

## 午睡はメタボリック症候群のリスクを上昇させる (Abstract 1191-377)

午睡や眠気はメタボリック症候群のリスク上昇と関連する

Daytime napping and sleepiness associated with increased risk of metabolic syndrome

日中の眠気に加え、40分以上の午睡はメタボリック症候群発症リスク上昇と関連する可能性がある、と第65回American College of Cardiology年次集会で発表された。307,237人のアジア人および欧米人を対象とした、21の観察研究のデータを解析したスタディにおいて、日中に40分以上午睡する者はメタボリック症候群のリスクが著しく上昇することが示された。90分の午睡は過剰な日中の疲労感と同様に、リスクを50%も上昇させるようであった。

### Full Text

Napping for 40 minutes or longer during the day, along with daytime sleepiness, may be associated with an elevated risk of developing metabolic syndrome, according to research presented at the American College of Cardiology's 65th Annual Scientific Session.

The study, led by Tomohide Yamada, M.D., Ph.D., and colleagues from the University of Tokyo analyzed data from 21 observational studies involving 307,237 Asian and Western subjects who self-reported their daytime tiredness and napping habits. Researchers compared the participants' responses to their history of metabolic syndrome, type-2 diabetes and obesity.

The analysis revealed that subjects who napped for more than 40 minutes during the day showed a sharp increase in the risk of metabolic syndrome. Napping for 90 minutes appeared to increase the risk by as much as 50 percent, as did excessive daytime tiredness. The study also showed a slight decrease in risk of metabolic syndrome when participants napped for less than 30 minutes. Previous work by Yamada and his team showed that napping for longer than one hour corresponded to a 50 percent increase in type-2 diabetes.

The authors note that as the data was dependent on self-reporting by participants, the study's findings may not be representative of the world population. However, the results indicate a need for further study into how sleep habits influence metabolic syndrome and cardiovascular disease, especially considering that nap length appears to influence risk both upward and downward.

Moving forward, future research should focus on "clarifying the relationship between naps and metabolic disease," with the hope of offering a new strategy of treatment, says Yamada.

"Excessive weight and its associated increased risk for sleep apnea might be a potential mechanistic pathway to explain these results," adds Kim A. Eagle, M.D., MACC, editor-in-chief of ACC.org.

## ACC2016特集

[News01]

脳画像が扁桃体の活性と心臓発作のリスクを関連付ける

[News02]

心疾患患者においてうつ病は予後不良と関連している

[News03]

心疾患疑いの症状は男女で差がない

[News04]

午睡はメタボリック症候群のリスクを上昇させる

[News05]

バイスタンダーによるCPRは生存率向上および神経学的転帰が良好であることと関連がある

[News06]

マンモグラムは心疾患の新たなスクリーニング法となり得る

[News07]

スタチンの広範な使用がスタディにより支持された

[News08]

中等度リスクの患者においてTAVRは手術に代わる妥当な代替療法である

[News09]

PCSK9阻害薬はスタチン不耐性患者のコレステロール値を低下させる

[News10]

心臓検査における性差

[News11]

Evacetrapibトライアルは早期中断された

[News12]

肥満手術の血糖値に対する効果は時間が経過しても持続する

[News13]

幹細胞治療は心不全の転帰を改善する

[News14]

院外心停止に対する抗不整脈薬投与が疑問視される

[News15]

ステント留置を遅らせても臨床的有益性は示さなかった

[News16]

心筋梗塞後のlosmapimod投与により改善は認めなかった

[News17]

クライオアブレーションは高周波アブレーションに匹敵する

[News18]

CABGは心不全患者の寿命を延長させる