Health and Particles: The Epidemiologic View

PD Dr. Annette Peters GSF – National Research Center for Environment and Health, Institute of Epidemiology, Neuherberg, Germany

The overall picture

- Short-term health effects of PM on mortality are observed around the world
- Long-term health effect studies indicate that mortality is increased in polluted areas compared to less polluted areas
- Current EU regulation for PM₁₀ builds on results from the American Cancer Society Study
- Cardiovascular disease has the largest population impact

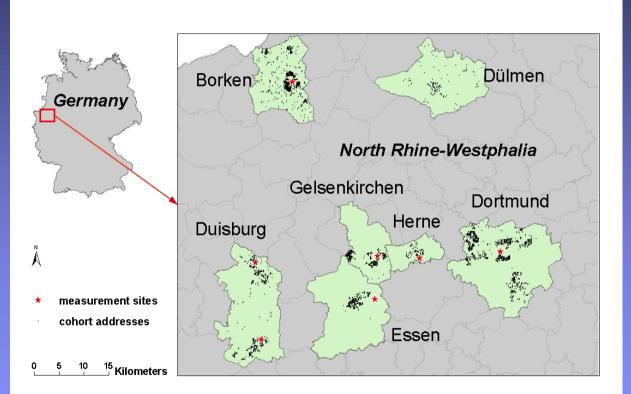
Outline

Recent study on long-term health effects from North Rhine-Westphalia

Evidence for health effects of fine and ultrafine particles on the cardiovascular system

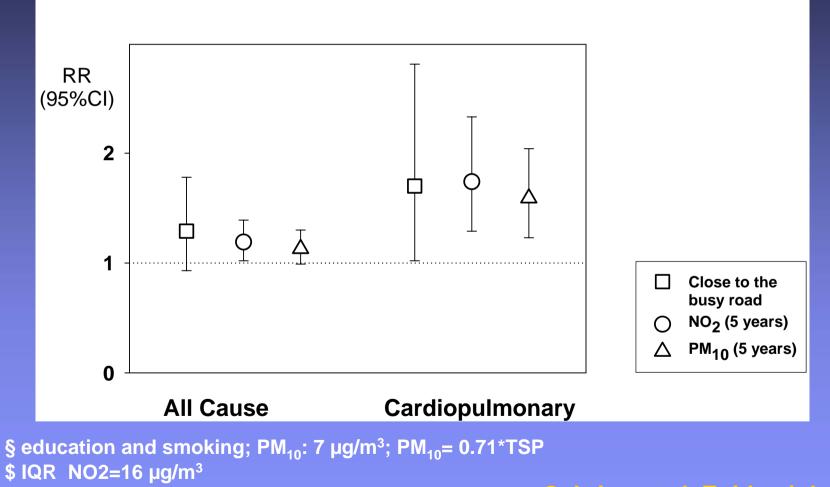
Cohort study in North Rhine-Westphalia

- Women age 50-59 were recruited between 1985 and 1994
- Follow-up until 2003
- Alive (N=4353)
- Dead (N=399)
- Modelling of exposure at residential address



Gehring et al, Epidemiology, 2006

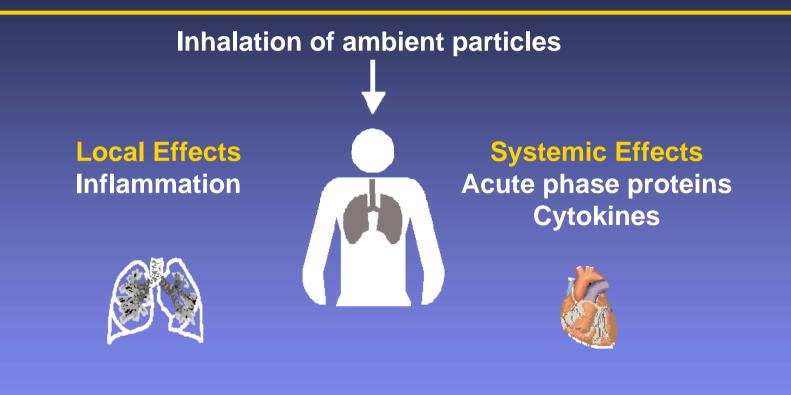
Adjusted[§] Relative Risk of Mortality for IQR^{\$}-Increase of Air Pollutants and Living Close to Busy Roads



f - Institute of Epidemiology

Gehring et al, Epidemiology, 2006

Who is susceptible and why?

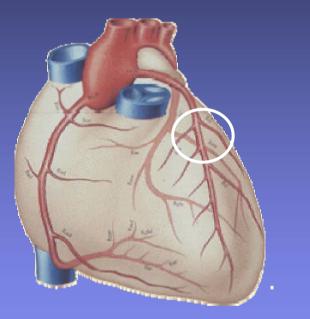


Asthma attacks Bronchitis

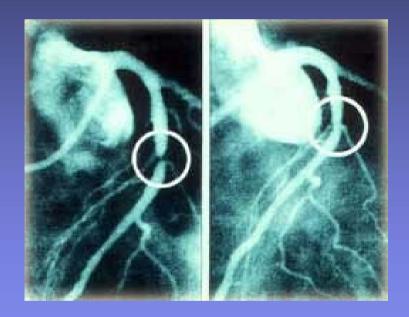
Ischemia Arrhythmia

- Institute of Epidemiology

Myocardial Infarction: Occlusion of the Coronary Arteries



Healthy heart

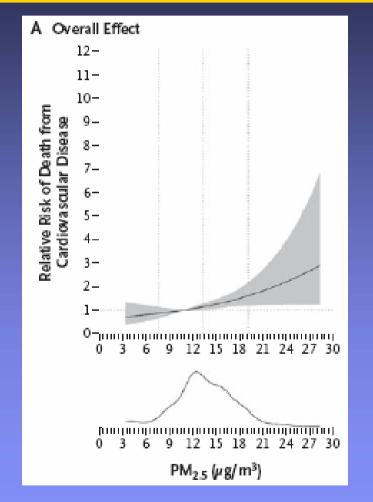


Occlusion Re-Perfusion



Women Health Study

- Cohort Study of 66,000 women across the US
- Recruited 1994 to 1998
- Median Followup 6 years
- 1816 women had one or more fatal or nonfatal cardiovascular events
- Hazard ratio: 1.24 (1.09 to 1.41) per 10 µg/m³ PM_{2.5}



Miller et al., NEJM 2007



HEAPSS: Follow-up of Myocardial Infarction Survivors

City	Period of Follow up	Persons followed	Cardiac readmissions*
Augsburg	1995-2000	1562	298
Barcelona	1992-2000	1135	296
Helsinki	1993-2000	4042	1316
Rome	1998-2001	7400	1837
Stockholm	1994-2000	7911	3877

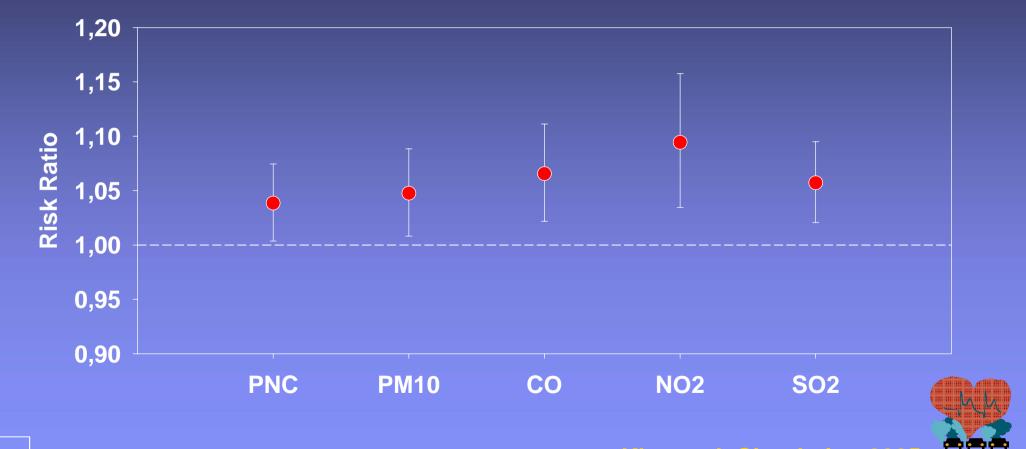
*hospital admissions for acute angina, acute myocardial infarction, dysrhythmia or heart failure





Klot et al. Circulation 2005

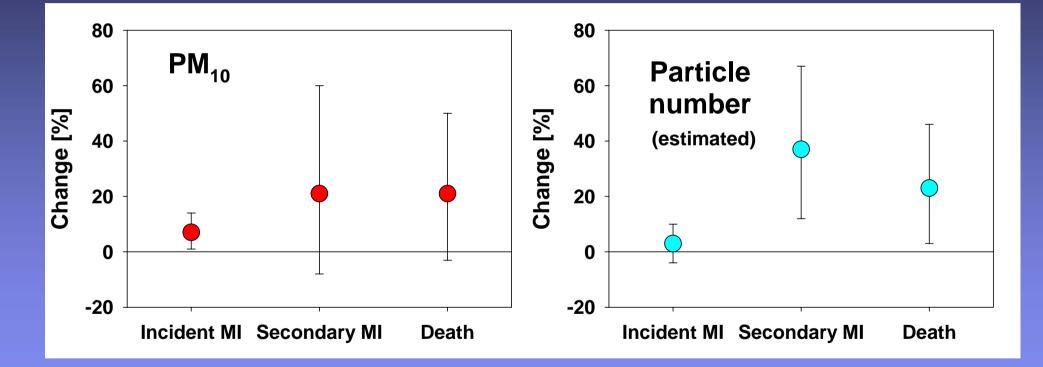
Air pollution and cardiac readmission in myocardial infarction survivors





Klot et al. Circulation 2005

Particles and Myocardial Infarction HEAPSS-Follow-up Augsburg, 1995-2000





f - Institute of Epidemiology

Klot et al. Circulation 2005

Study on Triggers of Heart Attacks

- A study of nonfatal heart attacks age 25 to 74 years based on the Coronary Event Registry Augsburg
- Bedside interview of 1466 cases from 1999 to 2003



 Detailed recollection of activities during the 4 days before the event

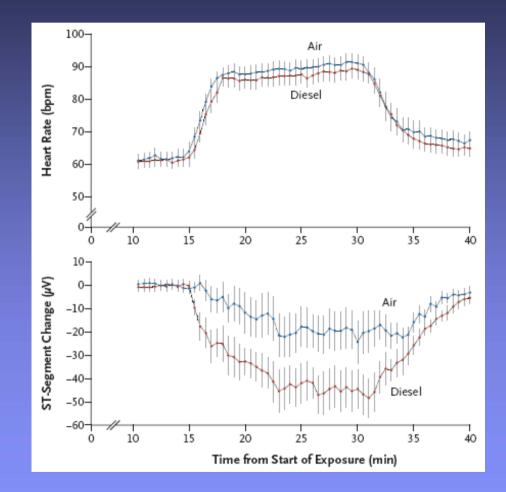
Times Spent in Traffic and Heart Attacks one hour later

	Traffic	Cars	Public Transport	Bicycles
Odds Ratio	2.9	2.6	3.1	3.9
95% Confidence Interval	2.2 – 3.8	1.9 – 3.6	1.4 – 6.8	2.1 – 7.2

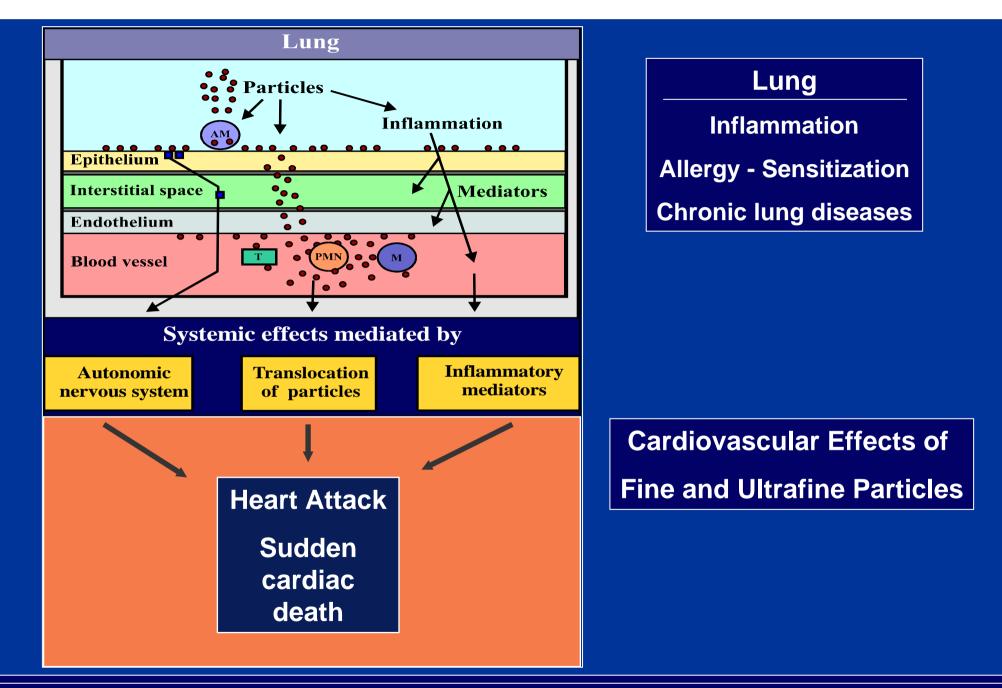
Peters et al. 2004 NEJM Peters et al. 2005 HEI Report

Exposure to diesel exhaust induces ischemia in patients

- Controlled exposure to diesel exhaust; PM concentration: 300µg/m^{3,}Ø 54 nm
- 20 men with coronary artery disease, mean age 60
- Ischemic changes in the ECG during exercise
- Reduced tissue plasminogen activator release after 6-8 hours of exposure



Mills et al. NEJM 2007





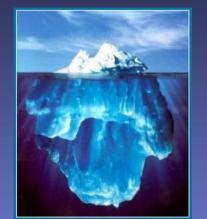


Health effects of particulate air pollution based on epidemiological studies

CVD Mortality

CVD Hospital admissions

CVD Emergency room visits



Changes in cardiac function (heart rate variability, repolarization), cardiac symptoms, pro-thrombotic status and increase in inflammatory markers in subjects with cardio-pulmonary disease

Sub-clinical effects in healthy subjects

Proportion of the population affected

- Institute of Epidemiology

Summary

- Fine ambient particles are associated with increased mortality predominately due to cardiovascular diseases
- Subjects with underlying disease are at higher risk for subsequent hospitalisation
- Further research is needed to guide the measures to most effectively protect public health in Europe

Thank you to

- Research Unit "Health Effects of Particles": S. Breitner, I. Brüske-Hohlfeld, J. Cyrys, S. Greven, A. Henneberger, A. Ibald-Mulli, M. Marowsky-Köppl, M. Pitz, A. Peters, R. Rückerl, A. Schaffrath Rosario, M. Stölzel, W. Yue
- GSF-Institut of Epidemiology: J. Heinrich, H. E. Wichmann, G. Wölke
- GSF-Focus Network Aerosols and Health: J. Heyder, W. Kreyling, J. Schnelle-Kreis, H. Schulz, K. Wittmaack, R. Zimmermann
- KORA Coronary Event Registry: H. Löwel,
 M. Heier, I. Trentinglia, C. Winter, G. Orlik,
 P. Friedmann, G. Zimmermann, A. Hörmann, G. Kaup, C. Meisinger
- HEAPSS Study Group: F. Forastiere, Rome (Coordinator), T. Bellander, Stockholm, M. Kulmala, Helsinki, J. Pekkanen, Helsinki, A. Peters, Munich, J. Sunyer, Barcelona



- Institute of Epidemiology

Questions?



