

## 心血管系リスクファクターを回避することで健康でいられる年数が増加する(Abstract 1126M-05)

45歳までに一定のリスクファクターを回避することにより心不全発症が有意に遅延する  
Avoiding certain risk factors by age 45 significantly delays development of heart failure

肥満、高血圧および糖尿病は心不全のリスクファクターとして知られている。今回初めて、45歳までにこれらのリスクファクターを発症しないことにより心不全を発症するまでの平均年数が定量化された。このスタディ結果が第64回American College of Cardiology学会で発表された。研究者らは、計18,280人を含む過去40年間に施行された4つのスタディの蓄積データを解析した。また、約1,500の心不全症例を同定し、心不全の診断年齢と45歳時の健康状態およびリスクファクターを比較した。45歳までに肥満、高血圧および糖尿病を有していた人々は、これらのリスクファクターを45歳までに1つも有していなかった人々と比べ、平均11～13年早く心不全と診断された。リスクファクターを3つ全てではなく1つまたは2つしか有していなかった人々は、リスクファクターを1つも有していなかった人々に比べ、心不全を3～11年早く発症した。心疾患治療および予防が進歩したにもかかわらず、このパターンは過去40年間にわたり収集されたデータ全体で一貫していた。

### Full Text

Obesity, hypertension and diabetes are known risk factors for heart failure. For the first time, scientists have quantified the average number of heart failure-free years a person gains by not developing those risk factors by age 45, according to a study presented at the American College of Cardiology's 64th Annual Scientific Session in San Diego.

The study found that people who had obesity, hypertension and diabetes by age 45 were diagnosed with heart failure 11 to 13 years earlier, on average, than people who had none of those risk factors by age 45. People who had only one or two of the risk factors, but not all three, developed heart failure an average of three to 11 years earlier than people with none of the risk factors.

"The message from this study is that you really want to prevent or delay the onset of these risk factors for as long as possible," said Faraz Ahmad, M.D., a cardiology fellow at Northwestern University and the study's lead author. "Doing so can significantly increase the number of years you are likely to live free of heart failure."

Ahmad said the findings offer a new way for doctors to communicate with patients about the importance of avoiding key risk factors.

"In the clinic, we often give patients metrics of risk that are relative and abstract," he said. "It's a much more powerful message, when you're talking to patients in their 30s or 40s, to say that they will be able to live 11 to 13 years longer without heart failure if they can avoid developing these three risk factors now."

Ahmad added that the results could also help policymakers or public health practitioners more accurately predict the future prevalence of heart failure aging populations.

The researchers analyzed pooled data from four large studies including a total of 18,280 people conducted over the past 40 years. They identified nearly 1,500 cases of heart failure and compared the age at which patients were diagnosed with heart failure against their health status and risk factors at age 45.

In the study, people without obesity, hypertension or diabetes at age 45 who developed heart failure were diagnosed at an average age of 80 in men and 82 in women. People with all three risk factors who developed heart failure on average received their diagnosis in their late 60s or early 70s.

Despite advances in heart disease treatment and prevention, Ahmad said the pattern was consistent across data collected over the past 40 years.

"The associations between these risk factors and heart failure has been remarkably stable over time," Ahmad said. "Although the prevalence of some of these risk factors has changed, the association remains the same."

The researchers plan to further investigate the data to determine whether the use of medications to control risk factors helps to delay the onset of heart failure. They also plan to assess whether there are any differences in the risk factor associations among different racial groups.

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