ビタミンD結合タンパクに影響する遺伝子多型が血清ビタミンD(25[OH]D3)と食物アレルギーとの関係を修正する

背景

ビタミンD不足が食物アレルギーと関連しているというエビデンスが増加している。ビタミンD結合タンパク (DBD)低下が血清ビタミン D 生物学的活性を増加させる。遺伝的多型が結合タンパクの変化の80%を説明出来る。

目的

DBP の低下が食物アレルギーにおける血清ビタミン D 低下による悪影響を代償することが出来るかについて調べた。

方法

集団ベース研究(n=5276)より血清 serum 25-hydroxyvitamin D3 (25[OH]D3) と1歳時の食物 アレルギー (負荷試験で証明した 338 名の食物アレルギーと 269 名のコントロール) と2歳時 (55 名の持続した食物アレルギーと寛解した 50 名) との関連 について調べた。液体クロマトグラフィータンデムマススペクトロメトリーにて 25(OH)D3 値を測定し、季節で補正した。解析は DBP 代理のマーカとして rs7041 のゲノム型によって層別化した (low, the GT/TT genotype; high, the GG genotype)。

結果

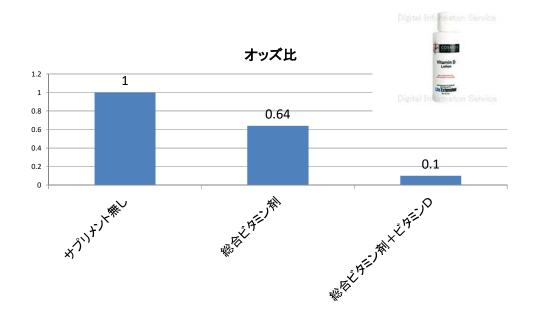
1 歳時の低血清 25(OH)D3 level (≤50 nM/L) 値は食物アレルギーと関連した。特に GG ゲノム型の乳児で(オッズ比 [OR], 6.0; 95% CI, 0.9-38.9)、しかし GT/TT ゲノム型では関連しなかった (OR, 0.7; 95% CI, 0.2-2.0;

P interaction = .014)。母親の出生前のビタミンDサプリメントは食物アレルギーの減少と関連した、特にGT/TT ゲノム型 (OR, 0.10; 95% CI, 0.03-0.41)。持続的なビタミン D 不足は持続的食物アレルギーを増加させ(OR, 12.6; 95% CI, 1.5-106.6)、特に GG ゲノム型においてみられた。

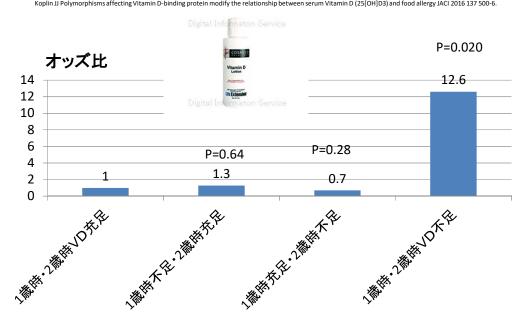
結論

DBP 値の低下と関連した遺伝的多型は低血清 25(OH)D3 と食物アレルギーとの関連を弱めた。そのことは低 DBP を伴ったビタミンD生物学的活性が高くなることと一致する。これは食物アレルギーにおけるビタミンDの役割をうまく説明できる。

妊娠中の総合ビタミン剤・ビタミンDと1歳時の食物アレルギーオッズ比 Koplin JJ Polymorphisms affecting Vitamin D-binding protein modify the relationship between serum Vitamin D (25[OH]D3) and food allergy JACI 2016 137 500-6.



1歳時・2歳時のビタミンDと2歳時の鶏卵アレルギーオッズ比



食物アレルギーのある人はビタミンDのサプリメントとしての摂取が、食物アレルギーを改善する可能性がある

Polymorphisms affecting vitamin D-binding protein modify the relationship between serum

vitamin D (25[OH]D3) and food allergy

- <u>J Allergy Clin Immunol.</u> 2016 Feb;137(2):500-506.e4. doi: 10.1016/j.jaci.2015.05.051. Epub 2015 Aug 7.
- Polymorphisms affecting vitamin D-binding protein modify the relationship between serum vitamin D (25[OH]D3) and food allergy.
- Koplin JJ¹, Suaini NH², Vuillermin P³, Ellis JA², Panjari M⁴, Ponsonby AL², Peters RL², Matheson MC¹, Martino D², Dang T⁴, Osborne NJ⁵, Martin P⁴, Lowe A¹, Gurrin LC¹, Tang ML⁶, Wake M⁷, Dwyer T⁴, Hopper J⁸, Dharmage SC¹, Allen KJ⁹; HealthNuts Study.
- Author information
- 1Murdoch Childrens Research Institute, Parkville, Australia; School of Population and

Global Health, University of Melbourne, Parkville. Australia.2Murdoch Childrens Institute, Parkville, Australia; Research Department of Paediatrics, University of Melbourne, Parkville, Australia.3Murdoch Research Institute, Childrens Parkville, Child Health Research Unit, Australia; Barwon Health and Deakin University, Australia.4Murdoch Childrens Geelong, Research Institute, Parkville, Australia.5European Centre for Environment and Human Health, University of Exeter Medical School, Cornwall, United Kingdom.6Murdoch Childrens Research Institute, Parkville, Australia; Department of Paediatrics, University of Melbourne, Parkville, Australia; Department of Allergy and Immunology, Royal Children's Hospital,

Australia.7Murdoch Childrens Parkville, Institute, Parkville, Australia; Research Department of Paediatrics, University of Melbourne, Parkville, Australia; Centre for Community Child Health, Royal Children's Parkville, Australia.8School Hospital, of Population and Global Health, University of Melbourne, Parkville, Australia.9Murdoch Childrens Research Institute, Parkville, Australia; Department of Paediatrics. University of Melbourne, Parkville, Australia; Department of Allergy and Immunology, Royal Children's Hospital, Parkville, Australia; School of Inflammation and Repair, University of Manchester, Manchester, United Kingdom. Electronic address: katie.allen@rch.org.au.

• Abstract

• BACKGROUND:

• There is evolving evidence that vitamin D insufficiency may contribute to food allergy, but findings vary between populations. Lower vitamin D-binding protein (DBP) levels increase the biological availability of serum vitamin D. Genetic polymorphisms explain almost 80% of the variation in binding protein levels.

• OBJECTIVE:

 We sought to investigate whether polymorphisms that lower the DBP could compensate for adverse effects of low serum vitamin D on food allergy risk.

• METHODS:

• From a population-based cohort study (n = 5276) we investigated the association between serum 25-hydroxyvitamin D3 (25[OH]D3) levels and food allergy at age 1 year (338)

challenge-proven food-allergic and 269 control participants) and age 2 years (55 participants with persistent and 50 participants with resolved food allergy). 25(OH)D3 levels were measured using liquid chromatography-tandem mass spectrometry and adjusted for season of blood draw. Analyses were stratified by genotype at rs7041 as a proxy marker of DBP levels (low, the GT/TT genotype; high, the GG genotype).

• RESULTS:

• Low serum 25(OH)D3 level (≤50 nM/L) at age 1 years was associated with food allergy, particularly among infants with the GG genotype (odds ratio [OR], 6.0; 95% CI, 0.9-38.9) but not in those with GT/TT genotypes (OR, 0.7; 95% CI, 0.2-2.0; P interaction = .014). Maternal antenatal

vitamin D supplementation was associated with less food allergy, particularly in infants with the GT/TT genotype (OR, 0.10; 95% CI, 0.03-0.41). Persistent vitamin D insufficiency increased the likelihood of persistent food allergy (OR, 12.6; 95% CI, 1.5-106.6), particularly in those with the GG genotype.

• CONCLUSIONS:

Polymorphisms associated with lower DBP level attenuated the association between low serum 25(OH)D3 level and food allergy, consistent with greater vitamin D bioavailability in those with a lower DBP level. This increases the biological plausibility of a role for vitamin D in the development of food allergy.