심혈관질환 Ⅰ			번호: Ⅰ - F - 4
제 목	국문	혈중 콜레스테롤과 전 원인, 심혈관질환, 암 사망률과의 관계	
	영문	Serum cholesterol levels and mortality from all cause, CVD, CVA and all cancer in the cohort study in 698796 people	

저 자 및 소 속	국문	박종구[1], Zhang Qinfeng[2], 박기호[3] 1) 연세대학교 원주의과대학 예방의학교실 및 2) 태산의과대학 예방의학교실 및 3) 국군의무사령부 예방의학과
	영문	Jong-Ku Park[1], Qinfeng Zhang[2], Keeho Park[3] 1) Department of Preventive Medicine, Wonju College of Medicine, Yonsei University and 2) Department of Preventive Medicine, Taishan Medical College and 3) Department of Preventive Medicine, The Armed Forces Medical Command

분 야	역 학 심혈관질환	발 표 자	박기호	발표형식	구 연
			일반회원		

진행상황	연구중 → 완료예정시기: 2002년 12월

1. 연구목적

To evaluate the relation between total serum cholesterol and subsequent all-cause, cardiovascular, and cancer mortality.

2. 연구방법

These data are from 698,796 beneficiaries of KMIC aged 40 and older who had taken the health examination in 1992 or 1993 at baseline with mortality follow-up over 7 years.

3. 연구결과

Total cholesterol showed a U- or J-shaped relation to all cause and cardiovascular disease (CVD) mortality across all samples (except female for CVD). An inverse relation was observed with cancer mortality. No significant relationship was found for stroke.

In proportional-hazards model adjusted for potential confounders, the relationship between total cholesterol and mortality was U-shaped for all cause and CVD (except for all cause in male). An inverse relation was observed with cancer mortality. The relationship of mortality to stroke was significant only in female. When analyzed according to age category, the relationship between total cholesterol and mortality was significant for all cause and cancer (except for CVD in 70s). There was U-shaped or inverse relation for all cause, whereas inverse relation was observed with cancer mortality (except in 40s). No changes in the aspects of relationship were observed after the first 3 years of follow-up were excluded. Our data accord with previous findings of increased mortality with low serum cholesterol.

4. 고찰

In interpreting this result, we can't exclude the possibility that the relationships between low serum cholesterol and high mortality rates result from pre-existing disease lowering cholesterol. Moreover, because there may be difference between the biological effects from intrinsically low cholesterol and those by dietary or pharmacologically induced low cholesterol, determining the ideal range of cholesterol for the clinical purpose is open to further studies and discussion.