

研究テーマ:気管支喘息

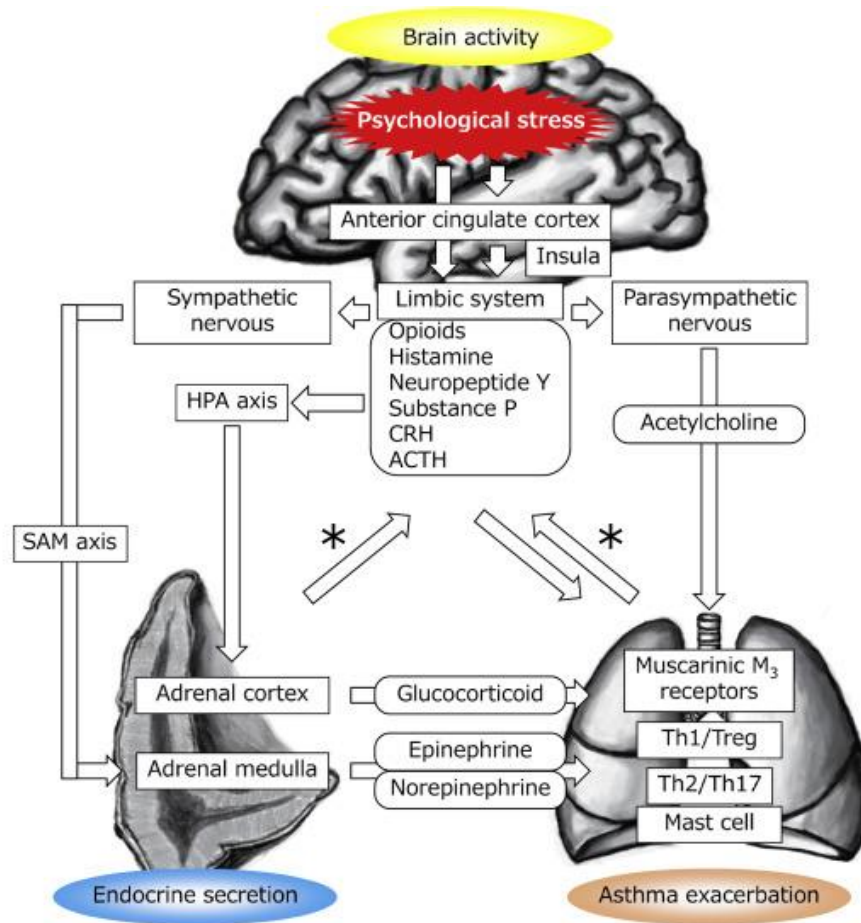
アレルギー疾患、特に気管支喘息、を対象として病態の解析と解析結果に基づいた新規治療法(薬)の発見・開発を目指している。各種の抗アレルギー薬や吸入ステロイドの開発・臨床応用、さらに管理・治療のガイドラインの策定にも関わらず、喘息を含むアレルギー疾患に悩む人は人口の約 20%に及んでおり、国民病の様相を呈している。その理由として、アレルギー疾患が多遺伝子疾患であり、さらにその発症に環境因子(生活環境の変化や種々の社会心理的ストレスなど)が複雑に関連していることが挙げられる。そこで私共は、遺伝子背景として性差に、また環境因子として心理的ストレスに着目して研究を行っている。

1)心理的ストレス

気管支喘息患者の増加傾向の背景として、ストレスが増加しつつある社会世相を反映した心理的ストレス誘発性喘息患者の増加が指摘されている。疫学調査から心理的ストレス(家族/友人関係、勉強、仕事、金銭問題などなど)により喘息症状が悪化することも示されている。この喘息悪化は当然のことながら、アレルギー免疫応答の増悪を伴う。しかし、脳に入った刺激(ストレス)が気管支という離れた臓器の疾患(喘息)を悪化させるに至る細胞分子レベルでのメカニズムは未だ不明である。

我々は、気管支喘息マウスモデルにおいて、心理的ストレスである拘束ストレスが喘息反応を悪化させること、 μ -オピオイド受容体欠損マウスや中枢神経系 μ -オピオイド受容体を選択的に阻害されたマウスではこのような悪化がみられないこと、そして μ -オピオイド受容体賦活薬であるモルヒネの投与によりストレス喘息が再現されることを見出した。すなわち、脳に感知された精神的ストレスが肺という離れた臓器に影響を及ぼすシステムとして中枢神経系 μ -オピオイド受容体の賦活が考えられる。

そこで、次のステップとして、アレルギー性気道疾患の病態に精神-神経-内分泌-免疫応答の概念を導入して、『ストレス負荷⇒中枢神経系 μ -オピオイド受容体活性化⇒ストレスホルモン分泌⇒アレルギー性免疫応答修飾⇒喘息悪化』という作業仮説(下図)のもと、ストレス誘発性喘息のメカニズムについて研究している。本研究の臨床的意義として、オピオイド受容体阻害によるストレス誘発性喘息発作の治療や予防の可能性を想定している。



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2)性差

気管支喘息の発症や重症度に男女差があることは昔から知られている。発症率では、小児期は女兒よりも男児のほうが高いが、思春期以降になると男性より女性のほうが高くなり、さらに女性のほうが重症化しやすくなる。また、月経や妊娠により喘息症状の悪化が認められる。これらの事実から、女性ホルモンが気管支喘息の発症や重症度にみられる性差に関与していることが考えられている。しかしながら、そのメカニズムや関連因子については明らかではない。我々は、気管支喘息マウスモデルでも、雌の方がより強い気道炎症と Th2 サイトカイン発現を示すことを確認した。このモデルで、リンパ球による Th2 サイトカイン発現への性ホルモンの影響にも性差があることを見出した。さらに、感作リンパ球を、同性間あるいは異性間で、正常マウスに移入すると、雄リンパ球よりも雌リンパ球の方がより強い喘息応答を誘導することが明らかと

なった。すなわち、喘息症状における性差の背景にリンパ球機能の性差が存在することを見出した。さらに、このリンパ球機能の性差が加齢とともに消失し、同時に喘息応答の性差も加齢とともに消失した。そこで、リンパ球や抗原提示細胞による Th2 サイトカイン発現調節における雌雄差に注目して、気管支喘息病態の性差のメカニズムを解析中である。本研究は、近年注目されている『性差医療』の面から、気管支喘息の新たな治療法を模索するものである。

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