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Airborne particulate matter in Tehran's ambient air

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Abstract

In recent decades, particulate matter (PM) concentrations in Tehran have exceeded the World Health Organization's (WHO) guideline on most days. In this study, a search protocol was defined by identifying the keywords, to carry out a systematic review of the concentrations and composition of PM in Tehran's ambient air. For this purpose, searches were done in Scopus, PubMed, and Web of Science in 2019. Among the founded articles (197 in Scopus, 61 in PubMed, and 153 in Web of Science). The results show that in Tehran, the annual average PM₁₀ exceeded the WHO guidelines and for more than 50.0% of the days, the PM_{2.5} concentration was more than WHO 24-h guidance value. The PM concentration in Tehran has two seasonal peaks due to poorer dispersion and suspension from dry land, respectively. Tehran has two daily PM peaks due to traffic and changes in boundary-layer heights; one just after midnight and the other during morning rush hour. Indoor concentrations of PM₁₀ and PM_{2.5} in Tehran were 10.6 and 21.8 times higher than the corresponding values in ambient air. Tehran represents a unique case of problems of controlling PM because of its geographical setting, emission sources, and land use. This review provided a comprehensive assessment for decision makers to assist them in making appropriate policy decisions to improve the air quality. Considering factors such as diversity of resources, temporal and spatial variations, and urban location is essential in developing control plans. Also future studies should focus more on PM reduction plans.

Keywords Air pollution · Particulate matter · PM₁₀ · PM_{2.5} · Tehran

Introduction

In many megacities, rapid economic development coupled with population growth led to serious air pollution [1], and

its deleterious effects on human health, visibility, climate, and the urban ecosystem [2–5]. Epidemiological studies have shown strong associations between air pollution and morbidity and mortality rates [6] such that air pollution is the fourth overall risk factor for human health. Globally, more than 80% of urban residents are exposed to air pollution level exceeding World Health Organization (WHO) guidelines [5]. These exposures lead to effects ranging from sub-clinical to premature mortality [3]. For example, 6.50 million premature deaths per year occur worldwide due to air pollution [5]. However, the effects of air pollution are dependent on pollution composition, duration of exposure, frequency of exposure, exposure concentrations, and toxic effects of specific constituents [3].

Particulate Matter (PM) has the highest impacts of any air pollutant on human health, and is associated with exacerbation of respiratory diseases (asthma and Chronic obstructive pulmonary disease (COPD)), allergies, respiratory infections, and cardiovascular diseases [1, 2, 5, 7–11]. PM with aerodynamic diameters $\leq 2.5 \mu\text{m}$ (PM_{2.5}) are strongly correlated with cardiovascular and respiratory effects while PM with diameters $\leq 10 \mu\text{m}$ (PM₁₀) have been generally associated with respiratory hospital admissions. Smaller PM such as PM₁ and

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