THE METAL CONTENT OF AIRBORNE PARTICLES: APPLICATION TO EPIDEMIOLOGICAL RESEARCH

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Introduction

- This poster describes the first long-term study in the UK of the quantitative relationship between elevated respiratory & cardiovascular mortality and morbidity rates and the variance in daily metal composition of PM_{10} in urban background air.
- Research question addressed: Do observed and/or modelled variations in daily metal concentrations explain additional variance in health outcomes compared to PM₁₀ mass concentration alone?

Interpretation of atmospheric science aspects of these data are presented separately

Sample collection





Metal Analyses

Analysis for Fe, Cu, Ni, V, Zn, Mn, Cd, Cr, As, Ti and Pb by ICP-MS in two sequential extractions of each sample "Aqueous"





Influence of air-mass backtrajectory on metal content

 Daily 5-day air-mass back trajectories were calculated and clustered hierarchically using Euclidian squared distance and average linkage. 8 major clusters were identified for 1992-2000 (Fig. 3)



- PM₁₀ and PM_{2.5} mass concentrations in air masses from east/central Europe, or centred on the UK were, respectively, 40-40 % or ~25 % higher compared with air masses from the N, W or SW.
- Water soluble metal concentrations of UK and central Europe air masses were up to double those from the W, SW and N
- Metal enrichment factor (ng μg⁻¹) differed significantly between air-mass back-trajectory cluster for most metals (Table 1, Kruskal-Wallis P values).

TABL	Total	
Fe	0.012	<0.001
Cu	0.014	<0.001
Ni	<0.001	0.31
V	<0.001	<0.001
Zn	0.10	0.26

Retrospective extrapolation of [metal] time series

- Metal enrichment factors showed large variation within trajectory clusters, hence cluster analysis did not provide very precise estimates for retrospective extrapolation.
- Therefore we also used forward stepwise multiple regression to predict EF from combination of trajectory co-ordinates and local meteorological & co-pollutant observations:

Metal	Trajectory cluster	Regression A	Regression B
Fe	0.07	0.02	0.14
Cu	0.18	0.07	0.49
Ni	0.05	0.10	0.24
v	0.19	0.23	0.39
Zn	0.09	0.07	0.25
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 Table 2 R² indicating proportion of variance in EF explained by prediction methods involving trajectory clusters; multiple regression using trajectory co-ordinates (A); and coordinates plus local meteorological and co-pollutant variables (B). n~365.

Epidemiological analyses

Generalised additive Poisson regression models were used for the time series analyses.

 To reduce multiple testing, subset of 60 'primary' analyses defined: cardiovascular admissions, respiratory deaths and all-cause deaths in subjects aged > 65 in relation to Fe, Cu, Ni, V, Zn in aqueous and total (water plus acid) filter extracts of PM₁₀

Epidemiological results

- We found a significant association between cardiovascular admissions and total PM₁₀ (95% confidence limits of +1,+6 (P<0.01) for percent changes in relative risk associated with a 10 μ g m⁻³ range of total PM₁₀, consistent with previous analyses).
- Similar associations were noted for some of the metal fractions using both extrapolation techniques.
 However, further multiple Poisson regressions showed that metal effects were no longer significant after adjusting for total PM₁₀.

Conclusions

- Using an objective statistical analysis of air mass back trajectories we did not find that extrapolated concentrations of Fe, Ni, V, Cu, or Zn explained more of the variance in 3 primary health outcomes than PM₁₀ mass concentration alone.
- Further analyses using multiple regression techniques improved the precision of our exposure estimates but still did not show evidence of stronger effects on health from specific metal fractions than from total PM₁₀.
- At present these data do not provide evidence justifying separate regulation of metal constituents of urban PM₁₀.

Acknowledgement

This work was supported by the UK Department of Health

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