PANAMA

The Burden of Mental Disorders in the Americas:
COUNTRY PROFILE

2019 population (millions) **4.2**
Life expectancy (years) **78.5**

Panama is located in Central America, between the Pacific and Atlantic Oceans and the Caribbean Sea, and bordering Colombia and Costa Rica. It is politically and administratively divided into 10 provinces, 77 districts or municipalities, 5 indigenous regions, and 655 corregimientos.

Between 1990 and 2015, the population grew by 60%, reaching 4,2 million in 2019. The population pyramid has become less expansive, reflecting greater aging. The indigenous population is 12.3% of the total. In 2019, life expectancy at birth was 78.5 years nationwide (81.8 in women and 75.4 in men), and 70 years in indigenous regions.

Economic conditions are determined largely by airport activity and trade throughthe Panama Canal and the Colón Free Trade Zone.
Estimated gross domestic product (GDP) growth in 2016 was 6.2%, the highest in the Region of the Americas.

THE DISEASE BURDEN AFFECTING MENTAL HEALTH

Mental, neurological, substance use disorders and suicide (MNSS) cause 18% of all disability- adjusted life years (DALYs) and 34% of all years lived with disability (YLDs).

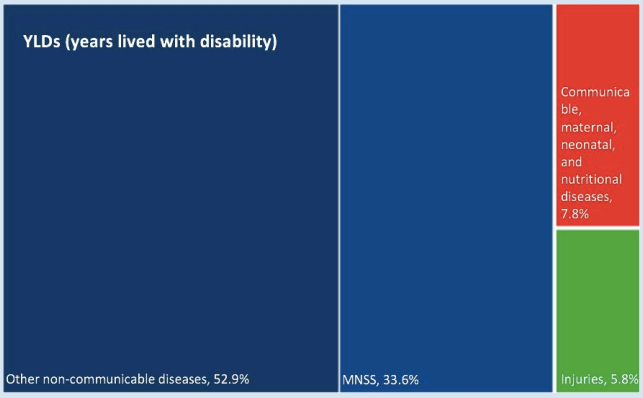

Figure 1. Distribution of YLDs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

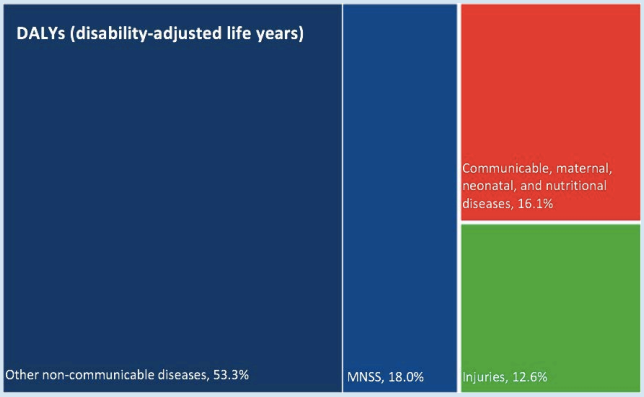

Figure 2. Distribution of DALYs with a focus on mental, neurological, substance use disorders and self harm (MNSS)

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 over a quarter 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 (51%) and autism (44%). Between 5 and 15 years old, the burden of conduct disorders (22%), headaches (18%) -including migraine and tension-type-, and anxiety disorders (14%) 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 40% of the burden, headaches for 23%, substance use disorders 14% (9% 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 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
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Figure 3. Burden of disease, by disease group and age

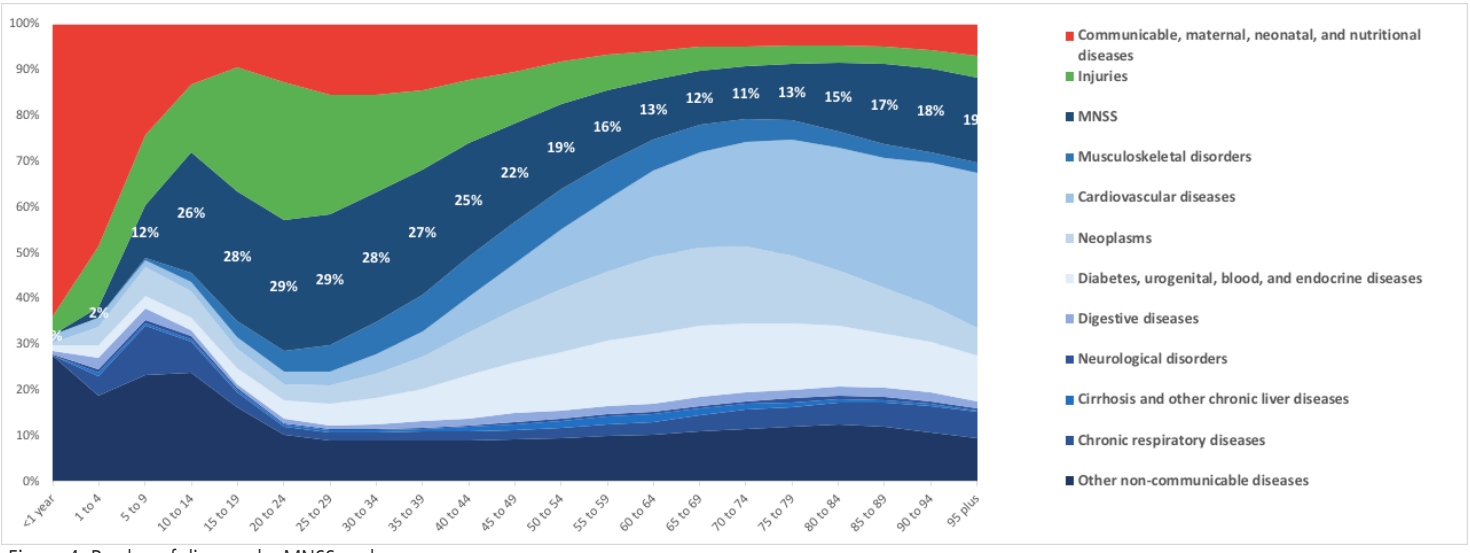
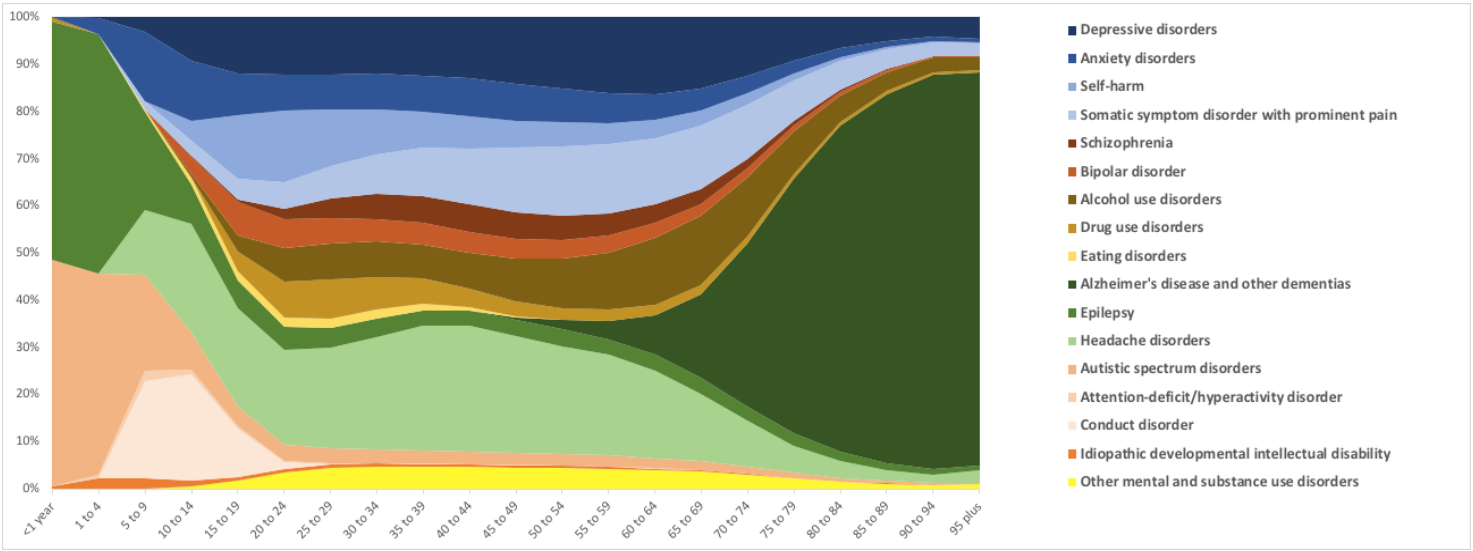


Figure 4. Burden of disease, by MNSS and age



THE BURDEN AFFECTING MENTAL HEALTH IN MEN AND WOMEN

The top three disorders in terms of disability-adjusted life-years –accounting for 35 to 50% of total MNSS burden– are similar for men and women: Men are mostly affected by headaches, suicide, and Alzheimer's disease and other dementias, while 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)	4055	MNSS (all)	3945
Headache disorders	547	Headache disorders	1001
Self-harm and suicide	477	Depressive disorders	570
Alzheimer's disease and other dementias	457	Alzheimer's disease and other dementias	446
Alcohol use disorders	452	Somatic symptom disorder with prominent pain	417
Depressive disorders	397	Anxiety disorders	344

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.