

Fig. 3 Body mass index (BMI) of type 2 diabetic patients at registration categorized by age group and sex in comparison to the result of “Prevalence of obesity in terms of BMI” dealing with the general population in the National Health and Nutrition Survey by the Health, Labour and Welfare Report, 2009 (ref. [39]). Data not registered were omitted. **a** Diabetic men, **b** diabetic women, **c** men of

the general population (redrawn from ref. [39]), **d** women of the general population (redrawn from ref. [39]). *Rate of diabetics with a BMI larger than 25 was significantly higher ($p < 0.001$) than that of the general population. ***Rate of diabetics with a BMI larger than 30 was significantly higher ($p < 0.001$) than that of the general population

diagnosis of diabetes until they had symptoms or signs of hyperglycemia. As presented in Table 4, the percentage of patients diagnosed with diabetes through health checkups was relatively low, and fewer women than men patients were diagnosed as having diabetes in this manner (22.7 versus 37.0 %), reflecting the data that women underwent health checkups less frequently than men (69.4 % in men and 59.7 % in women in 2010 [16]). We must establish methods to raise the health checkup rate and to disseminate the information that once diabetes has been diagnosed, diabetic patients should be subject to constant diabetes care and treatment.

The ever-smoking rate of diabetic men aged over 60 and of diabetic women aged over 40 was significantly higher than that in the general population [17] (Fig. 2). The number of young diabetic patients registered was small and did not reach significance. Smoking exerts a profound effect on metabolic homeostasis [18]. It causes insulin resistance [19], is associated with an increased waist-hip ratio [20] and is a behavioral risk for developing type 2 diabetes [21, 22]. In addition, smoking cessation increases

the short-term risk of type 2 diabetes [23, 24]. As a result, smokers tended to accumulate in the diabetic population. Smoking is among the risk factors for cardiovascular disease, chronic kidney disease and cancer [25–30]. Anti-smoking campaigns are very important for the general public, and provision of skillful smoking cessation advice by diabetes medical teams is warranted at clinical sites. In order to make prohibition of smoking successful, it is necessary to clarify the background factors of motivation for smoking. Smoking was reported to be associated with depression [31], stress such as job strain [32] and clustering of cardiovascular risk behaviors [33]. We plan to analyze these coincident factors of smokers with diabetes in more detail.

Obesity and/or body weight gain enhance the risk of developing type 2 diabetes [34, 35], chronic kidney disease [36, 37], cardiovascular disease [38] and certain types of cancer [29]. In comparison to the result of surveillance dealing with the general population [39], obese (BMI ≥ 25) type 2 diabetic women and obese type 2 diabetic men aged under 60 at registration were more frequently observed

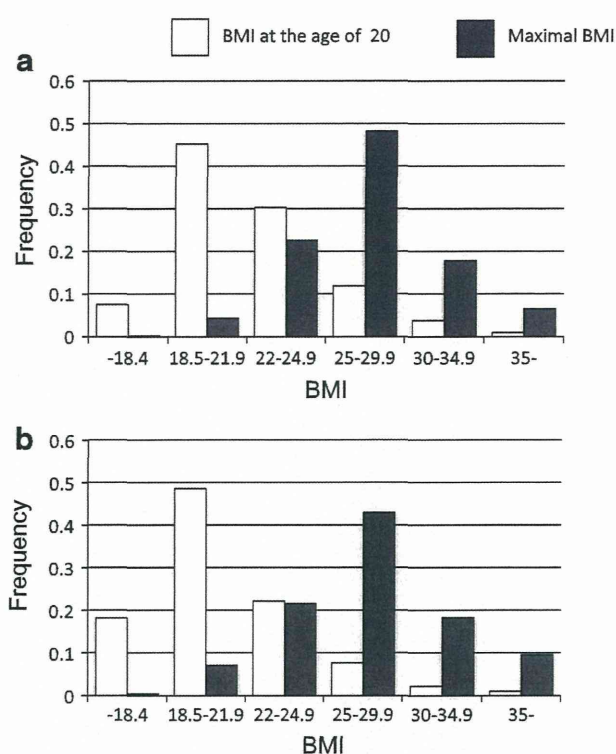


Fig. 4 Distribution of body mass index (BMI) of type 2 diabetic patients at the age of 20 and of the maximal BMI, categorized by sex. Data not registered were omitted. **a** Men; **b** women. BMIs of type 2 diabetic patients at age 20 are shown in *white*, and maximal BMIs of type 2 diabetic patients are shown in *black*. Data not registered were omitted

than in the general population of the same age group (Fig. 3). Most of the patients were not obese at age 20, and then 72 % of type 2 diabetic patients became overweight (BMI larger than 25 kg/m²) at least once in their life (Fig. 4). Sending such messages as “Avoid becoming overweight!” to the general public might help to reduce the risk of developing diabetes.

We next attempted to compare the lifestyle characteristics of type 2 diabetic patients who had never been obese (MAXBMI <25) and those of type 2 diabetic patients who had been obese at least once. As shown in Table 5, men who smoked cigarettes were more frequently observed than those who had never been obese. The relative risk to develop type 2 diabetes for smokers versus non-smokers was reported to be larger among men with a lower BMI [21]. As a result, smokers tended to accumulate in the never-obese diabetic men. In contrast, women who smoked cigarettes were more frequently observed than those who had been obese at least once, suggesting the likelihood that smoking-associated harm had different effects between men and women patients. In addition, other harm coexisting with smoking might be different between genders. Men who drank alcohol more than 4 days per week were

Table 5 Comparisons of smoking and drinking habits of type 2 diabetic patients according to their maximal body mass index (MAXBMI) category

	Maximal BMI		P value
	-24.9	25.0–	
Men			
History of smoking			
Ever	631 (77.0 %)	1,599 (72.6 %)	0.017
Never	188 (23.0 %)	602 (37.4 %)	
Drinking habits			
Drinking more than 4 days per week	337 (43.2 %)	758 (36.5 %)	0.0011
Not drinking more than 4 days per week	443 (56.8 %)	1,320 (63.5 %)	
Women			
History of smoking			
Ever	50 (17.9 %)	178 (25.6 %)	0.013
Never	229 (82.1 %)	516 (74.4 %)	
Drinking habits			
Drinking more than 4 days per week	24 (8.1 %)	47 (7.8 %)	0.96
Not drinking more than 4 days per week	273 (91.9 %)	559 (92.2 %)	

more frequently observed in those who had never been obese. Heavy alcohol consumption was positively associated with the incidence of diabetes among lean Japanese men (BMI ≤22) [40, 41]. As a result, men who drink tended to accumulate in never-obese diabetic men. As for women, such a relationship was not observed.

The present report is part of diabetes data surveillance through the registry system. Although this registry has limitations regarding the method of data collection (retrospective chart review with lack of some records, lack of standardization of data measurement), data obtained from a large number of patients registered by a combination of hospitals and clinics might go a considerably long way to providing reports that accurately reflect the present status of diabetes in Japan. Our registration and data analysis using this database system are currently ongoing.

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Takano and the staff of the National Center for Global Health and Medicine for their skillful data acquisition and registration, and Kayuri Fujiwara for her skillful secretarial assistance are also acknowledged.

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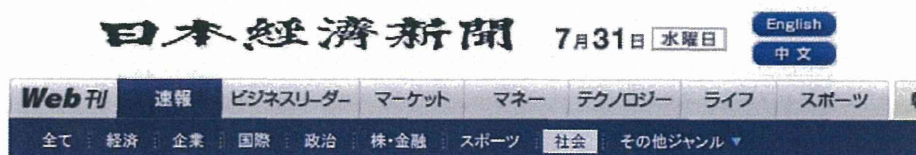
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V 主なマスコミ報道

1) 日経新聞(2013年8月1日)夕刊



速報 > 社会 > 記事

糖尿病患者の重い低血糖、心筋梗塞リスク2倍に

2013/7/31 11:44

小 中 大 保存 印刷 リプリント 共有

2型糖尿病の患者で重症の低血糖を起こした人は起こさない人と比べ、心筋梗塞や脳卒中を発症するリスクが約2倍高くなることを国立国際医療研究センターの研究グループが突き止めた。糖尿病では合併症などを防ぐために血糖値を下げるが、極端に低くなり過ぎないように適切な管理が大切といえそうだ。成果は英医師会雑誌「BMJ」に掲載された。

同センターの野田光彦糖尿病研究部長と後藤温上級研究員らのグループは疫学研究に関する6件の国際論文を解析し、糖尿病患者約90万3500人分のデータから結論を導いた。

重症の低血糖が発生していたのは0.6～5.8%。重症の低血糖を全く起こさなかった人のリスクを1とすると、1回でも重症の低血糖を起こした人が心筋梗塞や脳卒中などを起こすリスクは2.05と高かった。

重症の低血糖は、血糖値が極端に低くなって意識がなくなったり、他人の介助なしでは動けなくなったりする状態。薬などで血糖値を厳密に管理している患者の中で、腎症などの合併症がある人や高齢者などで起きやすいとされる。

これまで重症の低血糖になると血管が傷みやすくなり、死亡リスクが高まったり心筋梗塞などが起きやすくなったりする可能性が指摘されてきたが、証明はされていなかった。野田部長は「患者の中で重症な低血糖になりやすい人は、血糖値の管理を少しだけゆるめるなどの工夫を医療スタッフと相談してほしい」と話している。

小 中 大 保存 印刷 リプリント 共有

糖尿病患者の重い低血糖 心筋梗塞リスク2倍

国際医療
センター

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2) 読売新聞(2013年8月2日)夕刊

YOMIURI ONLINE

📄 f サイトマップ 会社案内

読売新聞ご購読 時事問題学習 SAPIX

ニュース 経済 IT スポーツ RUN 大手小町 教育 医療と介護 エンタメ 新おとな グルメ クルマ 住まい
 総合トップ 新着順 政治 選挙 社会 国際 地域 科学 環境 社説 特集 写真

ホーム > 科学

低血糖起こす糖尿病患者、心筋梗塞リスク高い

おすすめ 1 ?

糖尿病患者が、服薬などで重い低血糖を起こした場合、起こさなかった人に比べ、心筋梗塞や脳卒中を起こす危険が2倍高まるとする研究成果を、国立国際医療研究センター糖尿病研究部の後藤温上級研究者らがまとめた。

英国医師会誌に31日、発表した。

研究グループは、米国などで行われた6つの研究の糖尿病患者計約90万3500人分のデータを解析した。その結果、血糖値が下がりすぎて意識を失うような重い低血糖を起こした人は、起こさなかった人より2・05倍、心筋梗塞や脳卒中を起こす危険が高かった。

低血糖を起こす患者の中には、感染症などほかの重い病気を患う人もいる。研究グループは、これらの影響も考慮して分析したが、低血糖が、心筋梗塞や脳卒中の直接の発症リスクとなることは否定できなかった。

(2013年7月31日17時35分 読売新聞)

糖尿病患者が重い低血糖…

研究グループは、米国などで行われた六つの研究の糖尿病患者計約90万3500人分のデータを解析した。その結果、服薬などで血糖値が下がり過ぎて意識を失うような重い低血糖を起こした人は、起こさなかった人より2・05倍、心筋梗塞や脳卒中を起こす危険が高かった。低血糖を起こす患者の中には、感染症などほかの重い病気を患う人もいる。研究グループはこれらの影響を取り除いた分析も行ったが、重い低血糖は心筋梗塞や脳卒中の直接の発症リスクであると考えられた。

研究グループの野田光彦・糖尿病研究部長は「高齢者など低血糖を起こしやすい人や、過去に心臓病を患った人は、主治医に従って適切な血糖管理を行ってほしい」と話している。

心筋梗塞 脳卒中

リスク2倍

国際医療研

糖尿病患者が重い低血糖を起こした場合、起こさなかった人に比べ、心筋梗塞や脳卒中を起こす危険が2倍高まるとする研究成果を、国立国際医療研究センター糖尿病研究部の後藤温・上級研究者らがまとめた。英国医師会誌に31日、発表した。

V 主なマスコミ報道

3) 朝日新聞(2013年9月24日)朝刊

朝日新聞
DIGITAL



天気 [東京都 東京]
降水確率: 0%

設定

交通情報

現在、設定されていません

設定

トピックス あまちゃん最終回 安藤美姫復帰戦 堺市長選 手抜き除染まとめ読み

ニュース > 記事

2013年9月24日

おすすめ 0

0



この記事をストック

メール

印刷

低血糖発作で脳卒中リスク2倍 国際医療研究センター

重い低血糖で発作を起こしたことのある糖尿病患者が心筋梗塞（こうそく）や脳卒中を発症するリスクは、発作のなかった患者に比べ2倍になることが、国立国際医療研究センター糖尿病研究部の後藤温上級研究員らの研究でわかった。低血糖発作が起きることで血圧が上昇し、心臓に負担がかかるためと考えられるという。

重い低血糖の発作は、インスリン注射など強い薬で血糖値をコントロールする患者に起きやすい。研究グループは、米国など6本の医学論文から2型糖尿病患者計約90万人分のデータを解析。意識を失うほど重い低血糖を起こした人の心筋梗塞や脳卒中を起こすリスクは、起こさなかった人より2.05倍高かった。

発作の前には手の震えや動悸（どうき）、冷や汗などが出ることが多いという。研究チームの野田光彦・糖尿病研究部長は「初期症状が出たら、適切に糖分を補給することが大切」と話している。研究結果は英医学会誌「BMJ」に掲載された。（川原千夏子）

低血糖発作で脳卒中リスク2倍

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