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修士論文要旨

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和文要旨: 歯を喪失したベトナム高齢者における薄切り肉料理の嗜好、咀嚼回数・ 時間および食物摂取量におよぼす影響

背景:高齢者の歯の喪失は、咀嚼能力を低下させ、肉を含む食物摂取量の減少につながる。ベトナムでは、ほとんどの人は肉を伝統的な市場から購入し、自宅の包丁でスライスする(ハンドカットミート)。ハンドカットミートの厚さは通常3~5mmで、厚さが不規則なので高齢者が噛むのは容易ではありません。世界で最も高齢者の割合が高く健康寿命が長い日本では、一般的にハンドカットミートの代わりに薄切り肉を使用しています。肉スライサーを使用することで厚さは、わずか1.5mm程度で均一です。

目的:歯を喪失したベトナムの高齢者にとって、薄切り肉はハンドカットミートよりも味を改善し、咀嚼しやすく、食物・栄養摂取量を増加させるかを確認すること。

方法:研究で利用した肉は、ハノイで数少ない薄切り肉を作れる肉屋にたのんだ。薄切り肉とハンドカットミートは、同じ肉塊から作った。ハンドカットミートは、自分たちで作った。被験者には歯を1本以上喪失した65歳以上の高齢者38名を選び、クロスオーバー法で介入研究を実施した。最初にハンドカットミートと薄切り肉の味を官能検査で評価した。次に、ハンドカットミートと薄切り肉3gを全被験者に食べてもらい、嚥下までの咀嚼時間と回数を測定した。第3番目には、被験者をランダムに2群(各群19名)に分け、クロスオーバー法で介入研究を実施した。被験者は、薄切り肉あるいはハンドカットミートを使った食事を1週間食べた。一週間のウォッシュアウト後、食事を逆にした。被験者は提供した食事以外は何も食べなかった。食事の前後に食事の重さを量り、摂取量を計算し、エネルギー・栄養素摂取量を計算した。

結果: 薄切り肉は、味、柔らかさ、おいしさにおいて、ハンドカットミートよりも高く評価された。嚥下までに薄切り肉 3g を咀嚼する回数と時間は、 53 ± 22 回と 47 ± 23 秒でしたが、3g のハンドカットミートでは 73 ± 35 回と 65 ± 33 秒でした(回数、時間ともに p<0.05)。歯列が中程度不良者($21\sim27$ 歯)と不良者(20 歯以下)の両方で、薄切り肉料理のエネルギー、タンパク質、脂質摂取量がハンドカットミート食より多く、歯列不良者では差がさらに大きかった(p<0.05)。

結論:歯を喪失した高齢者では、ハンドカットミートに比べて薄切り肉は、美味しく、 咀嚼しやすく、食物・栄養摂取量も多かった。

Effects of Thinly-Sliced Meat on Taste of Dishes, Time, Number of Chews, and Food Intake in Elderly People with Tooth Loss

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Background: The loss of teeth in elderly people reduces their chewing ability and leads to a decrease in food intake, including meat. In Vietnam, meat is a common source of protein; most people maintain the habit of buying meat in large pieces from traditional markets and then slicing it at home with a knife. However, the thickness of meat sliced by hand is usually 3-5mm; the slices are large and irregular so they are difficult for the elderly to chew. In Japan, which has the highest proportion of elderly and the longest healthy life expectancy in the world, people generally use pre-sliced meat instead of block meat. By using a meat slicer, we can get pieces of meat of the same size, with a thickness of only 1.5mm (depending on the adjustment to the slicer).

Purpose: To show that thinly sliced meat improves taste, is easier to chew, and increases food and nutrition intakes compared with hand-cut meat in Vietnamese elderly who have lost teeth.

Method: The meat used in the research was obtained from one of the few butchers in Hanoi who can provide thinly-sliced meat. Hand-cut meat was prepared by ourselves. Thinly-sliced meat and hand-cut meat were made from the same block of meat. Thirty-eight elderly people aged over 65 years who had lost one or more teeth were selected as subjects. First, the taste of hand-cut meat and thinly-sliced meat was evaluated by a sensory test. Next, all subjects were asked to eat 3g of hand-cut meat or thinly-sliced meat, and the number of chews and the time until swallowing were recorded. Third, subjects were randomly divided into two groups (19 in each group) and an intervention study was conducted by the crossover method. Subjects ate a daily meal of sliced meat or hand-cut meat for a week. After a week of washout, the diet was reversed. Subjects ate nothing but the food provided. Foods were weighed before and after meals to measure intake, and then energy and nutrient intakes were calculated.

Results: Thinly-sliced meat was rated higher than hand-cut meat in taste, softness, and overall taste. The number and time for chewing 3 g of thinly-sliced meat before swallowing was 53 ± 22 times and 47 ± 23 seconds, but with 3 g of hand-cut meat, it was 73 ± 35 times and 65 ± 33 seconds (both times and time p < 0.05). Both moderately poor dentitions (21-27 teeth) and poor dentition (20 or less) had higher energy, protein, and lipid intakes from dishes with thinly-sliced meat than those with hand-cut meat (p<0.05). The tendency was clearer with poor dentition than with moderately poor dentition (p <0.05).

Conclusions: In elderly people with tooth loss, thinly-sliced meat was tastier, easier to chew, and had higher food and nutrition intakes than hand-cut meat.