Acute Particulate Matter Exposure and Suicide in North East Asia: A Systematic Review Shannon Haines, Dr.Amanda Northcross

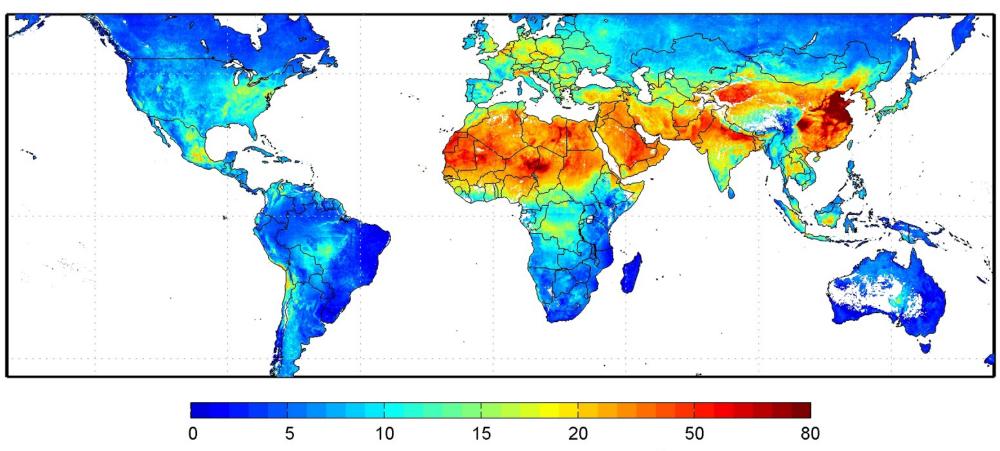
Objective

The objective was to assess whether there is increased risk of suicide completions when persons in North East Asia are exposed to acute PM concentrations in the ambient air.

Background

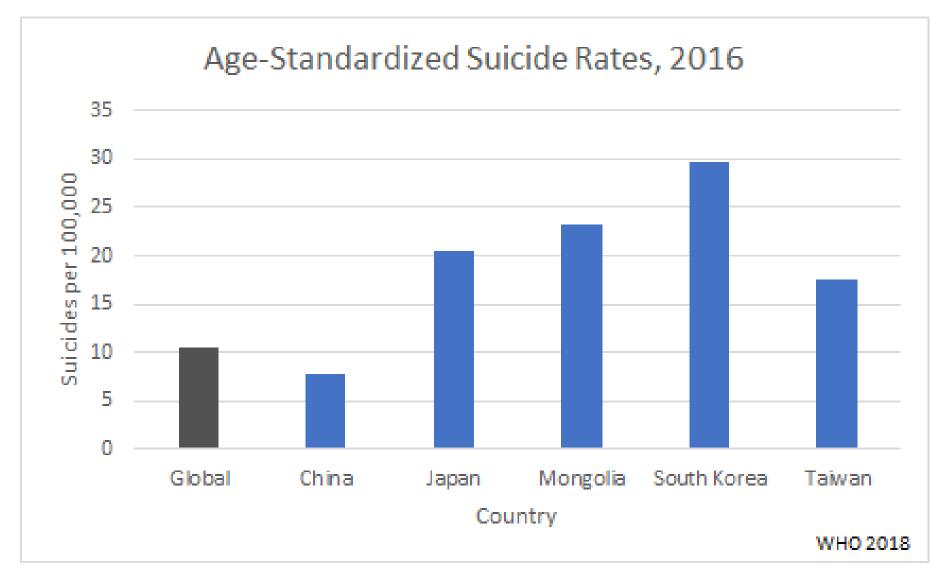
Exposure. Particulate matter (PM) is a form of air pollution that is comprised of a mixture of solid particles and liquid droplets. PM can be both human-caused and natural. PM₁₀ and PM_{2.5} are PM that are 10 microns and 2.5 microns in aerodynamic diameter across or smaller, respectively. PM₂₅ is small enough to enter the blood stream of a human after inhalation.

Particulate Matter and North East Asia. 76% of population living in areas that exceed the World Health Organization's PM₂₅ first interim target Air Quality Guideline annual average of 35 µg/m³ live in North East Asia (Image: Dalhousie University).

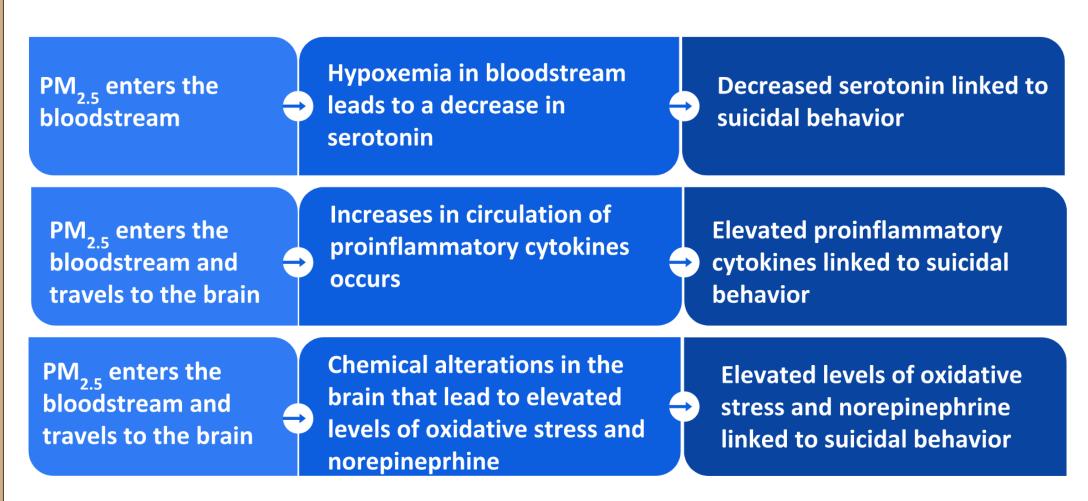


Satellite-Derived PM 25 [µg/m³]

Outcome. Suicide is a complex issue, with suicidal behavior hypothesized to be a result of interactions between individual psychological, sociological, and environmental factors. As seen in the figure below the suicide rates in this region are typically higher than the global average.



Biological Plausibility



Methods

I conducted a systematic literature review regarding acute particulate matter exposure and subsequent suicide deaths in North East Asia. I searched articles published up to October 31, 2018, and included original studies that measured concentrations of particulate matter that was ten microns across or smaller, measured suicidal deaths, and were conducted in North East Asia. I evaluated the individual risk of bias for each study, as well as risk of bias across studies, quality of the evidence, and strength of the evidence according to the Navigation Guide systematic review methodology.

n=246

After duplicates Records through database searching were removed n=1410 n=274

Population. Residents of the countries included in North East Asia which are China, Japan, Mongolia, South Korea, and Taiwan.

Exposure. Acute concentrations of PM₁₀. Acutely high concentrations include periods of at least a one interquartile (IQR) increase in ambient concentration.

Comparator. The comparator is the same region during times when there are non-elevated concentrations of PM_{10} .

Outcome. Suicide completions are defined in the *International Classification of Diseases (ICD)* as intentional self-harm mortality, which is purposely self-inflicted poisoning or injury suicide.

Data Sources. I searched the databases Scopus, PubMed, and Proquest using the search terms. I did not limit my search by language or initial publication date. I did my initial search on September 25, 2018 and updated my search on October 31, 2018, to identify any new studies. I also hand-searched references of included studies, and review papers on the topic of air pollution and suicide.

Results

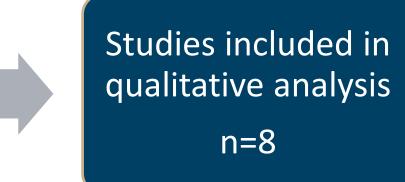
WASHINGTON, DC

Rating the Quality of Evidence		
itial Rating of human evidence	e = "Moderate"	
Category	Downgrades	
Risk of Bias	-1	
Indirectness	0	
Inconsistency	0	
Imprecision	0	
Publication Bias	0	
	Upgrades	
Large Magnitude of Effect	0	
Dose-Response Relationship	0	
Confounding Minimizes Effect	1	
Overall Quality of Evidence	Moderate	

Risk of Bias	Kim,	Yang,	Kim,	Ng,	Lin,	Kim,	Lee,	Min
RISK OF DIdS	2010	2011	2015	2016	2016	2018	2018	201
Study Design								
Exposure Assessment								
Environmental Confounding								
Human Confounding								
Detection of Outcome								
Reporting								
Conflict of Interest								







n=8

۱,		
8		
	Low	
	Probably Low	
	Probably High	
	High	

THE GEORGE WASHINGTON UNIVERSITY

I concluded that there was limited evidence to suggest that acute exposure to ambient particulate matter was associated with increased suicide. Evidence could be improved in the future by more carefully assessing exposure, and controlling for chronic disease confounding.

Kim, C, Jung, SH, Kang, DR, Kim, HC, Moon, KT, Hur NW, Shin, DC, Suh, I. 2010. Ambient particulate Matter as a Risk Factor for Suicide.

Kim Y, Kim H, Honda Y, Guo YL, Chen BY, Woo JM, Ebi KL. 2015. Suicide and Ambient Temperature in East Asian Countries: A Time-Stratified Case-Crossover Analysis.

Kim Y, Ng CFS, Chung Y, Kim H, Honda Y, Guo YL, Lim YH, Chen BY, Page LA, Hashizume M. 2018. Air Pollution and Suicide in 10 Cities in Northeast Asia: A Time-Stratified Case-Crossover Analysis.

Lee, H, Myung, W, Kim DK. 2018. Ambient air pollution and completed suicide in 26 South Korean cities: Effect modification by demographic and socioeconomic factors

Lin GZ, Li L, Song YF, Zhou YX, Shen SQ, Ou CQ. 2016. The impact of ambient air pollution on suicide mortality: a case-crossover study in Guangzhou China.

Min J, Kim H, Min K. 2018. Long-term exposure to air pollution and the risk of suicide death: A population-based cohort study.

Ng CFS, Stickley A, Konishi S, Watanabe C. 2016. Ambient air pollution and suicide in Tokyo, 2001-2011.

Yang AC, Tsai SJ, Huang NE. 2011. Decomposing the association of completed suicide with air pollution, weather, and unemployment data at different time scales.

van Donkeleer, A. 2010. Global satellite- map of PM2.5 averaged 2001-2006. Dalhousie University. https://www.nasa.gov/topics/earth /features/health-sapping.html

World Health Organization (WHO). 2018. Age-standardized suicide rates (per 100,000 population). http://www.who.int/gho/mental_health/ suicide_rates/en/

Pandey GN. 2013. Biological basis of suicide and suicidal behavior. Bipolar disorders 15(5):524-541.

Guxens M, Sunyer J. 2012. A review of epidemiological studies on neuropsychological effects of air pollution. Swiss Medical Weekly. 141.

Lin GZ, Li L, Song YF, Zhou YX, Shen SQ, Ou CQ. 2016. The impact of ambient air pollutionon suicide mortality: a case-crossover study in Guangzhou China. Environmental Health 15(1):90.

I would like to thank my advisor, Dr.Amanda Northcross, and my culminating experience professor, Dr.Lance Price for their guidance and support for this systematic literature review.

Contact Info: shannonhaines@gwu.edu

Public Health

Conclusions

Papers Reviewed

Poster References

Acknowledgements and Contact Info