

Symposium | MDD : [Symposium 43] Time for united action on depression

2025年9月26日(金) 14:50 ~ 16:20 Session Room 2 (Main Hall B)

**[Symposium 43] Time for united action on depression**

Moderator: Mian Yoon Chong (HMI Medical, Singapore &amp; Regency Specialist Hospital)

**[SY-43-03] Epidemiology of depression in Japan**\*Daisuke Nishi<sup>1</sup> (1. The University of Tokyo (Japan))

キーワード : Depression、Epidemiology、Japan

Depression is a serious disease with a high prevalence. Because the rate of people with mental disorders seeking medical care is low, epidemiological studies targeting local residents are essential for clarifying the prevalence of mental disorders, including depression. This presentation will introduce the World Mental Health Survey Japan Survey (WMHJ), a representative regional mental health epidemiological study in Japan, and the Comprehensive Survey of Living Conditions. WMHJ is the largest epidemiological study in Japan on common mental disorders, conducted through face-to-face interviews using the psychiatric diagnostic interview (CIDI). WMHJ1 was conducted from 2002 to 2006, and WMHJ2 from 2013 to 2015. These findings indicated that the prevalence rate of depression in Japan was around 2.5% and remained relatively stable from the 2000s to the 2010s. The Comprehensive Survey of Living Conditions is a core statistical survey conducted by the government. Although it is inferior to WMHJ because it does not include diagnostic information, it measures K6, which assesses psychological distress, every three years, and has the advantages of a large sample size. According to the survey, the percentage of people experiencing psychological distress is approximately 25% and has not changed significantly, but the percentage of people using mental health services has increased considerably. Therefore, the recent increase in the number of depression patients in Japan is likely explained more by an increase in the proportion of individuals meeting depression diagnostic criteria seeking treatment rather than an actual increase in the number of individuals meeting those criteria. Depression, as well as mental distress at levels not meeting depression diagnostic criteria, has been shown in previous studies to shorten healthy life expectancy. Therefore, reducing not only the treatment gap but also the prevention gap and quality gap is strongly desired moving forward.