US ERA ARCHIVE DOCUMENT

PM Health Effects: Biological Plausibility and Mechanisms

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Office of Research and Development

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State of the Science in 1998

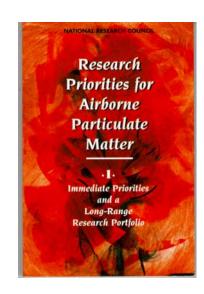
- More than 30 epidemiology studies from around the world report associations between ambient PM and cardiac mortality and morbidity.
- PM levels are very low compared with other particle exposures.

One cigarette = 10x more than a typical 24 hr exposure to PM

 No widely accepted pathophysiological process or mechanism that could explain how a person could die following an acute exposure to such low levels of air pollution particles.

The First NRC Report

What are the underlying mechanisms (pulmonary, vascular, cardiac) that can explain the epidemiological findings of mortality and morbidity associated with exposure to ambient particulate matter?



PM Presented A New Challenge to Air Pollution Toxicologists

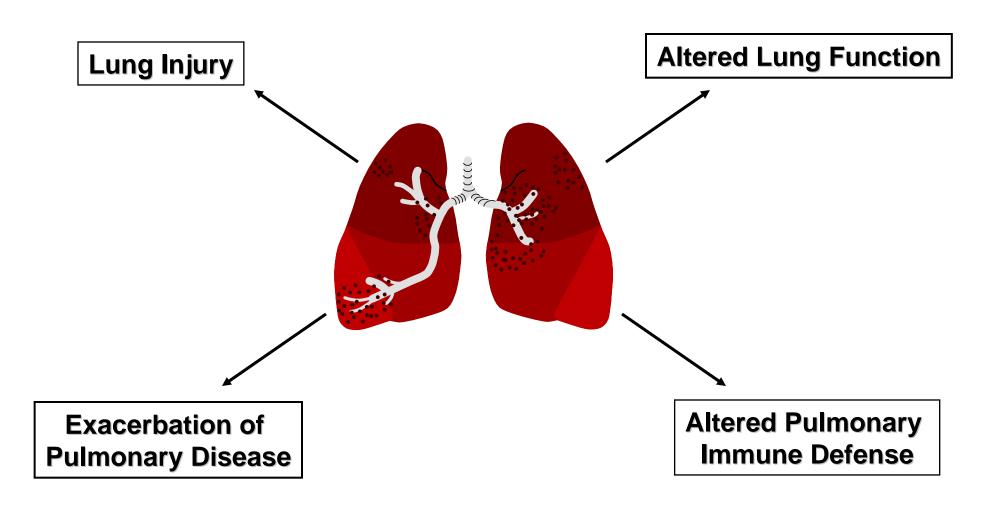
 Traditionally, toxicologists have focused on respiratory tract responses to air pollutants

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ozone, NO<sub>2</sub>, SO<sub>2</sub>
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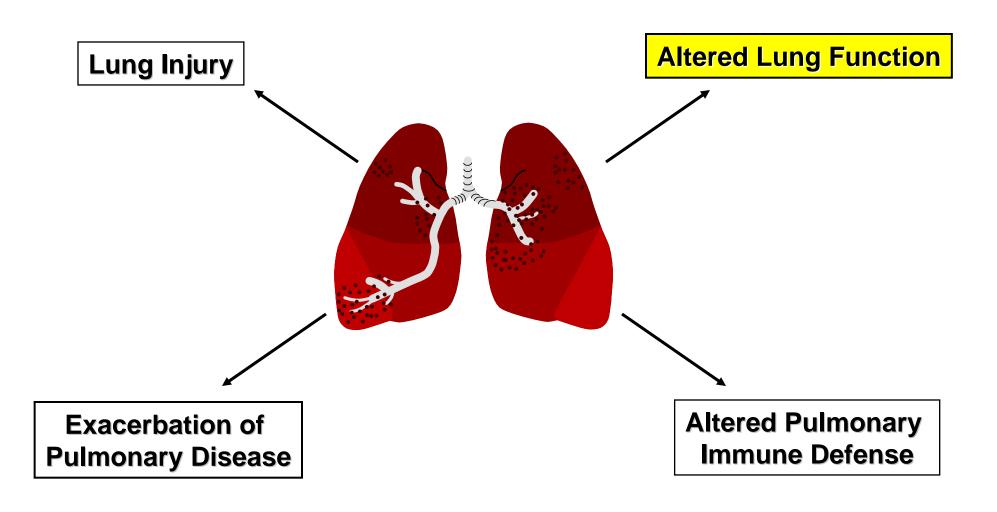
 The association between PM and cardiovascular effects required a new approach to the study of air pollution

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cardiac effects (e.g. arrhythmias) vascular effects (e.g. blood clot formation)
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Potential Effects of PM on the Pulmonary System

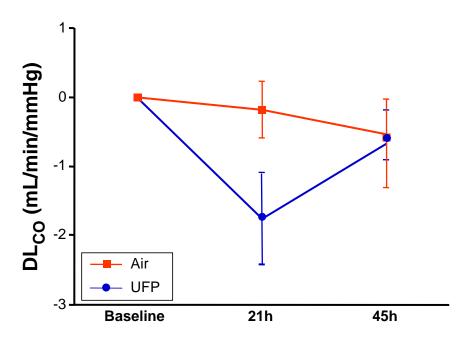


Potential Effects of PM on the Pulmonary System



PM Causes Changes in Lung Function

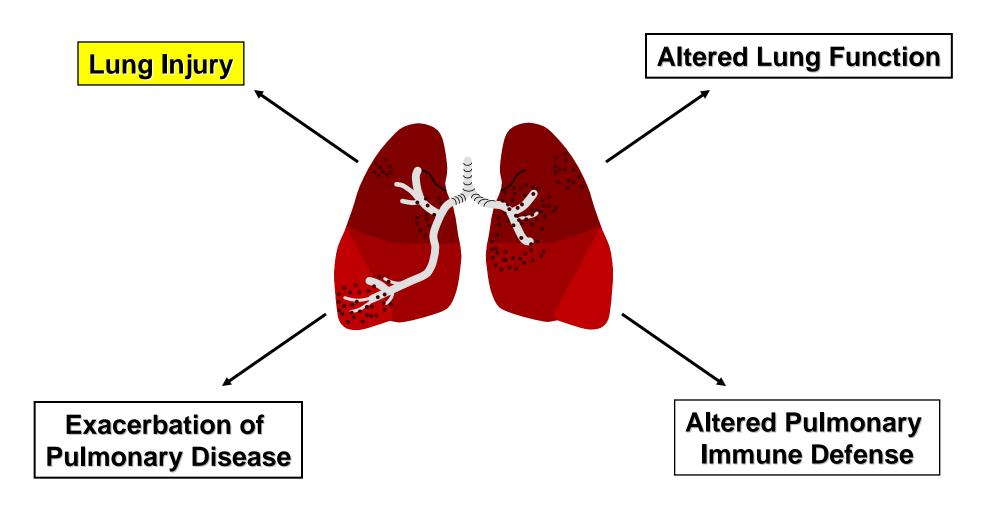
Humans exposed to ultrafine particles have decreased diffusing capacity.



Diffusing capacity is a measure of oxygen transfer from the lungs to the blood

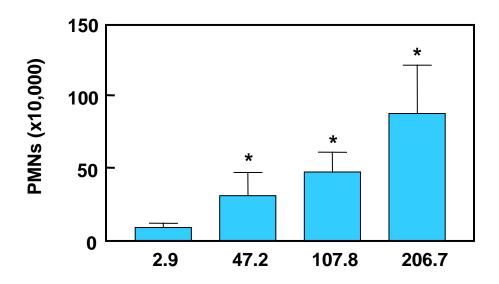
Pietropaoli, et al., 2004

Potential Effects of PM on the Pulmonary System



PM Causes Lung Inflammation

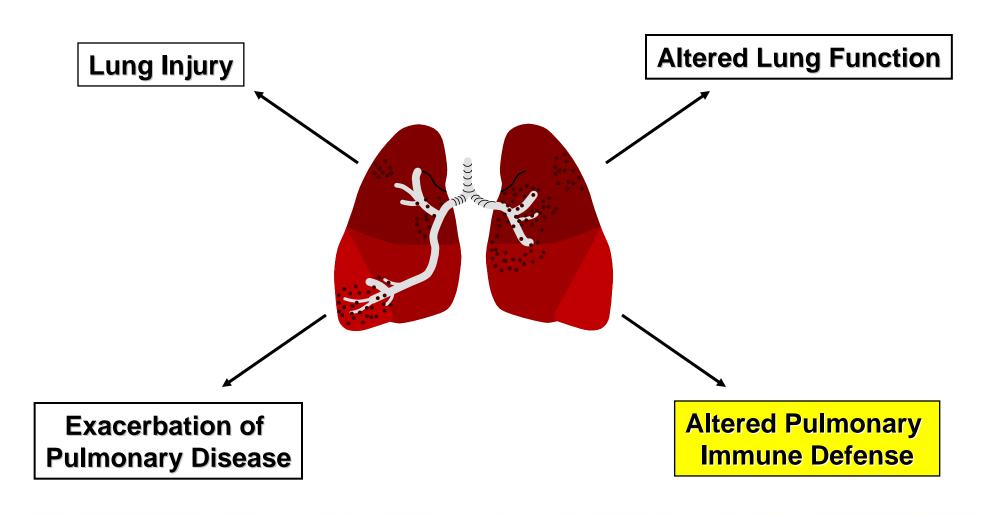
Healthy young volunteers exposed to concentrated ambient air particles (CAPs) experience mild pulmonary inflammation



Average CAPS Concentration (µ/m³)

Ghio et al., 2001

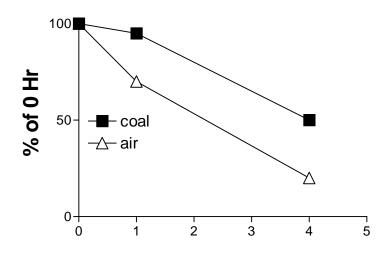
Potential Effects of PM on the Pulmonary System



PM Depresses Clearance and Inactivation of Bacteria

Epidemiology studies report associations between PM and increased incidence of hospitalization for respiratory infections.

Inactivation



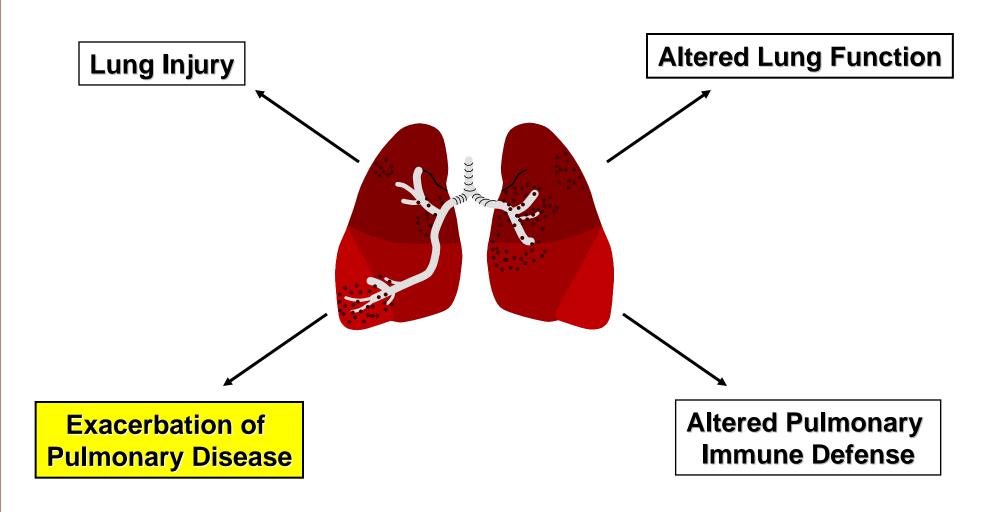
Time after Infection (Hrs)

Host Resistance Model

	Control	Woodstove
% Mortality (Streptococcus)	0	21

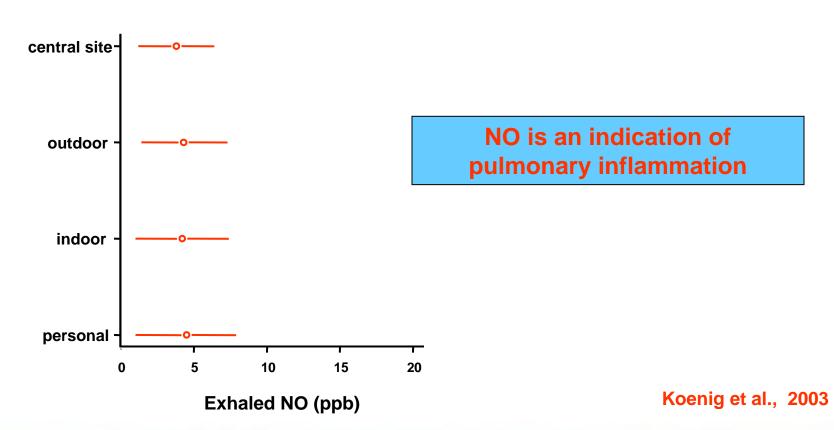
Gilmour et al., 2002

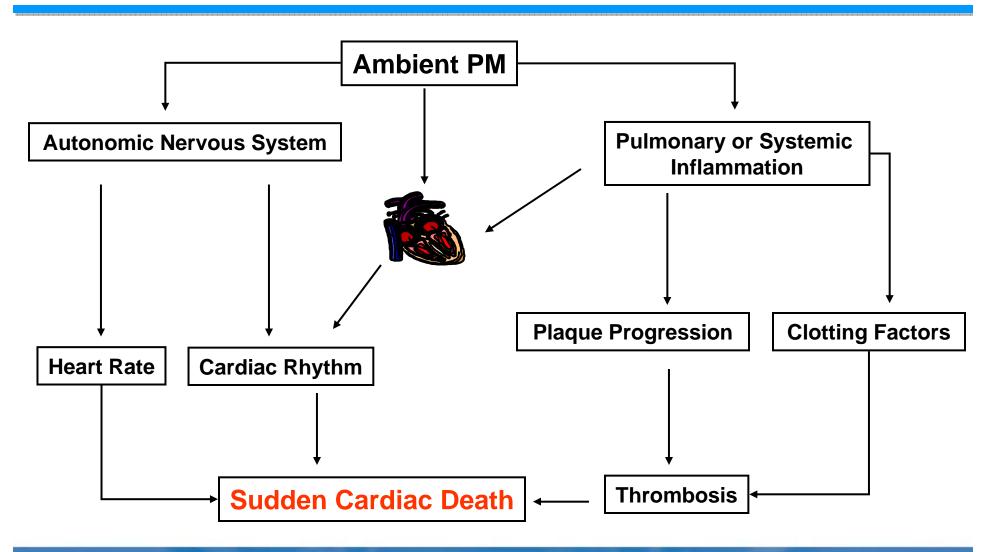
Potential Effects of PM on the Pulmonary System



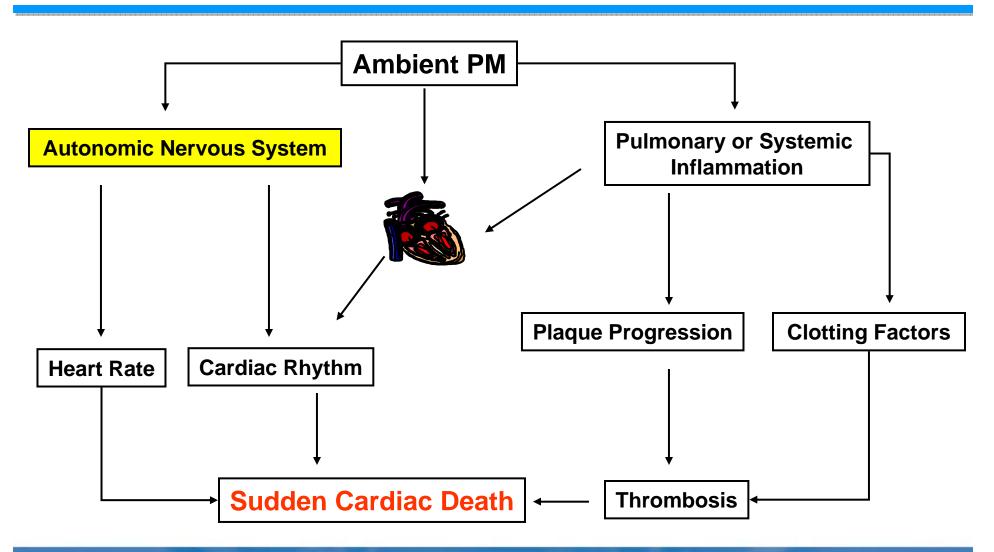
PM Exposure Exacerbates Asthma

Change in exhaled nitric oxide per 10 μ g/m³ increase in PM_{2.5}in children with asthma





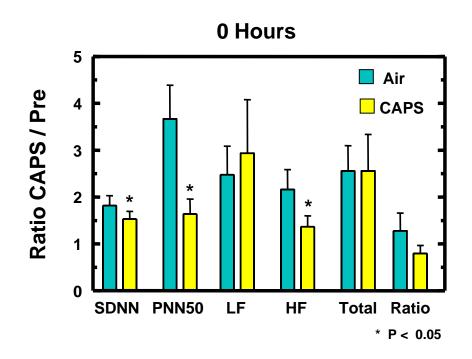
RESEARCH & DEVELOPMENT



RESEARCH & DEVELOPMENT

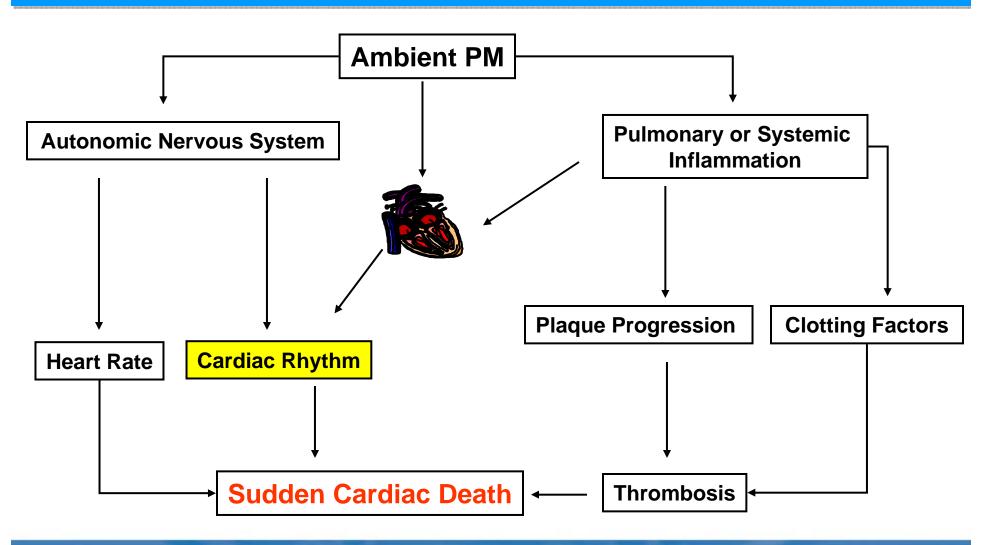
PM Affects Autonomic Nervous System Control of the Heart

Elderly humans exposed to fine CAPS experience decreases in heart rate variability (HRV).



People with cardiovascular disease who have decreased HRV have a higher risk of getting a heart attack.

Devlin et al, 2003



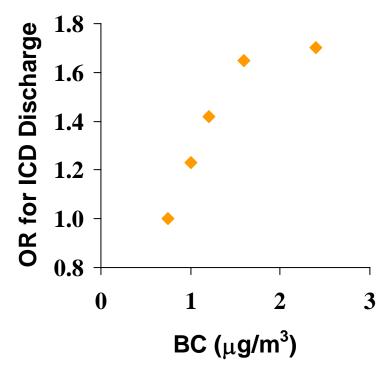
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PM Triggers Cardiac Arrhythmias in Humans

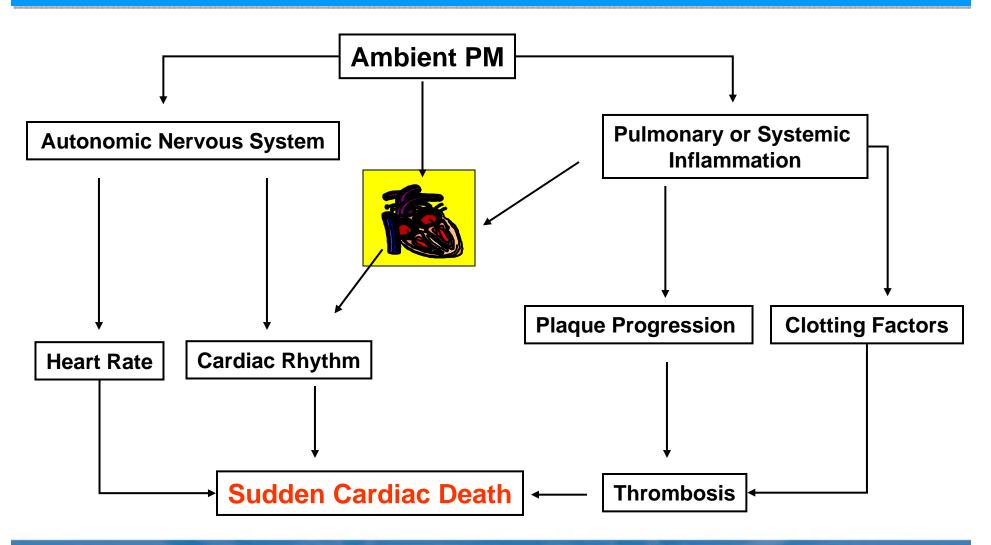
The number of times that implanted defibrillators discharged were related to prior days levels of PM and PM components

PM_{2.5} 1.22 (0.7,2.0) BC 2.16 (1.0,4.9)

Black Carbon (lag 2)

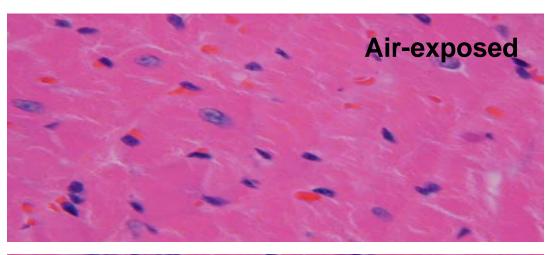


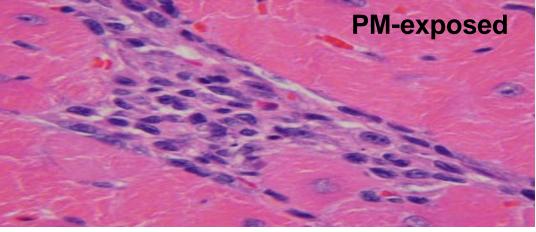
Peters et al, 2000



RESEARCH & DEVELOPMENT

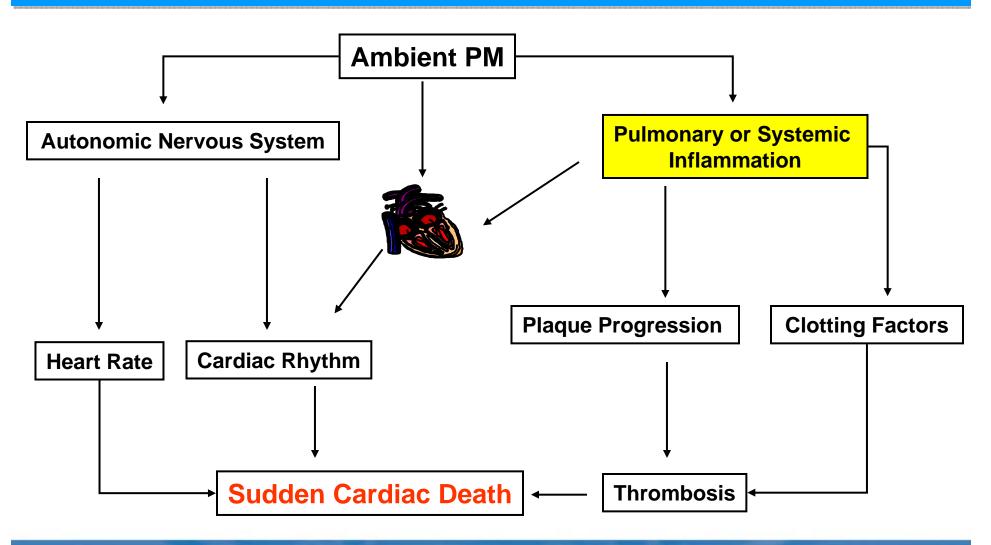
PM Causes Injury to Cardiac Cells





Rats exposed to ambient PM one day per week for 16 weeks

Kodavanti et al., 2003



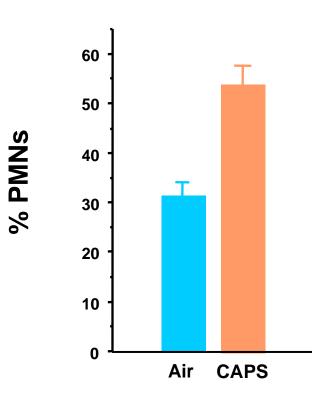
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PM Increases Vascular Inflammation

Increase in blood C Reactive Protein in Humans

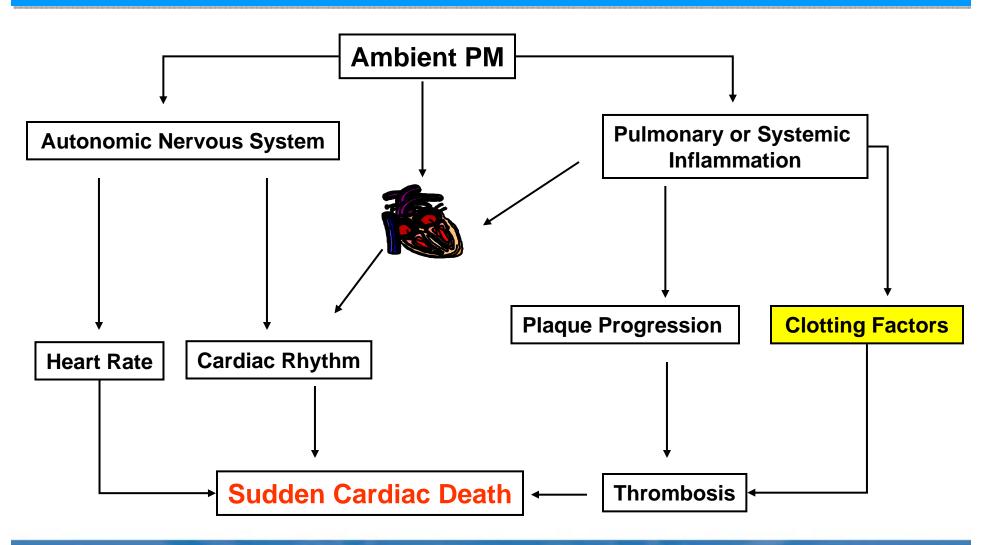
Exposure to ambient air pollution prior to the blood withdrawal

Increase in blood PMNs in Rats Exposed to CAPS



Gordon et al., 2000

Rueckerl et al., 2004

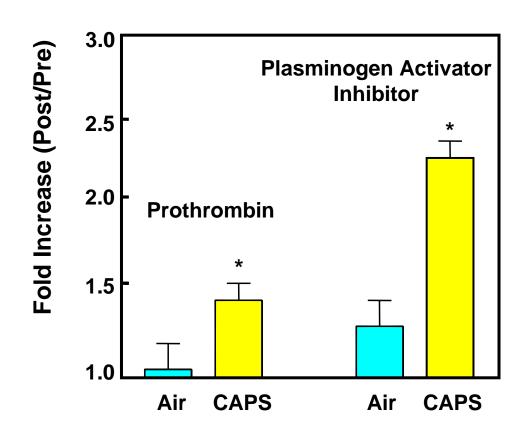


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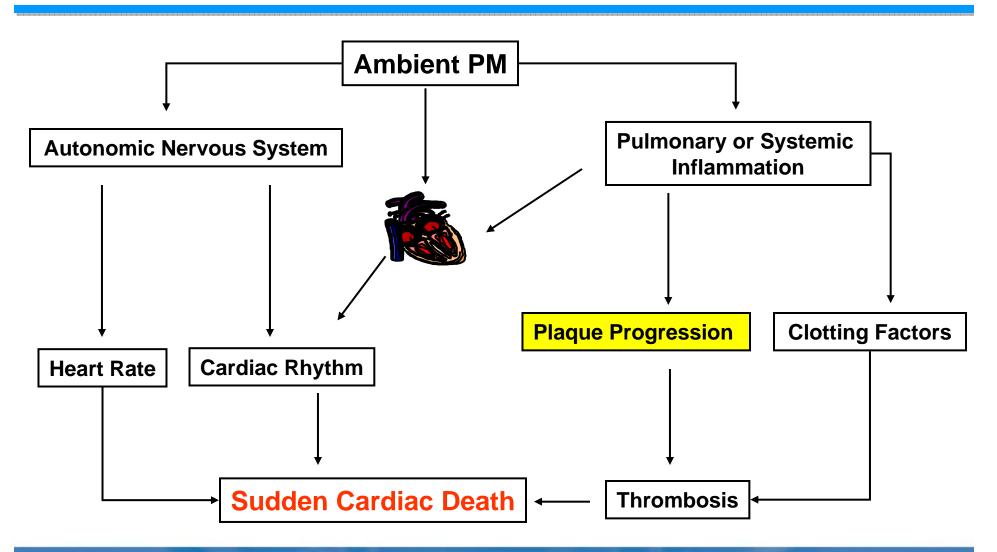
PM Increases Levels of Clotting and Coagulation Factors

Humans exposed to CAPS have changes in several blood factors which could potentially lead to a more prothrombogenic environment.

The net changes in these factors could potentially lead to an environment conducive to the formation of blood clots.



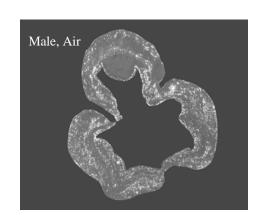
Devlin et al, 2004

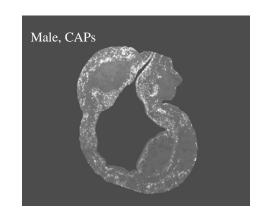


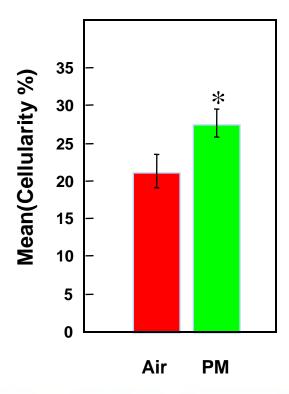
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PM Increases Arterial Plaque Thickness

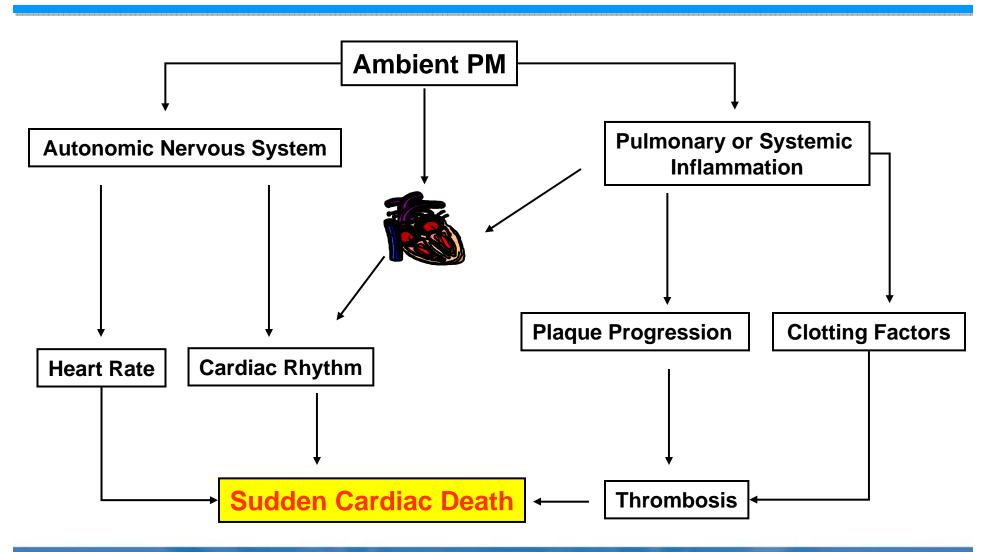
Subchronic exposure of ApoE-/-LDLr-/- double knockout mice to CAPS for 6h/day, 5d/week, for 6 months (average of 110 μ g/m³) increases plaque cellularity.







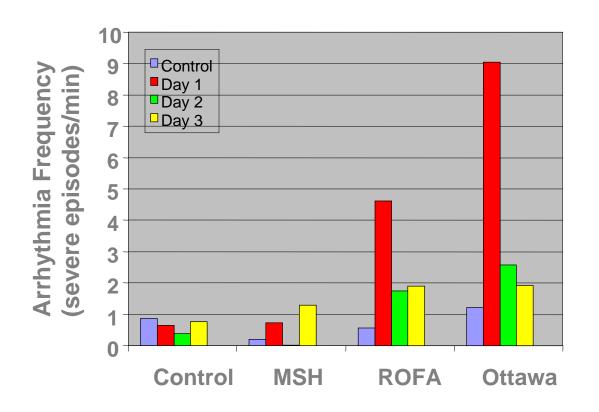
Chan et al., 2004

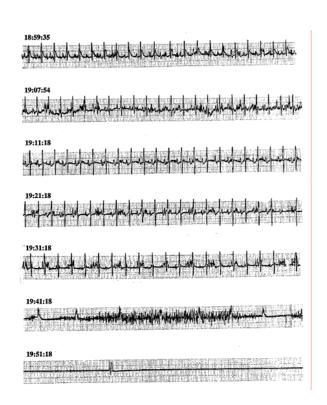


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PM Causes Fatal Arrhythmias in Animals

Rats were treated with PM from various sources and arrhythmias measured for 3 days after exposure





Watkinson et al., 2000

Progress Made...

"Despite these impressive associations, very little is known about the mechanisms by which PM exerts its adverse effects..."

Mechanistic Studies Have:

- Defined several biologically plausible pathophysiological pathways by which PM can increase mortality and morbidity.
- Provided coherence to the epidemiology studies and extended their observations, thus strengthening the science in support of the PM standard.

What Else Remains to Be Done?

My goal is simple. It is complete understanding of the universe, why it is as it is and why it exists at all."

Stephen Hawking.

Key Areas of Uncertainty

- Many of these studies have only recently been published and need to be replicated in other labs and species.
- It is not clear whether different PM components (or PM derived from different sources) exert their effects by the same or a series of different mechanisms.

additivity versus synergism

- It is not clear whether different mechanisms operate in different susceptible populations or in different organs.
- Most current mechanistic PM research has been at the organ or physiological level

very little known about how PM causes effects at the cellular or molecular level

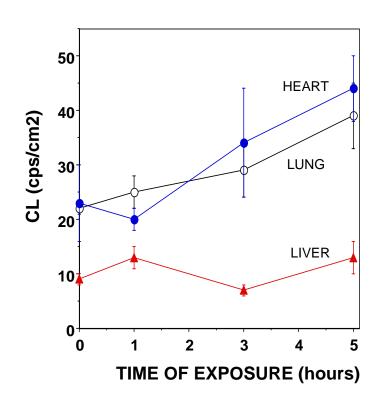
Does PM Cause Adverse Effects by Inducing Oxidative Stress?

Rats exposed to fine CAPS show chemiluminescence in the lung, heart, and liver.

This is an indication that PM can induce oxidative stress in critical organs.

Implications for:

protecting people from PM Identifying potentially susceptible people



Gurgueira et al 2002