活動性の喘息は心筋梗塞のリスクを上昇させる可能性がある(Abstract 15991 and 16110)

活動性の喘息症状を有し長期管理薬使用中でも喘息症状のある人々はMIおよび脳卒中リスクが高い

People with active asthma symptoms and asthmatics on controller medications have elevated risk of MI and stroke

最近の喘息症状や毎日薬物を必要とする喘息は心筋梗塞(MI)リスクを有意に上昇させる可能性があるとの2つの研究論文が2014年American Heart Association年次集会で発表された。1つ目のスタディは、心疾患発症の初期徴候を追跡する地域研究の参加者6,792人(平均年齢62歳、男性47%)を対象とした。心血管リスクファクターで補正した結果、毎日の薬物療法を必要とする喘息患者は喘息を有さない人々と比較し、10年間の追跡期間中にMI、脳卒中またはそれらの関連疾患のようなイベントを来す確率が60%高かった。長期管理薬使用中でも喘息症状を有するとC反応性蛋白やフィブリノーゲンなどの炎症マーカーレベルが有意に高かった。2つ目のスタディは、MIを発症した543人と、同じ年代および性別(平均年齢67歳、女性44%)のMI歴のない患者543人を比較した。喘息と診断された患者は、喘息を有さない者と比較しMIリスクが70%高かった。過去1年間に喘息症状、薬物使用または喘息治療のために受診したことが明らかな"活動性喘息"患者は、最近の喘息症状がない喘息患者と比較しMI発症リスクが2倍であった。

Full Text

Recent asthma symptoms or asthma that requires daily medication may significantly raise the risk of myocardial infarction (MI), according to two research papers presented at the American Heart Association's Scientific Sessions 2014.

"Physicians should do all they can to control every other modifiable cardiovascular risk factor in patients with asthma," said Matthew C. Tattersall, D.O., M.S., study author and an assistant professor of medicine in the Division of Cardiology at the University of Wisconsin-Madison School of Medicine and Public Health in Madison, Wisconsin.

Tattersall's study (Abstract 15991) involved 6,792 participants in the six-community Multi-Ethnic Study of Atherosclerosis (MESA), which tracks early signs of developing heart disease. Patients were an average 62 years old, 47 percent male, 28.4 percent Caucasian, 28 percent African-American, 22 percent Hispanic and 12 percent Chinese-American.

After adjustment for heart disease risk factors, researchers found that people with asthma who required daily medications were 60 percent more likely to have a cardiovascular event such as an MI, stroke or related condition during a 10-year follow-up than people without asthma.

In the MESA study, asthmatics on controller medications, compared to non-asthmatics, had significantly higher levels of inflammatory markers including C-reactive protein and fibrinogen. Patients with a history of asthma but not currently requiring daily medication had intermediate levels of these markers.

In a study (Abstract 16110) in Olmstead County, Minnesota, researchers compared 543 patients who had a heart attack with 543 non-heart attack patients the same age and gender. The average age of patients was 67, 44 percent were women and 95 percent of the participants were Caucasian.

After controlling for traditional heart disease risk factors such as obesity, hypertension, smoking, diabetes and high cholesterol, researchers found that patients diagnosed with asthma had about a 70 percent higher risk of MI than those without asthma.

Patients with "active asthma" who had documented symptoms, medication use or visits to healthcare providers for asthma treatment within the previous year were twice as likely to have an MI than asthma patients with no recent symptoms.

"Chest discomfort or pain can be confused as a symptom of asthma, but because asthma increases the risk of heart attack and treatments for each are quite different, patients need to take chest pain and other symptoms of heart attack seriously and seek prompt treatment," said Young J. Juhn, M.D., M.P.H., senior author of the Olmstead County study and professor of pediatrics and adolescent medicine at the Mayo Clinic in Rochester, Minnesota.

Co-authors of the University of Wisconsin study are Mengye Guo, Ph.D.; Claudia E. Korcarz, D.V.M.; Adam D. Gepner, M.D.; R. Graham Barr, M.D., Dr.P.H.; Kathleen M. Donohue, M.D.; Robyn L. McClelland, Ph.D.; Joseph A. Delaney, Ph.D.; and senior author James H. Stein, M.D.

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