Health Effects of Exposure to Diesel Particulate

Part 2: Sandra Dorman, PhD Centre for Research in Occupational Safety and Health

Thursday October 24, 9:00am

Composition of Particulate Matter







https://www.carexcanada.ca/profile/diesel_engine_exhaust-occupational-exposures/

Within hours to days, exposure to high levels diesel particulate can cause:



Chronic Exposure can cause:

Cancer

- Idiopathic Pulmonary Fibrosis (IPF)
- Chronic Obstructive Pulmonary Disease (COPD) / Emphysema
- Cardiovascular Disease (CVD)
- Onset of asthma or worsening of asthma
- Worsening of diabetic comorbidities

Why is diesel particulate so harmful?

Diesel particulate is classified as a Group 1 known human carcinogen (IARC)*: it causes or contributes to lung and bladder cancer.

Inhaled diesel particulate **directly** damages lung tissue.

The smallest particles penetrate deep within the lungs and can enter the bloodstream, travelling to the heart and other organs.

The Nose

Filter Exercise





The Lungs

23 branching generations

Conduction:

 0-8 trachea and bronchi

Conduction and diffusion:

- 9-16 bronchioles
 Alveolar
 diffusion:
- 16-23









Weibel lung model 1963





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Particulate Composition





Mechanisms of Deposition

- Physical and chemical characteristics of the particle
- Properties of the particle kinetics in air
- Biological factors



Physical/Chemical Properties



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Particle size

PM = Particulate Matter

Inhalable particles are particles 10µm and smaller

 PM_{10} : particles with a diameter between 2.5-10 μ m

 $PM_{2.5}$: particles with a diameter between 0.1-2.5µm

Ultrafine: less than $0.1 \mu m$

https://en.wikipedia.org/wiki/Particulates



Particle Kinetics & Deposition







Cooking smoke, metallic fumes)

0.001-.01 microns (viruses)

0.001-0.01 Microns _ Viruses

Adapted from: Voshaar T. Therapie mit aerosolan (2005) Uni med: Bremen

Predicted lung Deposition by size

Smallest particles get into the deepest part of the airways





0.1µm



Deposition by size and surface area

Most of the deposition occurs in the upper airways



Foster & Costa. Lung Biology in Health and Disease. 2005







Biology of individual

Different people have different lung volumes & breathing rates

$\mathsf{EXPOSURE} \twoheadrightarrow \mathsf{DOSE} \twoheadrightarrow \mathsf{RESPONSE}$



Deposition increases with:

- increasing volume (larger person = larger volume);
- increased resistance;



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Effect of Physical Activity

Deposition increases with increases in breathing rate (exercise).

Upper airway deposition increases with increased airway velocity

Nose to mouth breathing is a... important aspect







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Gender / Size

Women have higher depositions per unit in the upper airways

Men have higher deposition in their lower airways







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Age

Children will have higher upper airway deposition due to anatomical size

Older adults with normal lung function should have minimal changes in tidal volume and minute ventilation and so should not have altered deposition patterns



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Lung Disease

Breathing patterns change with lung disease

These changes effect total deposition

COPD – higher minute ventilation

Bronchitis – increased deposition (narrowed airspaces)

Asthma – increased deposition

Smokers – increased deposition

Smokers - with small airways disease



Other





Smoking

Air pollution



Particle Clearance



Two main methods:

Upper Airways: 1.physical removal

clearance Time: ~ 2-24 hours Particles get trapped in mucus layer (1) Ciliated cells sweep the mucus and particles up and out (2) Cough spit/swallow





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Lower Airways 2.Absorption

direct or via cell uptake

clearance Time: >24 hours -Months







Clearance Rates

Location matters

• Size matters

Total number matters



Biologic alterations in clearance

Drugs	Age Immune system	Physical activity	Lung disease



Mechanisms of Particulate Damage



Direct Damage to Lung Cells





COPD & Idiopathic Pulmonary Fibrosis



COPD & Idiopathic Pulmonary Fibrosis



Alveoli with emphysema



Microscopic view of normal alveoli



*ADAM





Cancer



Cancer: Properties of Cells

- Starts from a single cell
- Assaults on the cell can cause changes to the cell's DNA



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Underground miners are at increased risk for respiratory disease and lung cancer.



Mechanisms of Particulate Damage



Inflammation





Movement from the airways to the blood





Cardiovascular Disease & Stroke



Major Vascular Diseases



Tears





Major Cardiovascular Diseases

Coronary (heart) Artery Disease

- Angina
- Myocardial Infarction (Heart Attack)













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Angina

Heart Attack



Major Vascular Diseases



Stroke



Normal artery



Stroke



Cardio-vascular Effects

Two Effects:

- Diesel Particulates directly damage vessel wall
- Induced inflammation increases stickiness of the vessel wall



Chronic Inflammation Can Cause or Worsen Chronic Disease



Summary

• Small, reactive particulate matter can directly damage blood vessels and increase inflammatory conditions conducive to developing atherosclerosis, angina, heart attack, and stroke.



Questions

Contact Information

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Conference Reference

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London "Killer Smog" 1952





Lung Biology in Health and Disease. Vol 204

BUSHFIRE smoke over eastern Australia during the 2019-20 fire-ravaged summer was responsible for 417 excess deaths, 1124 hospitalisations for cardiovascular problems and 2027 for respiratory problems, as well as 1305 presentations to emergency departments with asthma, according to the authors of research **published online today by the** *Medical Journal of Australia*.

March 23, 2020 – Med J Aust doi:10.5694/mja2.50545





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Summary of Evidence for respiratory and cardiovascular disease in association with ambient air pollution; adapted from Peters and Dockery: Lung Biology in Health and Disease Volume 204.



Summary of Evidence for experimental data on DPM; adapted from Peters and Dockery: Lung Biology in Health and Disease Volume 204