

Mental Health Service Use in Korean Adults: Correlates by Age and Mental Health Status

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Background : Depression is a major global burden and key driver of suicide. South Korea has the highest OECD suicide rate and relatively low mental health service use, underscoring intervention needs. We examined age-specific correlates among adults with depressive symptoms.

Methods : Using 14,986 adults with depressive symptoms from the 2024 Community Health Survey, we ran complex-sample logistic regressions by age group to identify factors associated with any mental health service use. Subgroup analyses stratified by stress level and suicidal ideation. Analyses accounted for survey weights, strata, and PSU; two-sided $p<0.05$.

Results : Across ages, female sex, suicidal ideation, ≥ 9 h of sleep, and poor self-rated health were associated with higher odds of mental health service use ($p<0.05$). Smoking was associated with use in young/middle-aged adults, and high stress in middle-aged/older adults. Suicidal ideation related to higher odds in young ($OR=2.584$) and middle-aged ($OR=2.129$) adults, and to $\sim 50\%$ higher odds in older adults ($OR=1.485$). Low income was significant only in young adults ($OR=1.378$). Versus older adults, odds were higher for young/middle-aged at high stress ($OR=2.199; 1.482$) and moderate stress ($OR=2.106; 1.282$). Under low stress, young adults showed the strongest association ($OR=4.198$); the middle-aged estimate was not significant. By ideation status, young/middle-aged exceeded older both with ideation ($OR=2.456; 1.565$) and without ($OR=2.060; 1.296$).

Conclusion : Correlates of service use differ by age. For young adults, ideation, stress, sleep, poor perceived health, and low income support early screening and financial assistance. For middle-aged and older adults, priorities include stress management and linkage to care. Low utilization among seniors indicates accessibility gaps. Age-specific differences in the impact of suicidal ideation argue for combining expanded everyday counseling with targeted approaches for high-risk groups.

Nationwide Hypnotic Prescribing Trends: NDB Open Data Study in Japan(2016-2022)

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Objective : To analyze trends in hypnotic prescriptions in Japan by gender, age group, drug classification, and region to describe the current state of insomnia treatment.

Methods : We analyzed hypnotic prescription data from Japan's National Database (NDB) open data from 2016 to 2022. Target medications included benzodiazepines, non-benzodiazepines, melatonin receptor agonists, and orexin receptor antagonists. We examined temporal trends in total prescriptions, gender- and age-stratified prescription patterns, drug class-specific trends, and regional usage variation rates.

Results : Total prescriptions increased continuously from approximately 22 million tablets in 2016 to 30 million in 2022. Women consistently received more prescriptions than men across all age groups, with the increase observed in men aged ≥ 65 years. By drug classification, benzodiazepines remained stable from 2016-2022, while non-benzodiazepines increased from 3.23 to 6.75 million tablets. Orexin receptor antagonists showed demonstrated 7-fold growth from 0.67 million to 4.63 million tablets. Regional analysis (per 1000 population) revealed approximately 7-fold increases in orexin receptor antagonist prescriptions across all regions, with the highest rate in the Kanto region (7.52 per 1,000 population). Benzodiazepine prescriptions showed no consistent upward trend and decreased in some regions.

Conclusion : Hypnotic prescriptions demonstrated an overall increasing trend, particularly significant among elderly women. We confirmed marked increases in non-benzodiazepine and novel orexin receptor antagonist usage. These findings demonstrate how novel drug classes have transformed the prescribing landscape and provide valuable insights into the current state of insomnia treatment in Japan.

Gender inequality and adolescent bullying victimization among 69 countries

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Background : Bullying victimization among adolescents is a major public health concern, and its prevalence varies considerably across countries. Although country-level economic factors are considered to explain this variation, the role of gender inequality and the legal framework remain unknown. This study examined the association between gender inequality at the country level and bullying victimization among adolescents across 69 middle- and high-income countries and explored whether national laws prohibiting corporal punishment modify this association.

Methods : Data were obtained from the Programme for International Student Assessment 2018, a nationally representative cross-sectional survey of 15-year-old students. The main outcome was the victimization score, assessed using six self-reported experiences of bullying. Multilevel regression analysis was conducted to explore the association between the Gender Inequality Index (GII) and outcome. Variation by national legal corporal punishment prohibition (no or partial; fully banned for within 10 years; fully banned for over 10 years) was analyzed.

Results : The study included 433,836 students (50.6% female). The GII explained 37.3% of the country-level variation in victimization scores ($b=0.52$; 95% CI, 0.32 to 0.73 per one-standard deviation increase): A higher GII was associated with increased victimization, particularly among boys. This association was modified by a ban on corporal punishment; compared to countries with no or partial prohibition, countries with full prohibition enacted within 10 years exhibited an attenuated association. This attenuating effect was not observed in countries with full prohibition for over 10 years.

Conclusion : Policies aimed at reducing societal gender inequality and promoting full prohibition of corporal punishment may mitigate adolescent bullying victimization, particularly for boys.

Social Determinants of Breast and Cervical Cancer Screening Among Women with Preschool Children

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Objectives : Breast and cervical cancer screening rates in Japan are lower worldwide. This study aimed to clarify the relationship between social factors and participation in breast and cervical cancer screening within this group.

Methods : We analyzed anonymized dataset A from the 2016 National Survey of the Basic Living Conditions. Eligible participants were women aged 20–49 years with preschool children who reported childcare expenses and had experience with marriage. Women with missing information on health insurance type, screening participation, education, smoking status, or self-rated health were excluded, resulting in 2,652 participants. Logistic regression analysis was conducted with dual participation in breast and cervical cancer screening as the dependent variable. Independent variables included type of health insurance, education, smoking status, and self-rated health, with mother's age as an adjustment factor.

Results : 548 women (20.7%) had undergone both cancer screenings. Compared to women covered by National Health Insurance, those insured through health insurance associations had higher odds of dual screening participation: members (OR 2.3, 95% CI:1.5–3.5) and dependents (OR 1.8, 95% CI:1.2–2.7). Compared to current smokers, former smokers (OR 2.8, 95% CI:1.5–5.3) and non-smokers (OR 2.3, 95% CI:1.4–3.9) were more likely to be screened. University education or higher was associated with increasing participation compared to junior high or high school education (OR 1.5, 95% CI:1.1–1.9).

Conclusion : This is the first study to show that enrollment in a health insurance association, higher education, and non-smoking were significantly linked to dual participation in breast and cervical cancer screening among women raising preschool children. These findings highlight the importance of health promotion targeting the educational and occupational gap to enhance screening coverage among mothers with preschool children in Japan.

Progress of the Tohoku Medical Megabank Organization Birth and Three-Generation Cohort Study

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The Tohoku Medical Megabank Project Birth and Three-Generation Cohort Study (TMM BirThree Cohort Study) included 73,000 pregnant women (mothers), children, brothers and sisters, fathers, grandparents, and relatives from 2013 to 2017, and its follow-up survey is ongoing. The second stage of recruitment has been started since 2023. We report the progress of the TMM BirThree Cohort Study.

Mothers completed questionnaires and provided blood and urine samples twice during pregnancy and once within a month after delivery. Breast milk was also collected and perinatal medical record was obtained. Children were taken cord blood samples. Fathers and grandparents also completed questionnaires and provided blood and urine samples at enrollment. During the follow-up period, all participants are requested to answer questionnaires, provide blood and urine samples, and undergo physiological assessments. Information of Maternal and Child Health Handbook of all participants and information of child health check-up and school health check-up of children, brothers and sisters were collected through municipalities, elementary and junior high schools, and participants via mail or app “MyToMMo”. At the second stage of recruitment, fathers, brothers and sisters, and grandparents who did not participate in the TMM BirThree Cohort Study from 2013-2017 are doing same assessments as the follow-up period of existing participants.

Up to June 2025, collecting perinatal medical and child health check-up records were completed. Genotyping was also completed for all participants. About the third wave of blood, urine, physiological assessments, 14,669 adults and 9,592 underage children completed. The second stage of recruitment included 1,962 family members. The app “My ToMMo” users have been reached 8,233. We will try to provide data to establish personalized medicine and healthcare.