

Obesity and Type 2 Diabetes in Children

Health Effects of Early-Life Exposure to Air Pollution

HEI Annual Conference

May 6, 2019

Tanya L. Alderete, Ph.D.

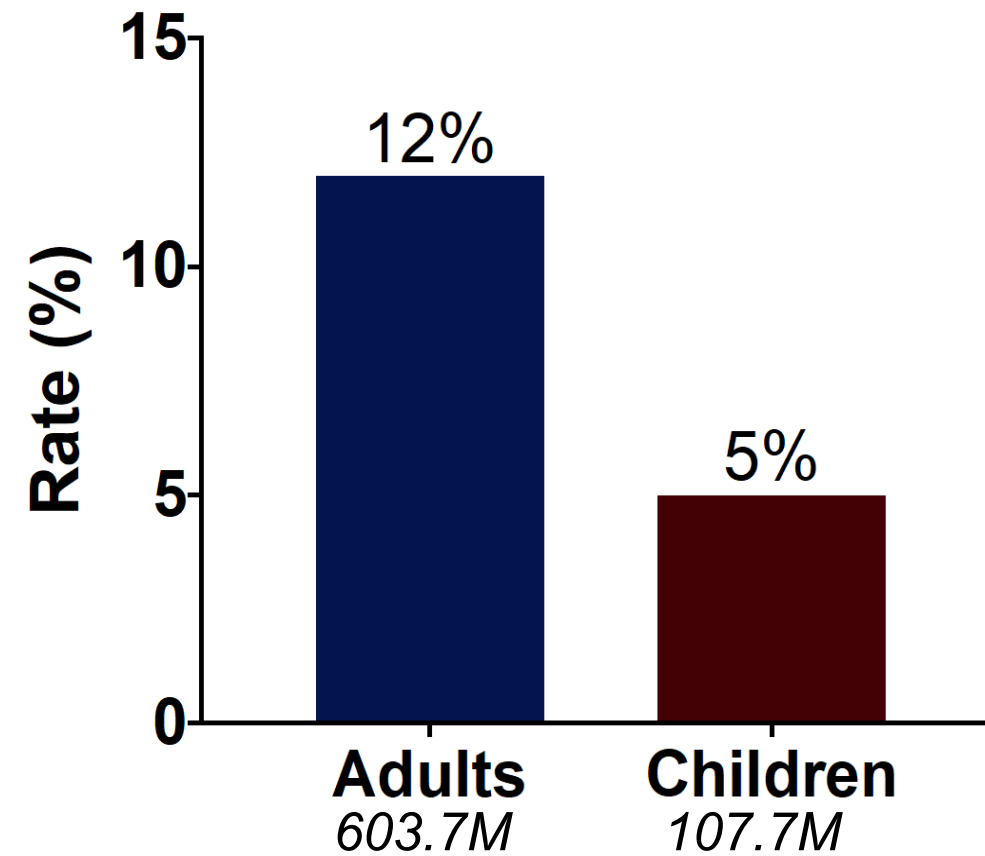
Assistant Professor

Department of Integrative Physiology

University of Colorado at Boulder

Global Rates of Obesity

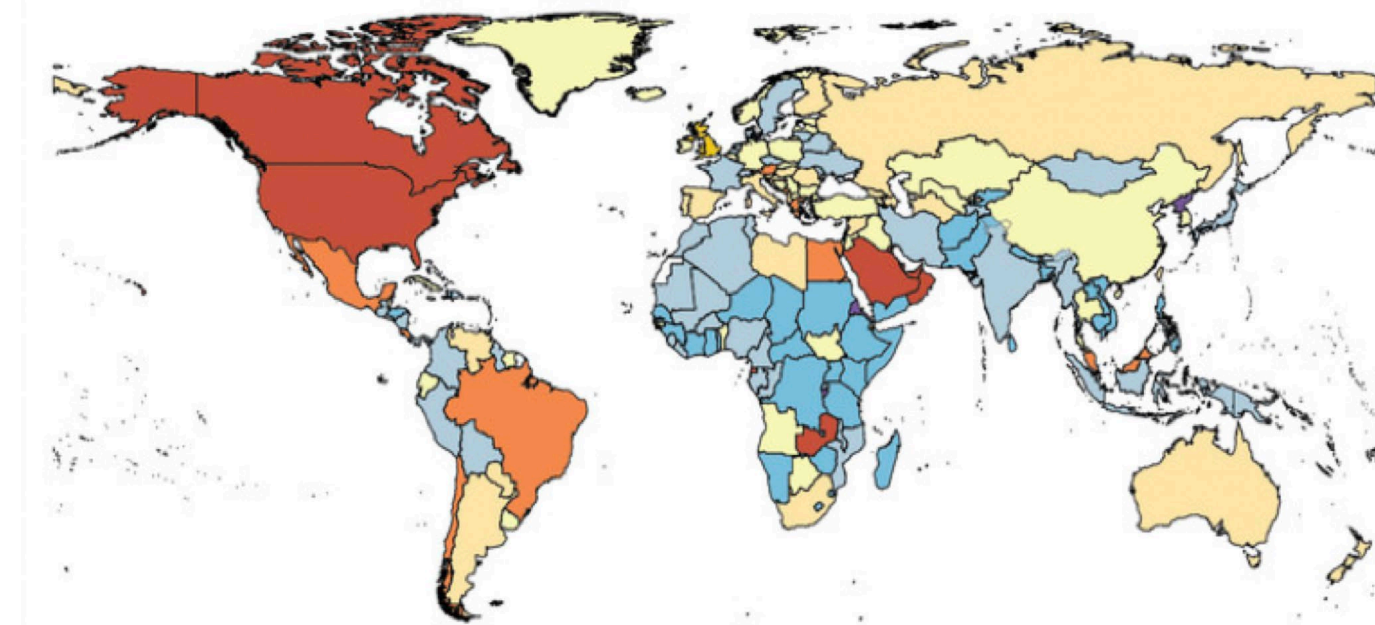
Global Prevalence of Obesity, 2015



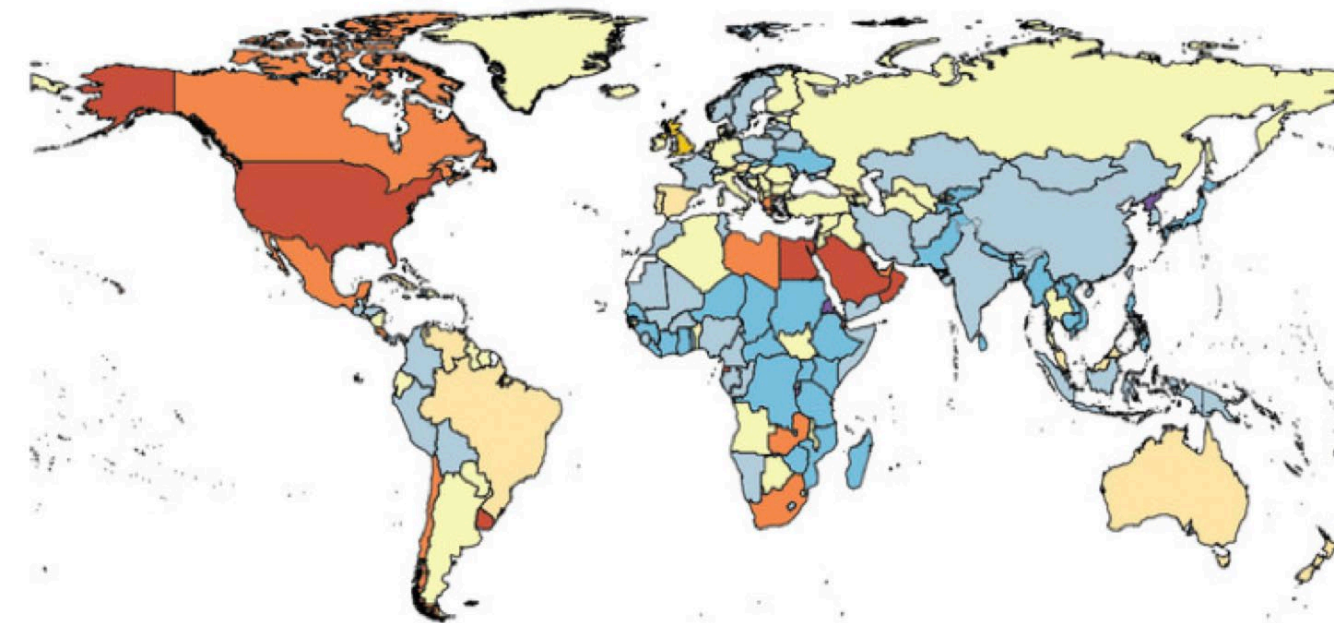
High body mass index (BMI) contributed to 4M deaths and 120M disability-adjusted life-years.

Prevalence of Obesity ■ <0.01 ■ 0.01–0.029 ■ 0.03–0.049 ■ 0.05–0.069 ■ 0.07–0.089 ■ 0.09–0.109 ■ >0.11

Boys



Girls



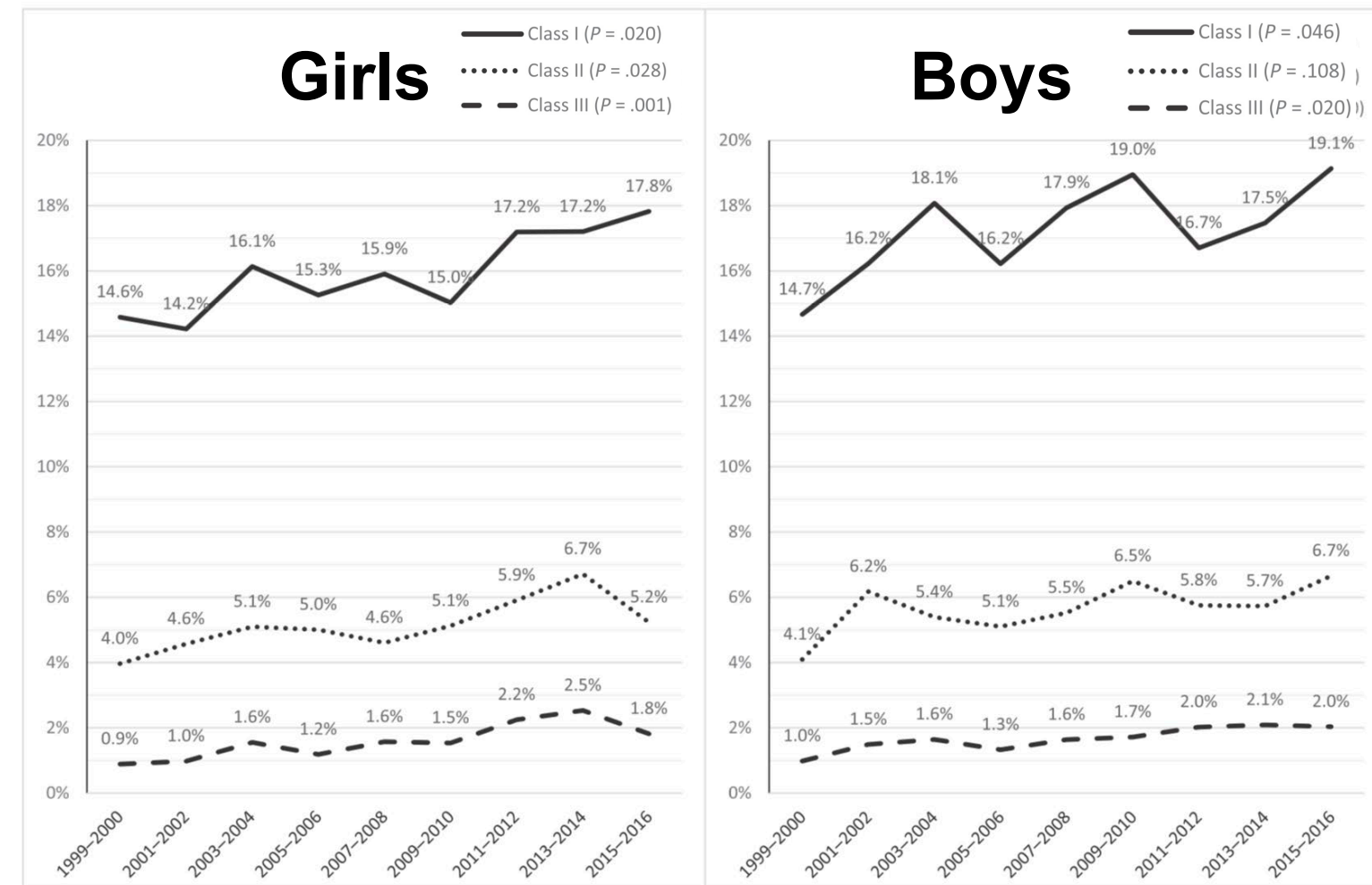
Obesity and Severe Obesity Continue to Increase in the United States

No Evidence of Decline in Obesity Prevalence in any Age Group



- 1 in 5 US children obese
- Highest prevalence in Hispanics & African Americans

Prevalence of Obesity and Severe Obesity Among US Children (2-19 years; 1999-2016)



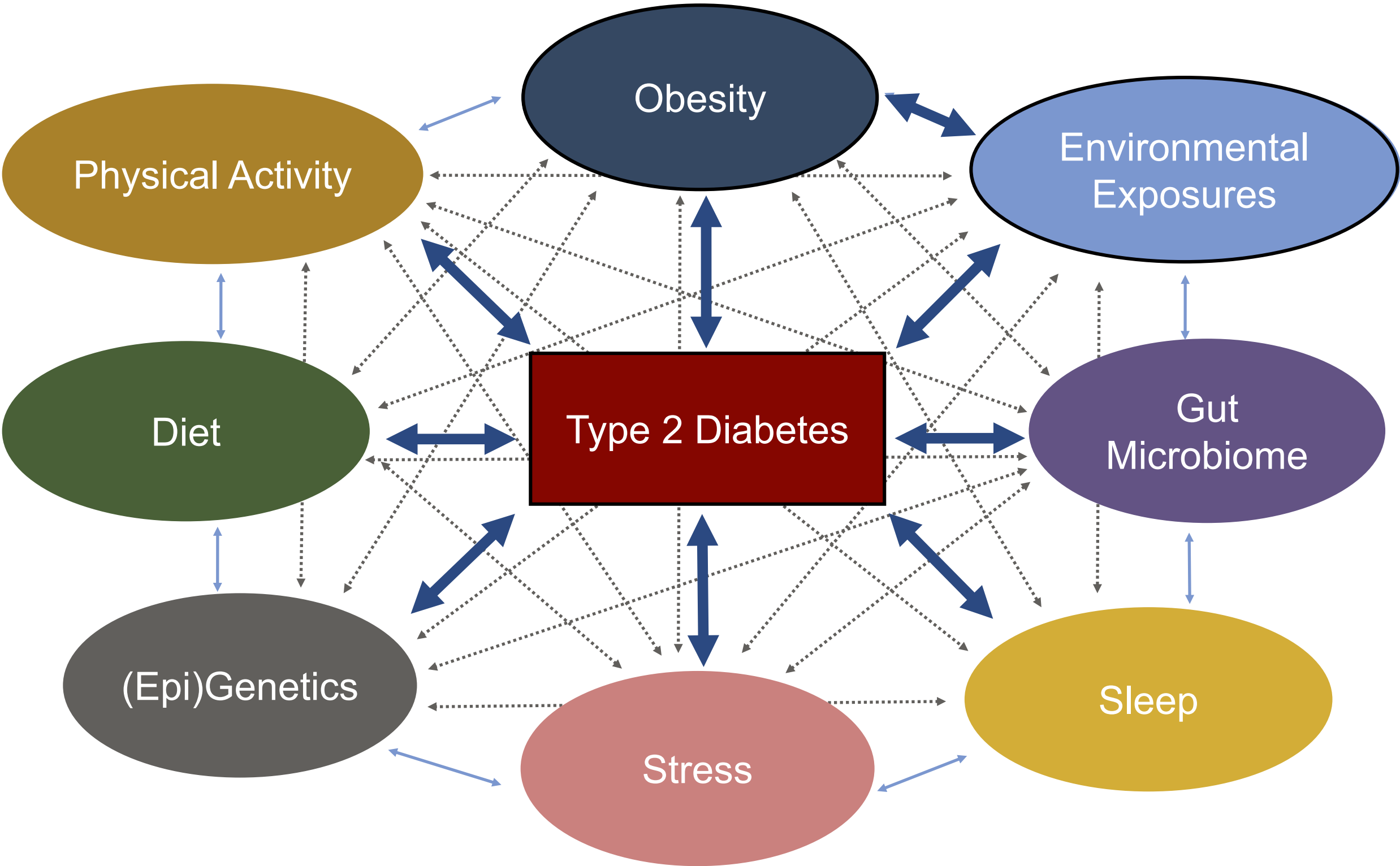
Class I BMI $\geq 95^{\text{th}}$ percentile; Class II BMI $> 120\%$ of 95^{th} percentile; Class III BMI $\geq 140\%$ of 95^{th} percentile

Type 2 Diabetes in Youth in the United States

- Increasingly, type 2 diabetes is diagnosed in youth
 - 20% to 50% of new-onset diabetes cases¹
 - Disproportionately affects specific racial/ethnic groups²⁻⁴
- By 2050, number of youths with type 2 diabetes is projected to increase 4-fold⁵
- Earlier age of diabetes onset, increases the future burden of disease



Complex Relationships: Risk Factors, Obesity, and Type 2 Diabetes



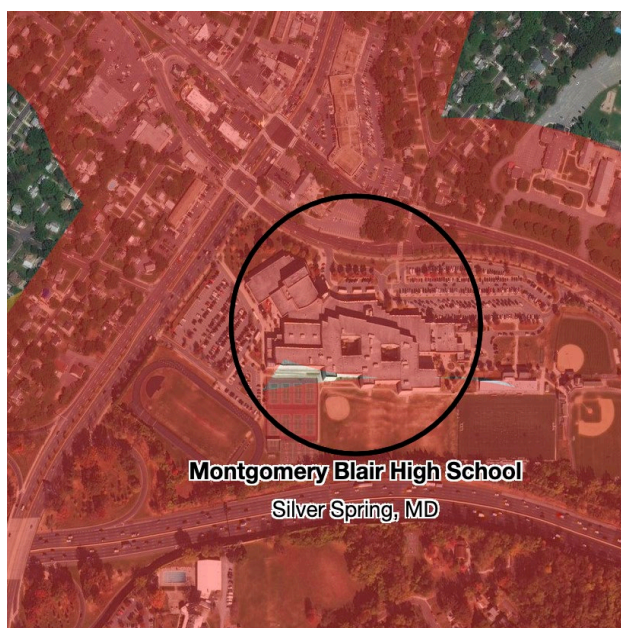
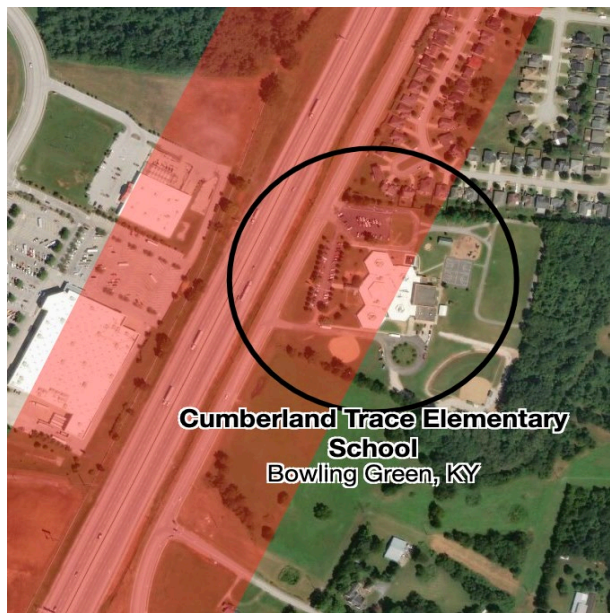
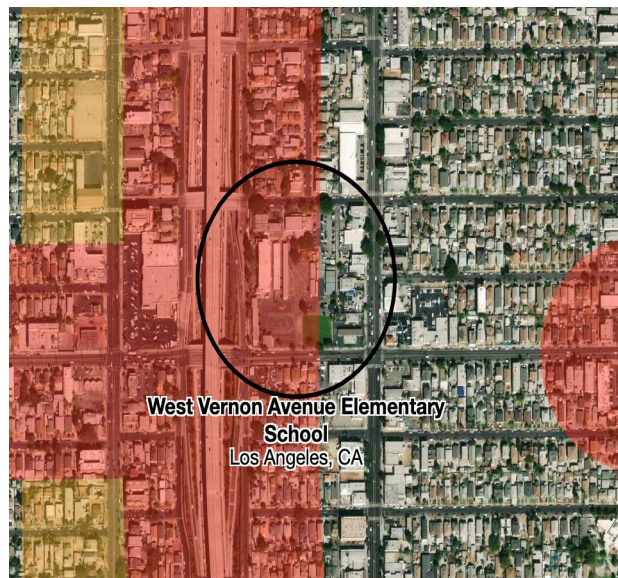
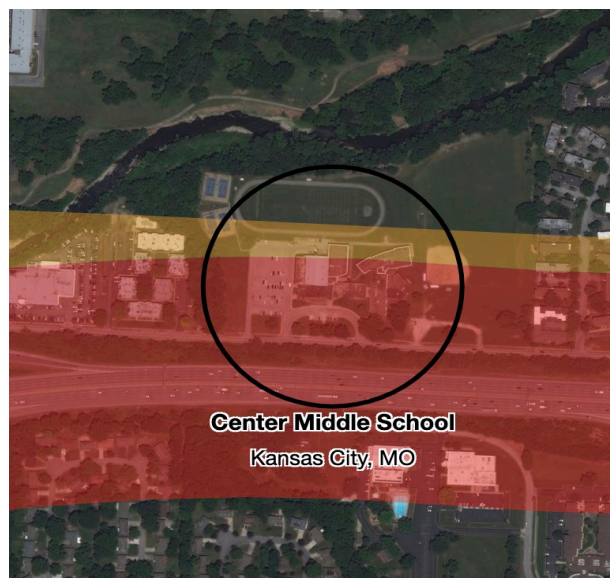
Exposure to Air Pollutants at Home





- ~30 – 45% of urban population in North America lives near busy roads
- **2010 HEI Report:** traffic pollution causes asthma attacks and may cause onset of childhood asthma, impaired lung function, premature death, and cardiovascular disease¹
 - Those within 300 to 500 meters of highways most affected¹
- **2019 HEI and State of Global Air:** air pollution may contribute to low birth weight and pre-term birth²
 - Included health burden related to type 2 diabetes²

Schools Located Near Busy Roadways in the United States

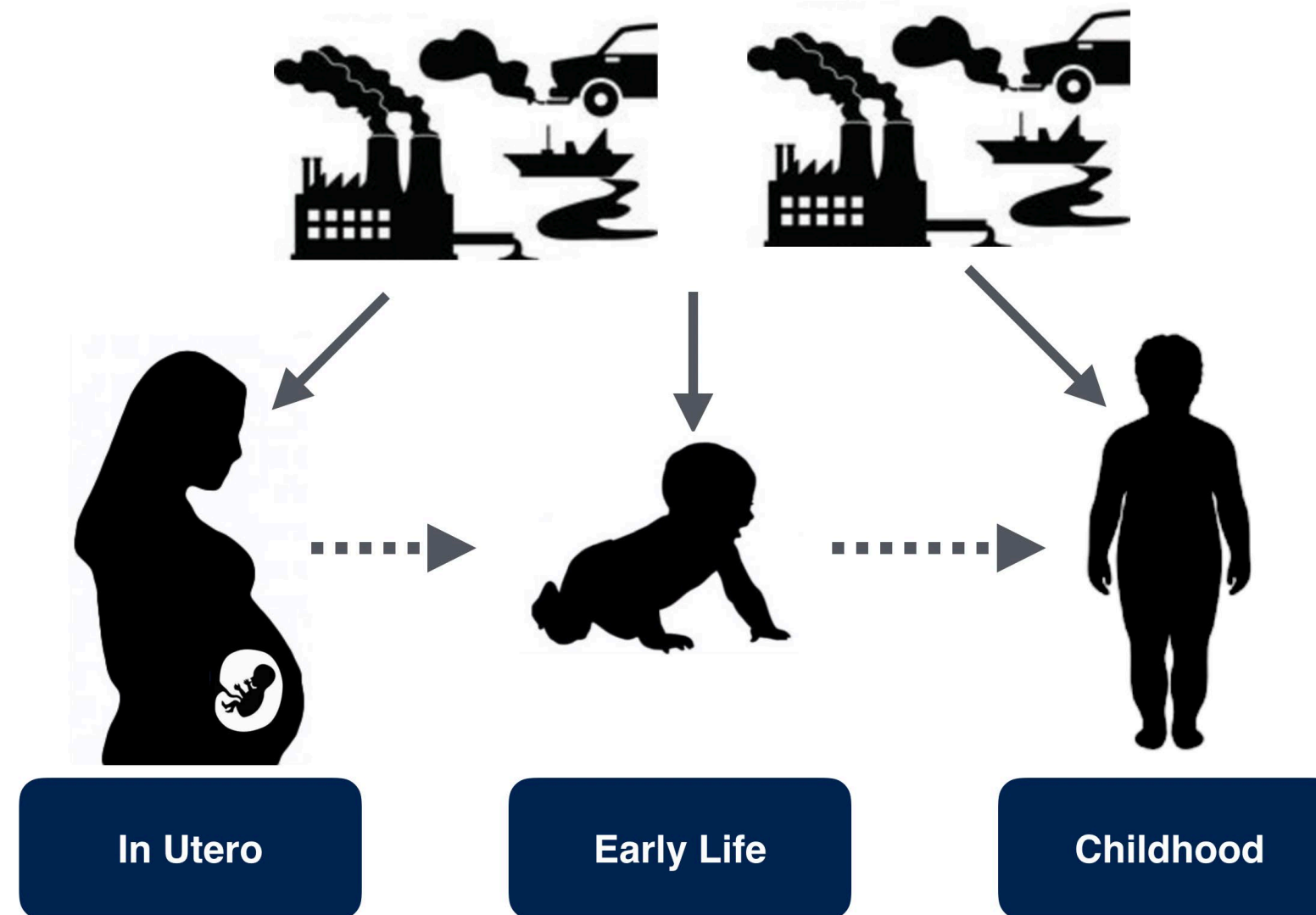
Nearly 8,000 public schools lie within 500 ft of highways / large roadways



 w/in 500 ft. of road w/30,000+ vehicles on an average day  w/in 500 ft. of road w/10,000+ vehicles & 500+ trucks on an average day

Exposure to Air Pollutants Occur During Critical Periods of Development

**Maternal and Early Life Exposures to Air Pollutants:
Implications for Childhood Obesity and Type 2 Diabetes**

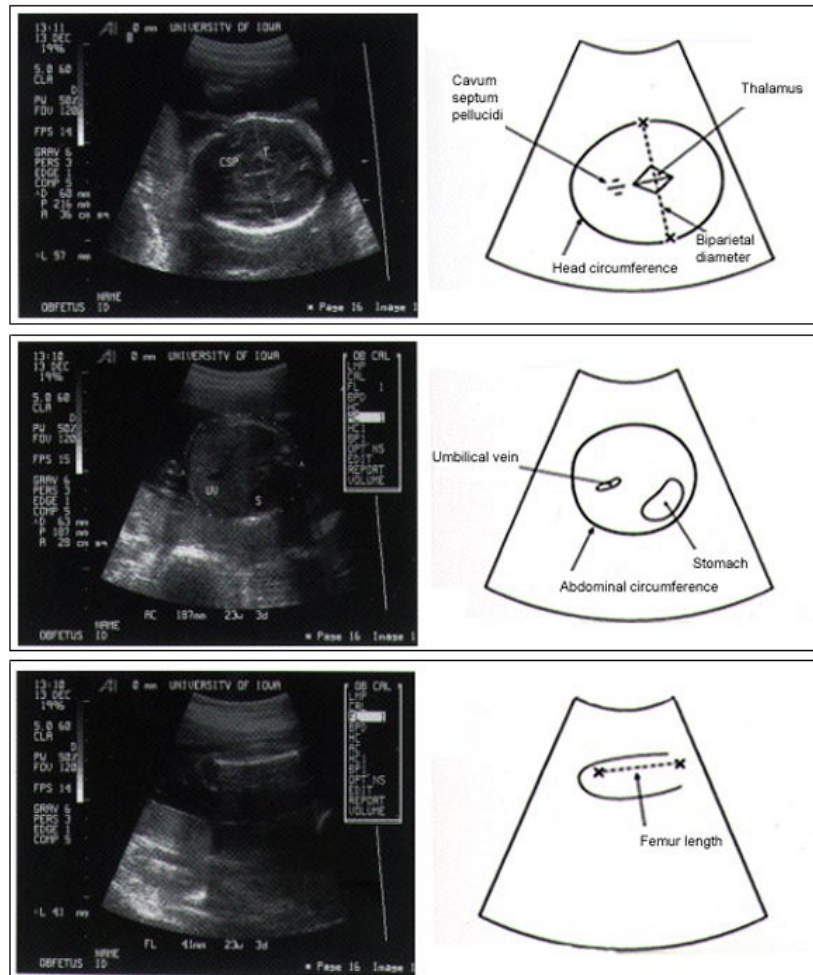


**Developmental Origins of Health and Disease:
Early life environment has widespread consequences for later health**



Prenatal Air Pollution Exposure and Decreased Fetal Growth

**Intrauterine growth restriction by ultrasound:
catch-up growth and ↑adiposity in early/mid-childhood¹**



- **↑NO₂ (0-12 wk):** ↓fetal growth, birth size²
- **↑PM_{2.5} (prenatal):** ↓birth weight, preterm birth, SGA³
- **↑Traffic Density (3rd trimester):** ↓fetal growth, ↑postnatal weight gain⁴
- **↑PAH (1st/3rd trimester, prenatal):** ↓fetal growth⁵, ↓birth weight, SGA⁶

Notably, these studies included personal exposure monitoring.



Prenatal Air Pollution Exposure and Childhood Obesity

Author	N	Location	Exposure	Prenatal	Direction of Outcome in Early Life & Childhood ¹
Rundal (2011)	422	United States	PAH	3 rd Trimester	+ BMI-z, Obesity, Fat Mass
Chiu (2017)	239	United States	PM _{2.5}	2-22 wks 8-17 wks Pregnancy	+ Waist-to-Hip Ratio + BMI-z, Fat Mass (<i>males</i>) + BMI-z, Fat Mass (<i>males</i>) + Waist-to-Hip Ratio (<i>females</i>)
Fleisch (2017)	1418	United States	<50 m vs. ≥200m	Delivery	+ Fat Mass

Results largely mixed and may differ by sex and pollutants examined...



Early Life Exposure to Air Pollution and Childhood Obesity

Author	N	Location	Age (yr.)	Pollutant	Direction of Outcome in Childhood
Jerrett (2010)*	3318	United States	9-10	Traffic by home	+ BMI (150m) + BMI (300m, <i>females</i>)
Dong (2014)	30056	China	2-14	PM ₁₀ , O ₃ , NO ₂ , SO ₂	+ Obesity + Overweight (O ₃ <i>only</i>)
Nikolic (2014)	1059	Serbia	7-11	High vs. Low Exposed (SO ₂ , NO ₂ , Black Smoke)	+ Weight, BMI
Jerrett (2014)*	4550	United States	5-7	Near-Roadway	+ BMI
McConnell (2015)*	3318	United States	10	(Near-Roadway modeled NO _x) * SHS	+ BMI
Alderete (2017)*	314	United States	8-15	PM _{2.5} , NO ₂	+ BMI & SAAT Growth
Kim (2018)*	2318	United States	1-4	Near-Roadway	+ BMI Growth
de Bont (2019)	2660	Spain	7-10	PM ₁₀ -home, UFP-school, NO ₂ , EC	+ Obesity + Overweight
Huang (2019)	8327	Hong Kong	9-15	NO ₂	+ BMI (<i>males</i>)





Early Life Exposure to Air Pollution and Childhood Obesity

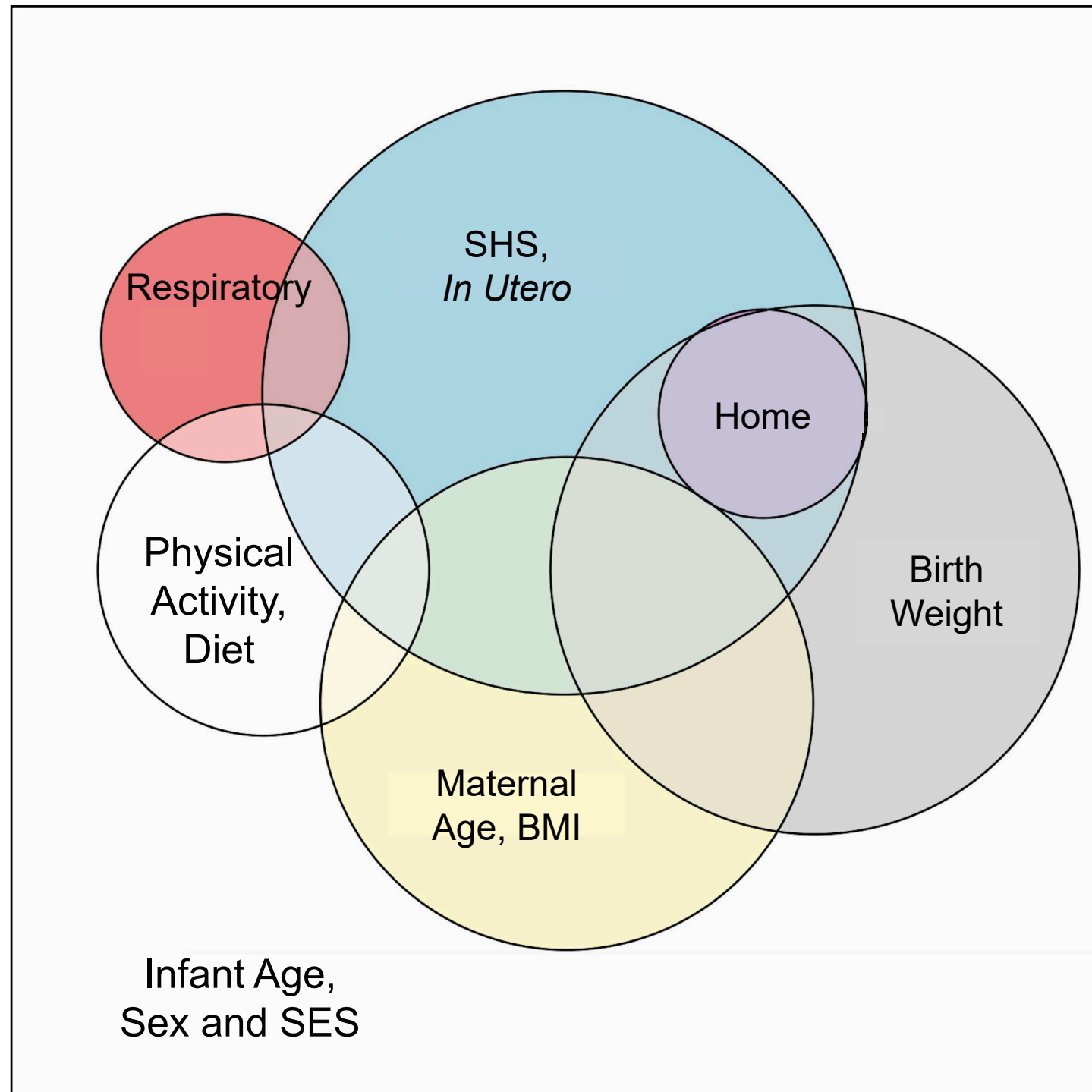
2 found no association and 2 had protective association when examining obesity

Author	N	Location	Age (yr.)	Pollutant	Direction of Outcome
Toledo-Corral & Alderete (2018)	429	United States	8-18	PM _{2.5} , NO ₂ , O ₃ , Near-Roadway	0 BMI-z, BF%, SAAT & IAAT
Fioravanti (2018)*	719	Italy	4, 8	NO _x , PM ₁₀ , PM _{2.5} , NO ₂	0 BMI-z, Waist Circumference & WHR
Kim (2016)*	1129	South Korea	0-5	PM ₁₀	- Weight
Huang (2019)	8327	Hong Kong	9-15	SO ₂	- BMI (<i>males</i>)

Mixed results may be due to differences in sex, age group, and pollutant...

BMI = Body mass index; PM_{2.5} = particulate matter < 2.5 µm in aerodynamic diameter;
PM₁₀ = particulate matter < 10 µm in aerodynamic diameter; SO₂ = sulfur dioxide;
EC = elemental carbon; NO₂ = nitrogen dioxide; NO_x = oxides of nitrogen

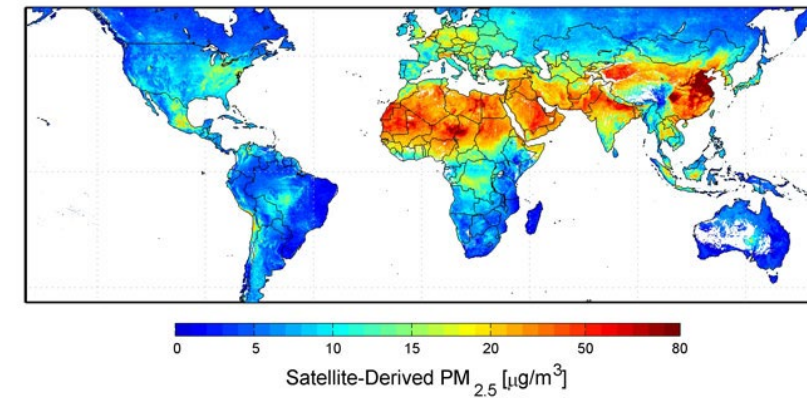
Covariates: Early Life Exposure to Air Pollution and Childhood Obesity



- **Infant Age, Sex, Socioeconomic status: 100%**
- **Secondhand smoke/In Utero: 72%**
- **Birth Weight: 56%**
- **Maternal Factors: 44%**
- **Physical Activity/Diet: 28%**
- **Respiratory Health: 17%**
- **Home Characteristics: 11%**

SHS = secondhand smoke; BMI = body mass index

Exposure Assessment and Multi-Pollutant Models



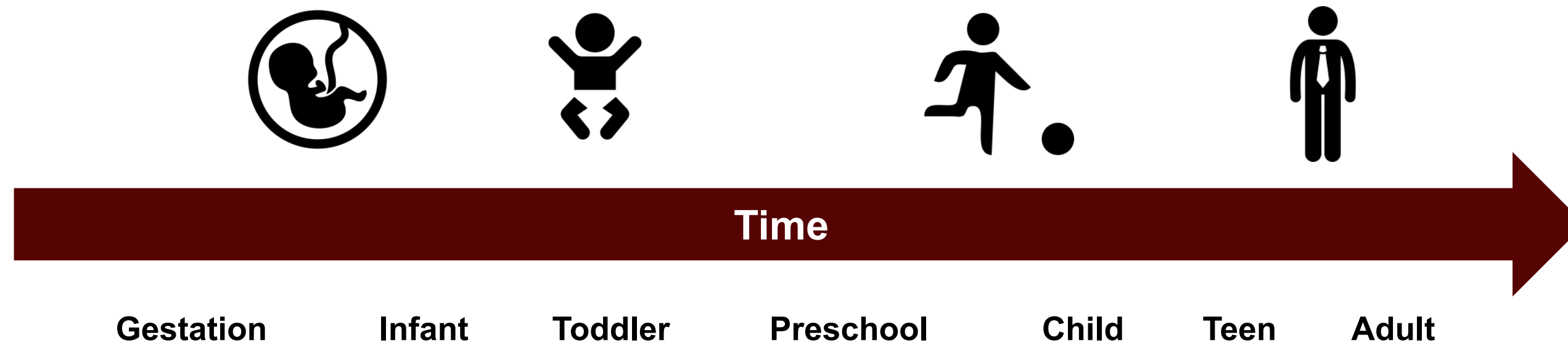
Exposure Assessment Methods:

- Traffic Density / Distance to Roadways
- Modeled NO_x (e.g., CALINE, Dispersion)
- Ambient Monitoring Stations (e.g., LUR, IDW)
- Satellite, Hybrid Satellite with LUR
- Personal Monitors (*rare*)
- School & Home Monitors (*rare*)

NO_x = nitrogen oxides
CALINE = California Line Source
Dispersion Model
LUR = land use regression
IDW = inverse distance weighted

Very few studies examined multi-pollutant models (complex mixtures)

Life Course Perspective of Obesity



- Prenatal and early-life factors are involved in development of obesity
- Causes of obesity are multifactorial
- Overweight / Obesity appear at different ages by race/ethnicity
- BMI has limitations as a measure of obesity (not capturing body composition)

Maternal Susceptibility to Air Pollution: Low Birth Weight and Childhood Obesity

7 studies examined effect modification of the association between ambient air pollution and low birth weight with maternal factors:

Smoking



- Smoke, ↑BW
- Smoke, ↓BW

BMI



- ↑BMI, ↓BW
- ↑BMI, ↑Child Obesity

SES



- ↓SES, ↓BW

Asthma



- No effect modification

Race/Ethnicity



- ↓BW: ↑NHB & ↑Hispanic vs. NHW

“The current epidemiologic evidence is scarce, but suggests that pregnant women who are smoking, being underweight, overweight/obese or having lower SES are a vulnerable subpopulation when exposed to ambient air pollution.” (Westergaard et al., 2017)

Summary: Exposure to Air Pollutants and Childhood Obesity

- Influence of air pollution on body weight/obesity is mixed and may differ by sex, age group, race/ethnicity, and air pollutant
- **Future studies should examine:**
 - Multi-pollutant models
 - Personal monitoring
 - Important confounders and effect modifiers
 - Vulnerable populations
 - Mechanisms underlying associations

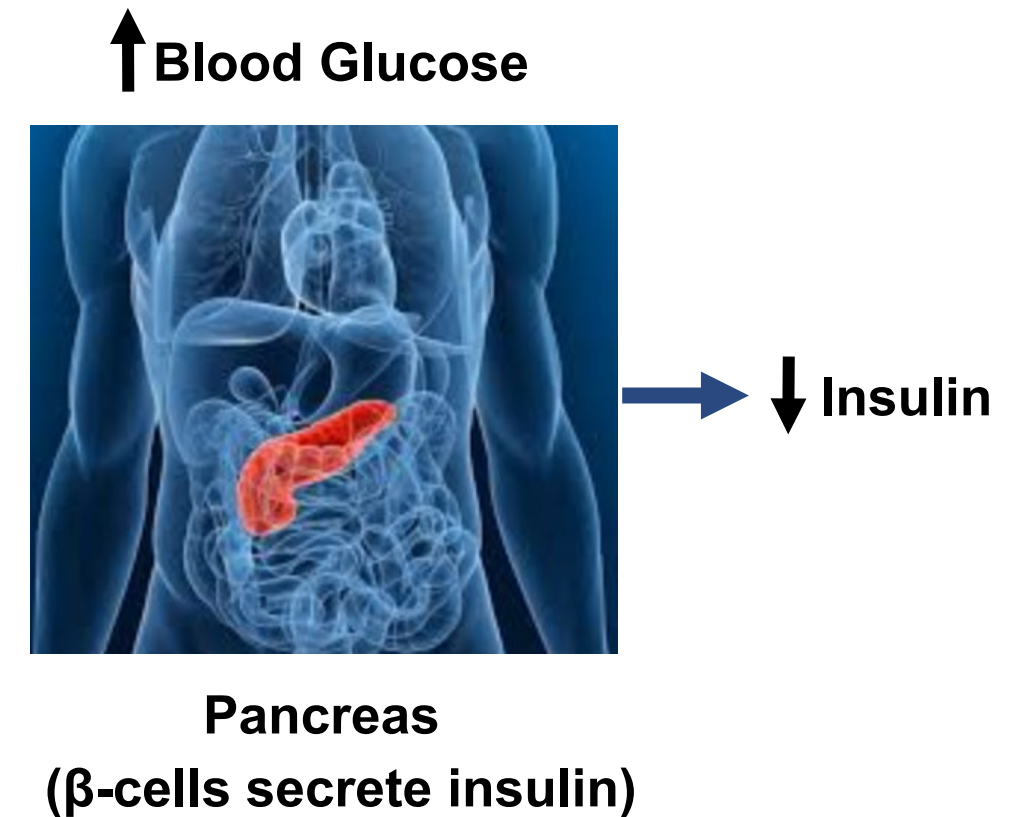
Childhood Exposure to Air Pollutants and Risk Factors for Type 2 Diabetes

Type 2 Diabetes Characterized:

- High peripheral **glucose** concentrations caused by **insulin resistance**
- Relative **deficiency** of **insulin** from pancreatic β -cells

Risk for Developing Type 2 Diabetes (Early Indicators):

- Blood markers of glucose metabolism
 - Fasting glucose, post-prandial glucose, HbA1c
- Insulin resistance / insulin sensitivity, acute insulin response, β -cell function

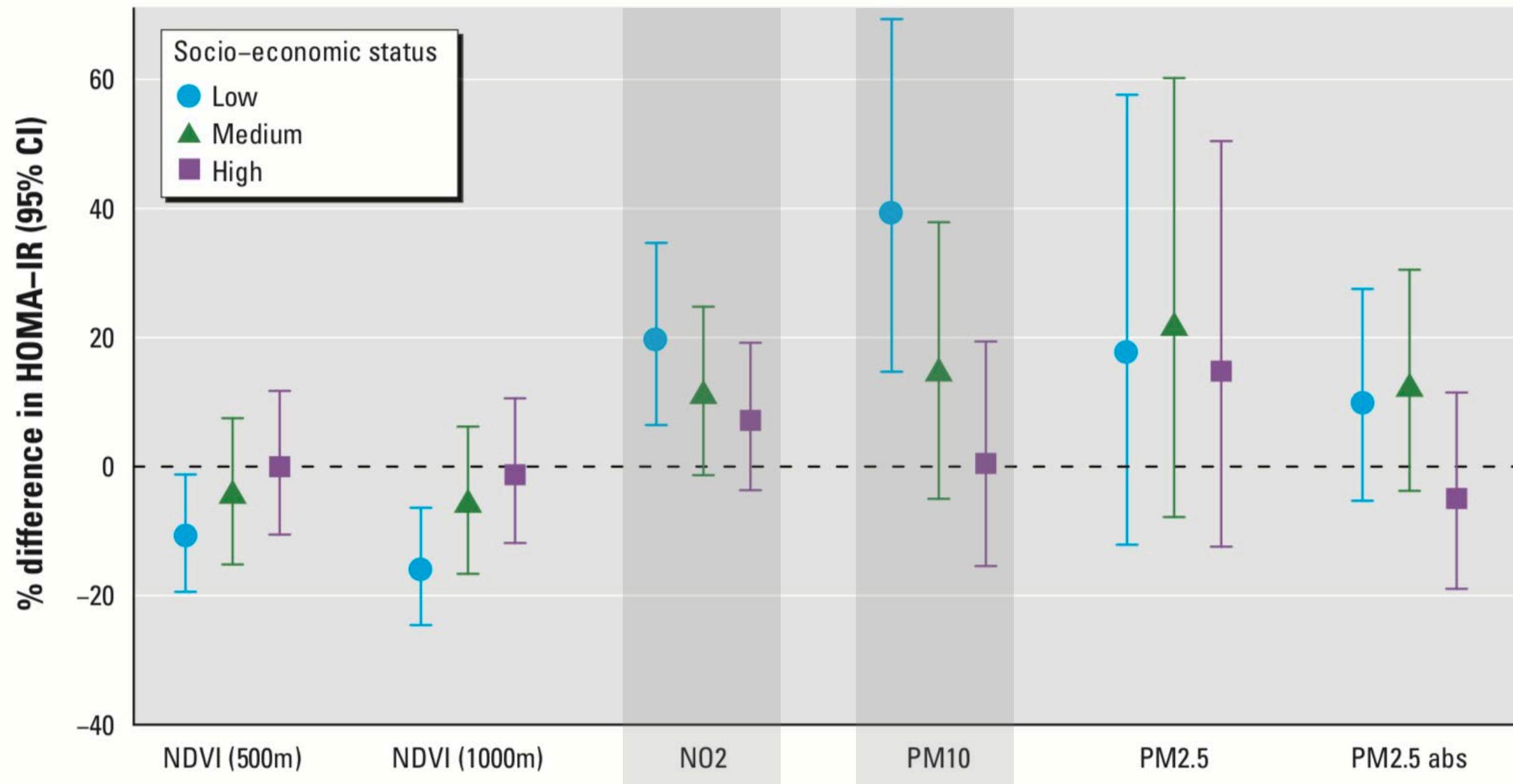


Air Pollution Exposure in Childhood and Risk Factors for Type 2 Diabetes



- Compared to control children, those living in a ↑exposure metropolitan region of Mexico had ↑fasting glucose levels¹
- ↑Air Quality Index (AQI) associated with ~2x higher odds of ↑fasting glucose in children and adolescents²
- ↑NO₂ associated with ↓metabolic benefits (e.g., HbA1c) of laparoscopic adjustable gastric banding in adolescents³
- ↑NO₂ and PM_{2.5} as well as proximity to roadways was associated with greater **insulin resistance** (HOMA-IR)⁴⁻⁶

Air Pollution Exposure has a Stronger Effect on Insulin Resistance in Adolescents with a Lower SES



Estimated effect for 2 standard deviation increase in exposure. For example, PM_{10} ($6.7 \mu g/m^3$) and NO_2 ($8.9 \mu g/m^3$). Gam models adjusted for study area, cohort, sex, age, BMI, smoking by the adolescent, physical activity, pubertal state. *p*-Values for the interaction with time spent outside in summer: NDVI (500 m): $p = 0.317$, NDVI (1,000 m): $p = 0.251$, NO_2 : $p = 0.122$, PM_{10} : $p = 0.029$, $PM_{2.5}$: $p = 0.186$, $PM_{2.5}$ absorbance (abs): $p = 0.126$.

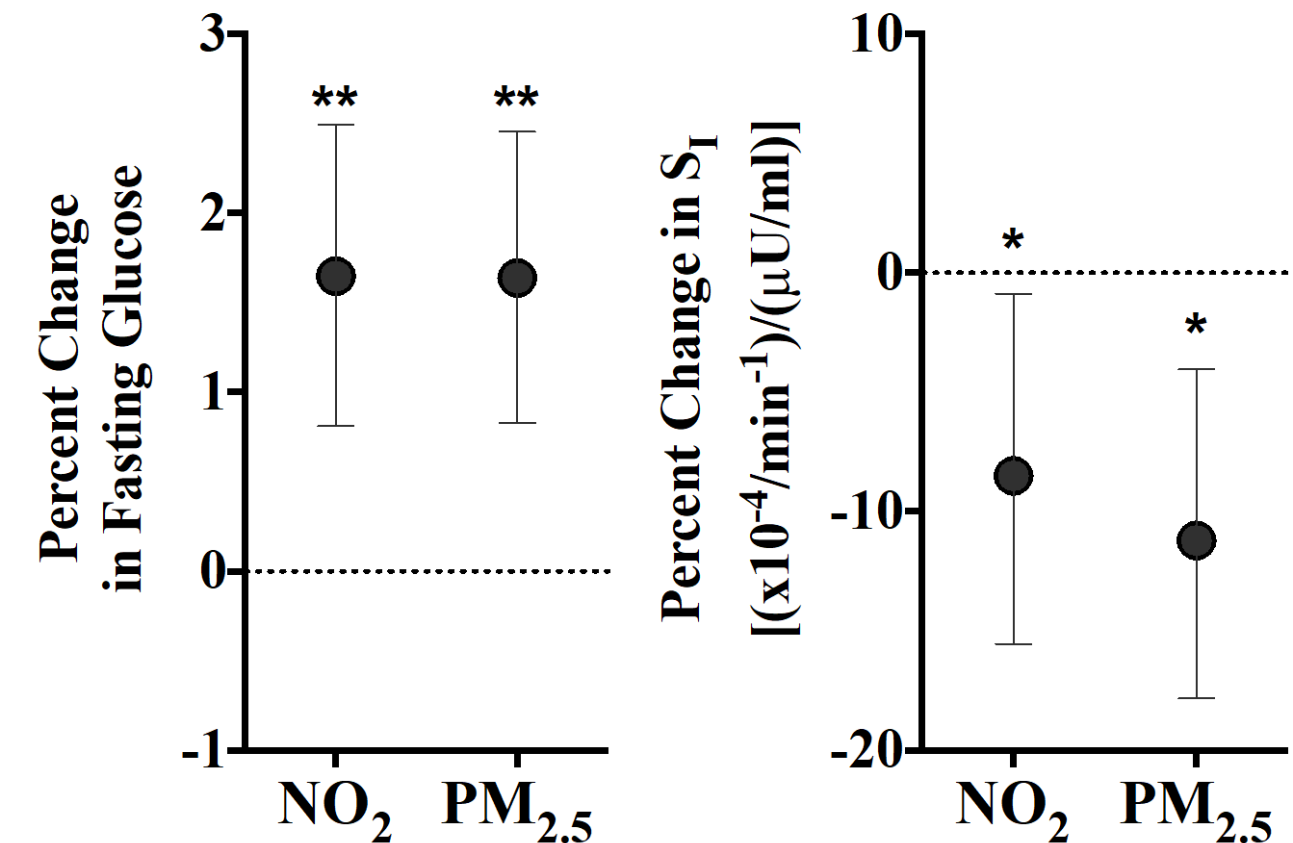
Cross-Sectional Findings From Minority Youth Living in Los Angeles, CA

Higher prior year exposure to NO_2 and $\text{PM}_{2.5}$ associated with:

1. \uparrow Higher fasting glucose
2. \downarrow Lower insulin sensitivity (S_I) among overweight and obese minority youth



Estimated Percent Change for a 1-SD increase in Exposure



Estimated effects for a 1 standard deviation (SD) difference in prior year NO_2 (6.8 ppb) and $\text{PM}_{2.5}$ (5.2 $\mu\text{g}/\text{m}^3$) exposure with 95% CI. Adjusts for age, sex, pubertal stage, season of testing (warm/cold), body fat%, and social position. N=429 and 387, respectively.

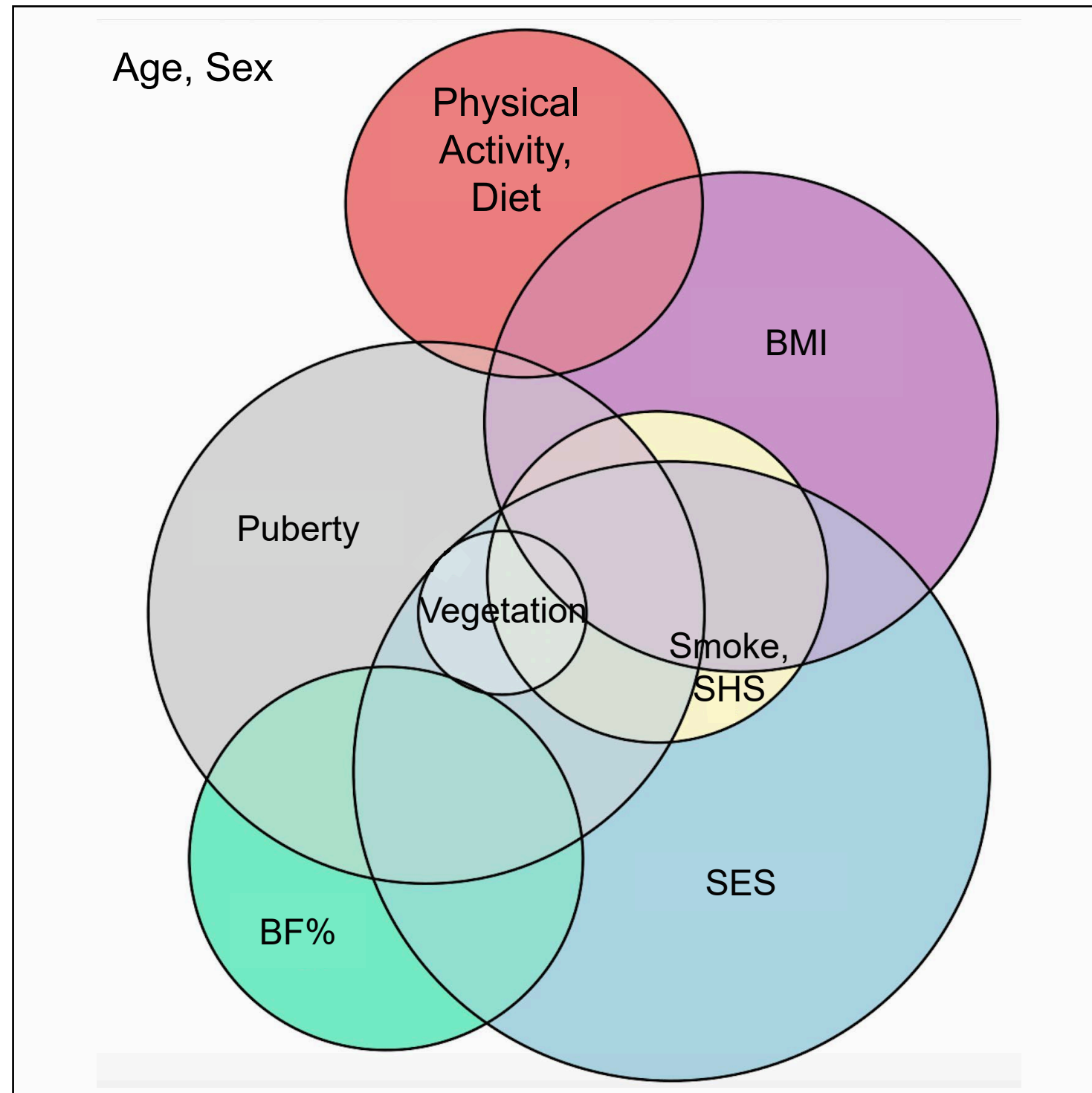
Longitudinal Study Among Overweight/Obese Hispanic Youth from Urban Los Angeles, CA

Exposures had Effects Comparable to a 5% Increase in Body Fat Percent at Age 18

	Long-Term NO ₂ and PM _{2.5}	Body Fat % (+5%)
Insulin Sensitivity	-13% to -21.6%	-16.7%
Acute Insulin Response	+28.5%	+10.2%
β-cell function (DI)	-13%	-6.9%

Estimated effects are shown as a %difference with 95% confidence interval (CI) for a **1-SD increase in NO₂ (5 ppb)**, **1-SD increase in PM_{2.5} (4 µg/m³)**, or a 5% increase in body fat% for insulin sensitivity, acute insulin response to glucose, and disposition index (DI). For body fat%, models adjusted for age, sex, Tanner stage, study wave, year, and social position. Average of 3 years of follow-up.

Covariates: Early Life Exposure to Air Pollution and Risk Factors for Type 2 Diabetes



- **Age and Sex: 100%**
- **Socio-economic status (SES): 75%**
- **Puberty: 50%**
- **Body mass index (BMI): 63%**
- **Physical Activity/Diet: 50%**
- **Body Fat (BF) Percent: 25%**
- **Vegetation: 13%**

SHS = secondhand smoke

Exposure Assessment and Multi-Pollutant Models

Exposure Assessment Methods:

- Traffic Density / Distance to Roadways
- Modeled NO_x (e.g., CALINE, Dispersion)
- Ambient Monitoring Stations (e.g., LUR, IDW)



Very few studies examined multi-pollutant models...

NO_x = nitrogen oxides
CALINE = California Line Source
Dispersion Model
LUR = land use regression
IDW = inverse distance weighted

Child Susceptibility to Air Pollution: Risk Factors for Type 2 Diabetes

Studies suggest certain groups of youth are more susceptible:

BMI



↑BMI:
↓SI, ↓DI

SES



↓SES:
↑HOMA-IR,
↓SI, ↓DI

Race/Ethnicity



↑Risk Factors:
NHB, Hispanic



University of Colorado
Boulder

BMI = body mass index; SI = insulin sensitivity;
DI = β -cell function; HOMA-IR = Homeostatic Model
Assessment of Insulin Resistance; NHB = non-
Hispanic Black; SES = socioeconomic status

Thiering et al., 2016, Toledo-Corral & Alderete et al., 2018,
Alderete et al., 2017

Summary: Exposure to Air Pollutants and Type 2 Diabetes in Children

- Short- and long-term exposures to ambient and near-roadway pollution play a role in **glucose metabolism** and the **pathogenesis of type 2 diabetes** in youth.
- Emerging evidence indicates that exposure to air pollutants has stronger effects in **susceptible populations** (e.g., obesity, existing metabolic dysfunction).

Overall Conclusions

- A growing body of literature **supports** an independent role of exposure to air pollutants in:
 - Childhood **obesity**
 - Pathophysiology of **type 2 diabetes**
- Specific pollutant sources and chemical components of the urban air mixture responsible for the observed effects remain uncertain
- Exact mechanisms warrant further investigation

Acknowledgements

University of Colorado Boulder

- Maximillian Bailey
- Laura Wild
- Noopur Naik

University of Southern California

- Frank D. Gilliland, MD, PhD
- Kiros Berhane, PhD
- Zhanghua Chen, PhD
- Rima Habre, ScD

Sonoma Technology

- Fred W. Lurmann

Children's Hospital Los Angeles

- Michael Goran, PhD

California State University, Northridge

- Claudia Toledo-Corral, MPH, PhD

Participants and Study Staff

USC Clinical Trials Unit

Funding Sources

NIH NIEHS K99/R00 ES027853

NIH NIEHS T32ES013678



National Institute of
Environmental Health Sciences



Contact Information

✉ tanya.alderete@colorado.edu

ADOR Lab www.adorlab.com

 @tanya24lynn