

Encuesta Nacional de Epidemiología Psiquiátrica en Adultos-México

El estudio forma parte de una iniciativa internacional coordinada por la Organización Mundial de la Salud 2000 que pretende evaluar la situación de la patología mental en países con diferente nivel de desarrollo, determinar las necesidades de atención a la salud y orientar la política en esta materia. Se trata de una encuesta de hogares llevada a cabo en población urbana entre 18 y 65 años. Las tres metas más importantes fueron: i) Estimar la prevalencia de los desordenes mentales incluyendo las adicciones y la discapacidad con la que se asocian en la población total y por regiones del país y por grupos sociales; ii) Estudiar la historia natural de los padecimientos mentales, iii) conocer el índice de uso de servicios y las barreras para la atención iv) Desarrollar y probar hipótesis acerca de los factores antecedentes y el curso de los trastornos. Se utilizó la versión computarizada de la entrevista psiquiátrica WHO CIDI 2 y el WHO-DAS II para medir discapacidad. La población objetivo fueron los residentes permanentes en hogares ubicados en las zonas urbanas del país (población de 2,500 habitantes y más), de 18 a 65 años. Las zonas urbanas se estratificaron en 6 estratos: a) Áreas metropolitanas auto representadas: Ciudad de México (AMCM), Guadalajara (AMG) y Monterrey (AMM). b) Noroeste. Incluye los estados de Baja California, Baja California Sur, Nayarit, Sinaloa y Sonora. c) Norte. Incluye los estados de Coahuila, Chihuahua, Durango, Nuevo León (excluyendo AMM), San Luis Potosí, Tamaulipas y Zacatecas. d) Oeste Centro. Aguascalientes, Jalisco (excluyendo AMG), Colima, Guanajuato y Michoacán. e) Centro Este Guerrero, Morelos, Estado de México (excluyendo los municipios conurbados parte de AMCM), Querétaro, Hidalgo, Tlaxcala y Puebla. f) Sureste. Veracruz, Oaxaca, Tabasco, Chiapas, Campeche, Yucatán y Quintana Roo. Se recolectaron un total de 5,826 entrevistas.

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| Total: 169 | | | | | | | | | | | | | | |
|-------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| Año | 2016 | 2015 | 2014 | 2013 | 2012 | 2011 | 2010 | 2009 | 2008 | 2007 | 2006 | 2005 | 2004 | 2003 |
| No. | 7 | 10 | 17 | 16 | 22 | 16 | 15 | 12 | 21 | 17 | 5 | 6 | 3 | 2 |

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Encuesta Nacional de Epidemiología Psiquiátrica en Adolescentesⁱ²

México

Los hallazgos de las Encuestas Mundiales de Salud Mental de 17 diferentes países muestran que los trastornos psiquiátricos consistentemente inician en las primeras décadas de la vida (WHO-World Mental Health Consortium, 2007). Sin embargo hay una escasez de datos epidemiológicos en población adolescente especialmente en países en vías de desarrollo como el nuestro para guiar a las políticas de salud pública. Un trastorno mental en esta etapa de la vida tiene un costo no sólo por el sufrimiento que se representa para los jóvenes sino también por las secuelas que pueda tener para el funcionamiento en la vida adulta como el menor alcance educacional, ocupacional y económico, una peor productividad laboral, el embarazo no deseado, accidentes automovilísticos, y relaciones interpersonales disfuncionales. La detección e intervención oportuna contrarresta estas secuelas. El objetivo general de la primera medición de la Encuesta Mexicana de Salud Mental Adolescente realizado en el 2005 fue estimar las necesidades de atención para la patología mental entre adolescentes del Distrito Federal, arrojando los primeros datos representativos sobre la prevalencia, severidad, correlatos socio-demográficos y patrón de uso de servicios para los trastornos psiquiátricos entre adolescentes del DF. La mayor prevalencia de los trastornos en esta cohorte de adolescentes llevó a la siguiente fase de esta investigación que fue evaluar el papel de las adversidades crónicas en la infancia en el desarrollo de la psicopatología como una posible explicación de la alta prevalencia en esta cohorte. Los hallazgos de esta encuesta además sugieren que la presencia de algún trastorno mental está asociada a bajo rendimiento escolar, a la deserción escolar así como a la exposición a la violencia y sucesos traumáticos. Posteriormente en el 2013, para determinar la temporalidad de estas asociaciones, la persistencia de las enfermedades mentales de la adolescencia hasta la adultez y las implicaciones que puedan tener estos padecimientos en el funcionamiento en la adultez, se realizó un seguimiento longitudinal de panel, regresando con los participantes en la encuesta original ocho años después de la primera medición. La encuesta tiene un diseño probabilístico, multietápico y estratificado representativo de los 1'834,661 adolescentes entre 12 y 17 años de edad de la Ciudad de México y área metropolitana. En el 2005, se entrevistaron a 3005 adolescentes y 2845 padres utilizando la versión computarizada de la Entrevista Internacional Psiquiátrica Compuesta (WMH-CIDI-A). En el 2013, se entrevistaron a los 1071 participantes de la encuesta original que se lograron localizar de nuevo con la WM-CIDI pero versión adulta modificada para seguimiento. Es una entrevista estructurada instalada en una computadora portátil y aplicada cara a cara por entrevistadores en los hogares de los participantes. Actualmente esta investigación se encuentra en fase de análisis de datos y elaboración de poblaciones del estudio de seguimiento.

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LOS TEXTOS COMPLETOS SE ENCUENTRAN DISPONIBLES EN EL CENTRO DE INFORMACIÓN EN SALUD MENTAL Y ADICCIONES (CISMAD)

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