Gac Sanit. 2026;40(S4):538

Gaceta Sanitaria

https://www.gacetasanitaria.org

474 - ALCOHOL-ATTRIBUTABLE BURDEN OF DISEASE IN BRAZIL AND PORTUGAL: GLOBAL BURDEN OF DISEASE STUDY 2000-2023

Q.P. Melo, I. Teixeira, C. Camarinha, M.M. Oliveira, L. Bacelar-Nicolau, M. de-Araújo-Nobre, C. Furtado, C. Elias, A.S. Costa

TERRA, ISAMB, Faculdade de Medicina, Universidade de Lisboa; USFJ; USP Sintra; Instituto Nacional de Saúde Dr. Ricardo Jorge; DGS; CIDNUR-ESEUL.

Resumen

Background/Objectives: High alcohol use (HAU) remains a major, yet uneven, contributor to premature death worldwide. A high proportion of alcohol-attributable disease burden is due to an increased risk of other health outcomes, including unintentional and intentional injury, and both non-communicable (e.g, cancer, gastrointestinal, and cardiovascular) and infectious (e.g, tuberculosis and pneumonia) diseases. We compared the level and composition of alcohol-attributable mortality and years of life lost (YLL) as risk factors for other health outcomes in Brazil and Portugal from 2000 to 2023.

Methods: We used age-standardized mortality and YLL estimates attributable to HAU from the Global Burden of Disease Injuries and Risk Factors 2023 Study. Analyses were stratified by sex and five-year age groups, and absolute and relative changes in age-standardized rates (ASR) between 2000 and 2023 were calculated with 95% uncertainty intervals (UI) per 100,000 population. To compare the indicators between 2000 and 2023, the ranking of Brazil and Portugal was performed according to the values standardized by mortality and YLL of the conditions studied.

Results: In 2023, HAU ranked ninth among risk factors for mortality in Brazil (18.5/100,000; 95% UI 15.1-23.1) and seventh in Portugal (18.8; 14.7-23.7). Alcohol-attributable mortality ASRs declined 25.7% in Brazil and 40.6% in Portugal (2000-2023). YLL rates were higher in Brazil (689.2/100,000) than Portugal (530.7). Cirrhosis was the leading cause of alcohol-attributable YLL in both countries. In Brazil, interpersonal violence (second) and road injuries (fourth) were prominent. In Portugal, liver cancer (second) and colorectal cancer (third) led. Road injuries in Portugal declined from third to sixth rank but remained among leading causes. The burden was consistently higher among men. Portugal showed YLL concentrated at older ages (peaking ? 85 years), whereas Brazil peaked between 50-69 years.

Conclusions/Recommendations: Brazil and Portugal had similar alcohol-attributable mortality rates in 2023; however, Brazil experienced higher premature mortality driven by preventable injuries. Portugal's burden was predominantly chronic diseases, yet persistent road injuries indicate ongoing preventable harms. The contrasting profiles highlight the need for context-specific alcohol control and more restrictive policies.