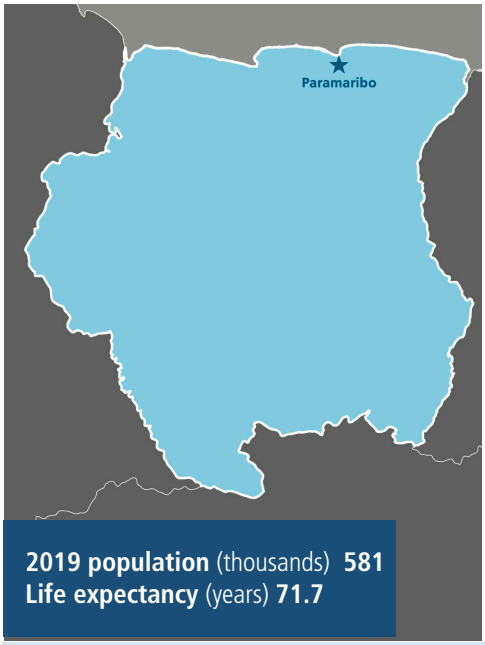
SURINAME

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE



2019 population (thousands) **581**
Life expectancy (years) **71.7**

The Republic of Suriname lies on the northeastern coast of South America and borders Guyana on the west, French Guiana on the east, and Brazil on the south. The country is divided into 10 administrative districts: the 2 urban districts of Paramaribo (the capital) and Wanica, 6 rural districts in the coastal area, and 2 districts in the interior. The urban districts occupy 0.5% of the country's territory and contain 70% of the population.

The population of Asian Indian ancestry is the largest ethnic group (27% of the population), followed by the Maroons (22%, of African descent), Creoles (16%), people of Javanese ancestry (14%), mestizos (13%), and Amerindians (4%).

The economy was stable in the period 2008-2012, with average annual growth of 4.1%. The principal drivers of the economy are the gold mining and oil sectors.

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).

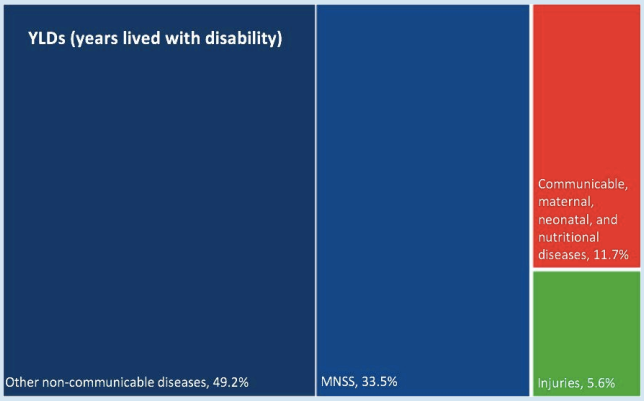


Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

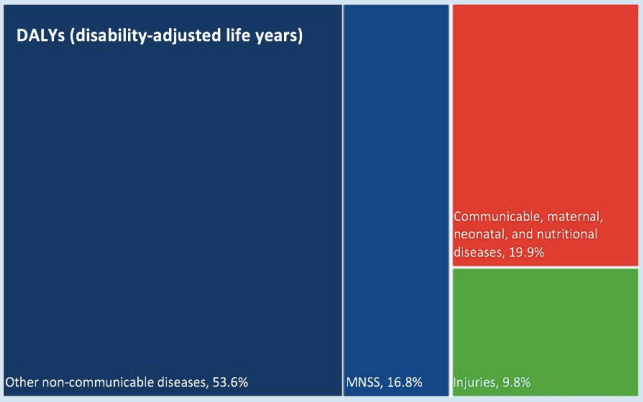


Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

THE BURDEN AFFECTING MENTAL HEALTH ACROSS THE LIFETIME

Fig. 3 shows the changes in disease burden across age-groups. NCDs (in shades of blue) surpass 50% of the burden at 5 years old, and will remain the largest burden throughout the lifetime. MNSS account for between a quarter and nearly 40% of the total burden between 10 and 45 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 (62%) and autism (32%). Between 5 and 15 years old, the burden of conduct disorders, anxiety disorders, and headaches –including migraine and tension-type- gain prominence, with around 15% 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 54% of the burden, headaches for 16%, substance use disorders 14% (10% due to alcohol) and severe mental disorders (schizophrenia and bipolar disorders) 6%. Of note, the burden of suicide is daunting, reaching a third of MNSS burden at 20 years old and remaining the highest mental burden by far during youth. The elderly suffer mostly from Alzheimer's disease, which surpasses 50% of the burden around 80 years old and remains the highest thereafter.

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

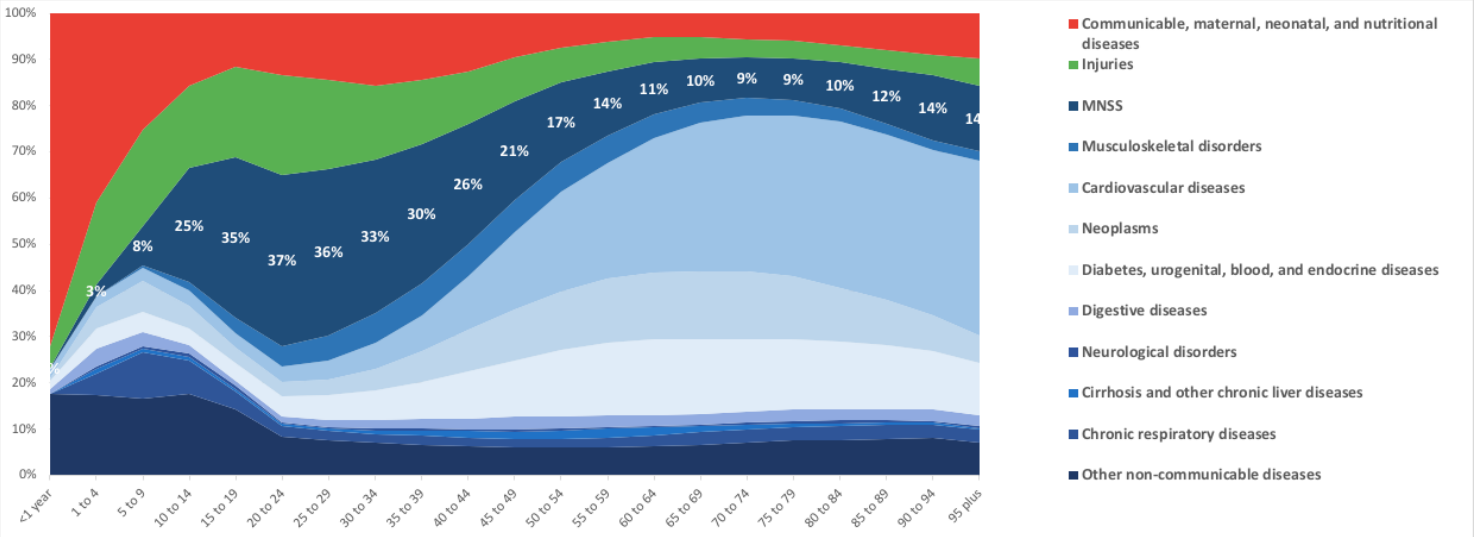
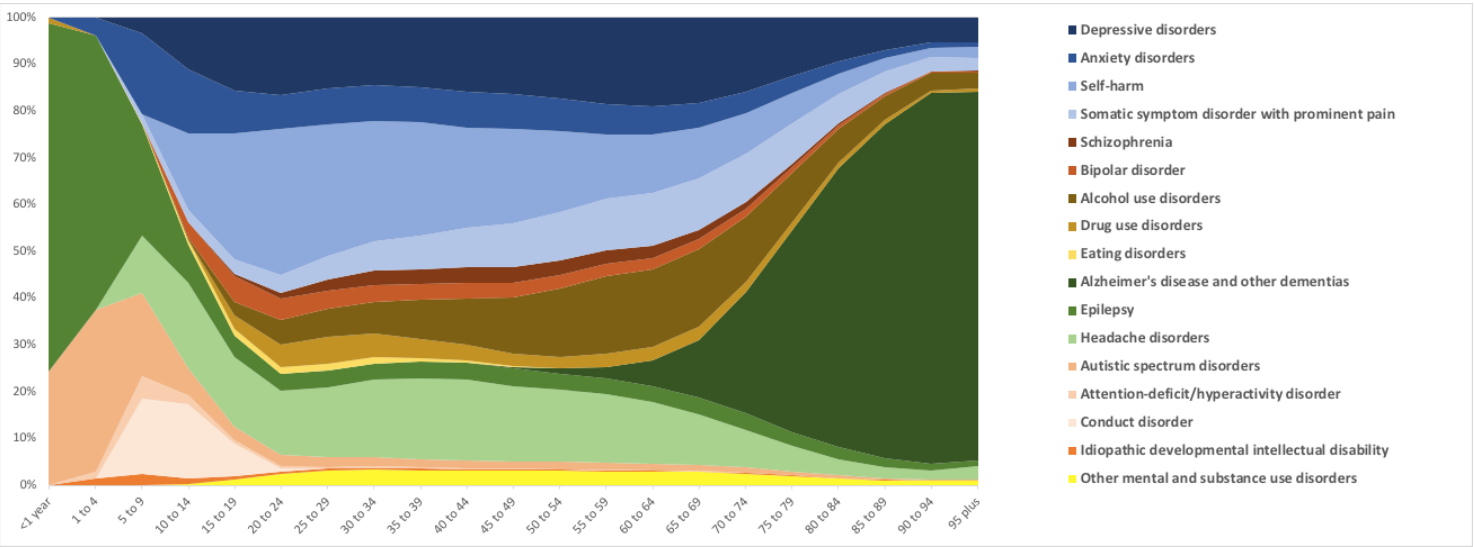


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 50% of total MNSS burden- are not the same for men and women: While men are mostly affected by suicide, alcohol use disorders, and depressive disorders, women are mostly affected by depressive disorders, headaches, and anxiety disorders.

Men		Women	
Disorder	DALYs per 100 000	Disorder	DALYs per 100 000
MNSS (all)	6011	MNSS (all)	5023
Self-harm and suicide	1655	Depressive disorders	1025
Alcohol use disorders	755	Headache disorders	993
Depressive disorders	650	Anxiety disorders	502
Headache disorders	552	Self-harm and suicide	490
Alzheimer's disease and other dementias	423	Somatic symptom disorder with prominent pain	428

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.