

Estimating the global treatment rates for alcohol use disorder and depression: A systematic review and meta-analysis

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Introduction and Aims: Alcohol use disorders (AUDs) and depression accounts for 36.2% from the global burden of disease attributable to mental and substance use disorders. This burden could be reduced by increasing access to timely treatment. However, limited information is available on the treatment rates. This study aimed to estimate the global treatment rates for AUDs and depression by World Bank income classification.

Design and Methods: We searched PubMed, EMBASE, PsycINFO and CINAHL databases to identify studies that reported treatment rates for AUDs and/or depression in the general population. The overall treatment rates were estimated from studies that reported any treatment (behavioral or pharmacological treatments) in healthcare or non-healthcare settings. Data were pooled using a random-effects meta-analysis model. Subgroup analyses by income classification were completed. The protocol was registered at PROSPERO ([CRD42020161683](https://doi.org/10.1111/CRD4.2020161683)).

Key Findings: We included 32 articles for AUDs and 65 articles for depression. The global treatment rates were 17.3% for AUD and 34.8% for depression. The treatment rates for alcohol abuse and dependence were 14.3% and 16.5% respectively. The treatment rate for AUD in low and lower-middle-income countries was 9.3%. The treatment rate for depression in low-income countries was 16.8%. Substantial level of between-study heterogeneity was reported.

Discussions and Conclusions: Globally, approximately one in six people with AUDs and one in three people with depression receive treatment. Treatment rates for AUDs and depression are generally low and considerably lower in low- and middle-income countries.

Implications for Practice or Policy: The low treatment rates indicates that the mental health service coverage might not have improved on the global level over the last two decades despite the 2001 World Health Report recommendations and the availability of effective interventions. Policymakers should consider increasing the public mental health literacy and the international funding for mental health.

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