

小児や妊婦も同様に外挿されている。

なお、文献の系統抽出後に乳がんに関するメタ解析論文が出され、21件のコホート研究(28編の論文)から、魚類やn-3系多価不飽和脂肪酸の摂取は乳がんの発症に予防的に働くことが示された(107)。

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5. 一価不飽和脂肪酸

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1. 血中代謝マーカーとの関連

高コレステロール患者に一価不飽和脂肪酸を13en%から26en%に増加させ(炭水化物は減少)させると、4週間でHDLコレステロール値は12.5%増加することが認められている(1)。健常者の介入研究で、飽和脂肪酸に比較し、一価不飽和脂肪酸摂取群(20-22en%)は血中酸化LDLが少なくなることも報告されている(2, 3)。

しかし、望ましくない効果も報告されている。飽和脂肪酸に比較して、動脈硬化のリスクになる食後の中性脂肪値(4)が高いことが多くの研究で示されている(5-7)。

2. 心不全

動物実験でエルシン酸(エルカ酸)投与により、心筋障害を生じることが報告されていた(8)が、血中リン脂質中の脂肪酸組成を調べたコホート研究で、長鎖一価不飽和脂肪酸(22:1 erucic acid, 24:1 nervonic acid)の多かった群で、心不全の増加が認められている(9)。20:1はリスクになっていない。長鎖一価不飽和脂肪酸が、食事由来(魚、サラダ油、家禽類に多く含まれている)か体内で生成されたものか不明である。

3. 肥満

主に肥満者を対象した12のRCT介入研究を統合したメタ・アナリシスでは、高一価不

飽和脂肪酸食(>12en%)と低一価不飽和脂肪酸食(12en%以下)との間に体重の差は認められていないが、体脂肪を調べた4つのRCTを統合すると、高一価不飽和脂肪酸食群の方が低脂肪食群(高炭水化物食群)より、体脂肪量の減少を認めた(10)。遺伝的な背景(Apo A1, apoB, PPARs, WATC1)の違いより、一価不飽和脂肪酸の肥満への影響が異なることを示す報告もある(11-14)。

安静時のエネルギー消費量に関して、飽和脂肪酸と比較し、一価不飽和脂肪酸が増加する報告(15)と差がないとする報告(16)があるが、食後のエネルギー消費量は増加することを示す報告がある(17)。

4. 糖尿病

健康な人(過体重を含む)を対象にした介入研究では、高一価不飽和脂肪酸食はインスリン感受性や抵抗性を改善する報告もある(18, 19)が、影響を与えないことを示す報告も多くあり(20, 21)、結論は得られていない。耐糖能異常を示す患者を対象とした9つの介入研究のメタ・アナリシスでは、高一価不飽和脂肪酸食群は低一価不飽和脂肪酸食群に比べて、HbA1c減少効果(-0.21)が認められているが、空腹時血糖値には変化が見られていない(22)。

血中のパルミトオレイン酸が多いと、2型糖尿病患者でインスリン感受性が良くなってい

るが、食事との関連は示されていない(23)。

5.炎症

炎症や内皮機能についても報告がある。高飽和脂肪酸との比較では、高一価不飽和脂肪酸食の方が食後の TNF- α (24)や sICAM-1 レベル(25)が低い、低脂肪食との比較では、良い効果は認められていない(26, 27)。

6.血圧

9 の RCT 介入研究を統合したメタ・アナリシス(多くは肥満者を対象)では、高一価不飽和脂肪酸食群(>12en%)の方が、低一価不飽和脂肪酸食群(12en%以下)より、収縮期圧は 2.26mmHg、拡張期圧は 1.15mmHg 低下した(10)。食後の血圧低下の程度も、飽和脂肪酸や n-3 脂肪酸に比べて、一価不飽和脂肪酸の方が少し強い(28)。

7.がん

ドイツでのコホート研究で、飽和脂肪酸、一価不飽和脂肪酸、n-3 系脂肪酸、n-6 系脂肪酸の多い食事パターンと乳がん罹患が正の関連を示した(29)。

8.認知能

4年間の観察研究(Women's Health Study)で、一価不飽和脂肪酸摂取量の多い群で、認知能の改善が認められている(30)。

9.高齢者

420kcal/日の fat emulsion (60%は一価不飽和脂肪酸)を高年齢者に投与すると、食欲が増加し(31)、透析患者に投与すると炎症反応が減少することが報告されている(32)。

10.AMD

一価不飽和脂肪酸が良いことを示す報告(33)と悪いことを示す報告がある(34)。

11.皮膚

横断研究で、皮膚の老化の程度とオリーブオイル摂取量は負の関連が認められる(35)。

12.女性に於いて、子供の時に飽和脂肪酸、一価不飽和脂肪酸、n-3 脂肪酸摂取量と成人の頸動脈内皮の肥厚に正の関連が認められている(36)。

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