# Association of Short-term Exposure to Air Pollution With Mortality in Older Adults

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## Background

- US National Ambient Air Quality Standards (NAAQS) for fine particulate matter (PM<sub>2.5</sub>) and ozone every are reviewed every 5 years.
- ▶ 2012 annual and 24-hour NAQQS for PM $_{2.5}$  is 35  $\mu \mathrm{g/m^3}$  and 12  $\mu \mathrm{g/m^3}$ .
- 2012 8-hour NAQQS for ozone is 70 ppb, no annual standard
- Studies in large metropolitan areas have provided evidence for short-term exposure to PM<sub>2.5</sub> and ozone were associated with mortality.

## Aim and Objectives

- Aim to study the effect of short-term exposure below daily NAQQS, and in rural and unmonitored areas.
- ▶ Aim to study the effect on sensitive subgoups such as those with low socio-economic status.

## Data source and participants

- Participants: all deaths among all Medicare benficiaries from 2000 to 2012.
- Outcome: all-cause mortality. Individuals with validated date of death between January 1, 2020 and December 31, 2012 were included.
- ► Exposure: daily 24-hour PM<sub>2.5</sub>, 8-hour maximum ozone, and daily air and dew point temperatures. Monitored data from the EPA, satellite-based measurements, and other data sets. Neural networks were used to predict 24-hour PM2.5 and 8-hour maximum ozone concentrations.
- ▶ Warm season: April 1 to September 30, which is the specific time window to examine the association between ozone and mortality

## Case-cross over design

- Usage: the design has been widely used to study the association between short-term air pollution exposure and the risk of an acute adverse health event.
- Main idea: for each individual case, exposure just before the event is compared with exposure at other control ("referent") times.
- Statistical method: Conditional logistic regression.

#### In this study

- Case day: date of the death.
- Control days: on the same day of the week as the case day to control for potential confounding effect by day of week; before and after the case day to control for time trend; only in the same month as the case day to control for seasonal and subseasonal.
- Time window: the death day and the day before death.

## Statistical analysis

- ▶ Regression model included both pollutants as main effects and natural splines of air and dew point temperatures with 3 df to control for residual confounding by weather.
- ightharpoonup Relative risk increase (RRI) was defined as RR -1.
- The absolute risk difference (ARD) of all-cause mortality associated with air pollution was defined as  $\alpha \times (RR-1)/RR$ , where  $\alpha$  denotes the baseline daily mortality rate.

## Baseline characteristics

| Baseline Characteristic             | Value      |  |
|-------------------------------------|------------|--|
| Case days, No.                      | 22 433 862 |  |
| Control days, No.                   | 76 143 209 |  |
| Among All Cases (n = 22 433 862), % |            |  |
| Age at death, y                     |            |  |
| ≤69                                 | 10.38      |  |
| 70-74                               | 13.37      |  |
| 75-84                               | 38.48      |  |
| ≥85                                 | 37.78      |  |
| Sex                                 |            |  |
| Male                                | 44.73      |  |
| Female                              | 55.27      |  |
| Race/ethnicity                      |            |  |
| White                               | 87.34      |  |
| Black                               | 8.87       |  |
| Asian                               | 1.03       |  |
| Hispanic                            | 1.51       |  |
| Native American                     | 0.31       |  |

# PM<sub>2.5</sub> times series

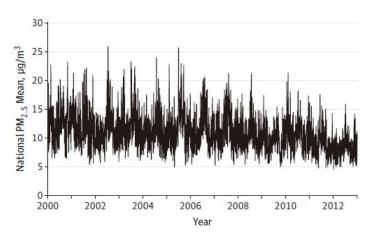


Figure 2: Daily mean fine particulate matter  $\mathsf{PM}_{2.5}$  concentrations

#### Ozone time series

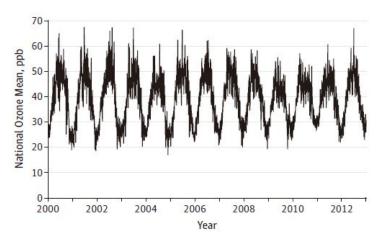


Figure 3: Daily mean 8-hour maximum ozone concentrations

### Regression result

Table 2. Relative Risk Increase and Absolute Risk Difference of Daily Mortality Associated With Each 10- $\mu$ g/m³ Increase in PM<sub>2.5</sub> and Each 10-ppb Increase in Ozone

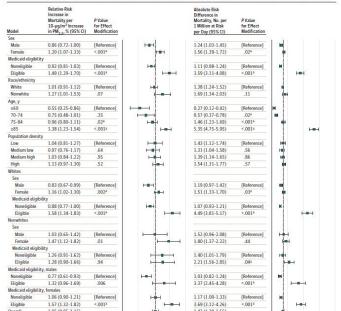
|  | Relative Risk Increase, % (95% CI) |                    | Absolute Risk Difference in Daily Mortality Rates,<br>No. per 1 Million Persons at Risk per Day (95% CI) <sup>a</sup> |                    |  |
|--|------------------------------------|--------------------|---|--------------------|--|
| Air Pollutant Analysis                 | PM <sub>2.5</sub>                  | Ozone <sup>b</sup> | PM <sub>2.5</sub>   | Ozone <sup>b</sup> |  |
| Main analysis <sup>c</sup>             | 1.05 (0.95-1.15)                   | 0.51 (0.41-0.61)   | 1.42 (1.29-1.56)  | 0.66 (0.53-0.78)   |  |
| Low-exposure analysis <sup>d</sup>     | 1.61 (1.48-1.74)                   | 0.58 (0.46-0.70)   | 2.17 (2.00-2.34)  | 0.74 (0.59-0.90)   |  |
| Single-pollutant analysise             | 1.18 (1.09-1.28)                   | 0.55 (0.48-0.62)   | 1.61 (1.48-1.73)  | 0.71 (0.62-0.79)   |  |
| Nearest monitors analysis <sup>f</sup> | 0.83 (0.73-0.93)                   | 0.35 (0.28-0.41)   | 1.13 (0.99-1.26)  | 0.45 (0.37-0.53)   |  |

Abbreviations: PM2 5, fine particulate matter; ppb, parts per billion.

- <sup>a</sup> The daily baseline mortality rate was 137.33 per 1 million persons at risk per day; the warm-season daily baseline mortality rate was 129.44 per 1 million persons at risk per day.
- b Ozone analyses included days from the warm season only (April 1 to September 30).
- <sup>c</sup> The main analysis used the mean of daily exposure on the same day of death and 1 day prior (lag O1-day) as the exposure metric for both PM $_{2.5}$  and zozone, and controlled for natural splines of air and dew point temperatures with 3 df. The main analysis considered the 2 pollutants jointly included into the regression model and estimated the percentage increase in the daily mortality rate associated with a 10-yg/m³ increase in PM $_{2.5}$  exposure adjusted for ozone and the percentage increase in the main season cascotated with a 10-ypb increase in warm-season ozone exposure adjusted for PM $_{2.5}$ .
- $^{
  m d}$  The low-exposure analysis had the same model specifications as the 2-pollutant analysis and was constrained for days when PM $_{2.5}$  was below 25  $\mu g/m^3$  or ozone below 60 ppb.
- a The single-pollutant analysis estimated the percentage increase in the daily mortality rate associated with a  $10 \cdot \mu g/m^2$  increase in PM<sub>2.5</sub> exposure without adjusting for zone and the percentage increase in the daily mortality rate associated with a  $10 \cdot pph$  increase in ozone exposure without adjusting for PM<sub>2.5</sub>.
- $^f$  PM<sub>2.5</sub> and ozone monitoring data were retrieved from the US Environmental Protection Agency Air Quality System, which provides the daily mean of PM<sub>2.5</sub> and daily 8-hour maximum ozone levels at each monitoring site. Daily ozone concentrations were averaged from April 1 to September 30. Individuals were assigned to the PM<sub>2.5</sub> and ozone levels from the nearest monitor site within 50 km. Those living 50 km from any monitoring site were excluded.

## Subgroup analysis

Figure 3. Relative Risk Increase and Absolute Risk Difference of Daily Mortality Associated With 10-µg/m³ Increase in Fine Particulate Matter (PM2.5)



#### p-value

two sample test 
$$Z = \frac{RR_{male} - RR_{female}}{\sqrt{(se(RR_{male})^2 - se(RR_{female})^2)}}$$

## Dose-response

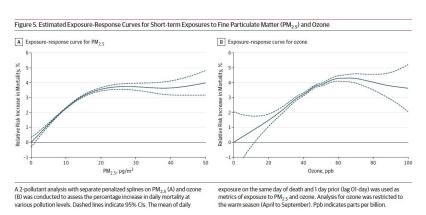


Figure 5: Estimated Exposure-Response Curves for Short-term Exposures to Fine Particulate Matter ( $\rm PM_{2.5}$ ) and Ozone

#### Conclusions

In the US Medicare population from 2000 to 2012, short-term exposures to  $\mathsf{PM}_{2.5}$  and warm-season ozone were significantly associated with increased risk of mortality. This risk occurred at levels below current national air quality standards, suggesting that these standards may need to be reevaluated.

| Thanks!<br>Today Slides and Articles |  |  |
|--------------------------------------|--|--|
|                                      |  |  |

## Bi-directional sampling

P(D|E)=0.001 and  $P(D|\bar{E})=0.002$ 

|             |   | Per  | iod 1  |           |   | Per  | iod 2  |           |
|-------------|---|------|--------|-----------|---|------|--------|-----------|
| Community 1 | Е | 1002 | D<br>D | 2<br>1000 | Ē | 1000 | D<br>D | 1<br>999  |
| Community 2 | Ē | 2002 | D<br>D | 2<br>2000 | E | 2000 | D<br>D | 4<br>1996 |

Risk in each time period is 0.001 for unexposed subjects, 0.002 for exposed subjects. True risk ratio is 2.

|      | Control   |         |           |
|------|-----------|---------|-----------|
|      |           | Exposed | Unexposed |
| case | Exposed   | 0       | 4         |
|      | Unexposed | 1       | 0         |

$$RR_{mh} = 4 RR_{true} = 2$$

|      | Control   |         |           |
|------|-----------|---------|-----------|
|      |           | Exposed | Unexposed |
| case | Exposed   | 0       | 6         |
|      | Unexposed | 3       | 0         |

# Bi-directional sampling

|      | Control   |         |           |
|------|-----------|---------|-----------|
|      |           | Exposed | Unexposed |
| case | Exposed   | 0       | 6         |
|      | Unexposed | 3       | 0         |

 $\mathsf{RR}_{mh} = 2$ 

# Bi-directional sampling

$$E \to \bar{E} \to E$$
  
 $\bar{E} \to E \to \bar{E}$ 

 $RR_{mh} = 4$ 

$$E\to \bar E\to \bar E$$

$$E \to E \to E$$

 $\mathsf{RR}_{mh} = \mathbf{4}$