chronic pain, while reducing their use of controlled medications. A larger follow-up study is needed to validate and expand on these preliminary findings.

METHODS: We conducted a cross-sectional survey during October 2013 on outpatients, aged 19 or less, in 34 private mental clinics. Patients who were prescribed at least one antidepressant were analyzed in this report. Data on gender, age, principal psychiatric diagnosis (based on ICD-10), and types and doses of psychotropic drugs were extracted. RESULTS: The samples consisted of 137 males and 170 females. The average age (standard deviation) was 16.2 years (2.5). The most frequently prescribed medicines were fluoxetine (9.6%) and sertraline (9.4%). The most frequent diagnostic category was neuropsychiatric disorders (F4, n=113), followed by mood disorders (F3, n=73), disorders of psychological development (F8, n=67), behavioral and emotional disorders (F9, n=77), schizophrenic spectrum disorders (F2, n=18), and other diagnoses (n=14). Among the 19 antidepressants available in Japan, the prescription rate of fluvoxamine (82.3%, n=130) was the highest, followed by sertraline (17.6%), duloxetine (10.4%), escitalopram (9.8%), trazodone (6.5%), and paroxetine (5.5%). Tetracyclic or tetracyclic antidepressants (TCAs) were prescribed in 53 patients (11.4%). Two or more antidepressants were prescribed concurrently in 27 (8.8%) of patients. Antipsychotics were prescribed in 134 (43.6%), with a median dose of 100mg/d chlorpromazine equivalent.

CONCLUSIONS: In Japan, although augmentation of antidepressant treatment seemed relatively popular with antipsychotics in patients, antidepressant doses might be relatively low.