

評価対象論文リスト(要因:咀嚼力・咀嚼能力低下、アウトカム:死亡)

評価判定日:2024/10/25

②日本人集団での個別研究

1	Tanaka T, Takahashi K, Hirano H, et al. Oral frailty as a risk factor for physical frailty and mortality in community-dwelling elderly. <i>The Journals of Gerontology: Series A</i> . 2018;73(12):1661-1667. doi:10.1093/gerona/glx225
2	Nomura Y, Kakuta E, Okada A, et al. Effects of self-assessed chewing ability, tooth loss and serum albumin on mortality in 80-year-old individuals: a 20-year follow-up study. <i>BMC Oral Health</i> . 2020;20(1):122. doi:10.1186/s12903-020-01113-7
3	Okura M, Ogita M, Yamamoto M, Nakai T, Numata T, Arai H. Self-assessed kyphosis and chewing disorders predict disability and mortality in community-dwelling older adults. <i>Journal of the American Medical Directors Association</i> . 2017;18(6):550.e1-550.e6. doi:10.1016/j.jamda.2017.02.012
4	Ansai T, Takata Y, Soh I, et al. Relationship between chewing ability and 4-year mortality in a cohort of 80-year-old Japanese people. <i>Oral Diseases</i> . 2007;13(2):214-219. doi:10.1111/j.1601-0825.2006.01269.x
5	Nomura Y, Shimada M, Kakuta E, et al. Mortality- and health-related factors in a community-dwelling of oldest-older adults at the age of 90: a 10-year follow-up study. <i>IJERPH</i> . 2020;17(24):9584. doi:10.3390/ijerph17249584
6	Ansai T, Takata Y, Soh I, et al. Association of chewing ability with cardiovascular disease mortality in the 80-year-old Japanese population. <i>European Journal of Cardiovascular Prevention & Rehabilitation</i> . 2008;15(1):104-106.

その他疫学研究

7	Schwahn C, Polzer I, Haring R, et al. Missing, unreplaced teeth and risk of all-cause and cardiovascular mortality. <i>International Journal of Cardiology</i> . 2013;167(4):1430-1437. doi:10.1016/j.ijcard.2012.04.061
8	Jang JH, Kim JL, Kim JH. Association between denture use, chewing ability, and all-cause mortality in middle-aged and older adults who exercised regularly in Korea. <i>Sci Rep</i> . 2021;11(1):6061. doi:10.1038/s41598-021-85440-x

■コホート研究(コホートのプール解析含む)

Reference			Study subjects						Category	Number among cases	Relative risk (95%CI or p)	P for trend	Confounding variables considered	Magnitude of association
Author	Title	Year	Study period	Number of subjects	Source of subjects	Event followed	Number of incident cases or	Participant's race						
Nomura Y, et al.	Effects of self-assessed chewing ability, tooth loss and serum albumin on mortality in 80-year-old individuals: a 20-year follow-up study.	2020	1996-2017	608	8020 Data Bank Survey (Iwate)	Mortality	596	Japanese	Self-assessed chewing ability by item response theory	Mortality	1.03 (0.98–1.08) 1.17 (1.07–1.27) 1.01 (0.92–1.09)	N/A	the number of remaining teeth, edentulous/dentulous status, serum albumin levels, BMI, smoking status, and alcohol intake	-
									All	596				-
									Self-assessed inability to chew at least one food among the 15 different		1.10 (0.83–1.35) 1.72 (1.20–2.46) 0.85(0.59–1.21)	N/A		-
									All	596				↑ ↑
Okura M, et al.	Self-Assessed Kyphosis and Chewing Disorders Predict Disability and Mortality in Community- Dwelling Older Adults.	2017	2013-2016	5083		death and new LTCI service requirement	262	Japanese	Chewing ability	Mortality	Ref 1.59 (1.21, 2.09)		age and sex.	-
									Good	189				↑ ↑
									Number of chewable	Mortality	Ref. 1.19 (0.71–1.99) 1.19 (0.63–2.25) 2.38 (1.07–5.29)	N/A		-
									15					↑ ↑
									Number of easy-to-chew foods		Ref. 0.98 (0.49–1.97) 2.65 (1.20–5.87)	N/A	gender, physical health status, body mass index, cigarette smoking status, serum total cholesterol, fasting serum glucose, serum albumin, and diastolic blood pressure	-
									3	N/A				↑ ↑ ↑
Ansai T, et al.	Relationship between chewing ability and 4-year mortality in a cohort of 80-year-old Japanese people.	2007	1998-2002	697	8020 Data Bank Survey (Fukuoka)	Mortality	108	Japanese	Number of slightly hard-to-chew foods		Ref. 0.87 (0.46–1.64) 1.78 (0.93–3.42)	N/A		-
									3	N/A				↑
									Number of moderately hard-to-chew foods		Ref. 0.98 (0.55–1.74) 1.53 (0.87–2.68) 1.52 (0.82–2.80)	N/A		-
									6	N/A				↑
									Number of very hard-to-chew foods		Ref. 0.82 (0.47–1.42) 1.26 (0.76–2.08)	N/A		-
									3	N/A				
Nomura Y, et al.	Mortality-and Health-Related Factors in a Community-Dwelling of Oldest-Older Adults at the Age of 90: A 10-Year Follow- Up Study.	2020	2007-2017	93		Mortality	N/A	Japanese	Self-assessed Chewing	Mortality	0.920 (0.641–1.320) 1.157 (0.469–2.851)			-
									Men	N/A				
									Continuous	N/A	1.692 (1.050–2.725)			-
									Dichotomous (median)	N/A				↑ ↑
									Women					-
									Continuous	N/A				

							Dichotomous (median)	N/A	6.742 (2.09–21.751)			
anaka T, et al	Oral Frailty as a Risk Factor for Physical Frailty and Mortality in Community-Dwelling Elderly.	2018	2012-2016	2011	Kashiwa study	- Physical independence and survival - Physical frailty and sarcopenia	Japanese	Baseline oral frailty status		Mortality		age, sex, BMI, chronic conditions (hypertension, diabetes mellitus, osteoporosis, dyslipidemia, malignant neoplasm, and chronic renal failure), cognitive function, depressive symptoms, living arrangements, yearly income, current smoking status, and
								Non-frail (0/6)	45-month-incidence:	Ref.	N/A	
								Pre-frail (1–2/6)	3.10%	1.22 (0.63–2.39)		
								Frail (6–3/6)	6.30%	2.09 (1.00–4.35)		