

Time series study on the effect of low air pollution level NO₂ On the death of residents from cardiovascular and cerebrovascular diseases

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Abstract

Objective: To explore the impact of low-level atmospheric nitrogen dioxide (NO₂) on the death risk of cardiovascular and cerebrovascular diseases in Enshi City, so as to provide scientific basis for locating sensitive populations and formulating population health policies. Methods: The monitoring of air pollutants, meteorological factors and death data of residents from cardiovascular and cerebrovascular diseases in Enshi City from 2015 to 2018 were collected. The generalized additive model based on Poisson distribution was used to analyze the impact of low air pollution level NO₂ on the death risk of cardiovascular and cerebrovascular diseases in Enshi City, and subgroup analysis was carried out on age, gender and season. Results: The average concentrations of major gaseous pollutants in Enshi from 2015 to 2018 were NO₂ (21.40 µg/m³), sulfur dioxide (SO₂, 9.68 µg/m³), Carbon oxide (CO, 0.88 mg/m³) and ozone (O₃, 61.21 µg/m³). The results of single pollutant model analysis show that every increase of NO₂ concentration in the total population µg/m, the risk of death from cardiovascular and cerebrovascular diseases on the same day (lag0) will increase by 0.33% (-0.06%~0.72%) ($P > 0.05$); In the female population, every 1% increase in NO₂ concentration µg/m, the death risk of cardiovascular and cerebrovascular diseases with cumulative lag of 1 day (lag01) will increase by 0.92% (0.26%~1.56%) ($P < 0.05$); In the cold season, every increase of NO₂ concentration µg/m, the death risk of cardiovascular and cerebrovascular diseases in the whole population on the same day (lag0) will increase by 0.62% (0.12%~1.12%) ($P < 0.05$). The results of the two pollutant model show that after controlling other gaseous pollutants (SO₂, CO or O₃), the impact of NO₂ on the death risk of cardiovascular and cerebrovascular diseases in women and the whole population in cold season still exists. **Conclusion:** Low pollution level of NO₂ in Enshi City will increase the death risk of cardiovascular and cerebrovascular diseases among women and the whole population in cold season. Attention should be paid to the health protection of special populations in low pollution areas and in special seasons.

Keywords: Air pollution; Carbon dioxide; Cardiovascular and cerebrovascular diseases; Risk of death; Time series analysis

1. Introduction

Nitrogen dioxide (NO₂) is one of the main air pollutants in China, and its population health hazard effect has attracted more and more

attention^[1-4]. Tan and Liu et al. Found that high pollution level NO₂ exposure has a significant impact on the incidence and death of cardiovascular and cerebrovascular diseases^[5-6].

However, there may be differences in the health impact law of air pollutants under different pollution levels, and the research results of Taj et al can provide evidence for this^[7,8]. Previous studies on the death risk of no on cardiovascular and cerebrovascular diseases mostly focused on areas with high pollution level, while there were relatively few pathogenic laws of atmospheric NO₂ in areas with low pollution level.

Enshi City is located in Hubei Province, China. The results published in China Ecological Environment Bulletin in recent years show that the air quality of Enshi City is significantly better than that of China's industrial cities and big cities, and belongs to the area with low NO₂ pollution level. Taking Enshi residents as the research object, the study uses time series analysis to explore the law of the impact of low-level atmospheric NO₂ on the death risk of cardiovascular and cerebrovascular diseases, so as to provide a scientific basis for formulating population health policies.

2. Materials and methods

2.1. Data source death data:

Derived from the "population death information registration management system of China disease prevention and control information system", the daily deaths of residents in Enshi from cardiovascular and cerebrovascular diseases (ICD 10: I00-I99) data^[9-10]. Air pollution data: Obtain the daily concentration data of gaseous air pollutants, including sulfur dioxide (SO₂), NO₂, carbon monoxide (CO) and ozone (O₃), from two independent state-controlled stations in Enshi City (Enshi electric power company and Hubei University for Nationalities). Take the average value of the summary data of each monitoring station, in which O₃ is the average value of 8-hour concentration. Meteorological data: Obtain daily meteorological data from Enshi

Meteorological Bureau, including average temperature and average relative humidity.

2.2. Methods the generalized additive model based on Poisson distribution was used to explore the impact of the concentration change of air pollutant NO₂ on the death risk of cardiovascular and cerebrovascular diseases in Enshi City. First, a single pollutant model is established to control the confounding factors such as day of week effect (Dow), holiday effect (holiday), long-term trend of time (time), daily average temperature (Temp) and daily average relative humidity (Rhum). The specific model is as follows:

$$\text{Log } [E(Y_t)] = \alpha + \beta Z_t + \text{ns}(\text{time}, \text{df} = 7 / \text{year}) + \text{ns}(\text{temp}, \text{df} = 3) + \text{ns}(\text{rhum}, \text{df} = 2) + \text{DOW} + \text{Holiday}$$

In the model, E(Y_t) is the expected value of the number of deaths on day t; Y_t is the actual number of deaths on the t day of the observation day; β is the regression coefficient, which represents the relative risk of death from cardiovascular and cerebrovascular diseases related to the increase unit of NO₂ concentration level; Z_t represents the pollutant concentration on the t day of the observation day; ns is a natural cubic spline function; α is the intercept of the equation; df is the degree of freedom of each parameter. The degree of freedom of temp is 3, the degree of freedom of Rhum is 2, and the long-term trend degree of freedom of time is 7. The degree of freedom is determined according to the experience of previous research^[11-13] and the minimum principle of Akaike information criterion^[14].

There is a lag in the impact of pollutants on people's health, so the lag effect of 4D NO₂ on the incidence of stroke is explored in the study, including one-day lag (lag0-lag4) and cumulative lag (lag01-lag04). Different populations have different sensitivities to air pollutants, so the study is conducted on age (≥

65 years old; < 65 years old), gender (male; female), season (cold: October to December and January to March; Warm: Subgroup analysis of^[15] from April to September. A double pollutant model of NO₂ and other gaseous pollutants is established to explore the impact of adding other gaseous pollutants on the health effect of NO₂.

The results are expressed by excess risk (ER) and 95% confidence interval (CI), where $ER = [e^{\beta} - 1] * 100\%$, which represents the change in the relative percentage of cardiovascular and cerebrovascular death risk of residents per 1 μ g/m³ increase in atmospheric NO₂.

2.3. Statistical analysis

Spearman rank correlation and generalized additive model are used to analyze the correlation between air pollutants and meteorological elements and the impact of air pollutant NO₂ on the death risk of cardiovascular and cerebrovascular diseases.

The study used software R 4.0.5. For statistical analysis, and used two-sided test to test the level $\alpha = 0.05$.

3. Results

3.1. Descriptive analysis the total number of deaths from cardiovascular and cerebrovascular diseases in Enshi City from January 1, 2015 to December 31, 2018 was 6971, of which men and women accounted for 55.47% and 44.53% respectively, people aged ≥ 65 and < 65 accounted for 85.11% and 14.89% respectively, and the deaths in cold season and warm season accounted for 56.78% and 43.22% respectively. In the same period, the average NO₂ concentration in Enshi was 21.40 μ g/m³, the average concentration of other gaseous pollutants is SO₂ (9.68 μ g/ m), CO(0.88 mg/ m) , O₃ (61.21 μ g/ m). The range of daily average temperature is 4.02°C~27.40°C; The range of daily average relative humidity is 3.44%~97.40% (**Table 1**).

Table 1 Descriptive statistics for daily air pollutants, meteorological variables and death of cardiovascular and cerebrovascular diseases in Enshi city from 2015-2018

Variable	Death toll	Mean \pm SD	Minimum value	P ₂₅	P ₅₀	P ₇₅	Maximum
Population characteristics							
Total population	6971	4.77 \pm 2.46	0	3	5	6	21
Male	3867	2.65 \pm 1.71	0	1	2	4	10
Female sex	3104	2.13 \pm 1.53	0	1	2	3	11
≥ 65 years old	5933	0.71 \pm 0.87	0	0	0	1	4
< 65 years old	1038	4.06 \pm 2.27	0	2	4	5	20
Cold season	3958	5.43 \pm 2.59	0	4	5	7	21
Warm season	3013	4.12 \pm 2.13	0	3	4	5	12
Atmospheric pollutant							
SO ₂ (μ g/m ³)		9.68 \pm 7.75	1.58	5.83	7.75	11.52	61.68
NO ₂ (μ g/m ³)		21.40 \pm 10.21	3.44	14.34	19.73	27.31	72.94
CO(μ g/m ³)		0.88 \pm 0.34	0.20	0.64	0.85	1.03	2.53
O ₃ (μ g/m ³)		61.21 \pm 31.51	2.63	38.62	58.94	81.83	184.31
Meteorological factors							
Daily average temperature (T)		13.89 \pm 7.64	-4.02	6.98	14.57	20.62	27.40
Relative humidity (%)		78.62 \pm 9.48	42.71	71.80	79.64	86.74	94.40

The correlation analysis results of air pollutants and meteorological elements show that the daily average concentration of NO₂ is significantly positively correlated with the daily average concentration of SO₂ (rank correlation coefficient $r_s = 0.351$, $P < 0.01$) and CO ($r_s = 0.372$, $P < 0.01$), and negatively correlated with O₃ ($r_s = 0.398$, $P < 0.01$). Daily average temperature ($r_s = 0.516$, $P < 0.01$) and daily average relative humidity ($r_s = 0.073$) were also significantly negatively correlated with NO₂.

3.3. Time series analysis

3.3.1. Single pollutant model and subgroup analysis results the analysis results of single pollutant model (**Figure 1**) shows that the impact of the increase of daily average concentration of atmospheric NO₂ on the death risk of cardiovascular and cerebrovascular diseases of Enshi residents is not statistically

significant in the difference between the time difference of single day lag and cumulative lag, but the difference between the two subgroups in women and cold season is statistically significant. Among the female subgroups, there were significant differences in the results of lag0, Lag1, lag01 and lag04 ($P < 0.05$). Among them, the effect value of lag01 was the largest, which was 0.92% (0.26%~1.56%), that is, every increase of NO₂ concentration $\mu\text{g}/\text{m}^3$, the death risk of cardiovascular and cerebrovascular diseases in female population will increase by 0.92%. In the subgroup of cold season, only lag0 was observed with statistically significant difference ($P < 0.05$), which was 0.62% (0.12%~1.12%), i.e. Every 1% increase in NO₂ concentration $\mu\text{g}/\text{m}^3$, the death risk of cardiovascular and cerebrovascular diseases in the whole population will increase by 0.62% in cold season.

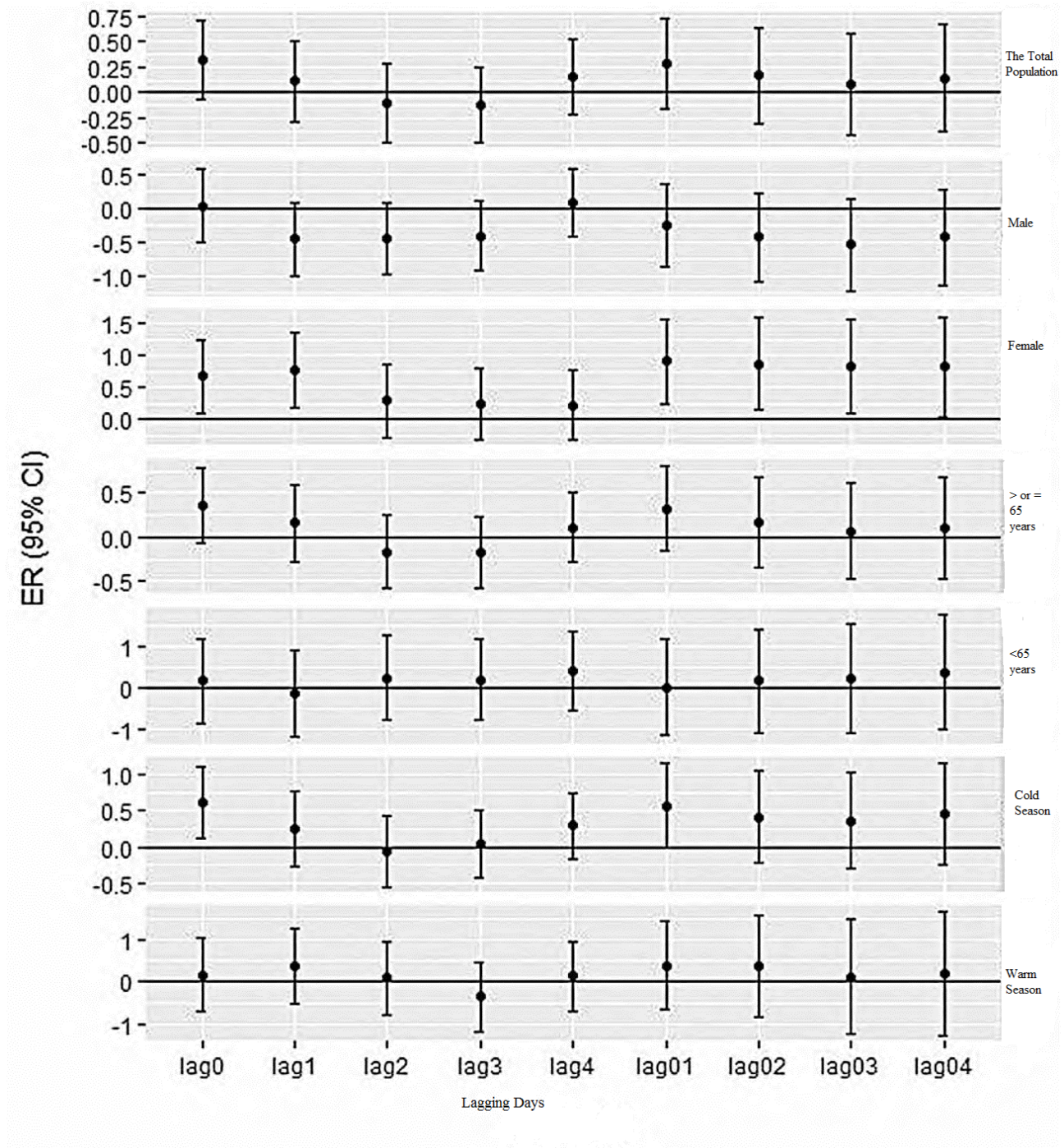


Figure. 1 Effects of NO₂ concentration changes on daily death from cardiovascular and cerebrovascular diseases in Enshi city from 2015 to 2018

2.3.2 Double pollutant model results the double pollutant model results (**Figure 2**) show that after introducing other gaseous pollutants (SO₂, CO, O₃) into the NO₂ single pollutant model, the impact of NO₂ on the death risk of cardiovascular and cerebrovascular diseases in

women and cold season subgroups still exists, but the estimated value of the effect will change slightly. Among them, the introduction of CO into the model of female subgroup has the greatest impact on the results. The risk of death from cardiovascular and cerebrovascular

diseases in the female population of lag01 will increase to 0.97% (0.30%~1.65%) ($P < 0.05$); Adding SO₂ to the model of the cold season subgroup has the greatest impact on the results. The risk of death from cardiovascular and cerebrovascular diseases in the whole population of lag0 will be reduced to 0.40% (0.13%~0.94%), and the result difference is not

statistically significant.

2.3.3 Sensitivity analysis the purpose of sensitivity analysis is to evaluate the stability of the results by changing the degree of freedom of time trend ($df= 68$) and meteorological elements ($df= 35$). The results of sensitivity analysis suggest that the model fits well and the results are robust.

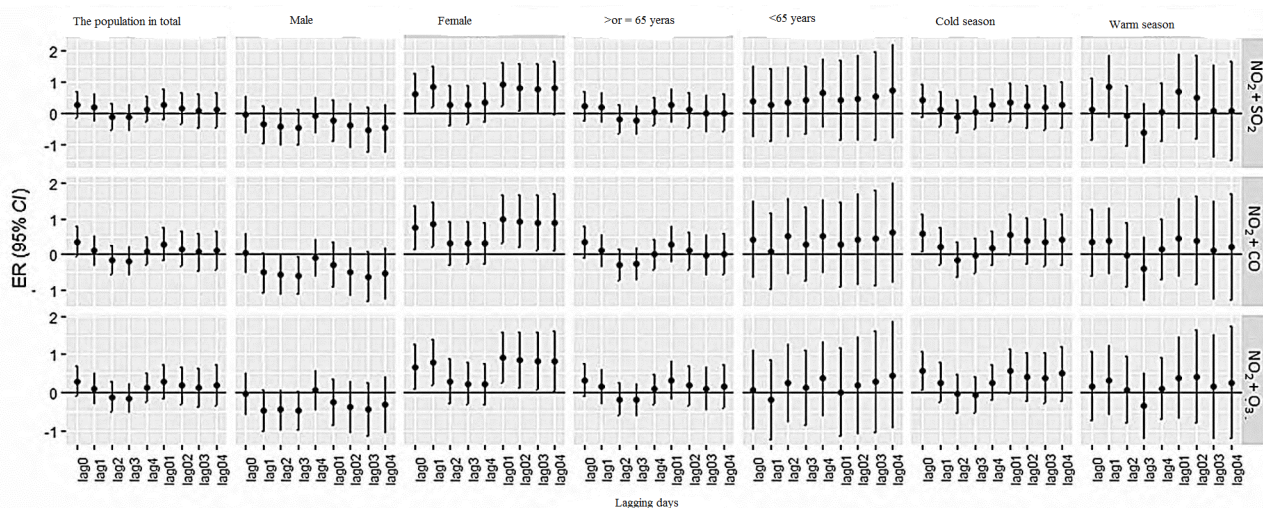


Figure 2. Results of two pollutant models for general population and subgroups

4. Discussion

The study found that the increase of atmospheric NO₂ in Enshi City with low pollution level will not significantly increase the death risk of cardiovascular disease in the general population; However, for female population and the whole population in cold season, even at low pollution level, the death risk of cardiovascular disease will increase significantly with the increase of NO₂ concentration.

Under the background of different concentrations of air pollutants, the impact law of air pollutants on population health may be different^[7-8]. Consistent with the results of a study carried out by Qin Meng and others in Fengxian District, Jiangxi Province, which is close to the concentration level of NO₂ in Enshi

City^[16], it is also not observed that the increase of atmospheric NO has a significant impact on the increase of death risk of cardiovascular disease in the general population. However, a study in Beijing found that for every quartile increase in NO₂ concentration, the death risk of cardiovascular and cerebrovascular diseases in the total population of the city will increase by 4.11%^[17]. During the study period, the average concentration of no in the city was 55.00 μg/m³, significantly higher than that of Enshi City. The above results suggest that the effects of high pollution level and low pollution level atmospheric NO₂ on people's health may be different. However, it is unclear whether this conclusion is applicable to specific populations or specific seasonal conditions to solve this problem, subgroup analysis was carried out.

The results of gender subgroup show that

NO₂ exposure has a significant impact on the increased risk of death from cardiovascular and cerebrovascular diseases in female residents of Enshi City, but no significant effect is found in male subgroup Studies in Ho Chi Minh City, Vietnam^[18] and Wuhan City, Hubei^[19] also found that NO₂ has a greater impact on the health of women's cardiovascular and cerebrovascular diseases than men NO₂ exposure will have harmful effects on cardiovascular and cerebrovascular systems, including oxidative stress, atherosclerosis and abnormal lipid metabolism^[20]. When Guo et al. Studied the oxidative stress and chromosome damage caused by PAH exposure, they found that women are more vulnerable to oxidative stress^[21], which may be one of the reasons why women are more sensitive than men.

The results of seasonal subgroups showed that NO₂ exposure in cold season had a significant impact on the increased risk of death from cardiovascular and cerebrovascular diseases in the whole population of Enshi City, while no significant effect was found in warm season subgroups. A time series analysis in Beijing^[22] also found that the harmful effect of pollutants is more obvious in cold seasons when studying the impact of air pollutants on the admission rate of cardiovascular and cerebrovascular diseases. The effect of NO₂ on the death risk of cardiovascular and cerebrovascular diseases in cold season is more significant than that in warm season, which may be related to the vascular injury caused by low temperature. Cold exposure can cause vasoconstriction to reduce skin blood flow and prevent heat loss, but long-term contraction can lead to ischemia and potential irreversible damage^[23].

In conclusion, in areas with low atmospheric NO₂ pollution level, the increase of its concentration will increase the risk of death

from cardiovascular and cerebrovascular diseases among women and the whole population in cold season, and the impact still exists after controlling the effects of other gaseous pollutants. Therefore, even in low pollution areas, attention should be paid to the prevention and control of health hazards of air pollution. It is suggested to consider the impact of seasonal factors on human health, take different measures in different seasons, and pay attention to the health protection of key groups such as women.

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