

女性のストレスに対する反応が心血管リスクを増大させる(Oral presentation RF229)

心理的ストレスは心疾患を有する女性の重篤な心血管イベントリスクを増大させる可能性がある

Psychological stress may increase risk for a serious cardiovascular event in women with heart disease

心疾患を有する女性の心理的ストレスへの反応の仕方は心筋梗塞および他の心血管イベントリスクを増大させるが、これは男性には当てはまらないようである、と American Heart Association's Scientific Sessions 2019で発表された。ストレス反応においてIL-6バイオマーカーが1単位上昇する毎に、女性における主要な心関連イベントは41%上昇したが、このバイオマーカーの上昇によるリスク増大は男性においては認められなかった。ストレス反応においてMCP-1バイオマーカーが10単位上昇する毎に、女性においてのみ主要な心関連イベントが13%上昇した。

Full Text

The way women with heart disease respond to psychological stress puts them at increased risk for myocardial infarction (MI) and other cardiovascular events, yet the same doesn't appear to be true for men, according to preliminary research presented at the American Heart Association's Scientific Sessions 2019 — November 16-18 in Philadelphia.

Stress is known to increase inflammation throughout the body, which may contribute to heart disease risk, as well as heart attacks and other major cardiovascular events.

Researchers measured changes in inflammatory biomarkers in blood that are associated with stress in 615 men and women (average age of 63, 25% women) with stable heart disease before and after a psychologically stressful activity. To induce stress, participants were given a short speech test including two minutes of preparation time and three minutes of speaking.

The known inflammatory biomarkers interleukin-6 (IL-6), monocyte chemoattractant protein-1 (MCP-1) and matrix metalloproteinase-9 (MMP-9) were measured in participants while they were at rest before the speech and then again 90 minutes after their speech to give the body time to produce and release inflammatory molecules into the circulatory system.

Researchers then tracked participants for a median follow-up of three years, during which time 82 participants (13%) either died, had MIs, were treated for unstable angina or had heart failure.

While there were no significant associations between inflammatory response to stress and risk of major cardiovascular events in the overall sample, there were sex-based interactions for some specific biomarkers, specifically:

- Each unit increase in the IL-6 biomarker in response to stress was associated with a 41% higher risk of major heart-related events among women, yet there was no increased risk for major cardiovascular events among men with increases in this biomarker.
- Each 10-unit increase in the MCP-1 biomarker in response to stress was associated with a 13% increase in risk of a major heart-related event among women only.

These findings align with prior research showing women with existing heart disease have distinct biological responses to stress that may increase their risk of major cardiovascular events compared to men.

"In clinical care, the role of psychosocial stress, or stress during daily life, is often under-recognized and has not yet been incorporated in cardiovascular risk prevention guidelines," said study author Samaah Sullivan, Ph.D., an instructor in epidemiology at Emory University's School of Public Health in Atlanta, Georgia.

"We hope health professionals can advise patients with heart disease, particularly female patients, about the importance of reducing stress through suitable interventions or techniques and refer patients for appropriate mental health care and support."

Co-authors are An Young, M.D., M.P.H.; Muhammad Hammadah, M.D.; Bruno B. Lima, M.D., Ph.D.; Yi-An Ko, Ph.D., M.S.; Brad D. Pearce, Ph.D.; Amit J. Shah, M.D., M.S.C.R.; Jeong Hwan Kim, M.D.; Kasra Moazzami, M.D., M.P.H.; Nancy Murrah, R.N., B.S.N.; Emily G. Driggers, M.A.; Belal Kaseer, M.D.; Oleksiy Levantsevych, M.D.; Ammer Haffar; Laura Ward, M.S.P.H.; Allison Hankus, B.S.; Tene T. Lewis, Ph.D.; Puja K. Mehta, M.D.; J. Douglas Bremner, M.D.; Paolo Raggi, M.D.; Arshed A Quyyumi, M.D.; and Viola Vaccarino, M.D., M.P.H. Author disclosures are in the abstract.

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トピックス一覧

[News01]

うつ病の重症度が心疾患リスクを増大させる

[News02]

女性のストレスに対する反応が心血管リスクを増大させる

[News03]

週末の突然の心停止は死亡率が高い

[News04]

早期閉経は複数の心疾患リスクを増大させる可能性がある

[News05]

大麻は若年者の脳卒中と関連がある

[News06]

心疾患とがんリスクは関連する可能性がある

[News07]

インターベンション治療は薬物療法と大して変わらない

[News08]

慢性腎臓病患者において侵襲的治療戦略により得るものはない

[News09]

ダバグリフロジンの有益性が糖尿病を合併しない心不全患者に拡大される

[News10]

心臓ポンプは一部の患者において合併症を引き起こす

[News11]

10代の先天性心疾患患者が運動耐容能を改善する

[News12]

InclisiranによりLDLコレステロールが58%低下