WEEKLY EPIDEMIOLOGICAL REPORT

A publication of the Epidemiology Unit
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Vol. 44 No. 15 **08th– 14th April 2017**

WER SRI LANKA 2017

Depression and other common Mental health disorders

Reliable, up-to-date estimates of the proportion of a general population affected by different diseases or health conditions is an important ingredient of effective health policy planning and evaluation. Epidemiological studies of the prevalence and incidence of a range of psychiatric disorders have now been undertaken in a wide range of low-, middle- and high-income countries. This has contributed greatly to a better understanding of how common these disorders are across the world.

Common mental disorders refer to two main diagnostic categories: depressive disorders and anxiety disorders;

Definitions

Depressive disorders are characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness, and poor concentration.

Depression can be long-lasting or recurrent, substantially impairing an individual's ability to function at work or school or cope with daily life. At its most severe, depression can lead to suicide. Depressive disorders include two main sub-categories:

- *major depressive disorder / depressive episode* which involves symptoms such as depressed mood, loss of interest and enjoyment, and decreased energy; depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe.
- d*ysthymia*, is a persistent or chronic form of mild depression; the symptoms are similar to depressive episode, but tend to be less intense and last longer.

A further important distinction concerns depression in people with or without a history of manic episodes. Bipolar affective disorder typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated mood and increased energy, resulting in over-activity, pressure of speech and decreased need for sleep.

The exact cause of depression is unknown. It may be caused by a combination of genetic, biological, environmental, and psychological factors. Everyone is different, but the following factors may increase a person's chances of becoming depressed: Having blood relatives who have had depression/ Experiencing traumatic or stressful events, such as physical or sexual abuse, the death of a loved one, or financial problems/Going through a major life change, even if it was planned/Having a medical problem, such as cancer, stroke, or chronic pain/ Taking certain medications or using alcohol or drugs. Treatment can include getting psychotherapy and/or taking medications.

Anxiety disorders refer to a group of mental disorders characterized by feelings of anxiety and fear,

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including generalized anxiety disorder (GAD), panic disorder, phobias, social anxiety disorder, obsessive-compulsive disorder (OCD) and post-traumatic stress disorder (PTSD).

Anxiety disorders are characterized by excessive and unrealistic worry about everyday tasks or events, or may be specific to certain objects or rituals. Simple phobias involve excessive anxiety evoked by specific objects (e.g., marked fear of snakes). As its name implies, social phobias are fears of interacting with others, particularly in large groups. In obsessive-compulsive disorder (OCD), the individual experiences an obsession – an intrusive and recurrent thought, idea, sensation or feeling – coupled with a compulsion – a behavior that is recurrent and ritualized, such as checking, avoiding, or counting. In addition to being helped by pharmaco-therapies, anxiety disorders are often addressed by exposure (to the object or event obsessed over) and response prevention –not permitting the compulsive behavior, to help the individual learn that it is not needed.

Thus as with depression, symptoms can range from mild to severe. The duration of symptoms typically experienced by people with anxiety disorders makes it more a chronic than episodic disorder.

Global and regional estimates of prevalence of Depression

The proportion of the global population with depression in 2015 is estimated to be 4.4%.

Depression is more common among females (5.1%) than males (3.6%). The estimated total cases in Sri Lanka is 802,321 and 4.1% of total population. Prevalence rates vary by age, peaking in older adulthood (above 7.5% among females aged 55-74 years, and above 5.5% among males). Depression also occurs in children and adolescents below the age of 15 years, but at a lower level than older age groups.

Global and regional estimates of prevalence Anxiety disorders

The proportion of the global population with anxiety disorders in 2015 is estimated to be 3.6%. As with depression, anxiety disorders are more common among females than males

(4.6% compared to 2.6% at the global level). The estimated total cases in Sri Lanka is 669,259 and 3.4% of total population. Prevalence rates do not vary substantially between age groups, although there is an observable trend towards lower prevalence among older age groups.

Global and regional estimates of health loss

Common mental disorders lead to considerable losses in health and functioning. These losses can be quantified at the population level by multiplying the prevalence of these disorders by the average level of disability associated with them, to give estimates of Years Lived with Disability (YLD)

YLDs are added to Years of Life Lost (YLL) to compute Disability-Adjusted Life Years (DALYs), which are the key metric used to assess the Global Burden of Disease (GBD). In the case of depression and anxiety disorders, no YLL are attributed directly to these disorders in the GBD analyses, thus estimates of YLD also represent the total estimated DALYs for these conditions. Depression, however, is a major contributor to suicide (categorized in GBD analyses as intentional injuries).

Depressive disorders led to a global total of over 50 million Years Lived with Disability (YLD) in 2015. More than 80% of this non-fatal disease burden occurred in low- and middle-income countries. Globally, depressive disorders are ranked as the single largest contributor to non-fatal health loss (7.5% of all YLD). In Sri Lanka total years lived with disability due to depressive disorders 133,964 (6.9% of YLD).

The proportion of the global population with anxiety disorders in 2015 is estimated to be 3.6%. Anxiety disorders are ranked as the sixth largest contributor to non-fatal health loss globally and appear in the top 10 causes of YLD in all WHO regions. In Sri Lanka total years lived with disability due to anxiety disorders is 61,893 (3.2% of YLD).

Suicide

In the year 2015, it is estimated that 788 000 people died due to suicide; many more than this number attempted (but did not die by) suicide. Suicide accounted for close to 1.5% of all deaths worldwide, bringing it into the top 20 leading causes of death in 2015. Suicide occurs throughout the lifespan and was the second leading cause of death among 15-29 year olds globally in 2015.

Compiled by ; Dr. Shilanthi Seneviratne ,Epidemiology Unit,Ministry of Health

Source; Depression and other common Mental health Disorders. Global health estimates. World Health Organization. 2017.

Mental Health Conditions: Depression and Anxiety. Center for Disease Control and Prevention

Table 1: Selected notifiable diseases reported by Medical Officers of Health 01st – 07th April 2017 (14th Week)

RDHS Division	Dengue Fever		Dysentery		Encephalitis		Enteric Fever		Food Poisoning		Leptospirosis		Typhus Fever		Viral Hepatitis		Human Rabies		Chickenpox		Meningitis		Leishmani-asis		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	664	7765	0	31	0	1	0	11	0	5	1	23	0	1	0	5	0	0	0	111	0	12	0	1	**13**	**81**
Gampaha	419	5011	0	15	0	10	0	11	0	8	0	23	0	5	0	6	0	1	0	85	0	15	0	4	**0**	**33**
Kalutara	186	2051	0	19	0	2	0	3	0	18	0	71	0	2	0	1	0	0	3	189	0	33	0	0	**21**	**100**
Kandy	66	891	2	31	0	3	0	1	0	0	0	17	0	51	0	6	0	1	3	105	0	14	0	3	**22**	**87**
Matale	25	402	0	8	0	0	0	0	0	0	0	18	0	1	0	4	0	0	0	14	0	24	0	2	**31**	**92**
NuwaraEliya	3	127	0	8	0	1	0	7	0	0	0	11	2	50	0	4	0	0	0	51	0	18	0	0	**23**	**85**
Galle	51	1914	0	16	0	5	0	5	0	9	2	66	0	20	0	0	0	0	2	112	0	17	0	0	**20**	**65**
Hambantota	76	941	0	14	0	3	0	5	0	15	0	15	0	22	0	5	0	1	2	80	0	10	3	124	**25**	**92**
Matara	76	1226	0	15	0	5	0	0	0	2	2	26	0	11	0	3	0	1	1	64	0	2	0	38	**29**	**94**
Jaffna	146	2112	1	84	0	6	0	15	0	28	0	18	1	320	0	4	0	0	0	104	1	19	0	0	**14**	**100**
Kilinochchi	14	188	0	6	0	0	0	3	0	0	0	2	0	9	0	2	0	0	0	0	0	0	0	3	**25**	**75**
Mannar	43	346	0	4	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	4	0	0	0	0	**0**	**80**
Vavuniya	29	306	0	7	0	0	0	12	0	2	0	12	0	3	0	1	0	0	0	15	0	0	0	6	**0**	**100**
Mullaitivu	8	98	0	2	0	0	0	3	0	0	0	7	0	3	0	0	1	1	0	1	0	5	0	1	**20**	**60**
Batticaloa	197	1707	0	45	0	8	0	9	0	5	0	8	0	0	0	4	0	0	0	67	0	13	0	1	**0**	**86**
Ampara	20	181	0	8	0	1	0	1	0	0	0	6	0	1	0	2	0	0	0	61	0	9	0	2	**0**	**57**
Trincomalee	404	3566	0	4	0	1	0	3	0	1	0	7	0	7	0	7	0	0	0	50	0	10	0	1	**0**	**77**
Kurunegala	129	1418	0	23	0	0	0	0	0	2	0	33	0	18	0	5	0	0	0	209	0	16	0	42	**7**	**97**
Puttalam	50	590	0	17	0	1	0	1	0	0	0	4	0	10	0	1	0	0	0	70	0	13	0	1	**0**	**71**
Anuradhapur	44	612	0	14	0	1	0	1	0	3	0	24	0	9	0	7	0	0	1	124	0	20	0	98	**5**	**58**
Polonnaruwa	31	1217	0	7	0	4	0	5	0	0	0	13	0	3	0	1	0	0	0	81	0	6	0	44	**0**	**86**
Badulla	21	237	0	33	0	4	0	4	0	1	0	19	0	15	0	14	0	1	0	91	0	56	0	6	**6**	**88**
Monaragala	42	537	0	14	0	3	0	0	0	2	0	36	0	52	0	11	0	0	0	31	0	20	0	4	**0**	**100**
Ratnapura	34	340	0	66	0	40	0	4	0	3	0	130	0	14	0	23	0	0	0	127	0	66	0	0	**0**	**72**
Kegalle	99	1405	0	16	0	4	0	2	0	14	0	16	0	28	0	5	0	0	0	88	0	26	0	4	**9**	**91**
Kalmune	80	897	0	18	0	4	0	1	0	5	0	3	0	0	0	0	0	0	0	84	0	4	0	0	**0**	**69**
SRILANKA	**2971**	**36145**	**3**	**525**	**0**	**107**	**0**	**108**	**0**	**123**	**5**	**608**	**3**	**657**	**0**	**121**	**1**	**6**	**12**	**2018**	**1**	**428**	**3**	**385**	**11**	**81**

Source: Weekly Returns of Communicable Diseases (WRCD).

*T=Timeliness refers to returns received on or before 07th April , 2017 Total number of reporting units 337 Number of reporting units data provided for the current week: 282 C**-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

01st – 07th April 2017 (14th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2017	Number of cases during same week in 2016	Total number of cases to date in 2017	Total number of cases to date in 2016	Difference between the number of cases to date in 2017 & 2016
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	00	00	00	00	00	00	00	00	00	00	26	16	100%
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Mumps	01	00	00	00	00	00	00	00	00	01	08	84	119	- 29.4%
Measles	00	00	00	00	00	00	01	00	00	01	05	95	210	- 54.7%
Rubella	00	00	00	00	00	00	00	00	00	00	00	05	05	0%
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Tetanus	00	00	00	00	00	00	00	00	00	00	00	06	02	66.6%
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0%
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	21	00	0%
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	04	22	- 81.8%
Tuberculosis	97	20	04	15	13	22	12	08	00	191	114	2135	2388	- 10.6%

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS** =Congenital Rubella Syndrome

Dengue Prevention and Control Health Messages

Look for plants such as bamboo, bohemia, rampe and banana in your surroundings and maintain them

PRINTING OF THIS PUBLICATION IS FUNDED BY THE WORLD HEALTH ORGANIZATION (WHO).

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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