COLOMBIA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

Colombia is located in the northwest of South America, and borders Brazil, Ecuador, Panama, Peru, and Venezuela. It is divided into 32 departments, a capital district, 1,121 municipalities, and indigenous territories.

Population growth in the period 1990-2016 was 42.0%, during which time the population structure became regressive and older. By 2019, the population reached 50.3 million, with 79% living in urban areas. Life expectancy at birth is 77.3 years.

Also between 1990 and 2015, the basic health indicators reflected remarkable improvement overall.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 18% of all disability- adjusted life years (DALYs) and 35% of all years lived with disability (YLDs).

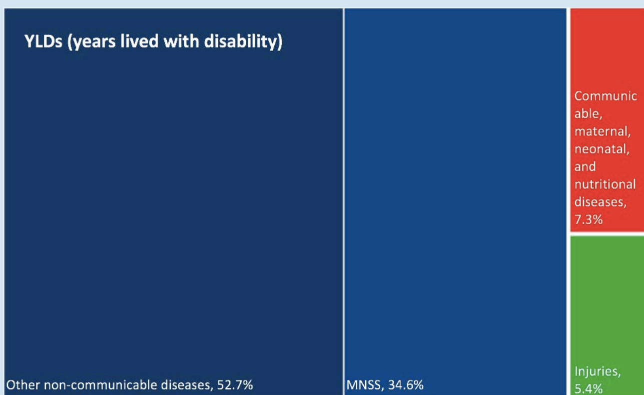


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

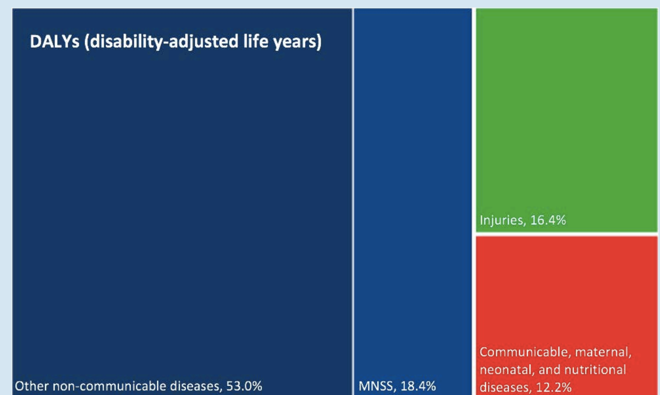


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 remain the largest burden throughout the lifetime. MNSS account for around a quarter of the total burden between 10 and 50 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 (60%) and autism (36%). Between 5 and 15 years old, the burden of conduct disorders (20%), headaches (18%) –including migraine and tension-type–, and anxiety disorders (12%) gain prominence. Self-harm and suicide reach 15% of the burden between 15 and 25 years old. After that a relatively stable pattern emerges: common disorders (anxiety, depression, self-harm and somatic symptom disorder) account for 38% of the burden, headache disorders for 25%, substance use disorders for 14% (8% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) for 9%. 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 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

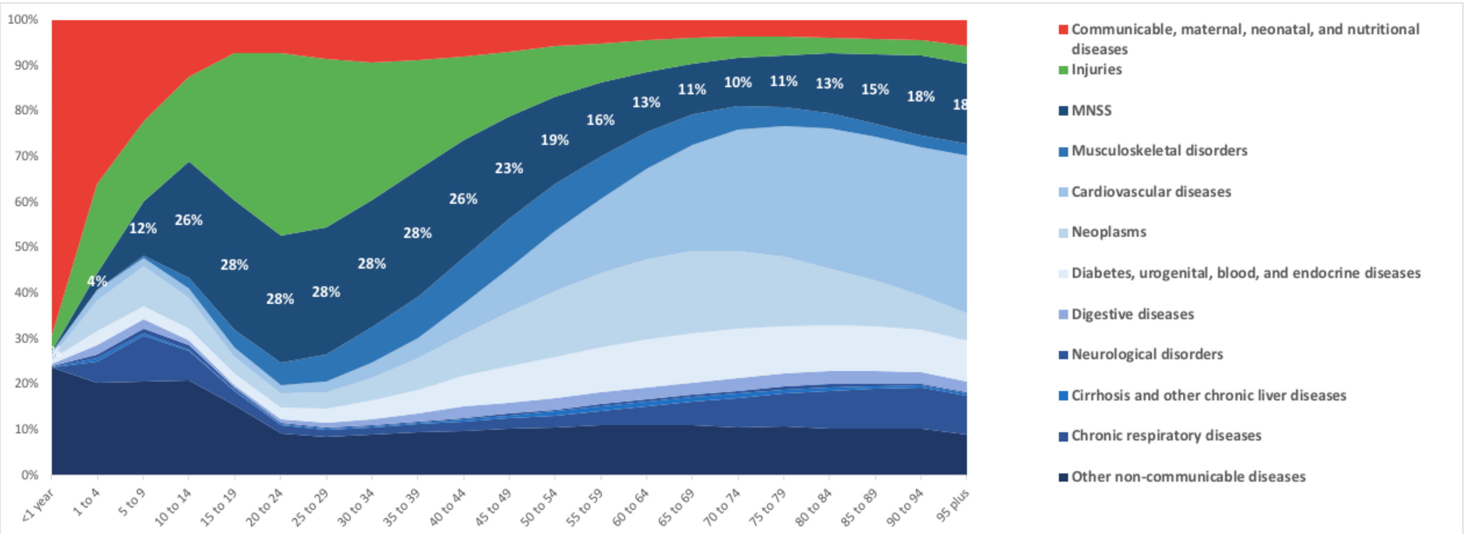
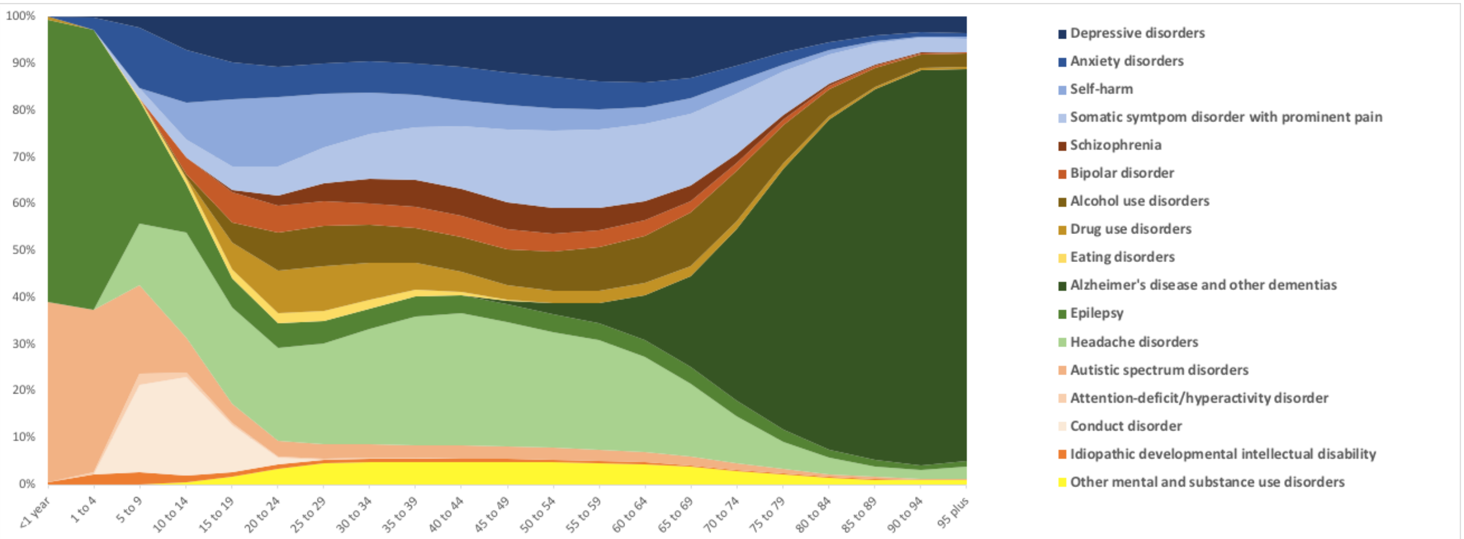


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 35 to 50% of total MNSS burden– are similar for men and women: They are both mostly affected by headaches and Alzheimer's disease. Also, men by self-harm and suicide, and women by somatic symptom disorder with prominent pain.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	3981	MNSS (all)	3916
Headache disorders	550	Headache disorders	1014
Alzheimer's disease and other dementias	480	Alzheimer's disease and other dementias	470
Self-harm and suicide	446	Somatic symptom disorder with prominent pain	458
Alcohol use disorders	394	Depressive disorders	433
Depressive disorders	354	Anxiety disorders	296

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.