

グループ療法は心血管リスクファクターを改善する (LBCT 02)

グループ療法は心血管系の健康を促進する有効で費用対効果の高い方法である
Group therapy is an effective and cost-efficient way to promote cardiovascular health

グループ療法に基づいた治療行為は心血管系リスクファクターの全般的な改善を達成する、と2015年American Heart Association学会で発表され、*Journal of the American College of Cardiology*に掲載された。3か月にわたり、全参加者は健康的な生活習慣を促進する目的でトレーニングおよび動機付けグループセッションに参加した。その後、参加者は2群(介入群277人およびコントロール群266人)に分けられた。次の12か月間に、介入群は態度や行動の変容を促進する目的で月1回のグループ治療セッションに参加した。同じ期間中、コントロール群は個別の定期検診を受けるのみであった。プログラムスタート時のトレーニングセッション終了後、割り付けられた群に関係なく、多くの参加者(71%)においてFuster-BEWATインデックスが改善した。しかし次のステージでは、介入群とコントロール群とで有意差が認められた。介入群では、67%の参加者が心血管リスクファクターの改善を示したのに対し、コントロール群では56%であった。禁煙した者は介入群においてほぼ2倍であった(39%対20%)。同様に、介入群の46%において運動レベルが増加した。

Full Text

A health-care intervention based on group-therapy achieves an overall improvement in cardiovascular risk factors. The intervention, based on mutual support among participants, is especially successful in helping participants to stop smoking.

A simple support-group intervention program aimed at promoting general health, similar to the group-therapy activities of Alcoholics Anonymous, yields significant improvements in the control of the 5 most important cardiovascular risk factors (blood pressure, exercise, weight, diet, and tobacco smoking); the improvement was especially clear for stopping smoking.

The intervention has been tested in the Fifty-Fifty Program, a groundbreaking randomized controlled clinical trial in a group of 543 adults. The Fifty-Fifty Program works with adults to increase their knowledge and develop attitudes and skills conducive to a healthy lifestyle in the context of mutual support among equals. The results of the trial confirm that the intervention helps participants to adopt healthy habits and to improve their control of cardiovascular risk factors. At the end of the 1 year intervention, the results are clear: 67% of the participants showed an improvement in the Fuster-BEWAT index, a measure of the 5 main cardiovascular risk factors, compared with 56% of the control group; moreover, almost half the participants reduced their tobacco consumption.

The results were presented at the Scientific Sessions of the American Heart Association annual meeting, and simultaneously published in the *Journal of the American College of Cardiology*.

The Fifty-Fifty Program is an initiative of the SHE Foundation, led by Valentin Fuster, M.D., Ph.D., Director of the Centro Nacional de Investigaciones Cardiovasculares del Carlos III (CNIC), and the Spanish Agency for Consumer Affairs, Food Safety and Nutrition (AECOSAN), an executive branch of the Ministry of Health, Social Services and Equality. The goal of the program is to achieve fundamental improvements in adult health through training and motivational workshops in which participants support and encourage each other to make and sustain appropriate lifestyle changes. In this way, the program aims to incentivize people to modify their lifestyle habits and learn to control the major cardiovascular risk factors.

The methodology for using peer support to control chronic diseases is well-established; however, there is little hard scientific evidence showing long-term benefits from this type of intervention. Fuster explains that the idea was inspired by the success of Alcoholics Anonymous: 'The effectiveness of these group-therapy interventions got me thinking that the same strategy could be applied to other health problems, including cardiovascular disease.' Two pilot programs were conducted, one on the Caribbean island of Grenada and the other in Cardona, Spain. With encouraging results from these studies, the investigative team undertook a more extensive study with 543 participants (71% women) distributed in locations across Spain. Each participant had at least 1 cardiovascular risk factor.

Over a 3-month period, all participants took part in training and motivational group sessions aimed at promoting healthy lifestyle habits. These meetings focused on motivations for change, stress management, stopping smoking, a healthy diet, taking regular exercise, and self-control of blood pressure. From this shared starting point, the participants were divided into 2 groups: 277 in the intervention group and 266 in the control group. Over the next 12 months, the intervention group met for monthly group-therapy sessions aimed at promoting changes in attitudes and behavior, encouraging participants to go beyond simple awareness and make real progress in the control of cardiovascular risk factors. The control group merely received individual medical check-ups during the same period.

After the training sessions at the start of the program, most participants (71%) showed an improvement in the Fuster-BEWAT index, irrespective of group assignment. However, at subsequent stages, significant differences appeared between the intervention and control groups. In the intervention group, 67% of participants showed an improvement in cardiovascular risk factors, compared with 56% in the control group. The results were even more positive for tobacco consumption, with almost twice as many intervention-group participants stopping smoking (39% versus 20%). Similarly, 46% of the intervention group members increased their level of physical activity.

The authors were especially pleased with the results obtained with smokers. Of the 138 smokers at the start of the study, 21 stopped after the educational workshops, but this figure increased after the intervention to 32 (23%), 24 of whom were from the intervention group.

According to the research team, the data confirm that 'although training in healthy habits is important and has a positive impact on health, these benefits tail off if not reinforced over time.' The study clearly shows that although there was an initial general improvement in smoking, 80% of control group participants showed no improvement at the end of the follow-up period. Fuster emphasizes that the data show that a support group intervention is 'effective and cost-efficient'.

A further follow-up is scheduled for 12 months after the intervention period, to monitor the evolution of cardiovascular risk factors in the Fuster-BEWAT index in the intervention and control groups. The team has launched a similar study in Harlem, New York.

The FAMILIA Project was created by cardiologist Valentin Fuster, M.D., Ph.D., Director of Mount Sinai Heart and Physician-in-Chief of The Mount Sinai Hospital. Dr. Fuster's initiative is made possible thanks to a \$3.8 million in grant support to Mount Sinai Heart by the American Heart Association (AHA). For the FAMILIA Project Mount Sinai has partnered with NYC's Administration for Children's Services (ACS), Division of Early Care and Education Head Start programs.

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AHA2015 (第88回米国心臓病協会)

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