

審査の結果の要旨

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This research has focused on the prospective association between daily problem coping styles and incidence and mortality from cardiovascular disease and cancer in a population-based cohort.

The key findings of the study are as follows:

1. For cardiovascular disease incidence analyses, there were 304 myocardial infarctions and 1565 strokes among the 57,017 subjects during a mean follow-up time of 7.9 years. For mortality analyses, there were 191 and 331 deaths from IHD and cerebrovascular disease respectively during a mean follow-up time of 8.0 years.
2. Cardiovascular disease incidence endpoints: in the multivariable adjusted models, a fantasizing coping style was positively associated with incident CVD (HR=1.26, 95% CI: 1.05—1.52) and stroke (HR=1.24, 95% CI: 1.01—1.53). There were no significant interactions between planning and any of the five other coping styles for any of the incident cardiovascular end points.
3. Stroke incidence sub-analyses: fantasizing was positively associated with subarachnoid haemorrhage (HR=1.72, 95% CI: 1.01—2.94) and planning was inversely associated with ischemic stroke (HR=0.82, 95% CI: 0.68—0.99). The inverse association between a planning coping style and ischemic stroke remained significant even in sensitivity analyses which excluded cases in the first three years of follow-up.

4. Cardiovascular disease mortality endpoints: In the multivariable analysis, none of the coping styles were associated with any of the CVD mortality end points. There were no significant interactions between planning and any of the five other coping styles for any of the cardiovascular disease mortality end points.
5. Gender stratified analyses: Gender interacted significantly with a planning coping style only for the intracranial haemorrhage mortality end point (p for interaction: <0.05). In further gender stratified analyses, a planning coping style was inversely associated with mortality from intracranial haemorrhage in men (HR=0.46, 95% CI: 0.23—0.92) but not among women.
6. Cancer was diagnosed in 5241 out of 55,130 participants during a mean follow-up time of 9.5 years. For mortality analyses, there were 1632 cancer deaths during a mean follow-up time of 9.8 years.
7. None of the coping styles were associated with overall cancer incidence. However, a planning coping style was positively associated with cancers detected through screening (HR=1.27, 95% CI: 1.09—1.47). There were significant interactions between a planning coping style and one or more of the other coping styles for incidence of cancer subtypes, and for localized cancers.
8. Positive reappraisal was inversely associated with cancer mortality (HR=0.84, 95% CI: 0.72—0.97), a result which remained statistically significant even when excluding cases in the first three years of follow-up. There were significant interactions between a planning coping style and one or more of the other coping styles for mortality from cancer subtypes

This is the first population-based study to investigate the association between premorbid coping styles and CVD/cancer incidence and mortality using a Japanese population-based cohort. The results conclude that specific coping styles may be associated with cardiovascular disease incidence and cancer mortality as well as cancers detected through screening. Thus, the manuscript is endorsed as a PhD thesis.