COPD and low toxicity dust

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Summary...

- There has been a gradual realisation that exposure to most dusts can harm the lung
- The unifying factor may be the surface area and surface properties of the dust
- Even relatively low exposure to low-toxicity dust may be harmful and current exposure limits are probably not protective
- Exposures are lower than in the past and so current exposure limits are not helpful
- Many people are probably still exposed
COPD

- *Chronic Obstructive Pulmonary Disease* is characterised by progressive airflow obstruction and destruction of lung.
- It is caused by chronic exposure of genetically susceptible individuals to environmental factors.
- It is associated with an enhanced chronic inflammatory response.
- Smoking is an important cause, but about a quarter of COPD patients are non-smokers.
Lung function assessments

- Symptoms of COPD include:
  - Dyspnea (breathlessness)
  - Chronic cough
  - Chronic sputum production
- Episodes of acute worsening of these symptoms (exacerbations) often occur
- Spirometry used to make a clinical diagnosis
  - the presence of a post-bronchodilator FEV1/FVC < 0.70.
  - “Mild” if FEV1 ≥ 80% predicted
  - “Moderate” if 50% ≤ FEV1 < 80% predicted

http://www.GoldCOPD.org/
HSE says...

- Work related COPD is a priority because of the human costs in terms of suffering, its effects on the quality of life and the financial costs due to working days lost and medical treatment.
  - Around 15% of COPD may be caused or made worse by dusts, fumes and irritating gases
  - 4,000 COPD deaths every year may be related to work exposures
  - 40% of COPD patients are below retirement age
  - A quarter of those with COPD below retirement age are unable to work at all
“Inert” or nuisance particulates

- Threshold Limit Values (TLVs) 1969
  - Published by Department of Employment as Technical Data Note 2/69
- TLV = 15 mg/m³ or 50 mppcf of total dust <1% crystalline silica
- “... a number of dusts or particulates that occur in the working environment ordinarily produce no specific effects upon prolonged inhalation.”
Nuisance particulate

- By 1974 limit reduced
- TLV 10 mg/m$^3$ or 30 mppcf, <1% crystalline silica
- "... when inhaled in excessive amounts, so called ‘nuisance’ dusts have a long history of little adverse effect on the lungs and do not produce significant organic disease or toxic effect when exposure is kept under reasonable control."
- By 1980 TLV was...
- 30 mppcf or 10 mg/m$^3$ of total dust <1% quartz or 5 mg/m$^3$ of respirable dust
Dust, not otherwise specified

- 1984 HSE publish Guidance Note EH40, Occupational Exposure Limits
- Recommended Limit of 10 mg/m$^3$ of total dust or 5 mg/m$^3$ of respirable dust.
COSHH Regulations

• From 1988 the definition of a “substance hazardous to health” included dust of any kind...present at a concentration in air greater than
  • 10 mg/m$^3$, as a time-weighted average over an 8-hours, of total inhalable dust,
  • 5 mg/m$^3$, as a time-weighted average over an 8-hours, of respirable dust
• From 1997 revised sampling criteria for respirable dust and the “limit” was reduced from 5 mg/m$^3$ to 4 mg/m$^3$
Low toxicity dusts

• Do NOT include: quartz, asbestos or toxic metals
• Could include: amorphous silica, silicon, silicon carbide, pulverised fuel ash, limestone, gypsum, graphite, aluminium oxide, titanium dioxide, coal dust, other mineral dusts with low crystalline silica content, etc
How many people are exposed to dusts?

- Estimated as 9,200,000
  - Manufacturing - 29%
  - Construction - 19%
  - Hospitality - 11%
  - Professional etc. - 9%
  - Wholesale/retail - 8%
  - Agriculture - 6%
  - Utility - 5%
Past exposure to dust

- In British coal mines in the 1940s dust levels could be very high

<table>
<thead>
<tr>
<th></th>
<th>Total (mg/m$^3$)</th>
<th>Respirable (mg/m$^3$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Longwall stalls</td>
<td>394</td>
<td>14</td>
</tr>
<tr>
<td>Narrow places</td>
<td>215</td>
<td>20</td>
</tr>
</tbody>
</table>
Exposures decreased over time
Exposure decreases over time...

Respirable vs Inhalable

- Which size fraction causes the adverse health effects?
- How are these size fractions related?
  - Implicitly one might expect inhalable dust to be about twice respirable dust levels (based on the limits)
  - In typical situations inhalable dust is probably between about 2 and 5 times respirable dust concentrations
Respirable vs Inhalable

PVC dust

- Study of 818 workers in a PVC manufacturing plant
- Highest respirable dust levels about 2.5 mg/m³
- FEV1 was statistically significantly lower among men with higher PVC dust exposure
- This is equivalent to a loss of 52 ml of FEV1 for the mean cumulative respirable dust exposure, equivalent to 0.7 mg/m³ for 20 years

Soutar et al. (1979) An epidemiological study of respiratory disease in workers exposed to polyvinylchloride dust. IOM TM 79/02.
Some people become seriously disabled...

- The average reduction in lung function is relatively modest when compared with the effects of aging or cigarette smoking.
- However, 12% of those exposed at the limit for 40 years would be twice as likely as controls to report breathlessness.
- 7% would report ‘walking slower than other people on the same level because of my chest’.
Surface area is an important factor...

- Inflammatory response (neutrophils) in bronchoalveolar lavage: TiO2, CB and latex

...unifies biological response to dusts

TiO$_2$ (rectangle and diamond), BaSO$_4$ at two exposure concentrations (triangles) and data from Oberdörster for TiO$_2$ (fine and ultrafine, stars)

A No Observed Adverse Effect Level

- We used a mathematical model based on animal toxicity data to estimate the NOAEL for low toxicity dust – TiO$_2$
- Based on avoiding ‘overload’, i.e. the impairment of clearance and recruitment of inflammatory cells into the lung
  - Inflammation judged as beginning when neutrophils (PMN) constituted 2% of the total cells in the lung
- Analysis estimated human NOAEL as 1.3 mg/m$^3$

Our recommendation...

- The current British limit values for respirable and inhalable dust (4 and 10 mg/m$^3$, respectively) are unsafe and it would be prudent to reduce exposures as far below these limits as is reasonably practicable.

- We suggest that, until safe limits are put in place, employers should aim to keep exposure to respirable dust below 1 mg/m$^3$. 