**Long-term traffic-related air pollutant exposure and amyotrophic lateral sclerosis diagnosis in Denmark: a Bayesian hierarchical analysis**

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**Key Points**

**Question:** How are traffic-related pollutants, individually and jointly, associated with diagnosis of amyotrophic lateral sclerosis (ALS)?

**Findings:** In this largest case-control study of ALS diagnosis to date that included 3,939 diagnoses of ALS in Denmark, we observed that a standard deviation increase of 5-year concentration of traffic-related pollutants was associated with a non-significant increase in odds of ALS diagnosis, but with a high posterior probability of a positive association.

**Meaning:** Our results indicate a potential positive association between ALS diagnosis and traffic-related pollution. Further work is needed to understand the role of air pollution on ALS pathogenesis and timing of onset.

**Abstract**

**Importance:** Amyotrophic lateral sclerosis (ALS) is a devastating and fatal neurodegenerative disease. There is some limited evidence to suggest ALS onset is associated with exposure to air pollution, and specifically to traffic-related pollution.

**Objective:** To determine whether exposure to components of traffic-related pollution is associated with ALS diagnosis.

**Design:** In this case-control study, we used Bayesian hierarchical modelling in a conditional logistic model. We used prospectively collected data from the Danish National Registers system from 3,939 ALS cases diagnosed between 1989 – 2013 and matched on age, sex, and vital status to 19,298 controls. We used predictions from a validated spatio-temporal model to assign 5-year average exposures prior to diagnosis to combined traffic-related pollutants, as well as nitrogen oxides (NOx), carbon monoxide (CO), elemental carbon (EC; of which black carbon is a constituent), and fine particles (PM2*.*5) at residential addresses of study participants.

**Setting:** We used prospectively collected ALS diagnosis case data from the Danish National Patient Register and control data from the Danish Civil Registration System.

**Participants:** All adults over 20 years old in Denmark between 1989 – 2013.

**Main Outcome Measure:** ALS diagnosis in Denmark during 1989 – 2013.

**Results:** We found that for a standard deviation (SD) increase in 5-year average concentrations, the joint effect of included traffic-related pollutants (NOx, CO, EC) was associated with an increase in odds of ALS diagnosis (XX%; 95% credible interval [CrI]:XX, XX%), with an increase in odds for elemental carbon (SD=XX µg/m3) (XX%; 95%CrI: -XX%, XX%), with small or negligible increases from NOx and CO. Overall, there was an XX% posterior probability of a positive association between the joint effect of included traffic-related pollutants and ALS diagnosis.

**Conclusion:** Our results indicate a potential positive association between ALS diagnosis and traffic-related pollution. Further work is needed to understand the role of air pollution on ALS pathogenesis and timing of onset.

**Introduction**

Amyotrophic lateral sclerosis (ALS) is a devastating and fatal neurodegenerative disease,1 with approximately half of the patients dying within three years of symptom onset.2 There is currently no cure for ALS.3 Annually, there are nearly 30,000 cases of ALS in Europe and over 200,000 worldwide, with the number projected to increase nearly 70% by 2040.4 Though great advances in our understanding of genetics have been made, known inherited mutated genes only account for 5–10% of ALS cases.5,6 Environmental factors therefore likely play an important role in ALS pathogenesis.7 However, because the disease is relatively rare, it is difficult to conduct large-scale prospective studies. The lack of and the need for more and better epidemiologic studies of the etiology of ALS has been recognized and highlighted.5,8

Air pollution is most commonly studied in association with both acute and chronic respiratory- and cardiovascular-related outcomes.9–14 Toxicological studies also support several plausible biological mechanisms in association of the nervous system and neurodegeneration.15 Ambient air pollution, and especially urban air pollution, is a ubiquitous exposure that has been associated with several other neurodegenerative disorders,16–21 and consistently linked to systemic inflammation,22–24 oxidative stress,25–28 and neuroinflammation,15,29 all of which, in turn, have been reported as key pathways to ALS pathogenesis.30–34

Despite the compelling plausibility, few studies to datehave evaluated the association between traffic-related air pollution and ALS,35–38 and none has attempted to understand the joint and separate effect of traffic-related pollutants in the same model. Traffic-related pollutants, particularly associated with adverse health,13,17,39–41 are highly correlated with one another.39 It is therefore also a mixture modelling challenge to infer the group effect of traffic-related pollutants,42 both combined and average, as well as the contribution of the individual components. Our aim for this study was to assess whether exposure to each individual traffic-related pollutant is associated with ALS diagnosis, as well as evaluating their joint and average effect.

**Methods**

*Study population and Outcome Assessment*

We used data from the Danish National Registers system during 1989 – 2013, through which details on demographic characteristics and certain health outcomes of all Danish residents can be linked based on a 10-digit unique personal identifier.43 The Danish National Registers system was established in 1977 and is a comprehensive patient register, including nationwide clinical and administrative records for all somatic inpatient data. Outpatient data have also been included in the Danish National Registers system since 1995. In a previous validation study, we found that Danish National Registers system data for ALS ascertainment are highly reliable.44

We used expert knowledge to identify ALS cases based on their International Classification of Diseases (ICD) discharge diagnoses, i.e., ICD-8 code 348.0 (ALS) until 1993 and ICD-10 code G12.2 (motor neuron disease) thereafter. For the diagnosis date, we used the date of the first relevant code. We only included patients who were at least 20 years old when diagnosed. We obtained controls through the Danish Civil Registration System, which was established in 1968 and includes administrative records (e.g., date and place of birth, vital status, and history of civil status and addresses) on all persons living in Denmark; records are kept even when a person dies or emigrates.45 We identified controls as any person with no mention of ICD-8 code 348.0 or ICD-10 G12.2 in the Danish National Registers system. We randomly matched five controls per case by age, sex and date of birth. Controls were alive in the Danish National Registers system at the time of first mention of ALS of the matched case.

We obtained all addresses of cases and controls from January 1st 1979 onwards from the Danish Civil Registration System,45 including the dates of moving to and leaving from each address, prior to the case diagnosis date. We then obtained the geographical co-ordinates at the door of each house of the residential history of the participants, with previous evidence of the high accuracy of this method of geocoding of addresses in Denmark.17

This study was approved by the Institutional Review Board at the Columbia University.

*Exposure data*

We obtained predictions on monthly concentrations of nitrogen oxides (NOx), carbon monoxide (CO), elemental carbon (EC; of which black carbon is a constituent) and fine particles (PM2*.*5) and at residential addresses of study participants from a validated spatio-temporal model with full space and time coverage over our study period, described in detail elsewhere.46,47 We also obtained monthly ozone (O3) concentrations for sensitivity analyses from the same model. The predictions in pollutant concentrations have been extensively used in previous air pollution epidemiologic studies in Denmark.17,48–50 From previous work, average monthly correlations between measured and modelled results were 0.84 for NOx,46 0.8 for CO,46 XX for O3,46 and XX for EC,47 as well as 0.91 for annual concentrations of PM2.5.51. Based on the residential history of each case or control, we then calculated 1-, 5-, and 10-year average exposure to each pollutant ending at one year before the date of the associated case’s ALS diagnosis, as diagnosis has been shown previously to occur at an median of 12 months after onset.52 A small number of the Danish Civil Registration System lack a complete address history, indicated when the address history for a subject is incomplete (typically lack of house number: ≈1.7% of addresses). To ensure we were including participants with adequately complete exposure records, we set the following criteria for including cases and controls across the length of exposure averages: (i) 1-year averages: 9 out of 12 months with complete exposure records, and at least one measurement in each season; (ii) 5-year averages: at least 30 out of 60 months with complete exposure records; and (iii) 10-year averages: at least 60 out of 120 months with complete exposure records.

*Covariate data*

We included a set of covariates to account for potential variation between the matched cases and controls. We used the five-category socioeconomic status (SES) definitions developed by the Danish Institute of Social Sciences, which are based on job titles, which have been previously shown as having an association with ALS diagnosis in Denmark,53 and income tax forms. Group 1, with the highest status includes corporate managers and academics; group 2 includes proprietors, managers of small businesses and teachers; group 3 includes technicians and nurses; group 4 includes skilled workers; and group 5 includes unskilled workers. We additionally included an additional group for unemployed participants (group 9). If a participant were married and information was available, we used the higher of the couple’s individual SES ranks. We also used information on civil status (never married, married, divorced and widowed), place of residence (Greater Copenhagen, big cities of Denmark, rest of Denmark, Greenland) and place of birth (Greater Copenhagen, big cities of Denmark, rest of Denmark, Greenland, foreign, unknown) to adjust for other family-specific, location-specific and early-life potential confounders. As part of the sensitivity analysis, we also the included parish-level SES covariate in the model.

*Statistical analysis*

We analyzed the association between ALS diagnosis (binary outcome; 1 for diagnosed cases and 0 for matched controls) and exposure to traffic-related pollutants by applying a Bayesian formulation of the conditional logistic model, with Bayesian hierarchy on the traffic-related pollutants.54,55 The logistic regression model is appropriate for binary outcomes regressed against continuous or discrete variables.54 The conditional approach automatically accounts for matching factors (age, sex and date of birth) between cases and controls within each strata, which here are the groupings of case and matched controls.54 Bayesian inference allows for full distributional estimation of the parameters of interest.55 The Bayesian hierarchical formulation on the traffic-related pollutants is a mixture method which allows a group effect, as well as the individual component effects, while accounting for the associated variance-covariance structure between the highly-correlated exposures.55 We included a linear term for each included pollutant. We also adjusted by covariates SES, civil status, place of residence and place of birth.

Specifically, via a logit function, we modelled ALS diagnosis, as follows:

where denotes whether there was an ALS diagnosis for subject in group , where group represents a case and its matched controls; the matched stratum-specific intercepts (not estimated in the conditional logistic model); ,,,the pollutant-specific coefficients (log-odds) per standard deviation increase in concentration of , , , respectively, scaled by their respective standard deviations and centered at their means; and the rest as coefficients for subject-specific covariates. In sensitivity analyses, we also included and respective concentration .

In addition, we placed a hierarchy on the traffic-specific pollutant terms in the model:

,  
,

where was estimated by decomposing into a positive-definite correlation matrix and scale matrix .56

The overall increase in log-odds in ALS diagnosis based on a standard deviation increase in all traffic-related pollutants was calculated by:

We used weakly-informative priors so that parameter estimation was driven by the data. Hyper-priors for coefficients on and covariates were N(0,10); for , they were Half-Cauchy(0,10); and was defined by LKJCorr(1).57The exception to this was for the prior on , for which estimates diverged with a non-informative prior, and so was given a prior of N(0,0.1), which did not affect estimates of other parameters. We conducted sensitivity analyses to understand the influence of priors and the robustness of the results, as detailed below.

We present all results as percentage change in odds of ALS diagnosis per standard deviation increase in pollutant concentration (calculated via e.g., etc. and obtained in the modelling process). We conducted statistical analyses using the R Statistical Software, version 4.1.1 (Foundation for Statistical Computing, Vienna, Austria),58 and R-STAN, version 2.21.2.55 We ran each model with four chains with a sample size of 1,000 each, after a warm-up of 1,000 samples, which resulted in 4,000 total samples. The reported 95% credible intervals (CrI) are the 2.5th to 97.5th percentiles of each parameter’s posterior marginal distribution. To calculate the probability that an association estimate was greater than null, we used the 4,000 samples of the posterior and took the proportion of samples which were above a null association. All code for analysis and visualization presented in this manuscript will be publicly available via GitHub.

We assessed the sensitivity of our results to hyper-prior adjustment; inclusion of O3; as well as including parish-level SES as a covariate. Our results were robust to these sensitivity analyses (eFigure XX).

**Results**

After filtering the original 4,011 cases and 20,055 controls based on completeness of exposure and covariate records, we were left with (i) 3,937 (98.2% of total) cases and 19,333 (96.4% of total) controls for 1-year average exposure; (ii) 3,934 (98.1%) cases and 19,298 (96.2%) controls for 5-year average exposure; and (iii) 3,939 (98%) cases and 19,250 (96%) controls for 10-year average exposure. Descriptive statistics of included cases and controls can be found in Table XX.

A summary of mean and standard deviation of concentrations for each pollutant included in the analysis are found in Table XX. The highest concentration of pollutants included in the analysis for cases and controls was CO (Mean=238 µg/m3; SD=106 µg/m3), with EC the lowest (Mean=0.85 µg/m3; SD=0.42 µg/m3). O3, not included in the main analysis, had a mean of 51.9 µg/m3 and a standard deviation of 6.0 µg/m3. The Spearman correlation between pollutants for cases and controls, and overall for 5-year average exposure is found in Figure XX. In general, traffic-related pollutants (NOx, CO, EC) were highly correlated in both cases and controls, at 0.91 to 0.96 for each correlation. Otherwise, PM2.5 was correlated with CO most highly (0.77 to 0.78), as well as NOx (0.64 to 0.65) and EC (0.67 for each) to a lesser degree. O3 was negatively-correlated with all other included pollutants (-0.67 to -0.88). <<<Comment about 1-year average>>>

We analyzed the association between change in odds of ALS diagnosis per standard deviation increase in individual 5-year average pollutant concentration, as well as combined and average traffic contribution (Figure XX). We observed the largest overall association for the individual standard deviation increase in EC (11.5%; 95% CrI: -1.6%, 26.2%; 95.5% posterior probability of positive association). Standard deviation increases were associated with a slight percentage decrease in odds of ALS diagnosis in both NOx (-4.9%%; 95% CrI: -18.3%, 8.7%) and CO (-3.3%; 95% CrI: -15.5%, 9.4%). The combined traffic contribution (i.e., the percentage change in odds of ALS diagnosis with a standard deviation increase in each of EC, NOx, CO) was 1.9%; (95% CrI: -5.3%, 9.0%), with an 69.3% posterior probability of a positive association. The average traffic contribution (i.e., the average effect of EC, NOx, CO) was 0.4%; (95% CrI: -16.9%, 19.8%). PM2.5 was associated with an increase in odds of ALS diagnosis (1.3%; 95% CrI: -10.4%, 14.5%). Individual models for traffic-related pollutants (i.e., one of EC, NOx, CO + PM2.5) (eFigure XX) resulted in positive associations for each of EC, NOx, CO, with positive associations for PM2.5 in all but the model with EC. Results from variations of the main model in the sensitivity analyses were robust to prior choices and inclusion of parish-level SES (eFigure XX).

**Discussion**

In the largest case-control study of ALS and traffic-related pollution of its kind to date, we used 3,939 ALS diagnoses in Denmark, pollutant predictions from a validated spatio-temporal, along with a Bayesian hierarchical structure to examine how increases in traffic-related (NOx, CO, EC) pollutant concentrations are associated with percentage change in odds of ALS diagnosis. We found that a standard deviation increase of 5-year concentration of traffic-related pollutants was associated with an increase in odds of ALS diagnosis, with a high posterior probability of a positive association, though not significant at a 95% credible interval level. We found that elemental carbon had the largest individual pollutant association with ALS diagnosis, with slight non-significant decreases in NOx and CO.

Traffic-related pollutants pose great danger to public health in many ways.9–21,39–41 Overall, while not significant, our results that indicate that traffic-related pollutants may also be associated with ALS diagnosis. That we found traffic-related pollutants, and in particular elemental carbon, as potentially positively associated with ALS diagnosis is plausible. A recent study of a smaller cohort in the Netherlands used an unconditional logistic model to show that individual traffic-related ultrafine pollutants were associated with ALS diagnosis.36 Another study of a cohort in the Netherlands also found a significant association with PM2.5.37 A population-based study in New York State found an association with ALS and PM2.5,38 while another based in Catalonia, Spain found ALS cases clustered around key road infrastructure.59 <<<What about NOx>>>

Though our results did not find as strong an association with PM2.5 as previous studies did, our full model additionally contained constituents of PM2.5 in the model, particularly elemental carbon, a large part of which comes from diesel combustion.60 A previous study of ALS diagnosis and occupation in Denmark demonstrated that those working in agriculture and construction, associated with exposure to diesel exhausts. were at higher relative risk than those in other employment.53 Truck drivers, for whom diesel exposure is common, have also been found to be at an increased risk of sporadic ALS.61 Elemental carbon has been associated with inflammation,62 mitochondrial dysfunction63 and DNA damage,63,64 all of which are plausible pathways of neurodegeneration in the human body.

Leveraging the largest number of ALS diagnoses ever collected, a great strength of our study is that we have created a study design which identifies individual as well as combined associations of highly-correlated traffic-related pollutants with ALS diagnosis. Though it is the largest dataset ever collected, we predict that more cases would further help power the study. We have adjusted implicitly and explicitly by many common covariates (age, sex, date of birth, SES, civil status, place of birth), we cannot rule out residual confounding, though to induce residual confounding, an unaccounted-for variable would have to covary with both ALS diagnosis and air pollution. Exposure misclassification is also likely, as any modelled exposure will be wrong some of time. However, any misclassification is likely not expected necessarily to be correlated with ALS diagnosis, and would therefore be expected to be bias towards the null.65

Future research should use larger cohort and collected data to understand the importance of each respective pollutant in a single model. The timing of exposure, as well as when exposure occurs during a lifetime, will also be an important study route. ALS is projected to increase in prevalence over the next few decades all over the world, and therefore understanding its pathogenesis is critical for both preventive action, as well as to attempt to find a full cure.

**Table 1.** Demographic characteristics of cases and controls.

| Characteristic | Overall, N = 23,2321 | Case, N = 3,9341 | Control, N = 19,2981 |
| --- | --- | --- | --- |
| **Average age (years)** | 66 (12) | 66 (12) | 66 (12) |
| **Sex** |  |  |  |
| Female | 10,973 (47%) | 1,854 (47%) | 9,119 (47%) |
| Male | 12,259 (53%) | 2,080 (53%) | 10,179 (53%) |
| **Family SES** |  |  |  |
| Group 1 (Highest) | 2,337 (10%) | 451 (11%) | 1,886 (9.8%) |
| Group 2 | 2,839 (12%) | 499 (13%) | 2,340 (12%) |
| Group 3 | 4,360 (19%) | 785 (20%) | 3,575 (19%) |
| Group 4 | 6,598 (28%) | 1,076 (27%) | 5,522 (29%) |
| Group 5 (Lowest) | 4,419 (19%) | 717 (18%) | 3,702 (19%) |
| Group 9 (Unemployed) | 2,679 (12%) | 406 (10%) | 2,273 (12%) |
| **Place of birth** |  |  |  |
| Greater Copenhagen | 4,858 (21%) | 831 (21%) | 4,027 (21%) |
| Big cities of Denmark | 7,923 (34%) | 1,357 (34%) | 6,566 (34%) |
| Rest of Denmark | 9,009 (39%) | 1,548 (39%) | 7,461 (39%) |
| Greenland | 243 (1.0%) | 53 (1.3%) | 190 (1.0%) |
| Foreign | 1,065 (4.6%) | 122 (3.1%) | 943 (4.9%) |
| Unknown | 134 (0.6%) | 23 (0.6%) | 111 (0.6%) |
| **Civil status** |  |  |  |
| Married | 14,158 (61%) | 2,411 (61%) | 11,747 (61%) |
| Divorced | 2,703 (12%) | 433 (11%) | 2,270 (12%) |
| Widower | 4,224 (18%) | 726 (18%) | 3,498 (18%) |
| Never married | 2,147 (9.2%) | 364 (9.3%) | 1,783 (9.2%) |
| **Place of residence** |  |  |  |
| Greater Copenhagen | 1,887 (8.1%) | 335 (8.5%) | 1,552 (8.0%) |
| Big cities of Denmark | 9,385 (40%) | 1,590 (40%) | 7,795 (40%) |
| Rest of Denmark | 11,954 (51%) | 2,008 (51%) | 9,946 (52%) |
| Greenland | 6 (<0.1%) | 1 (<0.1%) | 5 (<0.1%) |
| 1Mean (SD); n (%) | | | |

**Table 2.** Summary of pollutant concentrations (all displayed in µg/m3).

| Pollutant | Overall, N = 23,2321  (µg/m3) | Case, N = 3,9341  (µg/m3) | Control, N = 19,2981  (µg/m3) |
| --- | --- | --- | --- |
| **NOX** | 27 (20) | 28 (21) | 27 (20) |
| **CO** | 238 (106) | 239 (112) | 237 (105) |
| **EC** | 0.85 (0.42) | 0.86 (0.45) | 0.85 (0.42) |
| **PM2.5** | 12.61 (2.64) | 12.64 (2.68) | 12.60 (2.63) |
| **O3** | 51.9 (6.0) | 51.9 (6.1) | 52.0 (6.0) |
| 1Mean (SD) | | | |

**Figure 1**. Spearmancorrelation of pollutant concentrations.

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**Figure 2**. Results plot.

**eTable XX**. Plots of other parameters in models.

**eFigure XX**. (potential figure map of pollutants? Ask Matthias)

**eFigure XX**. For 1- and 10-year averages.

**eFigure XX**. Prior and sensitivity analysis results.

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*Study concept and design:* Parks, Kioumourtzoglou.

*Acquisition, analysis, or interpretation of the data:* Parks, Kioumourtzoglou, Balilian, Nunez, Hansen, Ketzel, Weisskopf, XX.

*Drafting of the manuscript:* Parks, Kioumourtzoglou.

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