

評価対象論文リスト(要因:体格[肥満]、アウトカム:循環器病)

評価判定日:2023/12/20

1	Kubota Y, Iso H, Tamakoshi A. Association of body mass index and mortality in japanese diabetic men and women based on self-reports: the japan collaborative cohort (Jacc) study. <i>Journal of Epidemiology</i> . 2015;25(8):553-558.
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3	Li Y, Yatsuya H, Iso H, et al. Body mass index and risks of incident ischemic stroke subtypes: the japan public health center-based prospective (Jphc) study. <i>Journal of Epidemiology</i> . 2019;29(9):325-333. doi:10.2188/jea.JE20170298
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5	Saito I, Iso H, Kokubo Y, Inoue M, Tsugane S. Body mass index, weight change and risk of stroke and stroke subtypes: the Japan Public Health Center-based prospective (Jphc) study. <i>Int J Obes</i> . 2011;35(2):283-291.
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12	Karahalios A, English DR, Simpson JA. Change in body size and mortality: a systematic review and meta-analysis. <i>Int J Epidemiol</i> . Published online November 17, 2016:dyw246. doi:10.1093/ije/dyw246
13	Okada C, Kubota Y, Eshak ES, et al. Weight change and mortality from cardiovascular diseases: the japan collaborative cohort study. <i>JAT</i> . 2021;28(1):25-33. doi:10.5551/jat.54114
14	Chou WT, Kakizaki M, Tomata Y, et al. Impact of weight change since age 20 and cardiovascular disease mortality risk: – the ohsaki cohort study –. <i>Circ J</i> . 2013;77(3):679-686. doi:10.1253/circj.CJ-12-0745
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29	Ihira H, Sawada N, Iwasaki M, et al. Adult height and all-cause and cause-specific mortality in the Japan Public Health Center-based Prospective Study (JPHC). <i>Steensma C, ed. PLoS ONE</i> . 2018;13(5):e0197164.
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■コホート研究(コホートのプール解析含む)

			Study subjects					
Author	Title	Year	Study period	Number of subjects	Source of subjects	Event followed	Number of incident cases or deaths	Participant's race
Shiozawa et al.	Body mass index and mortality from all causes and major causes in Japanese: results of a pooled analysis of 7 large-scale cohort studies	2011	mid-1980s-2006	353422 adults (162092 men and 191330 women)	population based, prospective studies in Japan	Mortality(cancer, heart disease, cerebrovascular disease)	41260 deaths	Japanese
			Category	Number among cases	Relative risk (95%CI or p)	P for trend	Confounding variables considered	Magnitude of association
			1-1	15 690 deaths from cancer (10 115 men and 5575women), 5940 deaths from heart disease (3378men and 2562 women), 5071 deaths from cerebrovascular disease (2820 men and 2251 women), 14 451 deaths from other causes (8950 men and 5501 women).	BMI 23-24.9(ref) vs. 25.0-26.9 27.0-29.9 30.0-39.9 in order Heart disease:1.03(0.84-1.25) 1.28(0.95-1.74) 1.71(1.32-2.22) Cerebrovascular disease:0.97(0.84-1.11) 1.10(0.92-1.31) 1.64(1.23-2.20) <u>WOMEN</u> Heart disease:1.11(0.96-1.29) 1.15(0.91-1.44) 1.79(1.43-2.24) Cerebrovascular disease:0.94(0.79-1.13) 1.15(0.93-1.41) 1.30(1.02-1.65)	N/A	Age, Study Area, cigarette smoking, alcohol drinking, history of hypertension, history of diabetes, leisure time physical activity	<u>MEN:</u> Heart disease Moderate(SS)↑↑ Cerebrovascular disease Moderate(SS)↑↑ <u>WOMEN:</u> Heart disease Moderate(SS)↑↑ Cerebrovascular disease WEAK(SS) ↑
			Study subjects					
Author	Title	Year	Study period	Number of subjects	Source of subjects	Event followed	Number of incident cases or deaths	Participant's race
Yatsuya et al.	Body mass index and risk of stroke and myocardial infarction in a relatively lean population: meta-analysis of 16 Japanese cohorts using individual data	2010	1985-2005	45 235 participants (19760 men and 25475 women)	Japanese cohorts (Stroke:15cohorts MI 13 cohort)	Stroke, Cerebral infarction, Cerebral hemorrhage, MI	1113 stroke events and 170 MI events	Japanese
			Category	Number among cases	Relative risk (95%CI or p)	P for trend	Confounding variables considered	Magnitude of association
			1-1	Stroke: 576 men and 537 women Cerebral infarction(CI): 423 men and 302 women Cerebral hemorrhage(CH):107 men and 122 women MI: 106 men and 64 women	BMI -20.9 (ref) vs. 21.0-22.9 23.0-24.9 25.0-27.4 27.5- in order <u>MEN</u> Stroke: 1.25 (1.00-1.56) 1.17 (0.92-1.48) 1.06 (0.80-1.40) 1.50 (1.06-2.14) CI: 1.19 (0.92-1.55) 1.28 (0.98-1.68) 1.06 (0.76-1.47) 1.51 (0.99-2.30) CH : 1.41 (0.83-2.42) 0.97 (0.53-1.77) 1.26 (0.67-2.36) 1.92 (0.91-4.03) MI: 0.93 (0.54-1.63) 1.30 (0.77-2.21) 1.53 (0.87-2.69) 2.12 (1.10-4.10) <u>WOMEN</u> Stroke: 1.00 (0.77-1.31) 1.10 (0.85-1.44) 1.25 (0.96-1.62) 1.33 (0.98-1.79) CI: 0.96 (0.67-1.39) 1.11 (0.78-1.57) 1.41 (1.00-1.99) 1.27 (0.85-1.90) CH: 0.81 (0.46-1.43) 0.89 (0.50-1.55) 1.15 (0.67-1.99) 1.44 (0.80-2.59) MI : 1.14 (0.55-2.36) 0.73 (0.32-1.64) 1.26 (0.60-2.62) 0.78 (0.29-2.09)	MEN Stroke: 0.13 CI: 0.12 <u>MEN</u> Stroke: 0.26 MI: 0.012 <u>WOMEN</u> Stroke: 0.021 CI: 0.044 CH: 0.15 MI: 0.86	Age and current smoking and current drinking habits SBP TC	<u>MEN</u> Stroke: WEAK↑ (SS) CI: WEAK↑(NS) CH : WEAK↑(NS) MI: Moderate(SS) ↑↑ <u>WOMEN</u> Stroke: No association CI: WEAK ↑ (SS) CH : No association MI: No association

■メタ解析、系統的レビュー

Author	Title	Year	Include study						Design	Category	Relative risk (95% CI or p)	Weight	Magnitude of association
			Ref No.	First author	Year	Study period	Study location	Event (*Definition)					
Arafa et al.	Impact of weight change since a young age on cardiovascular mortality risk: a pooled analysis of Japanese epidemiological evidence	2022	1	Saito I	2009	12.9	Japan(nationwide)	all-cause, cancer and CVD mortality	meta-analysis	1-2	Maximum weight gain categories vs. stable weight categories: 1.01 (0.83, 1.23)	N/A	No association
			2	Chou WT	2013	13.3	Miyagi pref	all-cause, CVD mortality					
			3	Okada C	2021	19.1	Japan(nationwide)	CVD mortality (IHD. Stroke subtypes)					
			4	Arafa A	2021	19.9	Osaka pref	CVD mortality (IHD. Stroke)					