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表1　食物繊維摂取量と2型糖尿病発症との関連を検討した前向きコホート研究

論文/研究名/国	性別/(人種)	ベースラインの年齢(歳)/追跡期間(年)	症例数/総対象者数	症例評価法/食事評価法	カテゴリ数/エネルギー調整/最低および最高摂取群の摂取量	調整因子	最低摂取群に対する最高摂取群の相対危険(95%信頼区間)	傾向性のP値	関連
総食物繊維									
Colditz et al. (1992) NHS 米国	F a	34-59 6	252 73393	自己申告 (妥当性確認済み) 61項目FFQ (妥当性確認済み)	5 あり(残差法) 不明 不明	年齢、肥満度、飲酒、糖尿病の家族歴、過去の体重変化、調査時期	0.75 (0.50-1.13)	0.60	
Colditz et al. (1992) NHS 米国	F b	34-59 6	450 10967	自己申告 (妥当性確認済み) 61項目FFQ (妥当性確認済み)	5 あり(残差法) 不明 不明	年齢、肥満度、飲酒、糖尿病の家族歴、過去の体重変化、調査時期	1.08 (0.78-1.48)	0.97	
Salmeron et al. (1997) HPFS 米国	M	40-75 6	523 42759	自己申告 (妥当性確認済み) 131項目FFQ (妥当性確認済み)	5 あり(残差法) 13.4g/日 29.7g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	0.98 (0.73-1.33)	0.70	
Salmeron et al. (1997) NHS 米国	F	40-65 6	915 65173	自己申告 (妥当性確認済み) 134項目FFQ (妥当性確認済み)	5 あり(残差法) 11.8g/日 24.1g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	0.78 (0.62-0.98)	0.02	-
Meyer et al. (2000) IWHS 米国	F	55-69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 13.3g/日 26.5g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	0.78 (0.64-0.96)	0.005	-
Stevens et al. (2002) ARICS 米国	M/F c	45-64 9	971 9529	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	0 あり(残差法)	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	1.00 (0.99-1.01)d	0.92d	
Stevens et al. (2002) ARICS 米国	M/F e	45-64 9	476 2722	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	0 あり(残差法)	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	1.00 (0.98-1.02)d	0.85d	
Montonen et al. (2003) FMCHES フィンランド	M/F	40-69 10	156 4316	社会保健施設による薬物治療の糖尿病の記録 DHI	4 なし <19.2g/日 >33.3g/日	年齢、性別、地域、喫煙、肥満度、エネルギー摂取量、果物・ベリー摂取量、野菜摂取量	0.51 (0.26-1.00)	0.04	-
Hodge et al. (2004) MCCS 豪州	M/F	40-69 4	365 31641	自己申告 (医師の確認あり) 121項目FFQ (妥当性確認済み)	0 なし	年齢、性別、出身地、身体活動、糖尿病の家族歴、飲酒、教育歴、過去5年間の体重変化、エネルギー摂取量、肥満度、ウエスト・ヒップ比	1.02 (0.81-1.30)f	0.85f	

表1 つづき

Schulze et al. (2004) NHSII 米国	F	24–44 8	741 91249	自己申告 (妥当性確認済み) 133項目FFQ (妥当性確認済み)	5 あり(残差法) 12.5g/日 24.9g/日	年齢、肥満度、エネルギー摂取量、飲酒、身体活動、糖尿病の家族歴、高血圧歴、高コレステロール歴、閉経後ホルモンの使用、経口避妊薬の使用、グライセミック・ロード、マグネシウム摂取量、カフェイン摂取量	1.00 (0.75–1.34)	0.80	
Barclay et al. (2007) 不明 豪州	M/F	>48 10	138 1833	血糖値測定もしくは自己申告 145項目FFQ (妥当性確認済み)	0 なし	年齢、性別、糖尿病の家族歴、喫煙、トリグリセリド、HDLコレステロール、身体活動	0.90 (0.79–1.02)g	0.11g	
Schulze et al. (2007) EPIC(ポツダム) ドイツ	M/F	35–65 7	844 25067	自己申告 (医師の確認あり) 148項目FFQ (妥当性確認済み)	5 あり(残差法) 15.8g/日 27.9g/日	年齢、性別、教育歴、スポーツ、サイクリング、仕事活動量、喫煙、飲酒、エネルギー摂取量、肥満度、腹囲、多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、一価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、炭水化物摂取量、マグネシウム摂取量	0.86 (0.65–1.14)	0.19	
水溶性食物繊維									
Meyer et al. (2000) IWHS 米国	F	55–69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 4.2g/日 8.0g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	0.89 (0.73–1.08)	0.23	
Montonen et al. (2003) FMCHES フィンランド	M/F	40–69 10	156 4316	社会保健施設による薬物治療の糖尿病の記録 DHI	4 なし <4.5g/日 >7.4g/日	年齢、性別、地域、喫煙、肥満度、エネルギー摂取量、果物・ベリー摂取量、野菜摂取量	0.57 (0.29–1.12)	0.21	
Schulze et al. (2007) EPIC(ポツダム) ドイツ	M/F	35–65 7	844 25067	自己申告 (医師の確認あり) 148項目FFQ (妥当性確認済み)	5 あり(残差法) 5.3g/日 9.6g/日	年齢、性別、教育歴、スポーツ、サイクリング、仕事活動量、喫煙、飲酒、エネルギー摂取量、肥満度、腹囲、多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、一価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、炭水化物摂取量、マグネシウム摂取量、不溶性	0.83 (0.57–1.22)	0.45	
不溶性食物繊維									
Meyer et al. (2000) IWHS 米国	F	55–69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 9.9g/日 19.8g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	0.75 (0.61–0.91)	0.001	–
Montonen et al. (2003) FMCHES フィンランド	M/F	40–69 10	156 4316	社会保健施設による薬物治療の糖尿病の記録 DHI	4 なし <8.7g/日 >16.6g/日	年齢、性別、地域、喫煙、肥満度、エネルギー摂取量、果物・ベリー摂取量、野菜摂取量	0.47 (0.25–0.91)	0.03	–
Schulze et al. (2007) EPIC(ポツダム) ドイツ	M/F	35–65 7	844 25067	自己申告 (医師の確認あり) 148項目FFQ (妥当性確認済み)	5 あり(残差法) 10.3g/日 18.4g/日	年齢、性別、教育歴、スポーツ、サイクリング、仕事活動量、喫煙、飲酒、エネルギー摂取量、肥満度、腹囲、多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、一価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、炭水化物摂取量、マグネシウム摂取量、水溶性	0.93 (0.62–1.40)	0.62	

表1 つづき

穀物由来食物繊維								
Colditz et al. (1992) NHS 米国	F a	34–59 6	252 73393	自己申告 (妥当性確認済み) 61項目FFQ (妥当性確認済み)	5 あり(残差法) 不明 不明	年齢、肥満度、飲酒、糖尿病の家族歴、過去の体重変化、調査時期、果物由来食物繊維摂取量、野菜由来食物繊維摂取量	0.98 (0.62–1.55)	不明	
Salmeron et al. (1997) HPFS 米国	M	40–75 6	523 42759	自己申告 (妥当性確認済み) 131項目FFQ (妥当性確認済み)	5 あり(残差法) 2.5g/日 10.2g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	0.70 (0.51–0.96)	0.007	–
Salmeron et al. (1997) NHS 米国	F	40–65 6	915 65173	自己申告 (妥当性確認済み) 134項目FFQ (妥当性確認済み)	5 あり(残差法) 2.0g/日 7.5g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	0.72 (0.58–0.90)	0.001	–
Meyer et al. (2000) IWHS 米国	F	55–69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 2.7g/日 9.4g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	0.64 (0.53–0.79)	0.0001	–
Hu et al. (2001) NHS 米国	F	34–59 16	3300 84941	自己申告 (妥当性確認済み) 120項目FFQ (妥当性確認済み)	5 あり(残差法) 不明 不明	多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、トランス脂肪酸摂取量、グライセミック・ロード、年齢、調査時期、糖尿病の家族歴、閉経状態、閉経後ホルモン治療の有無、喫煙、肥満度、身体活動、飲酒	0.59 (0.52–0.68)h	<0.001	–
Stevens et al. (2002) ARICS 米国	M/F c	45–64 9	971 9529	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	5 あり(残差法) 5.2g/日h 9.4g/日h	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	0.75 (0.60–0.92)	不明	
Stevens et al. (2002) ARICS 米国	M/F e	45–64 9	476 2722	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	5 あり(残差法) 5.2g/日h 9.4g/日h	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	0.86 (0.65–1.15)	不明	
Montonen et al. (2003) FMCHES フィンランド	M/F	40–69 10	156 4316	社会保健施設による薬物治療の糖尿病の記録 DHI	4 なし 9.2g/日h 30.5g/日h	年齢、性別、地域、喫煙、肥満度、エネルギー摂取量、果物・ベリー摂取量、野菜摂取量	0.39 (0.20–0.77)	0.01	–
Hodge et al. (2004) MCCS 豪州	M/F	40–69 4	365 31641	自己申告 (医師の確認あり) 121項目FFQ (妥当性確認済み)	5 なし 4.8g/日h 18.4g/日h	年齢、性別、出身地、身体活動、糖尿病の家族歴、飲酒、教育歴、過去5年間の体重変化、エネルギー摂取量、肥満度、ウエスト・ヒップ比	1.08 (0.73–1.59)h	不明	
Schulze et al. (2004) NHSII 米国	F	24–44 8	741 91249	自己申告 (妥当性確認済み) 133項目FFQ (妥当性確認済み)	5 あり(残差法) 3.1g/日 8.8g/日	年齢、肥満度、エネルギー摂取量、飲酒、身体活動、糖尿病の家族歴、高血圧歴、高コレステロール歴、閉経後ホルモンの使用、経口避妊薬の使用、グライセミック・ロード、マグネシウム摂取量、カフェイン摂取量、果物由来食物繊維摂取量、野菜由来食物繊維摂	0.64 (0.48–0.86)	0.004	–

表1 つづき

Barclay et al. (2007) 不明 豪州	M/F	>48 10	138 1833	血糖値測定もしくは自己申告 145項目FFQ (妥当性確認済み)	0 なし	年齢、性別、糖尿病の家族歴、喫煙、トリグリセリド、HDLコレステロール、身体活動	0.96 (0.78–1.20)d	0.74d	
Krishnan et al. (2007) BWHS 米国	F	21–69 8	1938 40078	自己申告 (妥当性確認済み) 68項目FFQ (妥当性確認済み)	5 あり(残差法) 1.7g/日 7.6g/日	年齢、肥満度、エネルギー摂取量、糖尿病の家族歴、身体活動、喫煙、グライセミック・インデックス、たんぱく質摂取量、脂質摂取量	0.82 (0.70–0.96)	0.01	–
Schulze et al. (2007) EPIC(ポツダム) ドイツ	M/F	35–65 7	844 25067	自己申告 (医師の確認あり) 148項目FFQ (妥当性確認済み)	5 あり(残差法) 6.6g/日 16.6g/日	年齢、性別、教育歴、スポーツ、サイクリング、仕事活動量、喫煙、飲酒、エネルギー摂取量、肥満度、腹囲、多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、一価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、炭水化物摂取量、マグネシウム摂取量、果物由来食物繊維摂取量、野菜由来食物繊維摂取量	0.72 (0.56–0.93)	0.02	–
果物由来食物繊維									
Colditz et al. (1992) NHS 米国	F a	34–59 6	252 73393	自己申告 (妥当性確認済み) 61項目FFQ (妥当性確認済み)	5 あり(残差法) 不明 不明	年齢、肥満度、飲酒、糖尿病の家族歴、過去の体重変化、調査時期、穀物由来食物繊維摂取量、野菜由来食物繊維摂取量	0.95 (0.60–1.50)	不明	
Salmeron et al. (1997) HPFS 米国	M	40–75 6	523 42759	自己申告 (妥当性確認済み) 131項目FFQ (妥当性確認済み)	5 あり(残差法) 1.2g/日 8.3g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	1.01 (0.76–1.36)	0.68	
Salmeron et al. (1997) NHS 米国	F	40–65 6	915 65173	自己申告 (妥当性確認済み) 134項目FFQ (妥当性確認済み)	5 あり(残差法) 1.4g/日 7.6g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	0.87 (0.70–1.08)	0.39	
Meyer et al. (2000) IWHS 米国	F	55–69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 1.7g/日 8.7g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	1.17 (0.96–1.42)	0.08	
Stevens et al. (2002) ARICS 米国	M/F c	45–64 9	971 9529	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	5 あり(残差法) 3.8g/日h 11.1g/日h	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	1.00 (0.81–1.24)h	不明	
Stevens et al. (2002) ARICS 米国	M/F e	45–64 9	476 2722	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	5 あり(残差法) 3.8g/日h 11.1g/日h	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	0.93 (0.69–1.26)h	不明	
Montonen et al. (2003) FMCHES フィンランド	M/F	40–69 10	156 4316	社会保健施設による薬物治療の糖尿病の記録 DHI	4 なし 0.5g/日h 4.6g/日h	年齢、性別、地域、喫煙、肥満度、エネルギー摂取量、果物・ベリー摂取量、野菜摂取量	0.92 (0.40–2.13)	0.87	

表1 つづき

Hodge et al. (2004) MCCS 豪州	M/F	40–69 4	365 31641	自己申告 (医師の確認あり) 121項目FFQ (妥当性確認済み)	5 なし 2.1g/日h 14.5g/日h	年齢、性別、出身地、身体活動、糖尿病の家族歴、飲酒、教育歴、過去5年間の体重変化、エネルギー摂取量、肥満度、ウエスト・ヒップ比	0.85 (0.59–1.21)h	不明	
Schulze et al. (2004) NHSII 米国	F	24–44 8	741 91249	自己申告 (妥当性確認済み) 133項目FFQ (妥当性確認済み)	5 あり(残差法) 1.1g/日 6.2g/日	年齢、肥満度、エネルギー摂取量、飲酒、身体活動、糖尿病の家族歴、高血圧歴、高コレステロール歴、閉経後ホルモンの使用、経口避妊薬の使用、グライセミック・ロード、マグネシウム摂取量、カフェイン摂取量、穀物由来食物繊維摂取量、野菜由来食物繊維摂	0.79 (0.60–1.02)	0.04	–
Barclay et al. (2007) 不明 豪州	M/F	>48 10	138 1833	血糖値測定もしくは自己申告 145項目FFQ (妥当性確認済み)	0 なし	年齢、性別、糖尿病の家族歴、喫煙、トリグリセリド、HDLコレステロール、身体活動	0.94 (0.78–1.15)d	0.57d	
Schulze et al. (2007) EPIC(ポツダム) ドイツ	M/F	35–65 7	844 25067	自己申告 (医師の確認あり) 148項目FFQ (妥当性確認済み)	5 あり(残差法) 0.2g/日 4.7g/日	年齢、性別、教育歴、スポーツ、サイクリング、仕事活動量、喫煙、飲酒、エネルギー摂取量、肥満度、腹囲、多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、一価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、炭水化物摂取量、マグネシウム摂取量、穀物由来食物繊維摂取量、野菜由来食物繊維摂取量	0.89 (0.70–1.13)	0.22	
野菜由来食物繊維									
Colditz et al. (1992) NHS 米国	F a	34–59 6	252 73393	自己申告 (妥当性確認済み) 61項目FFQ (妥当性確認済み)	5 あり(残差法) 不明 不明	年齢、肥満度、飲酒、糖尿病の家族歴、過去の体重変化、調査時期、穀物由来食物繊維摂取量、果物由来食物繊維摂取量	1.06 (0.67–1.66)	不明	
Salmeron et al. (1997) HPFS 米国	M	40–75 6	523 42759	自己申告 (妥当性確認済み) 131項目FFQ (妥当性確認済み)	5 あり(残差法) 3.5g/日 11.3g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	1.12 (0.84–1.49)	0.65	
Salmeron et al. (1997) NHS 米国	F	40–65 6	915 65173	自己申告 (妥当性確認済み) 134項目FFQ (妥当性確認済み)	5 あり(残差法) 3.4g/日 9.6g/日	年齢、肥満度、飲酒、喫煙、身体活動、糖尿病の家族歴	1.17 (0.93–1.46)	0.54	
Meyer et al. (2000) IWHS 米国	F	55–69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 4.7g/日 11.7g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	0.97 (0.80–1.18)	0.77	
Montonen et al. (2003) FMCHES フィンランド	M/F	40–69 10	156 4316	社会保健施設による薬物治療の糖尿病の記録 DHI	4 なし 2.9g/日h 8.2g/日h	年齢、性別、地域、喫煙、肥満度、エネルギー摂取量、果物・ベリー摂取量、野菜摂取量	1.19 (0.46–3.04)	0.86	

表1 つづき

Hodge et al. (2004) MCCS 豪州	M/F	40–69 4	365 31641	自己申告 (医師の確認あり) 121項目FFQ (妥当性確認済み)	5 なし 2.0g/日h 8.8g/日h	年齢、性別、出身地、身体活動、糖尿病の家族歴、飲酒、教育歴、過去5年間の体重変化、エネルギー摂取量、肥満度、ウエスト・ヒップ比	0.81 (0.57–1.46)h	不明	
Schulze et al. (2004) NHSII 米国	F	24–44 8	741 91249	自己申告 (妥当性確認済み) 133項目FFQ (妥当性確認済み)	5 あり(残差法) 3.4g/日 10.4g/日	年齢、肥満度、エネルギー摂取量、飲酒、身体活動、糖尿病の家族歴、高血圧歴、高コレステロール歴、閉経後ホルモンの使用、経口避妊薬の使用、グライセミック・ロード、マグネシウム摂取量、カフェイン摂取量、穀物由来食物繊維摂取量、果物由来食物繊維摂	1.12 (0.87–1.46)	0.19	
Barclay et al. (2007) 不明 豪州	M/F	>48 10	138 1833	血糖値測定もしくは自己申告 145項目FFQ (妥当性確認済み)	0 なし	年齢、性別、糖尿病の家族歴、喫煙、トリグリセリド、HDLコレステロール、身体活動	0.76 (0.57–0.99)g	0.048g	–
Schulze et al. (2007) EPIC(ポツダム) ドイツ	M/F	35–65 7	844 25067	自己申告 (医師の確認あり) 148項目FFQ (妥当性確認済み)	5 あり(残差法) 0.7g/日 3.4g/日	年齢、性別、教育歴、スポーツ、サイクリング、仕事活動量、喫煙、飲酒、エネルギー摂取量、肥満度、腹囲、多価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、一価不飽和脂肪酸摂取量と飽和脂肪酸摂取量の比、炭水化物摂取量、マグネシウム摂取量、穀物由来食物繊維摂取量、果物由来食物繊維摂取量	0.93 (0.74–1.17)	0.66	
豆由来食物繊維									
Meyer et al. (2000) IWHS 米国	F	55–69 6	1141 35988	自己申告 (妥当性確認済み) 127項目FFQ (妥当性確認済み)	5 あり(残差法) 0.1g/日 1.7g/日	年齢、エネルギー摂取量、肥満度、ウエスト・ヒップ比、教育歴、喫煙、飲酒、身体活動	1.10 (0.91–1.33)	0.17	
Stevens et al. (2002) ARICS 米国	M/F c	45–64 9	971 9529	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	0 あり(残差法)	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	1.01 (0.96–1.06)d	0.77d	
Stevens et al. (2002) ARICS 米国	M/F e	45–64 9	476 2722	血糖値測定もしくは自己申告 66項目FFQ (妥当性確認済み)	0 あり(残差法)	年齢、肥満度、性別、センター、教育歴、喫煙、身体活動	0.96 (0.88–1.05)d	0.37d	
Hodge et al. (2004) MCCS 豪州	M/F	40–69 4	365 31641	自己申告 (医師の確認あり) 121項目FFQ (妥当性確認済み)	0 なし	年齢、性別、出身地、身体活動、糖尿病の家族歴、飲酒、教育歴、過去5年間の体重変化、エネルギー摂取量、肥満度、ウエスト・ヒップ比	1.01 (0.96–1.06)d	0.67d	
いも由来食物繊維									
Hodge et al. (2004) MCCS 豪州	M/F	40–69 4	365 31641	自己申告 (医師の確認あり) 121項目FFQ (妥当性確認済み)	0 なし	年齢、性別、出身地、身体活動、糖尿病の家族歴、飲酒、教育歴、過去5年間の体重変化、エネルギー摂取量、肥満度、ウエスト・ヒップ比	1.03 (0.91–1.16)d	0.65d	

ARICS, Atherosclerosi Risk in Communities Study
BWHS, Black Women's Health Study
DHI: 食事歴面接

表1 つづき

EPIC, European Prospective Investigation into Cancer and Nutrition
F: 女性
FFQ: 食物摂取頻度質問票
FMCHES, Finnish Mobile Clinic Health Examination Survey
HPFS, Health Professionals Follow-up Study
IWHS, Iowa Women's Health Study
M: 男性
MCCS, Melbourne Collaborative Cohort Study
NHS, Nurses' Health Study
NHSII, Nurses' Health Study II
–: 有意な負の関連

a: 肥満度29未満
b: 肥満度29以上
c: 白人
d: 摂取量1g/日増加あたりの相対危険
e: 黒人
f: 摂取量20g/日増加あたりの相対危険
g: 摂取量5g/日増加あたりの相対危険
h: Schulze et al. (2007)より引用

表2 食物繊維摂取量と循環器疾患、脳卒中、および心筋梗塞との関連を検討した前向きコホート研究

	筆頭著者（年）	国	対象者 人数	対象者 性別	対象者 年齢	追跡年数	結果変数	群の数	最低摂取群に対する最高摂取群の相対危険(95%信頼区間)	傾向性のP値	関連
循環器疾患（研究数=3）											
総食物繊維	Bazzano (2003)	USA	9776	M/W	25～74	19	発症	4	0.89 (0.80-0.99)	0.01	−
	Mozaffarian (2003)	USA	3588	M/W	≧65	8.6	発症	5	0.84 (0.66-1.07)	0.23	
	Liu (2002)	USA	39876	W	≧45	6	死亡	5	0.79 (0.58-1.09)	0.17	
	Bazzano (2003)	USA	9776	M/W	25～74	19	死亡	4	0.93 (0.77-1.12)	0.20	
水溶性食物繊維	Bazzano (2003)	USA	9776	M/W	25～74	19	発症	4	0.90 (0.82-0.99)	0.01	−
	Liu (2002)	USA	39876	W	≧45	6	死亡	5	0.90 (0.68-1.21)	0.50	
	Bazzano (2003)	USA	9776	M/W	25～74	19	死亡	4	0.88 (0.75-1.04)	0.03	−
不溶性食物繊維	Liu (2002)	USA	39876	W	≧45	6	死亡	5	0.78 (0.57-1.06)	0.09	
穀物由来食物繊維	Mozaffarian (2003)	USA	3588	M/W	≧65	8.6	発症	5	0.79 (0.62-0.99)	0.02	−
	Liu (2002)	USA	39876	W	≧45	6	死亡	5	1.11 (0.84-1.46)	0.38	
野菜由来食物繊維	Mozaffarian (2003)	USA	3588	M/W	≧65	8.6	発症	5	1.08 (0.86-1.36)	0.95	
	Liu (2002)	USA	39876	W	≧45	6	死亡	5	0.96 (0.72-1.28)	0.78	
果物由来食物繊維	Mozaffarian (2003)	USA	3588	M/W	≧65	8.6	発症	5	0.99 (0.78-1.25)	0.98	
	Liu (2002)	USA	39876	W	≧45	6	死亡	5	0.82 (0.61-1.09)	0.09	
脳卒中（研究数=3）											
総食物繊維	Ascherio (1998)	USA	43738	M	40～75	8	発症	5	0.86 (0.55-1.32)	0.37	
	Oh (2005)	USA	78779	W	30～55	18	発症	5	0.83 (0.66-1.04)	0.07	
	Bazzano (2003)	USA	9776	M/W	25～74	19	発症	4	0.95 (0.78-1.16)	0.44	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳梗塞)	5	0.78 (0.56-1.09)	0.09	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳出血)	5	0.84 (0.54-1.30)	0.34	
	Bazzano (2003)	USA	9776	M/W	25～74	19	死亡	4	0.99 (0.64-1.53)	0.99	
水溶性食物繊維	Bazzano (2003)	USA	9776	M/W	25～74	19	発症	4	0.88 (0.73-1.06)	0.14	
	Bazzano (2003)	USA	9776	M/W	25～74	19	死亡	4	0.93 (0.63-1.37)	0.55	
穀物由来食物繊維	Oh (2005)	USA	78779	W	30～55	18	発症	5	0.66 (0.52-0.83)	0.001	−
	Oh (2005)	USA	78779	W	30～55	18	発症(脳梗塞)	5	0.80 (0.57-1.12)	0.23	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳出血)	5	0.51 (0.33-0.78)	0.01	−
野菜由来食物繊維	Oh (2005)	USA	78779	W	30～55	18	発症	5	0.92 (0.74-1.14)	0.14	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳梗塞)	5	1.01 (0.74-1.38)	0.48	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳出血)	5	0.76 (0.51-1.13)	0.18	
果物由来食物繊維	Oh (2005)	USA	78779	W	30～55	18	発症	5	0.87 (0.70-1.09)	0.28	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳梗塞)	5	0.87 (0.63-1.21)	0.22	
	Oh (2005)	USA	78779	W	30～55	18	発症(脳出血)	5	0.86 (0.57-1.29)	0.64	
心筋梗塞（研究数=14）											
総食物繊維	Humble (1993)	USA	1801	M	35～60	9.6	発症	0	−8.10 (−15.50～0.10) e	NA	
	Pietinen (1996)	FIN	21930	M	50～69	6.1	発症	5	0.87 (0.73-1.04)	0.08	
	Rimm (1996)	USA	43757	M	40～75	6	発症	5	0.64 (0.47-0.87)	0.004	−
	Todd (1999)	UK	5754	M	40～59	6～9	発症	4	0.64 (0.45-0.90)	NA	−
	Todd (1999)	UK	5875	W	40～59	6～9	発症	4	0.56 (0.29-1.08)	NA	
	Wolk (1999)	USA	68782	W	37～64	10	発症	5	0.77 (0.57-1.04)	0.07	
	Bazzano (2003)	USA	9776	M/W	25～74	19	発症	4	0.88 (0.74-1.04)	0.05	
	Pereira (2004)	POOL	336244	M/W	35～99	6～10	発症	0	0.86 (0.78-0.96) f	0.005	−
	Kromhout (1984)	NED	857	M	40～59	10	死亡	0	NA	>0.05	
	Kushi (1985)	USA	1001	M	30～69	20	死亡	3	0.57	<0.05	−
	Pietinen (1996)	FIN	21930	M	50～69	6.1	死亡	5	0.73 (0.56-0.95)	0.004	−
	Kromhout (1996)	7C	12763	M	40～59	25	死亡	0	−0.07 (−0.20～0.05) g	>0.05	
	Liu (2002)	USA	39876	W	≧45	6	死亡	5	0.68 (0.39-1.22)	0.13	
	Khaw (1987)	USA	859	M/W	50～79	12	死亡	0	0.74 (0.58-0.94) h	0.01	−
	Mann (1997)	UK	10802	M/W	16～79	13.3	死亡	3	2.25 (0.92-5.53)	>0.05	
	Bazzano (2003)	USA	9776	M/W	25～74	19	死亡	4	0.85 (0.65-1.10)	0.15	

表2 つづき

	Pereira (2004)	POOL	336244	M/W	35～99	6～10	死亡	0	0.73 (0.61-0.87) f	<0.001	−