

評価対象論文リスト(要因:肉・赤肉・加工肉、アウトカム:フレイル・サルコペニア)

評価判定日:2024/4/24

(フレイル)

②日本人集団の個別疫学研究

1	Otsuka R, Tange C, Tomida M, et al. Dietary factors associated with the development of physical frailty in community-dwelling older adults. <i>The Journal of nutrition, health and aging</i> . 2019;23(1):89-95. doi:10.1007/s12603-018-1124-3
2	Shibasaki K, Kin SK, Yamada S, Akishita M, Ogawa S. Sex-related differences in the association between frailty and dietary consumption in Japanese older people: a cross-sectional study. <i>BMC Geriatr</i> . 2019;19(1):211. doi:10.1186/s12877-019-1229-5
3	Yamaguchi M, Yamada Y, Nanri H, et al. Association between the frequency of protein-rich food intakes and kihon-checklist frailty indices in older japanese adults: the kyoto-kameoka study. <i>Nutrients</i> . 2018;10(1):84. doi:10.3390/nu10010084
4	深作貴子, 奥野純子, 戸村成男, et al. 特定高齢者に対する運動及び栄養指導の包括的支援による介護予防効果の検証. Published online 2011. doi:10.11236/jph.58.6 420
5	Kinoshita K, Satake S, Arai H. Impact of frailty on dietary habits among community-dwelling older persons during the covid-19 pandemic in japan. <i>The Journal of Frailty & Aging</i> . 2022;11(1):109-114. doi:10.14283/jfa.2021.45

(サルコペニア)

①既存の系統的レビュー・メタ解析・統合解析

1	Granic A, Dismore L, Hurst C, Robinson SM, Sayer AA. Myoprotective whole foods, muscle health and sarcopenia: a systematic review of observational and intervention studies in older adults. <i>Nutrients</i> . 2020;12(8):2257. doi:10.3390/nu12082257
---	---

(フレイル)

■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	<u>Magnitude of association</u>	
Author	Title	Year	Study period	Number of subjects	Source of subjects	Event followed	Number of incident cases or deaths							Participant's race
Otsuka R, Tange C, Tomida M, Nishita Y, Kato Y, Yuki A, Ando F, Shimokata H, Arai H.	Dietary factors associated with the development of physical frailty in community-dwelling older adults	2019	July 2008 to July 2010→July 2010 to July 2012 (2years)	283	older participants (aged 65 and over)	physical frailty 3-day dietary record.	Prefrail/f rail (n = 102)	japanese	meat intake Robust Prefrail/frail	181 102	OR (95%CI) reference 0.73(0.54-0.99)	0.04	adjusted for sex, baseline age, education, family income, smoking status, alcohol intake, BMI, and medical history,energy intake.	↓

■横断研究

Reference			Study subjects					Category	Number among cases	Relative risk (95%CI or p)	P for trend	Confounding variables considered	<u>Magnitude of association</u>
Author	Title	Year	Study period	Type and source	Definition	Number of cases	Number of controls						
Shibasaki K, Kin SK, Yamada S, Akishita M, Ogawa S.	Sex-related differences in the association between frailty and dietary consumption in Japanese older people: a cross-sectional study	2019	2012-2014(cross sectional)	community -dwelling older adults	KCL (kihon check list) frail	N/A	N/A	frailmeat men consume daily 3-6 times/week Less than twice/week women consume daily 3-6 times/week Less than twice/week	274 81 67 274 133 78	OR (95%CI) reference 1.89 (0.76-4.69) 2.76 (1.12-6.77) reference 2.21 (0.93-5.26) 4.05 (1.67-9.86)	p-value 0.172 0.027* 0.073 0.002*	age, body mass index and family arrangement	↑ ↑ ↑ ↑ ↑ ↑
Yamaguchi M, Yamada Y, Nanri H, Nozawa Y, Itoi A, Yoshimura E, Watanabe Y, Yoshida T, Yokoyama K, Goto C, Ishikawa-Takata K, Kobayashi H, Kimura M; Kyoto-Kameoka Study Group.	Association between the Frequency of Protein-Rich Food Intakes and Kihon-Checklist Frailty Indices in Older Japanese Adults: The Kyoto-Kameoka Study	2018	2011	adults aged 65 years and above	KCL (kihon check list) frail FFQ	N/A	N/A	frailmeat men Q1 (Lowest) Q2 Q3 Q4 (Highest) women Q1 (Lowest) Q2 Q3 Q4 (Highest)	99/841 (11.8) 96/971 (9.9) 87/756 (11.5) 97/893 (10.9) 161/761 (21.2) 153/977 (15.7) 134/922 (14.5) 177/1145 (15.5)	Prevalence ratio (PR) (95%CI or p) Reference 1.13 (0.76, 1.68) 1.42 (0.95, 2.13) 1.19 (0.79, 1.81) Reference 0.81 (0.57, 1.15) 0.89 (0.62, 1.26) 0.90 (0.63, 1.28)	p-Value P for trend (0.274) 0.535 0.091 0.404 P for trend (0.759) 0.236 0.504 0.56	age, family structure , educational attainment, self-rated economic conditions , diet supplement use, diet treatment, smoking habits, body mass index, — total energy intake , and population density,all groups of food frequencies (e.g., seafood, meat, dairy product, egg, and soy product	—