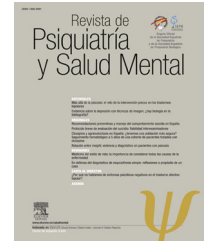




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ORIGINAL ARTICLE

The Spanish Burden of Disease 2010: Neurological, mental and substance use disorders[☆]



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KEYWORDS

Burden of disease;
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Disability-adjusted
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Spain

Abstract

Introduction: We used data from the Global Burden of Disease, Injuries, and Risk Factors Study 2010 to report on the burden of neuropsychiatric disorders in Spain.

Materials and methods: The summary measure of burden used in the study was the disability-adjusted life-year (DALY), which sums of the years of life lost due to premature mortality (YLLs) and the years lived with disability (YLDs). DALYs were adjusted for comorbidity and estimated with 95% uncertainty intervals.

Results: The burden of neuropsychiatric disorders accounted for 18.4% of total all-cause DALYs generated in Spain for 2010. Within this group, the top five leading causes of DALYs were: depressive disorders, Alzheimer's disease, migraine, substance-use disorders, and anxiety disorder, which accounted for 70.9% of all DALYs due to neuropsychiatric disorders. Neurological disorders represented 5.03% of total all cause YLLs, whereas mental and substance-use disorders accounted for 0.8%. Mental and substance-use disorders accounted for 22.4% of total YLDs, with depression being the most disabling disorder. Neurological disorders represented 8.3% of total YLDs.

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PALABRAS CLAVE

Carga de la enfermedad;
Enfermedades neurológicas;
Enfermedades mentales;
Enfermedades por consumo de sustancias;
Años de vida ajustados por discapacidad;
España

Conclusions: Neuropsychiatric disorders were one of the leading causes of disability in 2010. This finding contributes to our understanding of the burden of neuropsychiatric disorders in the Spanish population and highlights the importance of prioritising neuropsychiatric disorders in the Spanish public health system.

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La carga de la enfermedad en España 2010: trastornos neurológicos, mentales y re: trastornos neurológicos, mentales y relacionados con el consumo de sustancias

Resumen

Introducción: Se analizaron los datos españoles relacionados con los trastornos neurológicos, mentales y por consumo de sustancias procedentes del estudio Global Burden of Diseases (GBD 2010), Injuries and Risk Factors.

Materiales y métodos: Se calcularon los años de vida ajustados por discapacidad (AVAD), que son el resultado de la combinación de los años de vida perdidos por mortalidad prematura (AVP) y los años vividos con discapacidad (AVD). Los AVAD se ajustaron por comorbilidad y se estimaron con intervalos de confianza del 95%.

Resultados: La carga de los trastornos neuropsiquiátricos supuso el 18,4% del total de AVAD generados en España en 2010. Dentro de este grupo, las 5 causas principales de AVAD fueron: depresión, enfermedad de Alzheimer, migrañas, trastornos por consumo de sustancias y trastornos de ansiedad, que representaron el 70,9% del total de los trastornos neuropsiquiátricos. Los trastornos neurológicos supusieron el 5,03% del total de AVP, mientras que los trastornos mentales y por consumo de sustancias representaron el 0,8%. Los trastornos mentales y por consumo de sustancias constituyeron el 22,4% del total de AVD, siendo la depresión la enfermedad más incapacitante. Por otra parte, los trastornos neurológicos sumaron el 8,3% del total de AVD.

Conclusiones: Los trastornos neuropsiquiátricos fueron en España una de las principales causas de discapacidad en 2010. Este estudio contribuye al entendimiento de la carga que suponen dichos trastornos en la población española y pone de manifiesto la necesidad de dar prioridad a los trastornos neuropsiquiátricos en la sanidad pública española.

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Introduction

The Global Burden of Disease, Injuries, and Risk Factors Study (the GBD study), led by Murray and Lopez, was initially conducted in 1990.¹ This study was the first large-scale, systematic effort to provide a comparable assessment of health loss due to diseases and injuries at both global and regional levels. In the GBD framework, the summary measure of disease burden is the disability-adjusted life-year (DALYs), which sums years of life lost due to premature mortality (YLLs) and years lived with disability (YLDs) due to a particular disease.² One DALY represents the loss of 1 year of full health. By combining YLLs and YLDs, DALYs facilitated the comparison of the burden of diseases and injuries that cause early death as well as those that cause disability, an approach that was ground-breaking in that it was able for the first time to highlight neuropsychiatric disorders (a disease category including neurological, mental and substance-use disorders) as leading causes of disease burden.

Notable key findings emerging from the 1990 study were that neuropsychiatric disorders accounted for more than 25% of global YLDs with 5 of the top 10 causes of disability included within the neuropsychiatric category (unipolar major depression, alcohol use, bipolar disorder,

schizophrenia and obsessive-compulsive disorders). Depression was the leading cause of YLDs while dementia was associated with high rates of both YLDs and YLLs.³⁻⁶

Investigations of prevalence within Europe also highlight mental and neurological disorders as a highly impacting group of disorders.⁷⁻¹⁰ For instance, in Spain, data from the ESeMed study reported a lifetime prevalence of mental disorders of 19.5%.⁷ According to the National Institute of Statistics,¹¹ neurological disorders were the fourth leading cause of death in Spain for 2012. Murray and colleagues estimated that, in 2020, the overall proportion of neuropsychiatric disorders will be 14.7% worldwide.⁴ Similarly, the World Health Organisation estimated an increase of 15%,¹² although in both instances, estimates were derived using data projections from previous years.

In 2007, a new Global Burden of Disease study (GBD 2010) was carried out and published in late 2012. Remarkable improvements in methodology were introduced to overcome limitations from the previous 1990 study, such as the use of population-based surveys to calculate disability weights which had been previously derived from expert consensus and the estimation of 95% uncertainty around all burden estimates.¹³ GBD 2010 also expanded on the set of neuropsychiatric disorders investigated. New

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