Short term effects of airborne pollen concentrations on asthma epidemic

A Tobias, I Galán, J R Banegas, E Aránguez

Background: Few studies have used time series to investigate the relationship between asthma attacks and allergen levels on a daily basis.

Methods: This study, based on time series analysis adjusting for meteorological factors and air pollution variables, assessed the short term effects of different types of allergenic pollen on asthma hospital emergencies in the metropolitan area of Madrid (Spain) for the period 1995–8.

Results: Statistically significant associations were found for Poaceae pollen (lag of 3 days) and Plantago pollen (lag of 2 days), representing an increase in the range between the 99th and 95th percentiles of 17.1% (95% confidence interval (CI) 3.2 to 32.8) and 15.9% (95% CI 6.5 to 26.2) for Poaceae and Plantago, respectively. A positive association was also observed for Urticaceae (lag of 1 day) with an 8.4% increase (95% CI 2.8 to 14.4).

Conclusions: There is an association between pollen levels and asthma related emergencies, independent of the effect of air pollutants. The marked relationship observed for Poaceae and Plantago pollens suggests their implication in the epidemic distribution of asthma during the period coinciding with their abrupt release into the environment.
to 1 week for the different types of pollens were assessed. Because of the large number of pollens and lag tests, this paper emphasises the consistency of associations across lags and measures and discusses only the more highly significant findings (p<0.01).

Analyses were performed with S-Plus (Insightful Corporation, Seattle, WA, USA) using more stringent convergence parameters for the GAM estimation procedure, recently suggested by NMMAPS\textsuperscript{10} and APHEA-2\textsuperscript{11} researchers to avoid possible biased regression coefficients and standard errors.

**RESULTS**

During the study period a total of 4827 daily emergencies were registered with a daily mean of 3.3 (range 0–26). Of this total, 50% were children aged 0–14 years, with 25% aged under 5 years.

Figure 1 shows the coincidence in time between the abrupt release of *Poaceae* and *Plantago* pollen into the environment (measured in grains/m$^3$) between the 95th (p95) and 99th (p99) percentiles and the asthma epidemic peaks during the last 2 weeks in May 1996 and the first 2 weeks in June 1998. It also shows that *Poaceae* and *Plantago* did not reach the p95 in 1995, so the levels were below the possible threshold that causes an increase in hospital asthma admissions. In 1997 there were many days of heavy rain during the pollen season. This might have split the distribution of *Poaceae* and *Plantago* pollen into two phases which resulted in reduced levels of *Poaceae* and *Plantago* pollen exceeded the p95 for only 8 days. This might explain the absence of epidemic increments during that period.

Table 1 shows the association between asthma emergency room admissions and pollen levels as the percentage change (and 95% confidence interval) in the mean number of

<table>
<thead>
<tr>
<th>Type of pollen</th>
<th>No of days*</th>
<th>p99-p95 (grains/m) (Lag)</th>
<th>Model with one pollen</th>
<th>Model adjusted for all types of pollen</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Olea</em></td>
<td>664</td>
<td>106.2 (1)</td>
<td>4.8 (-4.4 to 14.9)</td>
<td>0.1606</td>
</tr>
<tr>
<td><em>Plantago</em></td>
<td>873</td>
<td>22.9 (2)</td>
<td>22.8 (16.1 to 29.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td><em>Poaceae</em></td>
<td>1306</td>
<td>98.4 (3)</td>
<td>12.5 (7.0 to 18.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td><em>Urticaceae</em></td>
<td>1324</td>
<td>4.1 (1)</td>
<td>6.4 (3.2 to 9.6)</td>
<td>0.0003</td>
</tr>
<tr>
<td><em>Artemisia</em></td>
<td>207</td>
<td>11.2 (2)</td>
<td>6.4 (2.7 to 10.1)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td><em>Chenopodiaceae</em></td>
<td>973</td>
<td>11.2 (2)</td>
<td>6.4 (2.7 to 10.1)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td><em>Cupressaceae</em></td>
<td>1339</td>
<td>194.6 (3)</td>
<td>12.5 (7.0 to 18.9)</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td><em>Platanus</em></td>
<td>336</td>
<td>413.3 (2)</td>
<td>12.5 (7.0 to 18.9)</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

*Number of days in the study period with levels >0 grains/m$^3$ for a type of pollen.
admissions associated with a 95–99th percentile increase in the pollen levels. The results are shown according to two types of models. The first model registered the best lag in terms of greatest effect and statistical significance for just one type of pollen. The most marked associations were registered for *Poaceae* (lag of 3 days) and *Plantago* (lag of 2 days), representing a variation in range between the 99th and 95th percentiles of 27.5% (95% CI 17.0 to 38.9) and 22.8% (95% CI 16.1 to 29.9), respectively. A positive association was also observed for *Urticaceae* (lag of 1 day) with a 10.7% increase (95% CI 5.8 to 15.9), but not for the remaining pollens. On adjusting for all types of pollen in the second model, the associations remained in evidence although the effects were reduced: 17.1% (95% CI 3.2 to 32.8) for *Poaceae*, 15.9% (95% CI 6.5 to 26.2) for *Plantago*, and 8.4% (95% CI 2.8 to 14.4) for *Urticaceae*. These associations had small p values providing good evidence for a relationship even after a conservative Bonferroni correction.

**DISCUSSION**

This study, using a time series approach, provides evidence to support an association between airborne pollen levels and asthma-related emergencies which is independent of the effect of air pollutants and meteorological factors.

The possibility of air pollution induced confounding in the relationship between pollen and asthma is of special methodological interest. As in a previous study, they found that the effect of pollen levels on asthma-related emergencies was independent of the effect of air pollutants. One limitation of this study is that the temporal coincidence of *Plantago* and *Poaceae* pollens leads to a collinearity effect which, in turn, might entail a dilution of the potential effect of the abrupt release of *Poaceae*.

Our results are consistent with other studies which found that grass pollen counts were significantly associated with asthma morbidity, but it is at odds with studies which found no association between asthma admissions and daily variations in airborne pollen. There may be several reasons for this lack of consistency. It may result from geographical differences in the allergen levels, in the prevalence of atopy and bronchial responsiveness, and in the clinical and pathological nature of asthma. It could also be due to residual confounding by pollutants. Furthermore, the main types of pollen of high allergenic capacity in Madrid which are associated positively with asthma-related hospital emergencies are different from the pollens identified in other studies.

On the other hand, our results agree with other studies in suggesting that the response to environmental factors may be delayed or accumulated over 1–3 days. This is in line with the biological mechanisms of allergens, since the clinical consequences of a given pollen load increased as the pollination season progressed. This probably represents a priming effect.

In conclusion, our findings are consistent with the hypothesis of a relationship between daily variation in pollen levels in Madrid and epidemic asthma. In the case of *Poaceae* and *Plantago*, our results may help to explain the epidemic increase in this disease during the season of year in which pollen is abruptly released into the environment.

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