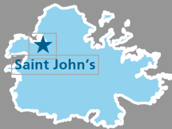
ANTIGUA & BARBUDA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (thousands) **97**
Life expectancy (years) **77**



Antigua and Barbuda is located in the Leeward Islands in the northern Caribbean. It is composed of three islands—Antigua, Barbuda, and Redonda (uninhabited)—and covers an area of 2 442.6 km^2.
A full 98% of the population lives in Antigua, including 60% in the Saint John Parish and 26% in the capital, Saint John's. Antigua and Barbuda is divided administratively into six regions (parishes) and two dependencies (Barbuda and Redonda).

In 2019, 9% of the population was over the age of 65 and 22% was under 15. Life expectancy at birth was 75.9 years in men and 78.1 years in women. The population is predominantly of African descent (90%).

The economy is dependent primarily on tourism, which contributes almost 60% of the gross domestic product (GDP), as well as on construction and financial services. In 2014, the human development index was 0.783.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 18% of all disability- adjusted life years (DALYs) and 33% of all years lived with disability (YLDs).

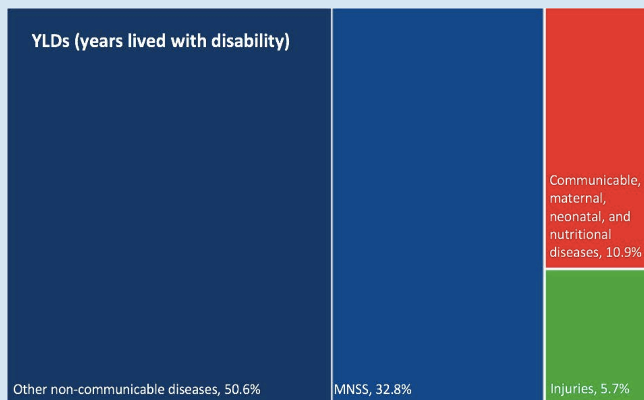


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

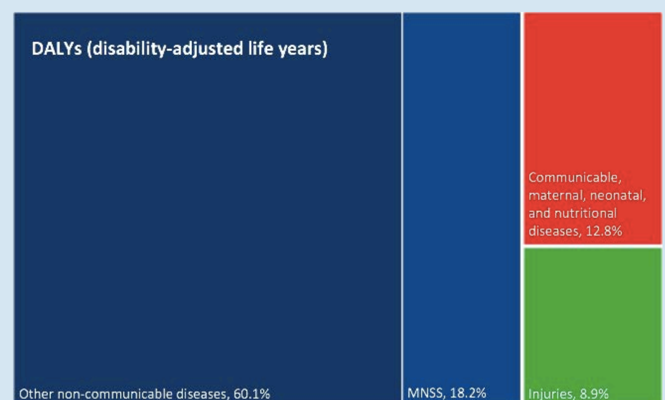


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 nearly a third of the total burden between 10 and 40 years of age, the largest burden of all disease groups 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 (59%) and autism (36%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches - including migraine and tension-type- gain prominence, with around 18% of the MNSS burden each. 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 36% of the burden, headaches for 22%, substance use disorders 19% (13% due to alcohol), and severe mental disorders (schizophrenia and bipolar disorders) 9%. 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

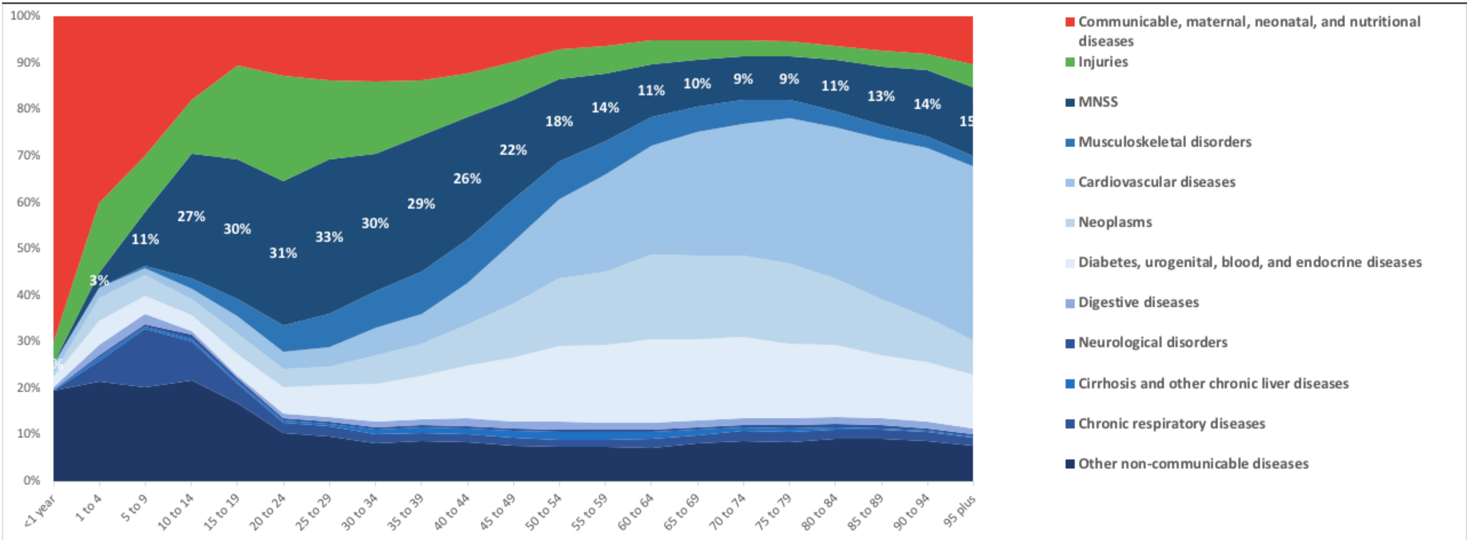
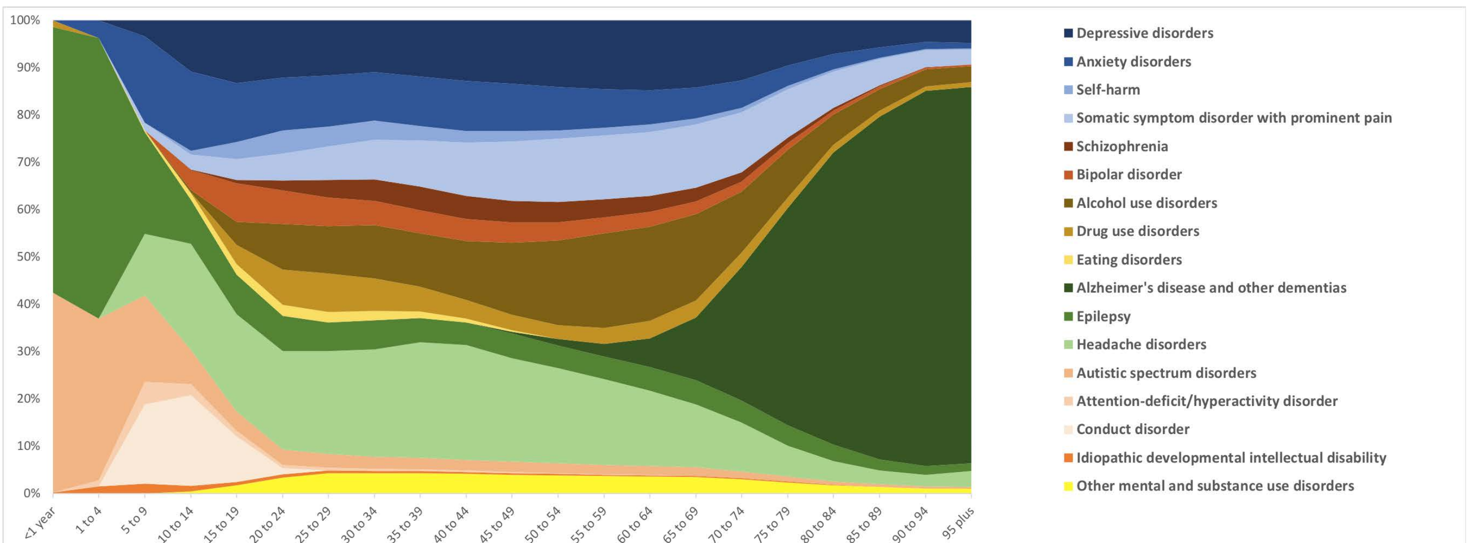


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 45 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 somatic symptom disorder with prominent pain, women are mostly affected by headaches, depressive and anxiety disorders.

Men		Women	
Disorder	**DALYs per 100 000**	**Disorder**	**DALYs per 100 000**
MNSS (all)	4290	MNSS (all)	4152
Alcohol use disorders	1007	Headache disorders	999
Headache disorders	555	Depressive disorders	635
Somatic symptom disorder with prominent pain	367	Anxiety disorders	504
Depressive disorders	362	Somatic symptom disorder with prominent pain	418
Alzheimer's disease and other dementias	360	Alzheimer's disease and other dementias	351

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.