

## マリファナ使用は一時的なストレス心筋症と関連がある(HF.APS.P14, Poster S4054)

マリファナの若年使用者はストレス心筋症を経験する確率が2倍である  
Younger marijuana users twice as likely to experience stress cardiomyopathy

積極的なマリファナ使用は、他の心血管疾患リスクファクターを考慮しても、ストレス心筋症リスクを2倍にする可能性がある、と2016年American Heart Association学会で発表された。マリファナ使用者は非使用者に比べ、より若年で、高血圧、糖尿病および脂質異常症などの心血管リスクファクターの少ない男性である割合が高かった。しかし、ストレス心筋症の間に心停止を認め、植込み型除細動器を必要とする割合は、マリファナ使用者において有意に高かった(それぞれ2.4% vs. 0.8%,  $p=0.034$ およびICD: 2.4% vs. 0.6%  $p=0.008$ )。積極的な使用者はまた、精神疾患や薬物乱用を有する割合も高かった。

### Full Text

Active marijuana use may double the risk of stress cardiomyopathy, an uncommon heart muscle malfunction that can mimic symptoms of myocardial infarction, according to research presented at the American Heart Association's Scientific Sessions 2016.

The researchers found that marijuana users were almost twice as likely to develop stress cardiomyopathy compared to non-users, even after taking other cardiovascular risk factors into consideration. Active marijuana use was identified either by information provided by the patient in their medical history, or by a marker in the patient's urine.

"The effects of marijuana, especially on the cardiovascular system, are not well known yet. With its increasing availability and legalization in some states, people need to know that marijuana may be harmful to the heart and blood vessels in some people," said Amitoj Singh, M.D., study co-author and chief cardiology fellow at St. Luke's University Health Network in Bethlehem, Pennsylvania.

Data from the Nationwide Inpatient Sample identified 33,343 people who were hospitalized with stress cardiomyopathy between 2003-2011 in the United States. Of those, 210 (less than one percent) were also identified as marijuana users.

Compared with non-users, researchers found that marijuana users were more likely to be younger, male with fewer cardiovascular risk factors, including less hypertension, diabetes and hyperlipidemia.

However, despite being younger and with fewer cardiovascular risk factors than non-users, during stress cardiomyopathy the marijuana users were significantly more likely to go into cardiac arrest (2.4 percent vs. 0.8 percent,  $p=0.034$ ) and to require an implanted defibrillator (ICD: 2.4 percent vs. 0.6 percent,  $p=0.008$ ).

"This development of stress cardiomyopathy in younger patients who used marijuana suggests a possible link that needs to be further investigated," said Sahil Agrawal, M.D., co-author of the paper and also a chief cardiology fellow at St. Luke's.

Marijuana users were more likely than non-users to have a history of depression (32.9 percent vs. 14.5 percent), psychosis (11.9 percent vs. 3.8 percent), anxiety disorder (28.4 percent vs. 16.2 percent), alcoholism (13.3 percent vs. 2.8 percent), tobacco use (73.3 percent vs. 28.6 percent) and multiple substance abuse (11.4 percent vs. 0.3 percent). Because some of these can increase the risk of stress cardiomyopathy, the researchers adjusted for known risk factors to investigate the association between marijuana use and stress cardiomyopathy.

"If you are using marijuana and develop symptoms such as chest pain and shortness of breath, you should be evaluated by a healthcare provider to make sure you aren't having stress cardiomyopathy or another heart problem," Singh said.

The study has some limitations. Because this was a retrospective study, the researchers could not determine how frequently the marijuana users were using marijuana, or what the timeframe was between the use of marijuana and occurrence of stress cardiomyopathy. Observational studies are not designed to prove cause and effect; therefore, it cannot be said that marijuana is or is not a direct cause of stress cardiomyopathy. In addition, because the database the researchers used reports regional but not state-by-state statistics, the researchers could not analyze whether possibly marijuana-related heart problems are increasing where use is legal.

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