

**厚生労働科学研究費補助金（難治性疾患克服研究事業）
分担研究報告書**

原発性高脂血症に関する調査研究

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研究要旨： 急性冠症候群（ACS）の患者にはヘテロ接合体家族性高コレステロール血症（hFH）が高率に存在すると予測されるが、ACS 発症早期から LDL-C が低下すること、早期からスタチンが投与されることによって本来の LDL-C 値を把握することが難しいために hFH の診断と合併率の把握が困難である。しかし、高 LDL-C 血症暴露時間と相関を示すアキレス腱厚（ATT）の測定により hFH 有病率を推測することが可能と考えられる。多施設研究により hFH 合併率と臨床的特徴を検討することにより、hFH が ACS 発症の高リスクであり、早期診断および薬物介入の重要性を広く認識させることが、医療経済および健康寿命の延長に重要と考える。

A.研究目的

ATT 測定により ACS 患者における hFH 合併率と臨床的特徴を明らかにする。

B.研究方法

ACS を発症した患者（連続症例）に文書による同意取得後、両側 ATT を軟 X 線撮影により測定。アキレス腱厚 9mm 以上で hFH と判断し、その合併率および臨床的特徴を多施設調査で検討。

（倫理面への配慮）

- ・人権擁護：症例は施設内で暗号化し、患者情報は個人名を特定できないよう無記名（数値）で提出する。また、調査への参加および参加辞退は個人の自由意志に基づいて実施される。
- ・対象者への不利益：日常診療範囲内の医療行為および、包括医療範囲内の血液検査とレントゲン撮影で、参加しない場合と比較して医療費や健康面の不利益を被ることは無いと考える。
- ・説明と同意：担当医師より書面および口頭にて十分な説明を行い、文書による同意を得る。

C.研究結果

ACS 連続症例（n=344，M/F=274/70）の平均年齢は 65 歳、平均 LDL-C 値 119 ± 41 mg/dL で、スタチン系薬剤の内服率は 20.3%。ATT 9mm 以上

の症例は 17.9% で、9mm 未満の症例と比較して、有意に若年（ 61 ± 13 vs. 65 ± 13 ）で、LDL-C 高値（ 135 ± 50 vs. 118 ± 37 ）かつ HDL-C 低値（ 42 ± 9 vs. 46 ± 12 ）であった。BMI、喫煙率、高血圧および糖代謝異常の合併率には差がなく、早発性冠動脈疾患の家族歴は 13.2% と高率であったが対照群と有意差なし（6.6%）。hFH の診断基準を満たす症例は 28.3% で対照群の 0.8% に比べて有意に高率で、ACS 症例ではアキレス腱厚による hFH の診断は有用と考えられる。ACS の病型に特徴はないが、左前下行枝の 1 枝病変が多い傾向を認める。また、院内予後は良好であった。1970 年代の米国の報告と比較して、60 歳未満での hFH 合併率は非常に高い（23.5 vs. 4.1%）が、一方で、日本人の hFH は 60 歳以上で ACS を発症する患者が多いことも明らかになった（14.9 vs. 0.7%）。

D.考察

ATT 測定は ACS を発症した症例における hFH 診断に有用と考えられる。臨床的特徴として、比較的若年で高 LDL-C 血症を呈する以外に非 hFH と有意差がないため、ATT 測定が少なくとも ACS を発症する高リスク病態の患者をスクリーニングするのに有用な検査と考えられた。

E. 結論

軟 X 線撮影による ATT 測定は ACS 発症後の hFH 診断に有用で、アキレス腱厚を基準とした hFH の合併率は約 18%であったが、60 歳未満で早発性に発症した ACS 症例では約 4 人に 1 人が hFH と高率である。早期診断と薬物介入により心血管事故の抑制は可能と考えられ、医療経済と健康寿命の延長にとっても重要である。

F. 研究発表

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G.知的財産権の出願・登録状況

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