

図9. 網膜動静脈比 (AVR) の割合の分布 (男性と女性)

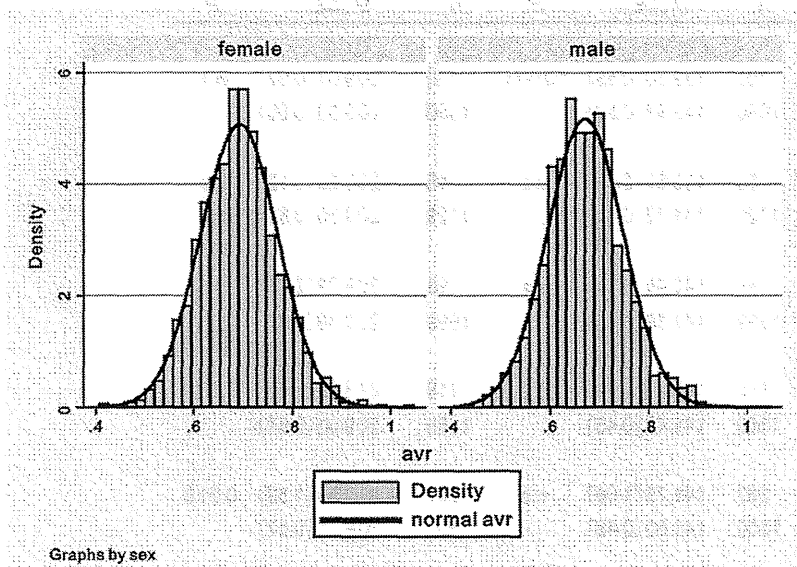


図10. 推定網膜中心動脈径と推定網膜中心静脈径の関連

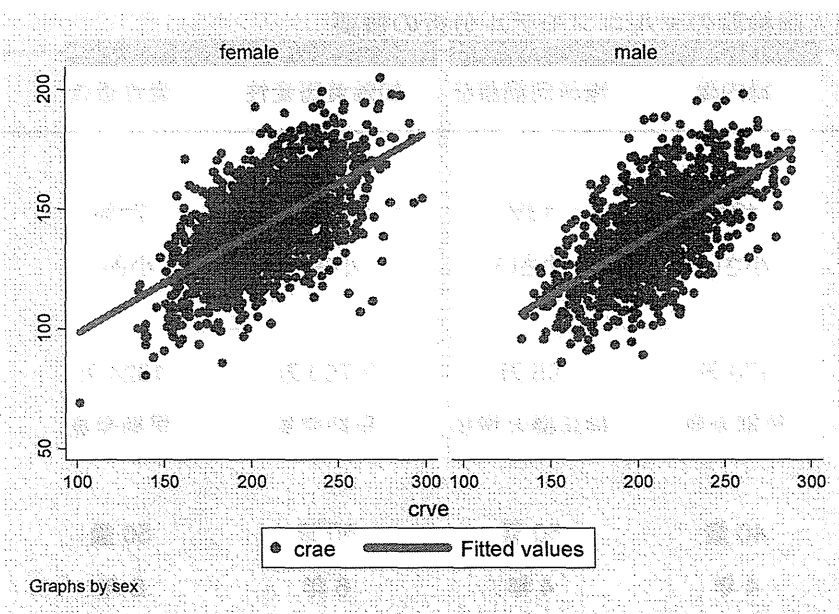


表 1. 網膜血管径と関連する因子

	CRVE			ORVE		
	n	M(SE)	F	n	M(SE)	F
高血圧歴						
有	707	139.60(0.69)	<0.001	707	209.07(0.97)	ns
無	1090	142.95(0.57)		1090	209.59(0.90)	
脳血管病歴						
有	58	139.67(2.49)	ns	58	203.20(3.12)	ns
無	1729	141.72(0.45)		1729	209.56(0.63)	
心臓病歴						
有	98	142.46(2.17)	ns	98	208.79(2.65)	ns
無	1699	141.58(0.45)		1699	209.39(0.64)	
糖尿病歴						
有	118	143.70(1.96)	ns	118	213.92(2.45)	0.054
無	1669	141.48(0.45)		1669	209.03(0.64)	
喫煙歴						
有	297	141.75(1.09)	ns	297	212.69(1.59)	0.018
無	1500	141.60(0.48)		1500	208.71(0.67)	
飲酒歴						
有	1298	140.89(0.51)	0.007	1298	209.52(0.79)	ns
無	499	143.59(0.85)		499	208.91(1.17)	

Test: 対応あるt検定

表 2. 疾患別の成人眼検診のマルコフモデル分析の概要

成人眼検診: 対象疾患	緑内障	糖尿病網膜症	加齢黄斑変性	変性近視	白内障
医学的効果					
失明者減少率	49%	13%	37%	21%	11%
効果の増加	小さい	小さい	小さい	小さい	大きい
費用対効果					
ICER(円/QALY)	470万	95万	2,750万	1024万	30万
検診の意義	早期発見	検診機会増加	早期発見	早期発見	手術勧奨
最適な検診プログラム					
開始年齢	40歳	50歳	50歳	50歳	50歳
間隔	4年	4年	6年	6年	7年
終了年齢	70歳	80歳	60歳	60歳	80歳

表 3. Base-case analysis (統合モデル; 1万人シミュレーション)

	検診群	非検診群
費用(円/人)		
normal cost high	291,586	189,106
normal cost low	288,823	189,106
増分費用(対非検診群)		
normal cost high	102,480	-
normal cost low	99,718	-
効用(QALY)		
utility high	20.9745	20.8818
utility low	22.1972	22.1360
utility average	21.5858	21.5089
増分効用(対非検診群)		
utility high	0.0927	-
utility low	0.0611	-
utility average	0.0769	-
ICER		
normal cost high vs utility high	1,106,099	-
normal cost high vs utility low	1,676,082	-
normal cost high vs utility average	1,332,705	-
normal cost low vs utility high	1,076,282	-
normal cost low vs utility low	1,630,900	-
normal cost low vs utility average	1,296,779	-

249,544.4	875,110.0	455,460.5	119,146.5	806,241.8	(70,211.5)	費用差
(62,177.0)	(69,121.1)	(50,109.1)	(19,175.1)	(29,104.1)	(9,101.1)	増分費用差
889,718.4	305,988.9	455,351.4	248,971.0	577,137.7	(78,155.1)	費用差
104,211.24	(1,071,163)	10,071.21	(10,711.21)	10,071.21	(10,071.21)	増分費用差

図 11. 年齢別失明者率 (統合モデル)

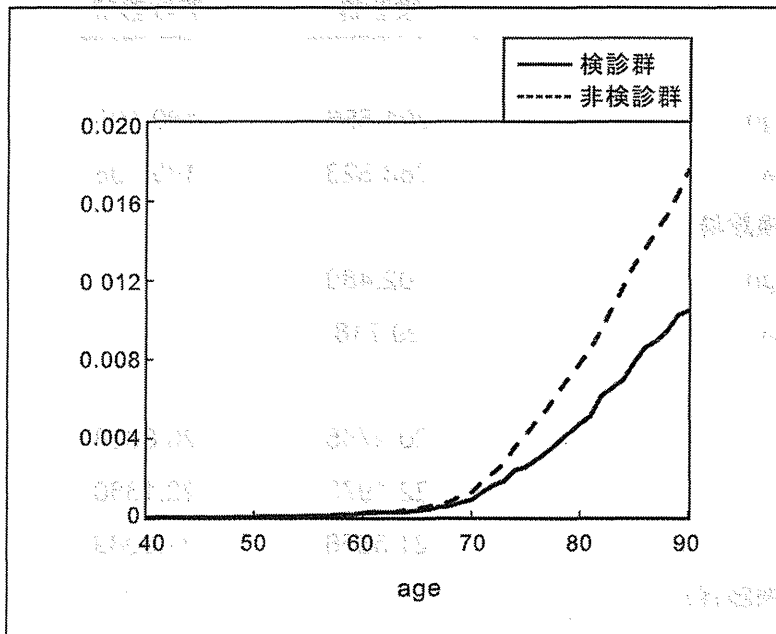
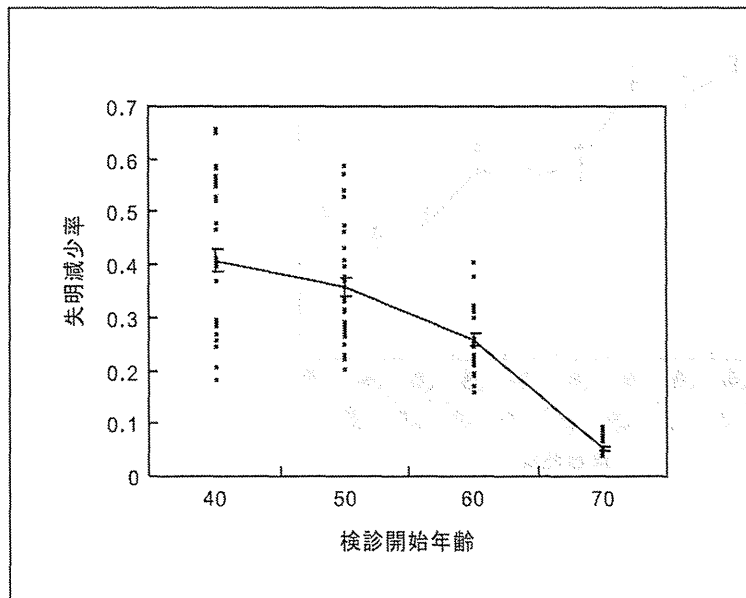
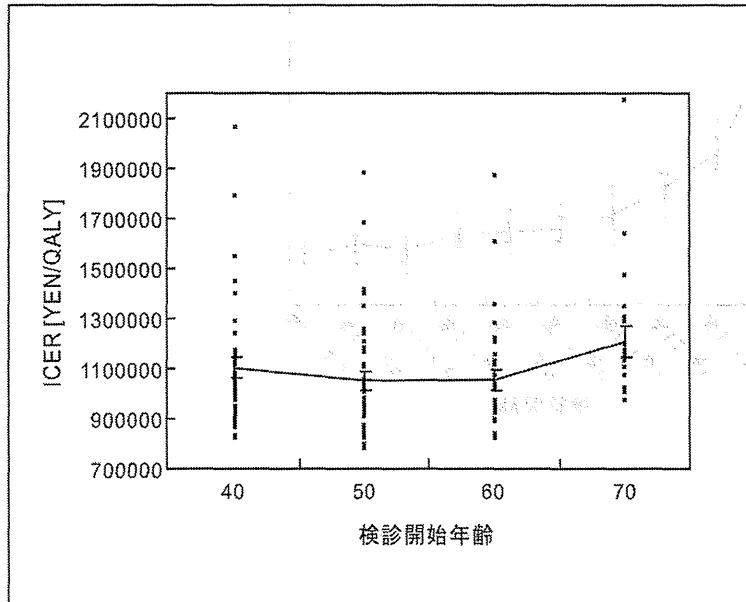


表 4. 検診プログラムの検診開始年齢、検診終了年齢、検診間隔 (統合モデル ; 1 万人シミュレーション)

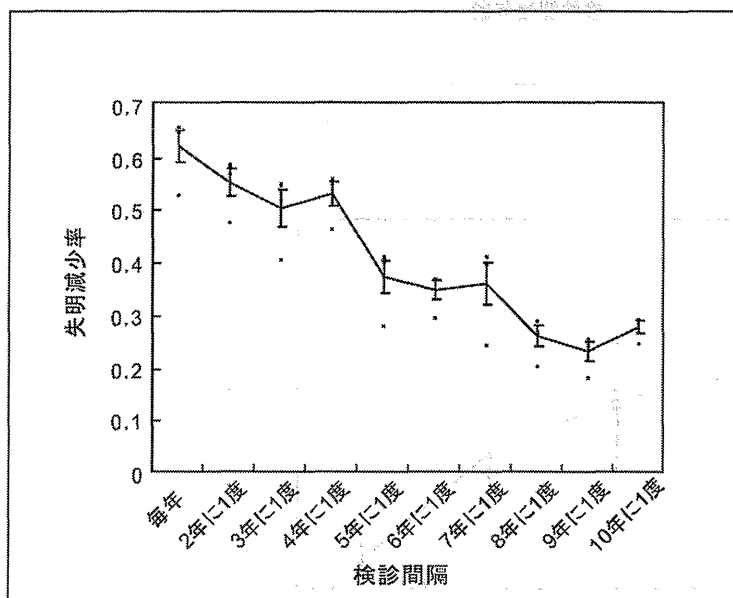
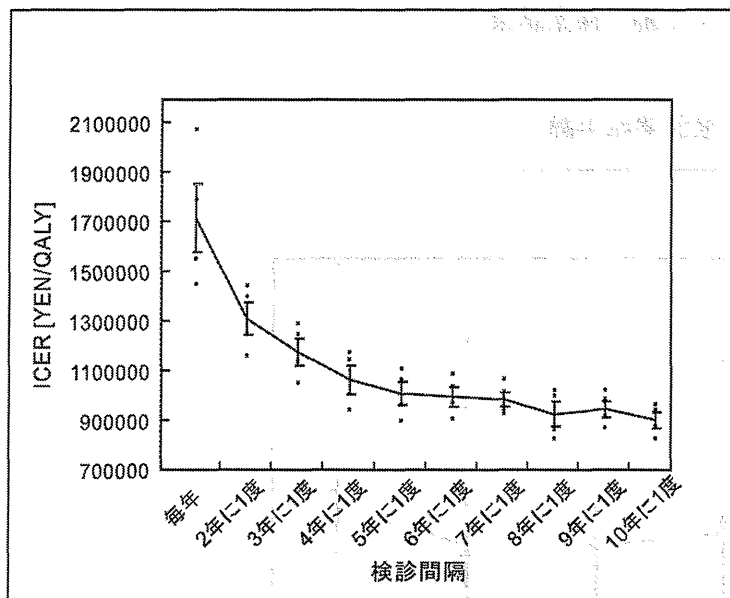
	normal cost high vs utility high	normal cost high vs utility low	normal cost high vs utility average	normal cost low vs utility high	normal cost low vs utility low	normal cost low vs utility average
ICER						
最大値	2,175,511	3,144,906	2,541,611	2,094,224	2,941,678	2,446,645
検診プログラム	(70,1,90)	(40,1,90)	(70,1,90)	(70,1,90)	(70,1,90)	(70,1,90)
最小値	781,270	1,376,153	997,845	757,424	1,338,405	967,388
検診プログラム	(50,10,60)	(60,10,70)	(50,10,60)	(50,10,60)	(50,10,60)	(50,10,60)

図 12. ICER (normal cost high vs utility high) と失明減少率を指標とした最適な検診開始年齢と検診間隔、検診終了年齢の探索結果

a) ICER、失明減少率と検診開始年齢



b) ICER、失明減少率と検診間隔 (40歳検診開始に限定した場合)



c) ICER、失明減少率と検診終了年齢 (40歳検診開始に限定した場合)

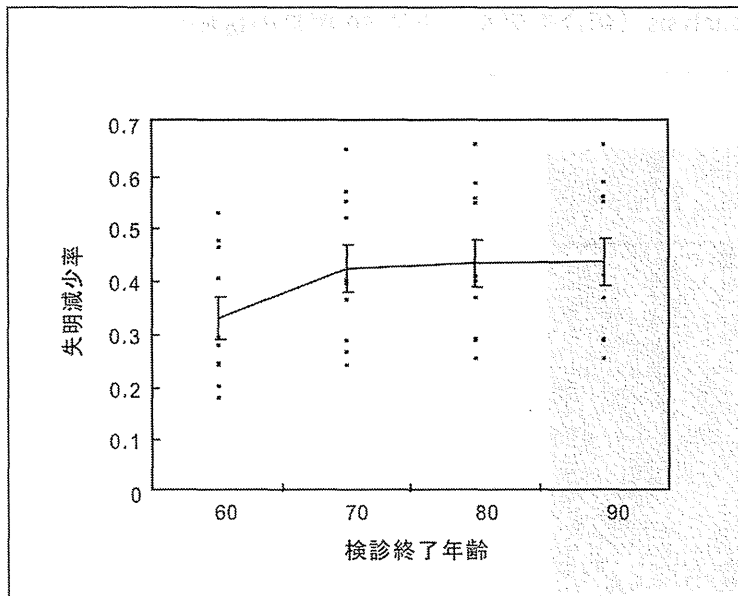
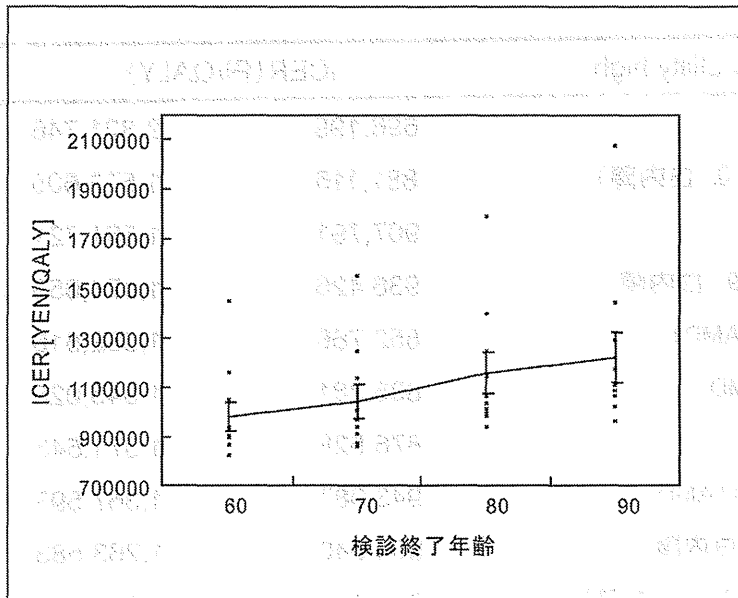


表 5. One-way sensitive analysis (統合モデル; 272 項目中影響の大きい上位 10 項目を抜粋)

normal cost high vs utility high	ICER(円/QALY)	
偶然受診率	696,199	2,821,746
術後効用値 (VA: ≥ 1.0 , 白内障)	881,116	1,573,605
罹患率(白内障)	907,791	1,561,721
手術確率 (VA:0.5-0.9, 白内障)	936,426	1,474,659
サプリメント継続率 (AMD)	852,766	1,382,516
前駆症状罹患率 (AMD)	835,281	1,345,028
老視罹患率	876,528	1,371,543
サプリメント使用割合 (AMD)	943,987	1,367,593
偶然受診関連係数(白内障)	904,940	1,263,583
術前効用値 (VA:0.5-0.9, 白内障)	882,410	1,233,277

図 13. One-way sensitive analysis (統合モデル; 上位 50 項目の抜粋)

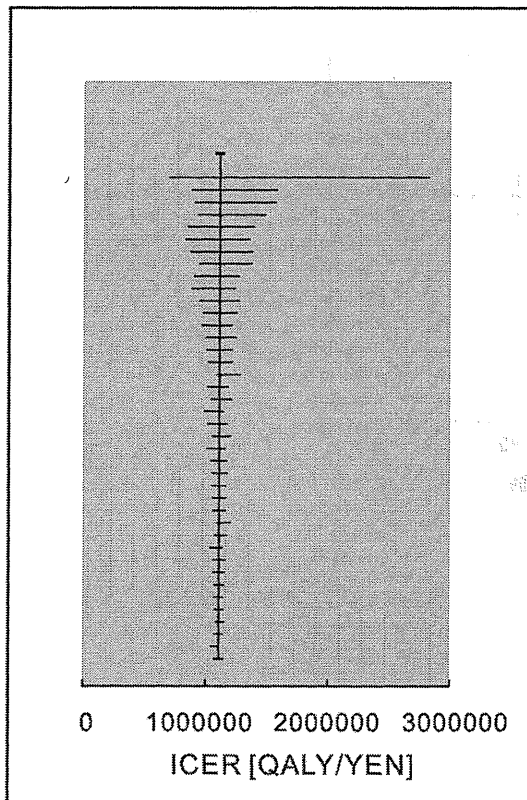


図 14. Two-way SA (統合モデル)

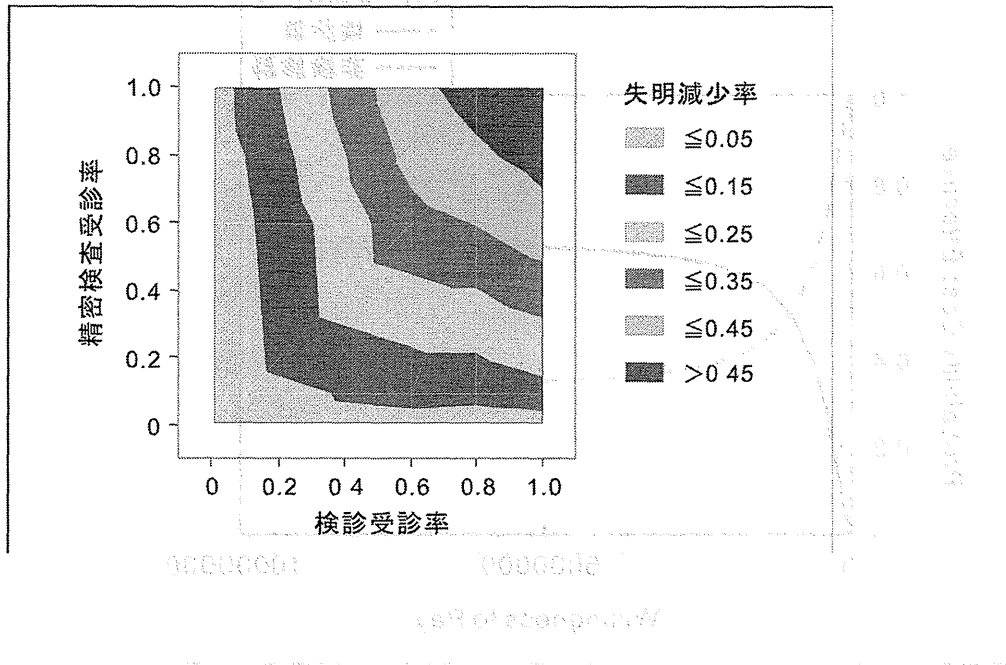


図 15. Probabilistic sensitivity analysis (統合モデル)

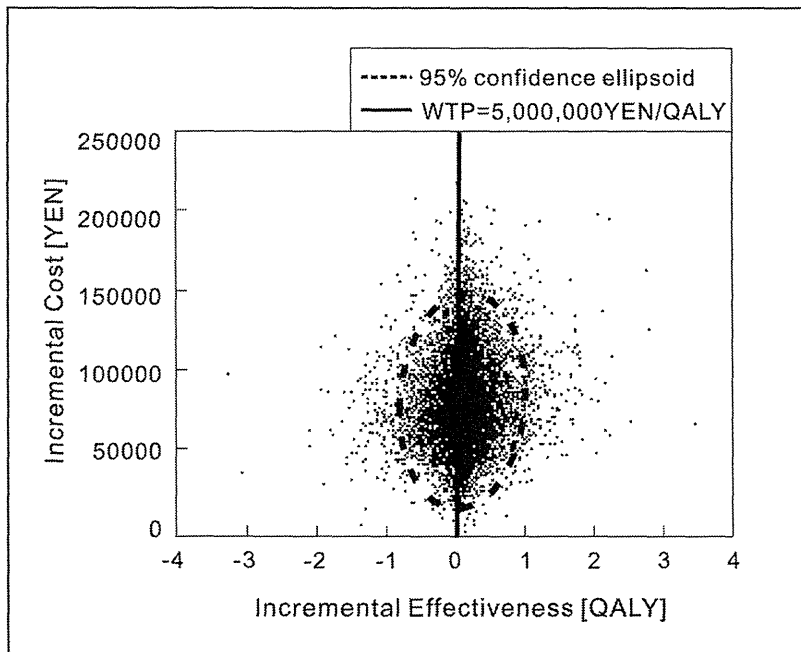
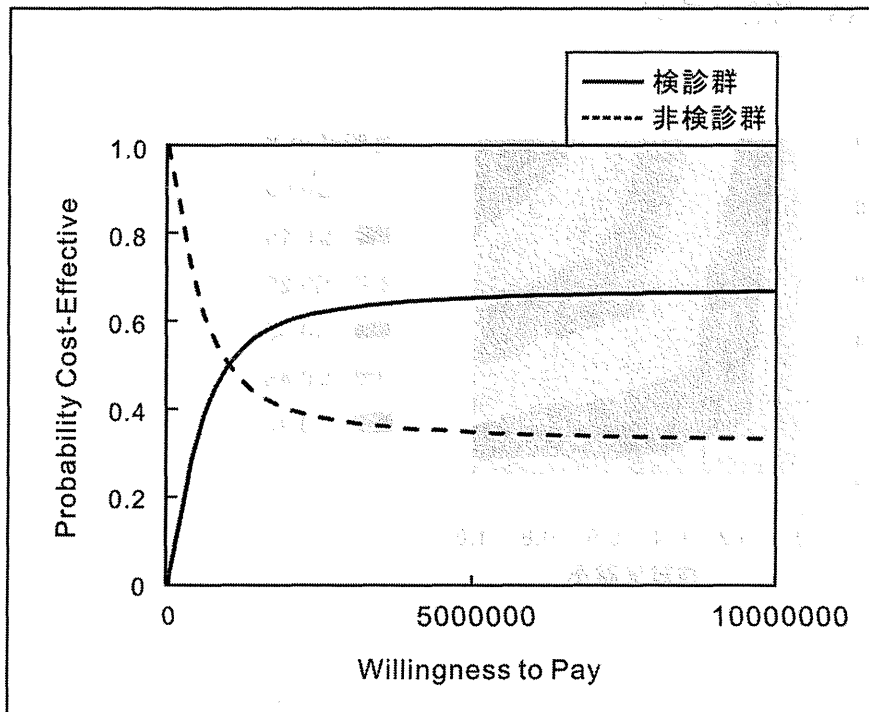


図 16. Cost-effectiveness acceptability curve (統合モデル)



II. 研究成果の刊行に関する一覧表

研究成果の刊行に関する一覧表

書籍

著者氏名	論文タイトル名	書籍全体の編集者名	書籍名	出版社名	出版地	出版年	ページ
Hiratsuka Y.	Alcohol use and diseases of the eye.	Miller NS and Gold M S.	Addictive Disorders in Medical Population S.	Wiley-Blackwell	West Sussex	2010	P278-286
山田昌和	高齢社会における視覚障害とその予防	小口芳久編	高齢者の視覚障害とそのケア	長寿科学振興財団	東京	37-45	2012

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