



Contribution ID: 129

Type: Oral presentation

Outdoor Concentration versus Personal Exposure in Urban Residents: Which PM_{2.5} Metric Is Associated with Respiratory Pathophysiology?

Tuesday, May 6, 2025 3:45 PM (15 minutes)

Objective: Contemporary outdoor PM_{2.5} levels are generally low in Western cities, which may make indoor contributions to personal exposure more significant. We aim to compare acute effects of PM_{2.5} measured as outdoor concentration versus personal exposure on respiratory pathophysiologic indicators in adults with or without asthma.

Methods: From 2021-2023, we conducted a panel study in 42 adults (17 with and 25 without asthma) residing in London, UK. Each participant was measured in a summer month and a winter month for airway resistance (R₅, R₂₀, and R₅-R₂₀), lung function (FEV₁), and pulmonary inflammation (FeNO). Outdoor PM_{2.5} concentration was estimated hourly over the 48 hours preceding each health assessment using the inverse distance weighting (IDW) method using the data measured at 3 nearby monitoring stations. Personal PM_{2.5} exposure was measured over the same period using Airspeck-P wearable sensor attached to participants. Mixed-effects models combined with distributed lag models (DLMs), including an interaction term for asthma status, were applied to evaluate the effects of 4-hour averaged outdoor and personal PM_{2.5} exposure, respectively.

Results: Outdoor PM_{2.5} concentrations were higher than personal concentrations, with median (IQR) being 6.03 (6.21) µg/m³ and 2.71 (4.36) µg/m³, respectively. We observed significant associations of increasing outdoor PM_{2.5} concentrations with increased airway resistance (effect lagged by 8-19 hours) and with decreased lung function (effect lagged by 8-31 hours) only in asthmatic participants (not in healthy participants). In contrast, personal PM_{2.5} exposure was not significantly associated with any of the respiratory pathophysiology indicators.

Conclusion: Individuals with asthma showed worsened respiratory pathophysiology 8–31 hours after an increase in 4-hour averaged outdoor PM_{2.5} concentration. Substantially lower personal PM_{2.5} exposure compared to outdoor PM_{2.5} concentration suggests that indoor PM_{2.5} levels were lower. Sources and factors associated with indoor PM_{2.5} exposure may have attenuated the respiratory effects of outdoor PM_{2.5} under contemporary air quality conditions in London.

Primary author: ZHANG, Jim (Duke University)

Co-authors: Prof. HERRING, Amy (Duke University); BATES, CA (University of Edinburgh); Prof. ARVIND, DK (University of Edinburgh); Dr ABUBAKAR-WAZIRI, Hisham (Imperial College); Prof. ADCOCK, Ian (Imperial College); Prof. CHUNG, Kian Fan (Imperial College); Dr BHAVSAR, Pankaj (Imperial College); Dr MUMBY, Sharon (Imperial College); Dr ZHANG, Shiyu (Duke University); Dr MURPHY, Susan (Duke University); Dr LIN, Yan (Duke University)

Presenter: ZHANG, Jim (Duke University)

Session Classification: SESSION 2b - Exposure and Dose: Assessing the human health implications, Oral Presentations