarter of the total burden between 10 and 40 years of age, the largest burden of all disease groups during this period with the exception of injuries, which reach 50% of the total burden at 20 years old. Fig. 4 focuses exclusively on the burden resulting from MNSS. Until the age of 5, the MNSS burden is mostly due to epilepsy (52%) and autism (44%). Between 5 and 15 years of age, the burden of conduct disorders (21%), 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 42% of the burden, headaches for 21%, substance use disorders 14% (10% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 8%. 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 70% after 80 years old.

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

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

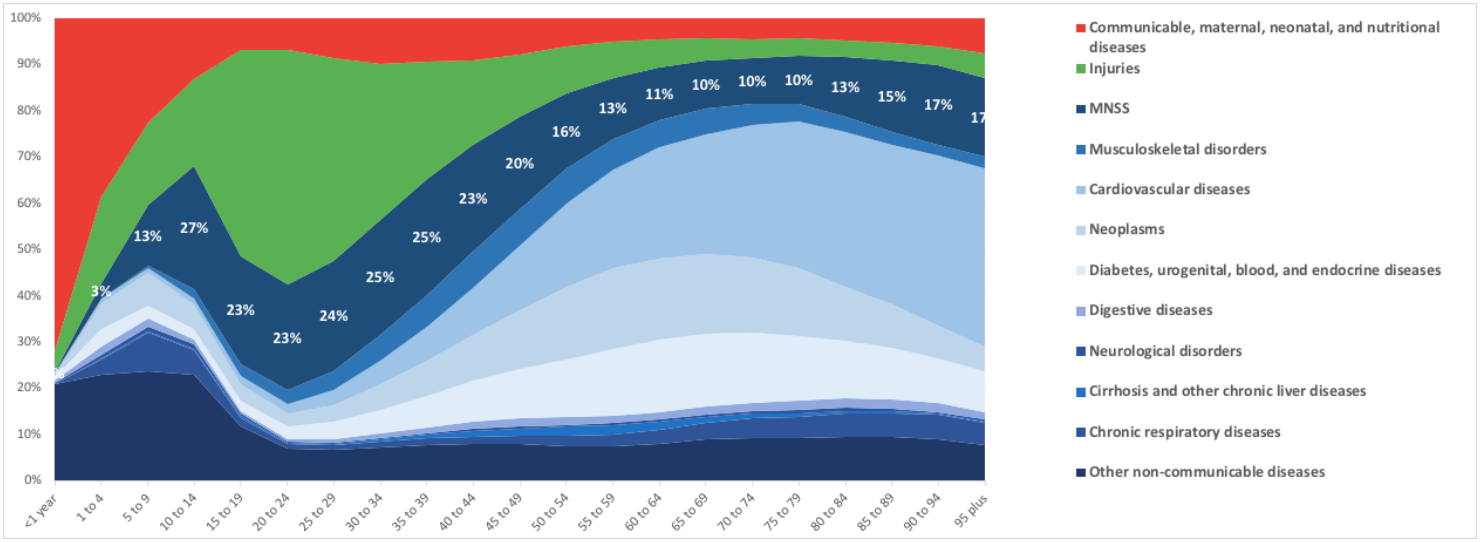
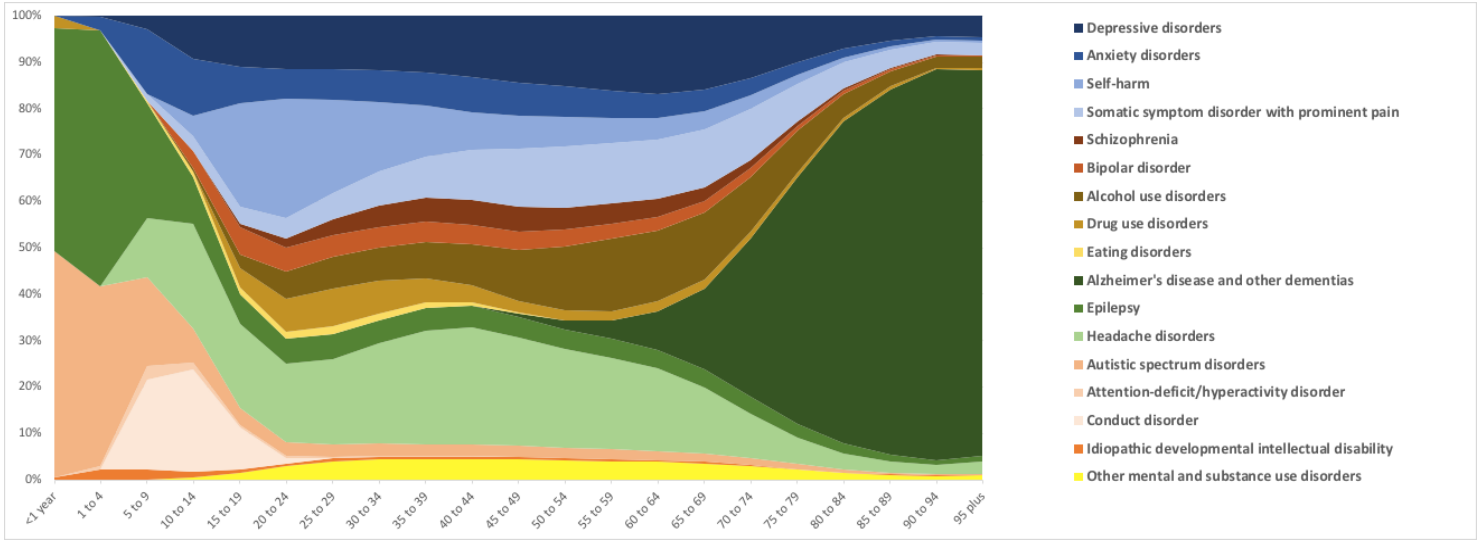


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 40 to 55% of total MNSS burden- are not the same for men and women: While men are mostly affected by self-harm and suicide, alcohol use disorders, 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)	4627	MNSS (all)	4009
Self-harm and suicide	835	Headache disorders	996
Alcohol use disorders	563	Depressive disorders	595
Headache disorders	547	Alzheimer's disease and other dementias	451
Alzheimer's disease and other dementias	465	Somatic symptom disorder with prominent pain	403
Depressive disorders	444	Anxiety disorders	345

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.