

Cochrane library の系統的レビューでは、6 か月間の完全母乳栄養は、子どものアレルギー疾患発症の予防効果がないと結論している²⁰⁾。なお、このレビューでは6 か月間の完全母乳栄養を行った場合でも、混合栄養の乳児と体重に差が認められない一方で、消化器感染症の減少、母体の再妊娠の遅延、母体の体重減少の促進などの利点があることから、一般の乳児を対象に6 か月間の完全母乳栄養を推奨している。

アレルギー素因のある乳児の発症予防効果を検討したものでは、生後6 か月までの栄養法を、完全母乳、母乳以外に乳清部分分解乳、一般調整粉乳、豆乳で行った4 群の比較研究において、完全母乳栄養群と乳清部分分解乳群で、湿疹や喘息などのアレルギー疾患の発症予防効果が5 歳になるまで継続的に認められた²¹⁻²³⁾。このほかの研究では生後4～6 か月までの栄養法を、一般調整粉乳と乳清加水分解乳とで比較すると、後者では牛乳アレルギーやアトピー性皮膚炎の発症が有意に低下していたが、喘息については差がみられなかった²⁴⁻²⁶⁾。なお、牛乳蛋白質分解乳が完全母乳よりもアレルギー疾患予防に有効だというエビデンスはない。また人工乳として豆乳を使用したものもあるが、アレルギー素因のある乳児のアレルギー発症に対し、一般の調製粉乳と有意差がなく、予防効果があるとはいえない²⁷⁻²⁹⁾。

③ 固形物（離乳食）の開始時期延期による予防効果

生後4 か月までに、4 種類以上の固形物を摂取した群では、固形物を摂取しなかった群と比較して、2 歳、10 歳までの慢性湿疹の既往が高かった³⁰⁻³²⁾。早期に摂取した食物の種類による差はなかったが、生後4 か月までに多種類の固形物を摂取したもののほど湿疹のリスクが高くなっていった。より早期の生後12 週から15 週までに固形物を開始した場合にも、湿疹や喘鳴の出現頻度が増加した³³⁻³⁷⁾。しかしこのほかの研究では、卵や牛乳の開始を遅らせた群で、5 歳半の湿疹のリスクが高くなるという報告もある³⁸⁾。

食物アレルギーの除去を目的とした介入研究の多くは、固形物開始時期を遅らせるだけでなく、完全母乳の推進、人工乳として加水分解乳の使用、母親の食物除去などと組み合わせた方法をとっているが、こうした包括的な介入においても個別の介入と同様に、乳児期から幼児期早期までのアレルギー疾患の発症にある程度の予防効果が認められている³⁹⁻⁴⁹⁾。しかし長期的な予防効果について明確なエビデンスはない。

食物アレルギーを引き起こすおそれのある食品

特定のアレルギー体質をもつ場合に、血圧低下、呼吸困難又は意識障害等の重篤な健康被害を引き起こすおそれがあるもの

発症数が多く、重篤度が高いもの：小麦、そば、卵、牛乳、落花生

重篤な健康被害がみられているもの：あわび、いか、いくら、えび、かに、さけ、さば、牛肉、鶏肉、豚肉、大豆、やまいも、オレンジ、キウイフルーツ、もも、りんご、バナナ、くるみ、まつたけ、ゼラチン

資料：平成13年3月21日（最終改正平成16年12月27日）厚生労働省医薬局食品保健部企画課長、監視安全課長通知「アレルギー物質を含む食品に関する表示について」

*注)「厚生労働科学研究班による食物アレルギーの診療の手引き 2005」(厚生労働科学研究費補助金免疫アレルギー疾患予防・治療研究事業 食物等によるアナフィラキシー反応の原因物質(アレルギー)の確定、予防・予知法の確立に関する研究；主任研究者 海老澤元宏)、「食物アレルギー診療ガイドライン 2005」(日本小児アレルギー学会食物アレルギー委員会作成) 参照

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