

Библиография

Часть I

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6. Имелись данные по 82 заболеваниям, приводящим к смерти, но около трети этих случаев были повторением одной и той же болезни у людей различного возраста.
7. Употребление калорий в Китае приведено для мужчины весом 65 кг, занимающегося «легким физическим трудом». Приведенные для сравнения данные для американского мужчины скорректированы для веса тела, равного 65 кг.
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9. Все имеющиеся данные по смертности от заболеваний были сведены в матрицу, чтобы можно было легко сопоставить показатель по каждой из болезней с показателем по любой другой. После каждого сопоставления полученному показателю присваивался знак «плюс» или «минус», в зависимости от того, наблюдалась ли между ними прямая или обратная взаимосвязь. Все случаи прямой корреляции были включены в один

список, а все случаи отрицательной корреляции — в другой. У каждой болезни в каждом из этих двух списков имелась, таким образом, прямая зависимость с болезнями из этого же списка, но обратная зависимость с болезнями из противоположного списка. Большая часть (хотя и не все) из этих показателей корреляции были статистически значимыми.

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 19. Употребление пищевых жиров может быть выражено как доля от общего веса употребляемой пищи или от общего количества употребляемых калорий. Большинство специалистов и исследователей говорят об употреблении жиров как доли от общего количества калорий, поскольку мы питаемся прежде всего для того, чтобы удовлетворить свою потребность в калориях, а не в весе. В книге я пользуюсь именно этим методом.
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40. Для употребления пищевой клетчатки в целом средние показатели для Китая и США составляли 33,3 и 11,1 г в день, соответственно. Диапазон колебания среднего значения по округам в Китае составляет 7,7–77,6 г в день по сравнению с 2,4–26,6 г в день в среднем для 90% американских мужчин.
41. Корреляция для растительных белков составляла +0,53***, а для животных белков +0,12.
42. Использование «преобладания заболевания раком среди членов семьи» для измерения результата позволяет более эффективно контролировать различные причины возникновения рака, которые коррелируют с различными разновидностями рака, что позволяет, таким образом, изучить изолированное влияние фактора питания.
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на момент проведения исследования, поэтому такая корректировка не была предусмотрена.

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Глава 8

1. Эстроген, присутствующий в своей свободной, несвязанной форме.
2. Активность эстрогена обусловлена различными его разновидностями, но обычно связана с эстрадиолом. Я буду использовать общий термин «эстроген», объединяющий все стероиды и связанные с ними женские гормоны, влияние которых соответствует воздействию эстрадиола. Небольшое количество тестостерона в организме женщин оказывает аналогичное воздействие.
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Глава 10

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65. Влияние витамина С и селена в исследовании Перкинса, согласно авторам, не было статистически значимым в регрессионной логистической модели. Я не согласен с их выводом, поскольку обратная зависимость между дозой и реакцией (высокий уровень антиоксидантов в крови, уменьшение потери памяти) была впечатляющей и явно статистически значимой. Авторы упустили этот результат в ходе своего анализа.
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78. Однако в этой логике существует подвох. Уровень гомоцистеина частично регулируется витаминами группы В, в особенности фолиевой кислотой и витамином В₁₂. У людей, испытывающих дефицит этих витаминов, уровень гомоцистеина может быть выше. Люди, не употребляющие продуктов животного происхождения, подвержены риску снижения уровня витамина В₁₂ в организме, и, таким образом, у них может быть высокий уровень гомоцистеина. Однако, как описано в главе 11, это в большей степени связано с нашей оторванностью от природы, а не с нехваткой питательных веществ в растительной диете.

Часть III

1. www.southbeachdiet.com, accessed 4/26/04

Глава 11

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14. Я никогда не был сторонником выделения таких четких моментов отграничения стадий инициации, промоции и прогрессии хронического заболевания, поскольку эти моменты отсечения полностью произвольны. Действительно важно знать, что болезнь может присутствовать в организме на протяжении большей части нашей жизни, и если она прогрессирует, то это происходит постепенно и непрерывно.
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Часть IV

Глава 13

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Приложение А

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Приложение Б

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2. Имелись данные по 82 заболеваниям, приводящим к смерти, но около трети этих случаев были повторением одной и той же болезни у людей разного возраста.
3. Это также говорит о получении очень небольшого количества полезной информации или о полном отсутствии таковой при учете показателей всех жителей округа. Существует лишь один показатель частоты встречаемости заболевания в каждом округе; таким образом, необходимо иметь лишь один показатель для любой переменной, используемой для сравнения с показателем частоты возникновения болезни.
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Приложение В

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