Ambient Air Quality & Respiratory Disease by Dr. Sandra Green, Irish Doctors for the Environment







Exhaust, tyres, break systems Vehicular traffic









Electricity generation, burning solid fuels, industry Fossil fuel and biomas combustion

Solvent & product use

Global burden of disease Mortality Deaths

PM_{0.1} PM_{2.5} PM₁₀ Particulate Mater

 O_3 Ozone

6.5 million (11%)

365,000

Morbidity DALYs 210 million 6 million

21%

11%

For every $10 \mu g \, m_{-3}$ increase

% COPD Deaths

in longterm PM_{2.5}



6-8% increase in mortality

9% increased incidence of lung cancer



Air Pollution is the single largest environmental health risk in Europe

- 8.6 months of life expectancy lost
- 90 % of city dwellers are exposed to harmful levels of pollutants
- 400,000 premature deaths

Air Quality Limits

The WHO and EU have upper limits for commonly measured pollutants. Compliance with current EU targets does not offer protection for adverse public health effects

Very large cohort studies have demonstrated that **there is no safe limit for PM**_{2.5} at which population effects are not observed.

Radiation

 NO_2 Nitrogen dioxide Volotile Organic Compounds

Long Term

Impaired development

of lungs in children

leading to reduced

lung function into

38% of new childhood asthma

cases in the UK are attributable

to air pollution.

(6-12% traffic related)

adulthood.

Exposure **Short Term**

Decrements with acute Lung air pollution exposure: **function**

- Healthy individuals \rightarrow 10µg/m₃ \uparrow PM₁₀ **►** FVC -18.9ml
- Travelers to cities with higher air pollution levels
- COPD/asthma patients
- Trigger for asthma exacerbation
 - Increased asthma in children

COPD

Asthma

- Increased hospital admissions
- Increased exacerbations
- Premature Mortality
- Higher risk of COPD
- More rapid decline in lung function
- Increased risk of repeated exacerbation

Vulnerable Populations:

Children, elderly, those with cardiovascular or respiratory disease and socioeconomic deprived populations.

Climate Change and Air Pollution Global warming will continue to increase the effects of outdoor air pollution

- More frequent heat waves during which time air pollution concentrations are increased. Rising temperature and pollutants work in synergy causing more adverse health effects.
- Longer allergen seasons which may lead to higher rates of allergic rhinitis and asthma. Ragweed pollen concentration is predicted to be 4 times higher than current levels in 2050.
- Increased frequency and severity of storms increasing the likelihood of epidemic thunderstorm asthma.
- Increased frequency of wild fires as a result of more frequent droughts causes long periods of extremely high particulate mater.

Action on Air Pollution

Healthcare professionals



- Educate patients
- Ensure patients experiencing fuel poverty are aware of grants for home upgrades
- Advocate for policy change to improve air quality

Patients

- Choose active transport over driving
- Avoid burning solid fuels at home
- Reduce exposure to poor air quality e.g. avoiding high volume traffic roads at peak times



Commercial

Switch to electric vehicles

Policy makers



Implement policies for the lowest levels of pollutants and exposure possible.

• City planning that reduces emissions and citizens exposure to air pollution