

Liver disease mortality across 366 Latin American cities: evidence from the SALURBAL study

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Background: Given the burden of liver disease mortality and the high degree of urbanization of Latin America (LA), there is a need to comprehensively characterize the burden to inform resource allocation.

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Methods:

- We use harmonized city-level data from 366 cities in 10 LA countries in the SALURBAL study from 2012-2014.
- We describe age-adjusted liver-related mortality rates by sex and subcategories of liver disease.
- We measure trends using average annual percent changes (AAPC).
- We estimate premature mortality as the proportion of deaths <75 years due to liver disease.

Conclusion: From 2012-2014, across LA cities, the burden of liver disease mortality was large and increasing. However, there was wider heterogeneity between countries than within countries.

Results:

- Males had substantially higher liver disease mortality than females.
- The highest pooled mortality rates were found in Mexico and Guatemala (males: 129.5 and 122.3 deaths per 100,000, females: 71 and 56 deaths per 100,000); and the lowest were found in Colombia and Argentina (males: 8.9 and 11.8 deaths per 100,000, females: 2.6 and 4.4 deaths per 100,000).
- On average, we found increasing trends of liver disease mortality (AAPC=1.97%) among all countries.
- Guatemala, Mexico, and Chile had the highest premature mortality due to liver disease (7.3%, 6.6%, 5.9%).
- For males aged 20+, among all liver deaths, the majority are alcohol-related. For females, there is wider variability in subcategories of liver disease.

