原著

遺伝子組換えビトエリスロポエチン投与が透析 患者の栄養代謝におよぼす影響ーー蛋白代謝 の改善効果ー

平野宏1) 武政睦子3) 市川和子4) 大沢源吾2)

川崎医療福祉大学 医療技術学部 臨床栄養学科1)

川崎医科大学 内科(腎臓)2)

川崎医療短期大学 栄養科3)

川崎医科大学附属病院 栄養給食部4)

1991-08-23 00:00:00+09受理

Influence of Recombinant Human Erythropoietin on the Nutrition of Dialysis Patients with Termina1 Renal Insufficiency: Amelioration of Protein Metabolism

Hiroshi HIRAN0¹⁾, Mutsuko TAKEMASA³⁾, Kazuko ICHIKAWA⁴⁾ and Gengo OSAWA²⁾

Department of Health and Sports Sciences Faculty of Medical Professions Kurashiki, 701–01, Japan¹⁾

Division of Nephrology, Department of Internal Medicine Kurashiki, 701–01, Japan²⁾

Department of Nutrition Kurashiki, 701-01, Japan³⁾

Department of Nutrition Kurashiki, 701–01, Japan⁴⁾

(Accepted 1991-08-23 00:00:00+09)

Key words:recombinant human erythropoietin, nutrition, protein metabolism, hemodialysis, CAPD

Abstract

We studied the influence of recombinant human erythropoietin(rHuEPO) therapy on the nutrition of dialysis patients patients with terminal renal insufficiency. Hemodialysis patients were divided into two groups depending on their BUN level; those in which the BUN level increased after rHuEPO administration and those in which it decreased after rHuEPO therapy. There was no difference in serum creatinine level and the degree of improvement of anemia and in both groups caloric and protein intake equally increased after rHuEPO therapy. We suspect that the increase in the BUN level depends on the increase in protein intake and that the decrease depends on the suppression of protein catabolisms by rHuEPO. There were no differences between HD and CAPD patients in the degree of anemia and subjective complaints, the change in body weight or CTR. In the HD patients, the intake of calcium, phosphate and iron increased with the increase in meal volume. In CAPD patients, an increase in meal volume was not recognized in spite of increment of appetite after amelioration of anemia by rHuEPO.

要 約

rHuEPO投与が透析患者の栄養代謝におよぼす影響を検討した.HD患者では,BUN値の上昇(10%以上)群と低下(10%以上)群がみられた.血清Cr値は有意に変動しなかった.貧血の改善程度は,両群間で差がなかった.蛋白質とエネルギー摂取量は,両群ともに増加傾向にあった.BUN値の上昇は蛋白質摂取量の増加が一因であることが推測された.BUN値の低下は,rHuEPO自体の蛋白異化抑制作用の関与が示唆された.rHuEPO投与による貧血改善および自覚症状の改善度は,HDとCAPD患者間で差はなかった.体重増加と心胸比の変化は,HDとCAPD患者間で差はなかった.HD患者では,食事摂取量の増加に伴いカルシウム,リン,鉄の摂取量の有意の増加がみられた.CAPD患者では,食欲不振の改善にもかかわらず食事摂取量の増加はなかった.