

Influence of the PM₁₀ measurement techniques on the assessment of the short-term mortality impacts of PM₁₀

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Background

In France, before 2007, particulate matter (PM) levels were measured with Tapered Element Oscillating Microbalance (TEOM). This technique requires a heating of the device up to a temperature above ambient levels, resulting in the evaporation of the water and of the semi-volatile components of the PM. It systematically under-estimates PM concentrations compared to the gravimetric reference method.

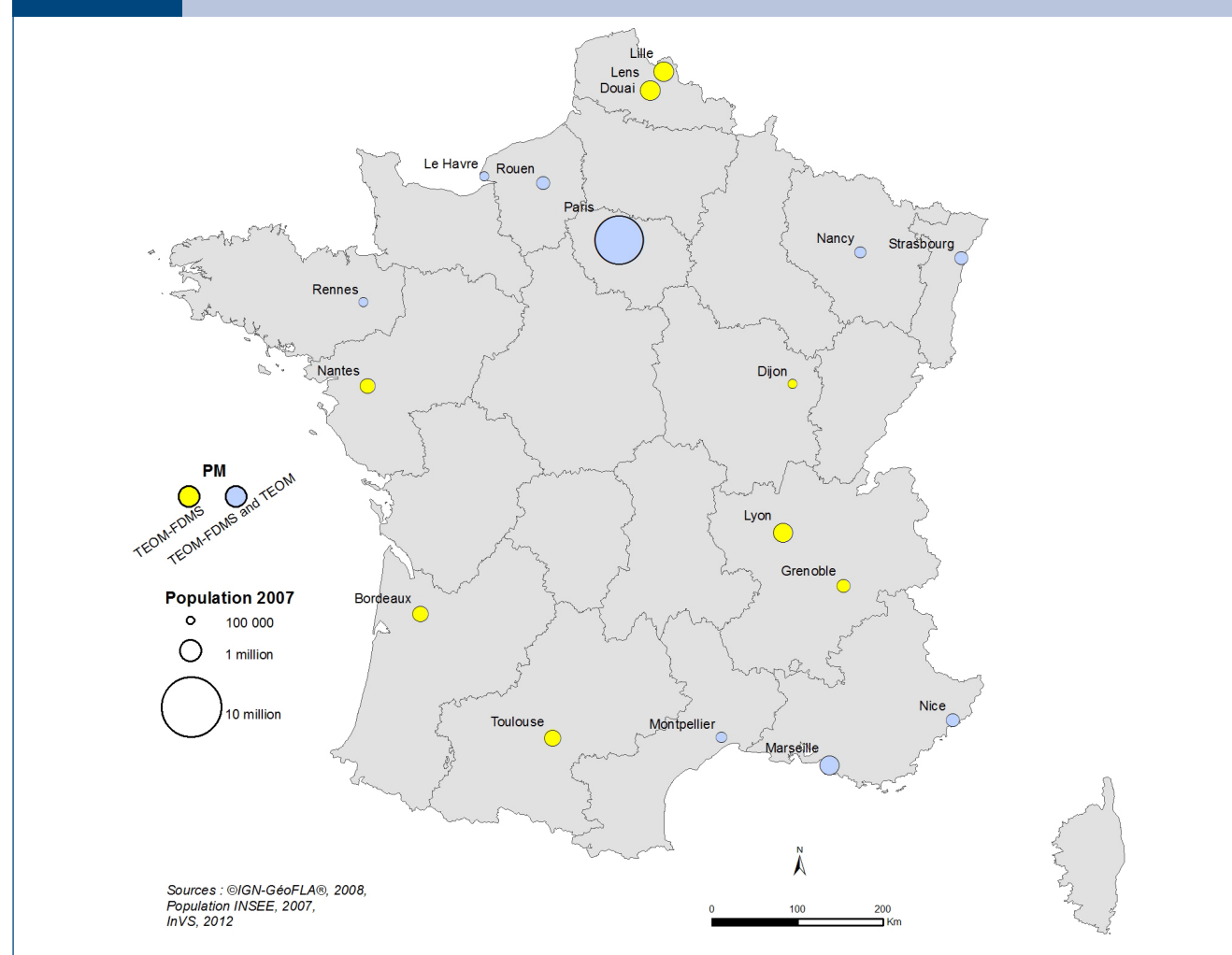
Since 2007, concentrations are measured with TEOMs equipped with a Filter Dynamics Measurement System (TEOM-FDMS), which corrects for the loss of semi-volatile compounds, and provide values consistent with the gravimetric method [1].

We investigate how this change in the measurement technique influences the estimates of the short-term impacts of PM₁₀ on mortality.

Methods

The study was part of a larger study involving 17 French cities. The analysis was performed for the period 2007-2010 for the 9 cities where the TEOM and TEOM-FDMS PM₁₀ were recorded simultaneously. In the other cities, the TEOM values are no longer available (figure 1).

FIGURE 1 POPULATION AND MEASUREMENT TECHNIQUES IN THE CITIES INVOLVED IN THE PROJECT



The association between daily background levels of PM₁₀ and daily non-accidental mortality was investigated in each city following APHEA-2 protocol [2] using a Poisson regression model controlling for possible confounders (temperatures, long-term and seasonal trends, day of the week, and bank holiday effects). The mean levels of PM₁₀ observed during the current and the previous day were introduced as a linear term. Mean temperatures at lag 0 and 1-7 were introduced as natural splines with 3 degrees of freedom.

The percent increase in the mortality rate was estimated for a 10 µg/m³ increase in PM₁₀ levels in each city for the whole year and by season (Winter: December-February, Spring: March-May, Summer: June-August, Autumn: September-November). City specific results were combined using random effect models.

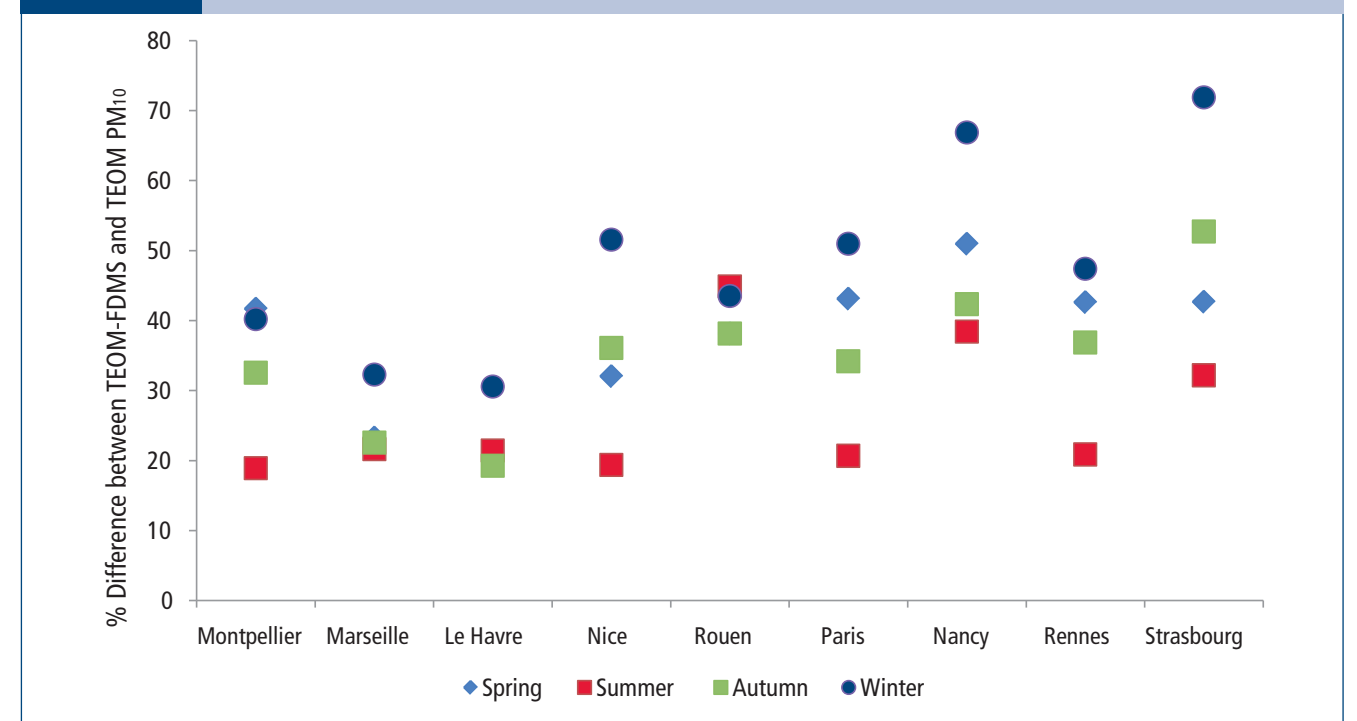
Results

The daily mean number of deaths ranged from 104 in Paris to 4 in Rennes (table 1).

On average TEOM-FDMS PM₁₀ concentrations were 20 to 50% larger than TEOM concentrations (table 1). Even during summer, when less heating is required and the loss of volatile compounds is reduced TEOM-FDMS concentrations were at least 20% larger than TEOM concentrations. Differences were up to 70% larger during winter for all cities except Rouen (figure 2).

City	Population	Mean Non-accidental daily mortality	Mean Daily PM ₁₀ TEOM (µg/m ³)	Mean Daily PM ₁₀ (TEOM-FDMS) (µg/m ³)
Paris	6 542 671	104	19.6	27
Marseille	969 434	22	25.5	31.8
Rouen	447 098	10	18.8	25.9
Nice	441 924	12	20.7	29.2
Strasbourg	440 704	8	17	25.6
Nancy	331 521	7	17.6	23.9
Montpellier	320 760	6	18.9	23.2
Le Havre	242 587	6	18.4	24.6
Rennes	239 412	4	14.6	21.9

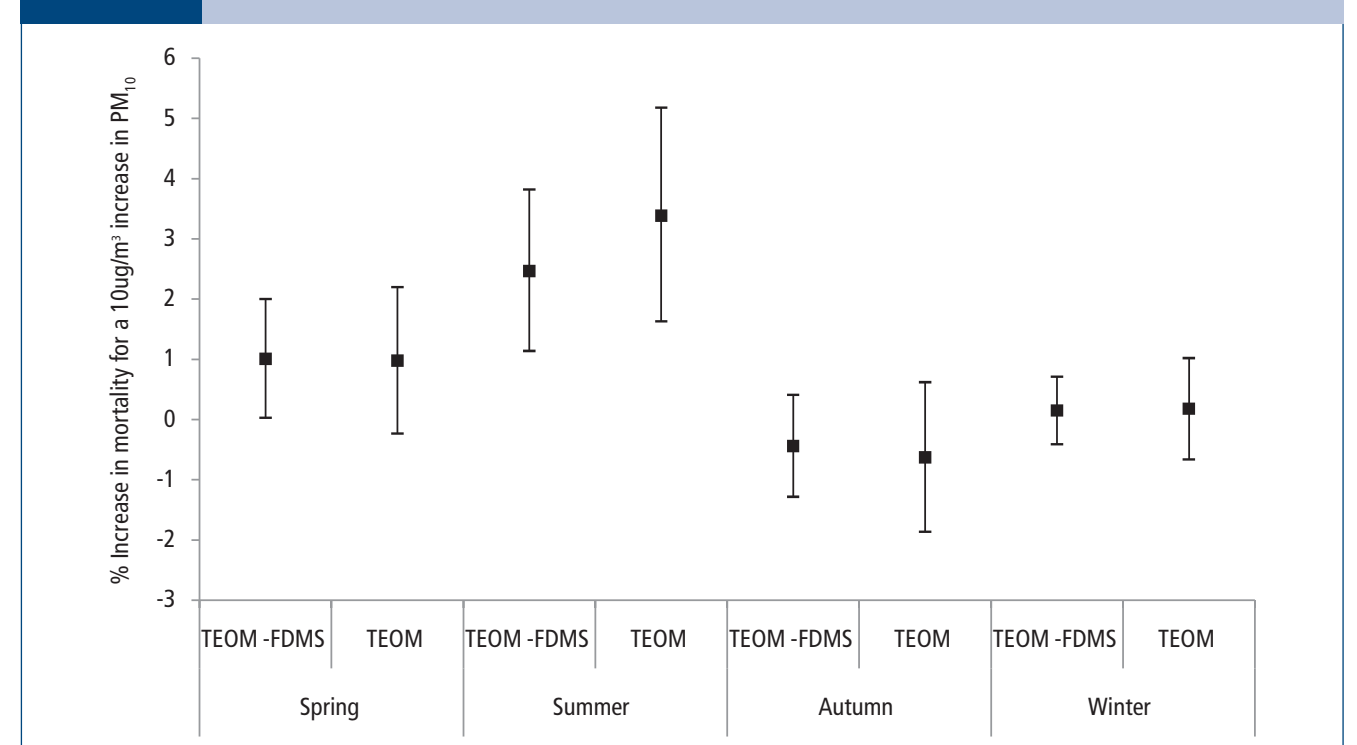
FIGURE 2 DIFFERENCES BETWEEN TEOM-FDMS AND TEOM CONCENTRATIONS BY SEASONS



For the whole year, the mortality increased by 0.37% [CI 95% -0.01:0.75] for an increase of 10 µg/m³ of TEOM-FDMS PM₁₀. It was of 0.51% [-0.07:1.09] when using TEOM PM₁₀.

By season, estimates obtained with TEOM-FDMS or TEOM PM₁₀ data were also similar. The highest effect was observed for summer, with a +2.47% [1.14:3.83] increase in mortality with TEOM-FDMS vs a 3.39% increase [1.63:5.18] using TEOM PM₁₀.

FIGURE 3 % INCREASE IN MORTALITY FOR A 10 µg/m³ IN PM₁₀ FOR TEOM OR TEOM-FDMS MEASUREMENTS



Discussion

Large differences were observed between PM₁₀ concentrations obtained with TEOM or TEOM-FDMS, reflecting the weight of the semi-volatile compounds of PM.

Yet, the concentration-response functions were comparable, suggesting that the semi-volatile part of PM₁₀ has a health impact similar to the non-volatile part.

Concentration-response functions found with the TEOM or TEOM-FDMS PM₁₀ were consistent with those observed in a previous French multi-cities study (2000-2006), and with those obtained for a larger set of cities for the same period (table 2). They were also consistent with the estimates reported by Aphena for Europe [3].

TABLE 2

	% increase in mortality for a 10 µg/m ³ in PM ₁₀
PM ₁₀ 2000-2006 9 cities (not the same cities) TEOM	0.2 [-0.5 ; 0.9]
PM ₁₀ 2007-2010 9 cities TEOM	0.51 [-0.01; 1.09]
PM ₁₀ 2007-2010 9 cities TEOM-FDMS	0.37 [-0.01; 0.75]
PM ₁₀ 2007-2010 17 cities TEOM-FDMS	0.30 [-0.01; 0.60]

Acknowledgments

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References

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