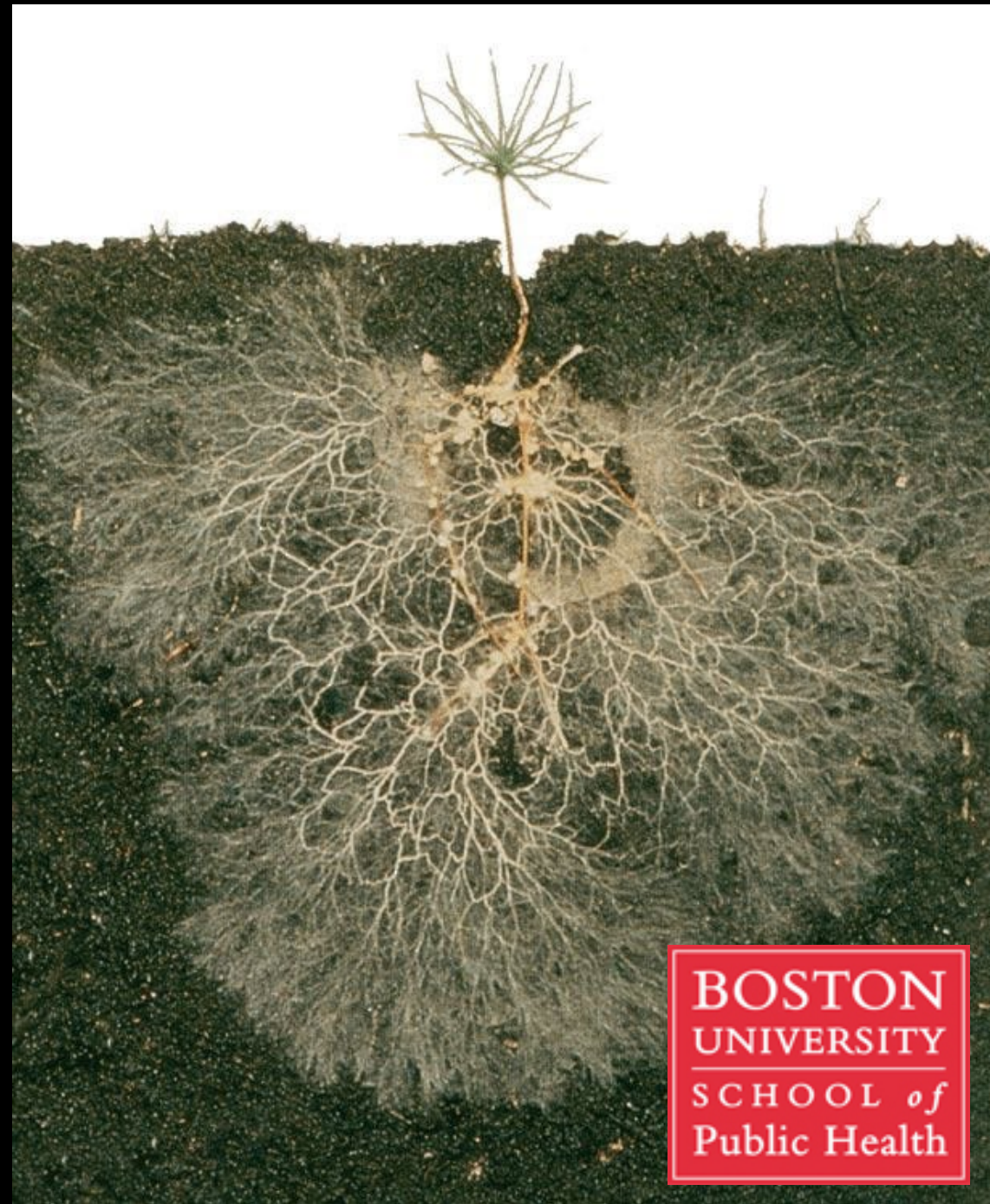


What epidemiologic
evidence tells us *about the*
contribution *of* air pollution *to*
neurodegenerative etiology

Jennifer Weuve, MPH, ScD

HEI's Annual Conference, 2026

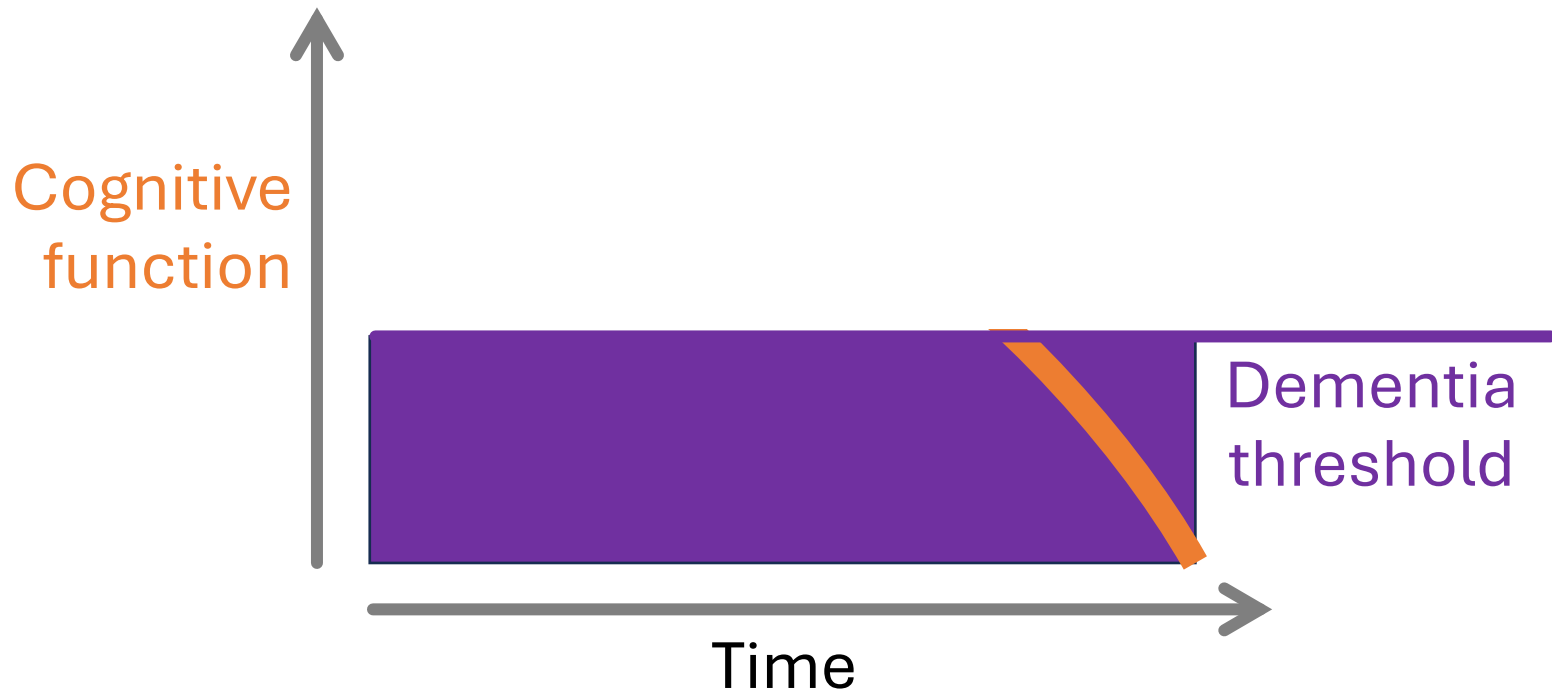


BOSTON
UNIVERSITY
SCHOOL of
Public Health

Alzheimer's disease, dementia,
cognitive functioning, & cognitive
decline

“Dementia”: a syndrome ...

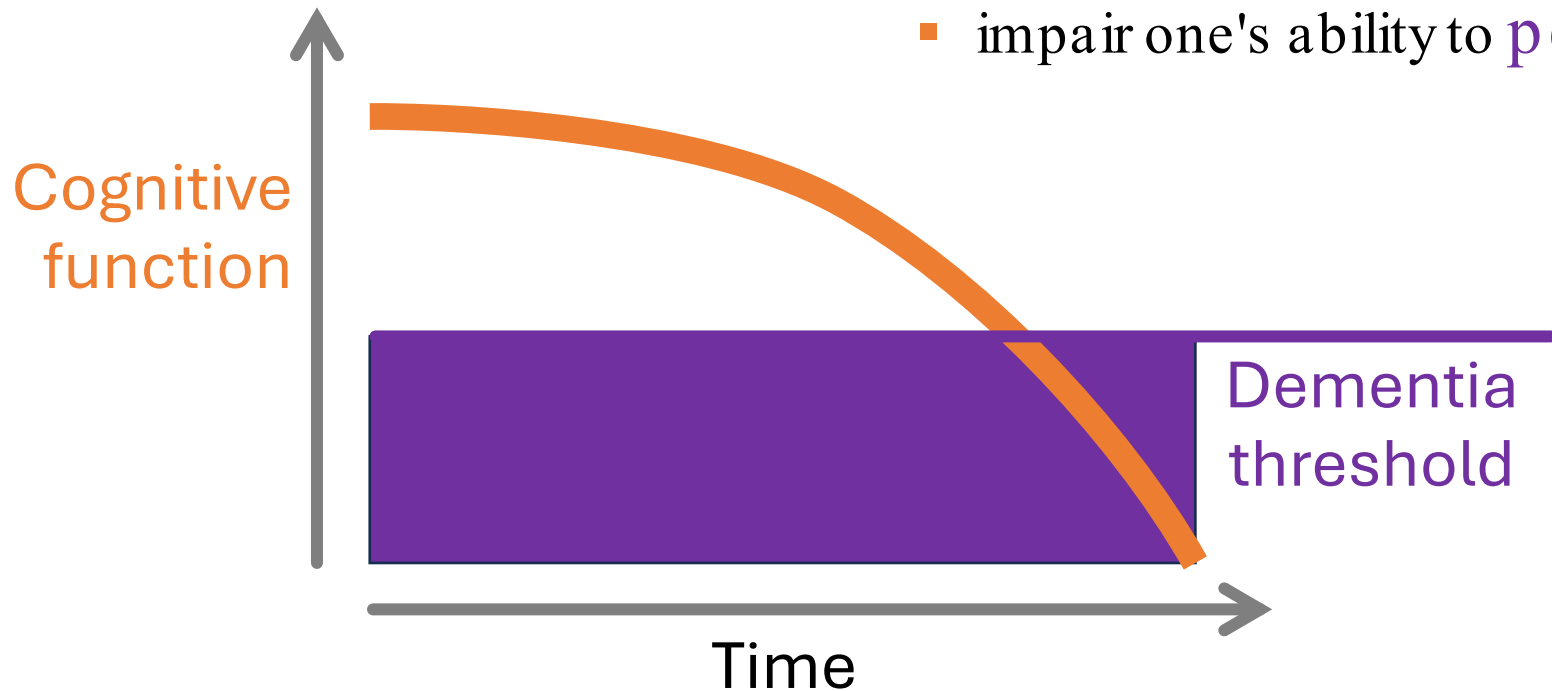
...defined by **deficits in memory** and other **cognitive functions** that:



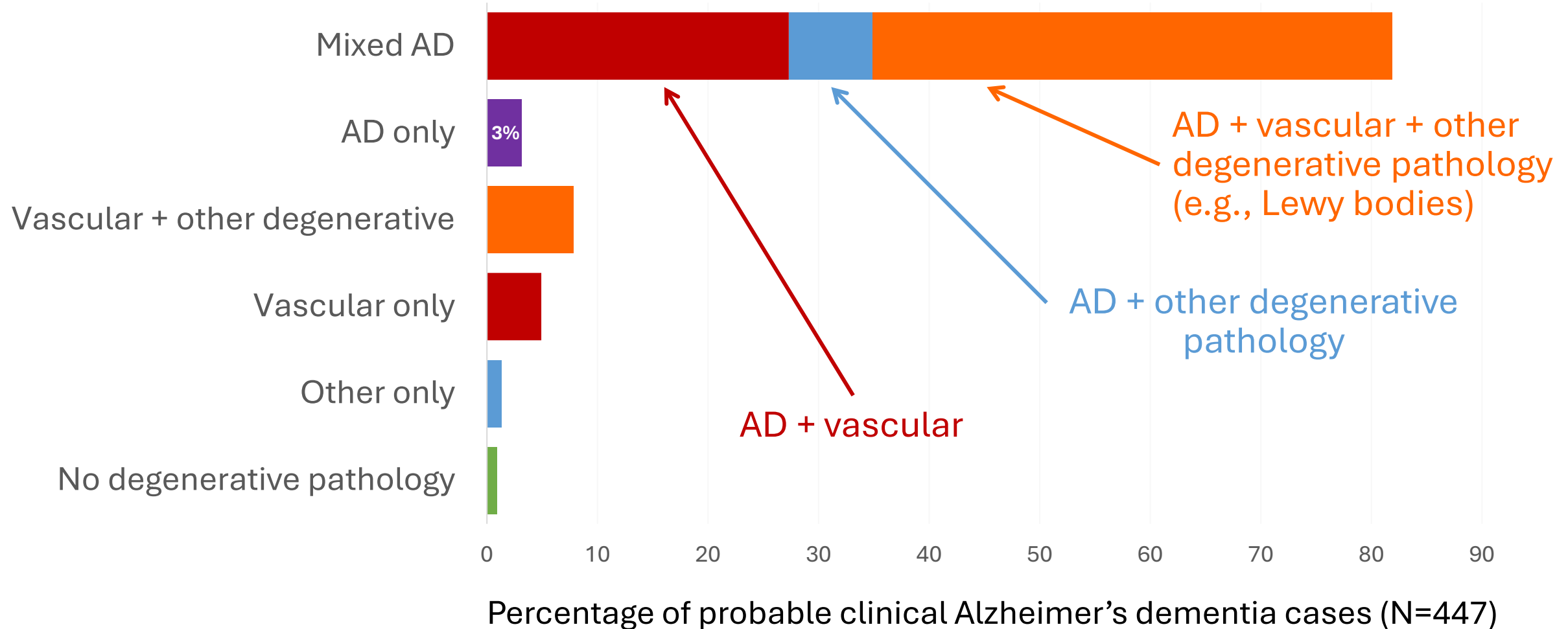
“Dementia”: a syndrome ...

...defined by **deficits in memory** and other **cognitive functions** that:

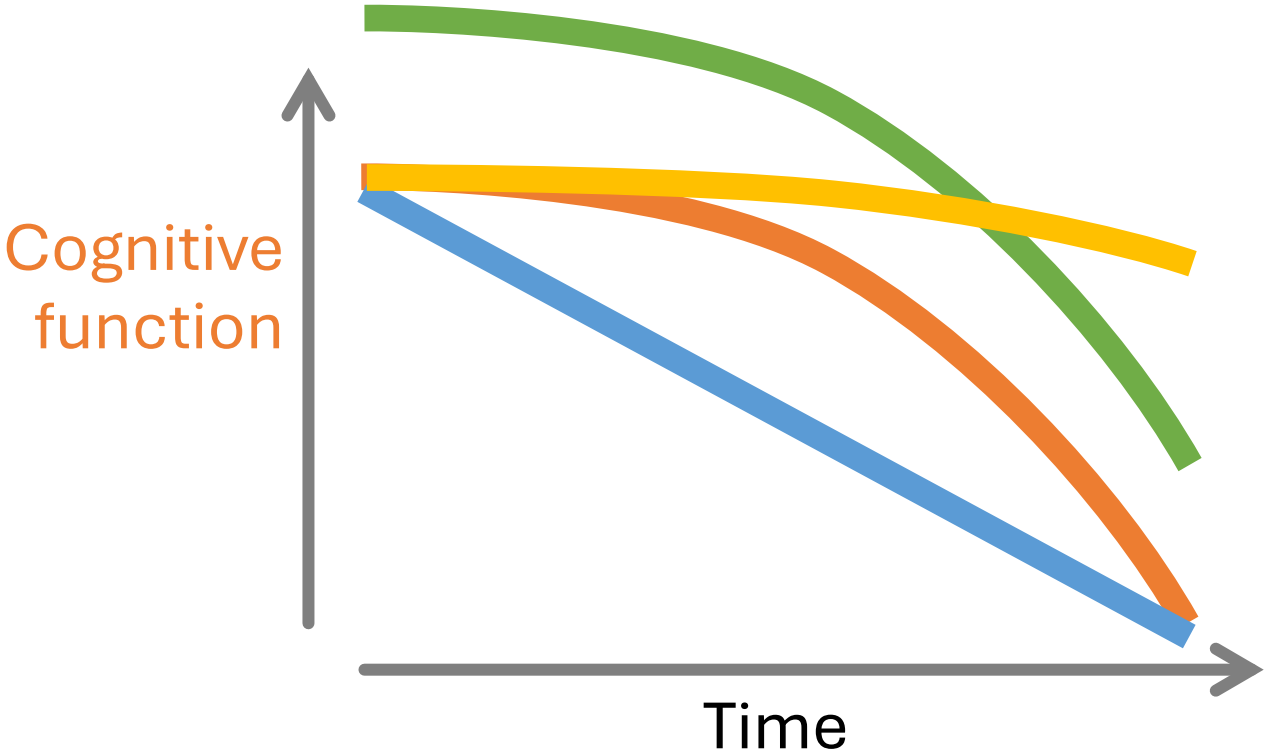
- mark a **decline** from a previous level of functioning
- impair one's ability to **perform everyday activities**



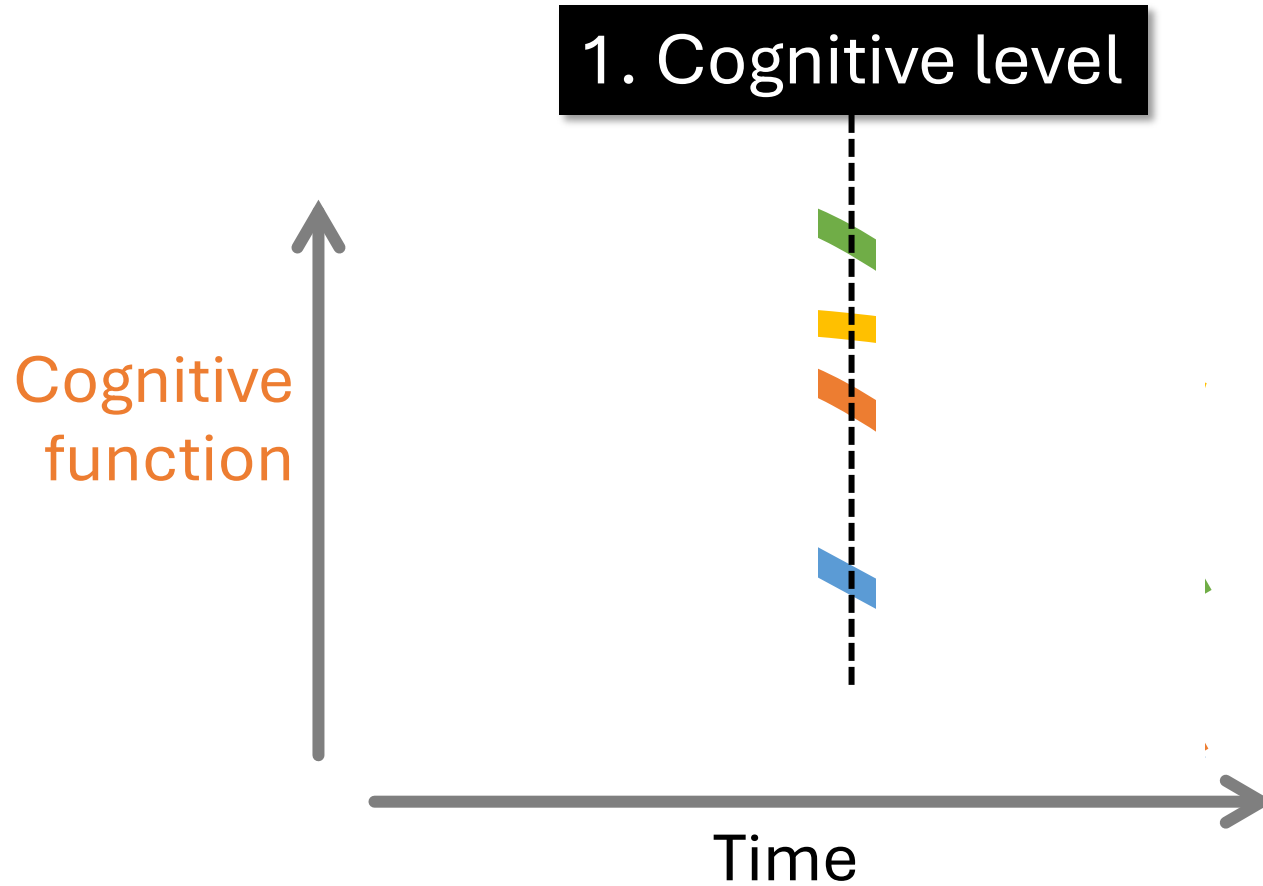
Alzheimer's disease neuropathology is common, but rarely occurs alone



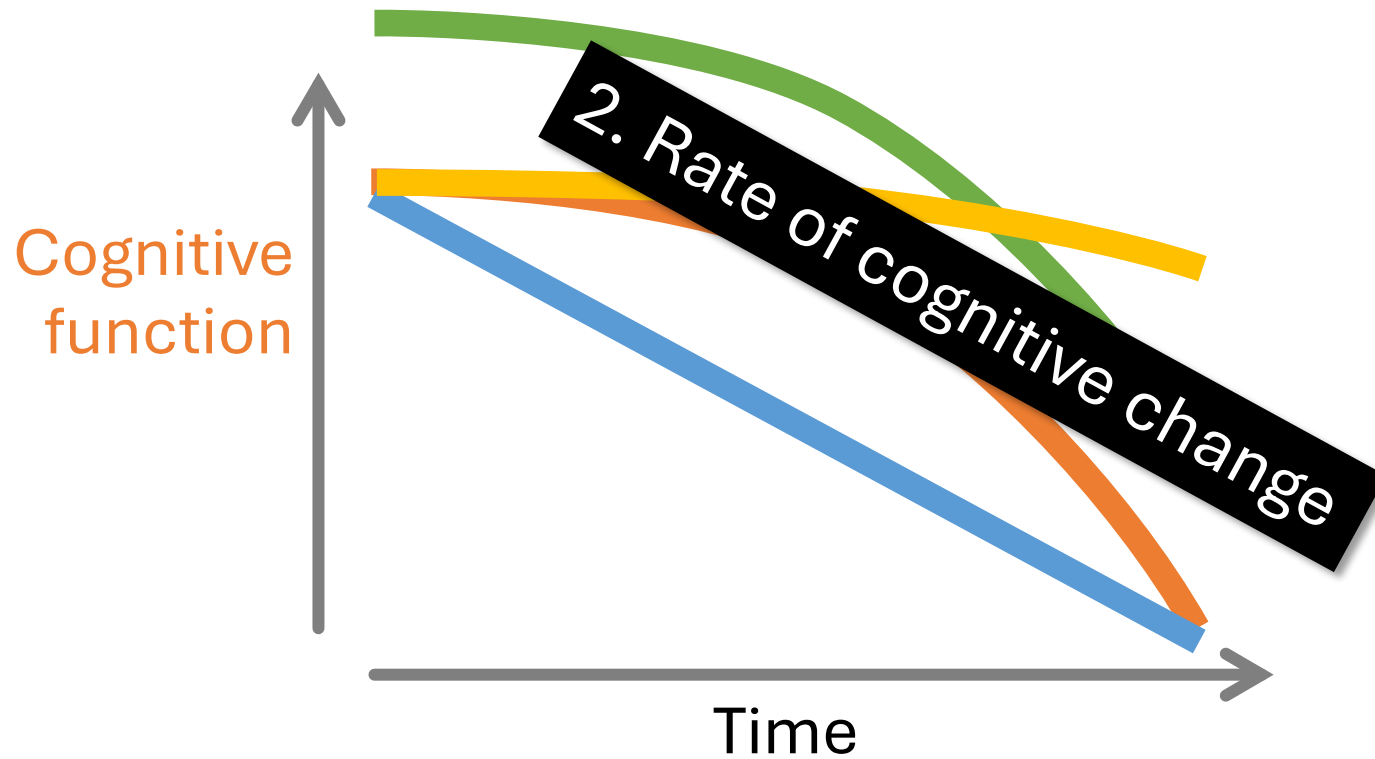
Outcomes typically evaluated in research on the relation of air pollution to dementia



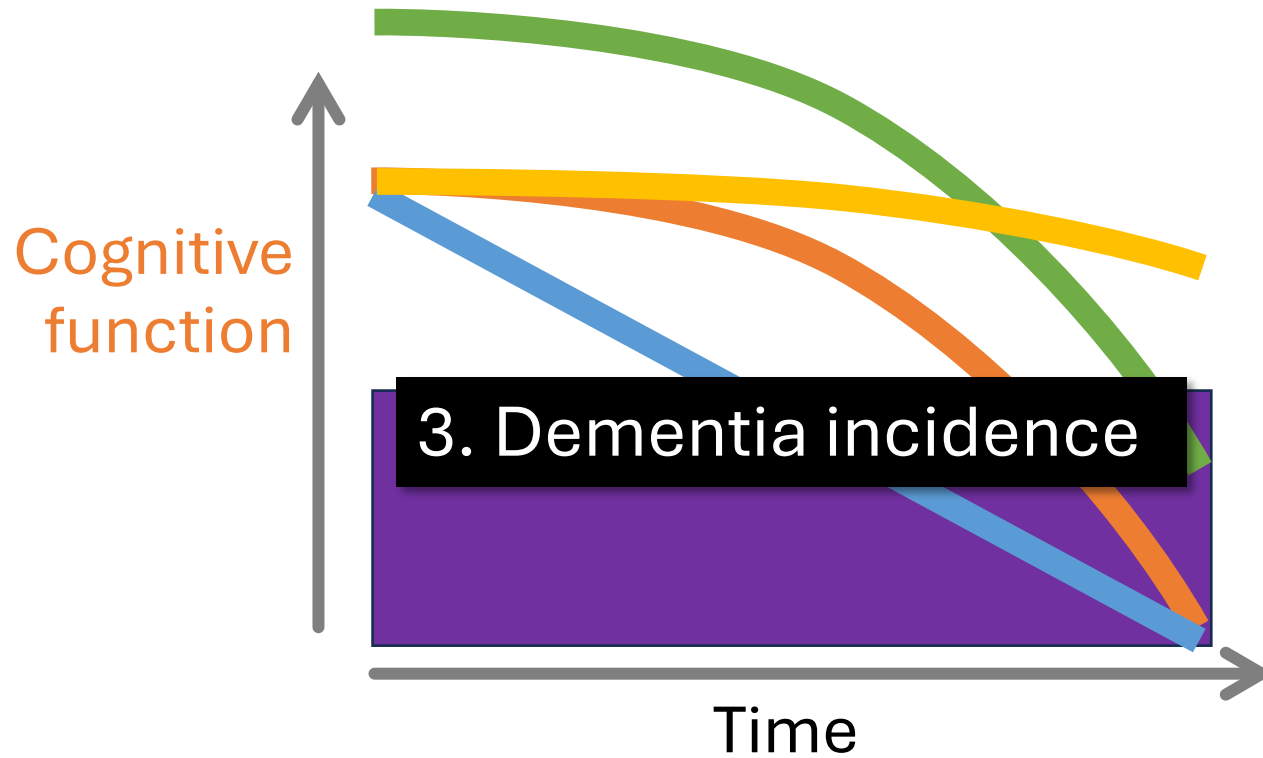
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Outcomes typically evaluated in research on the relation of air pollution to dementia

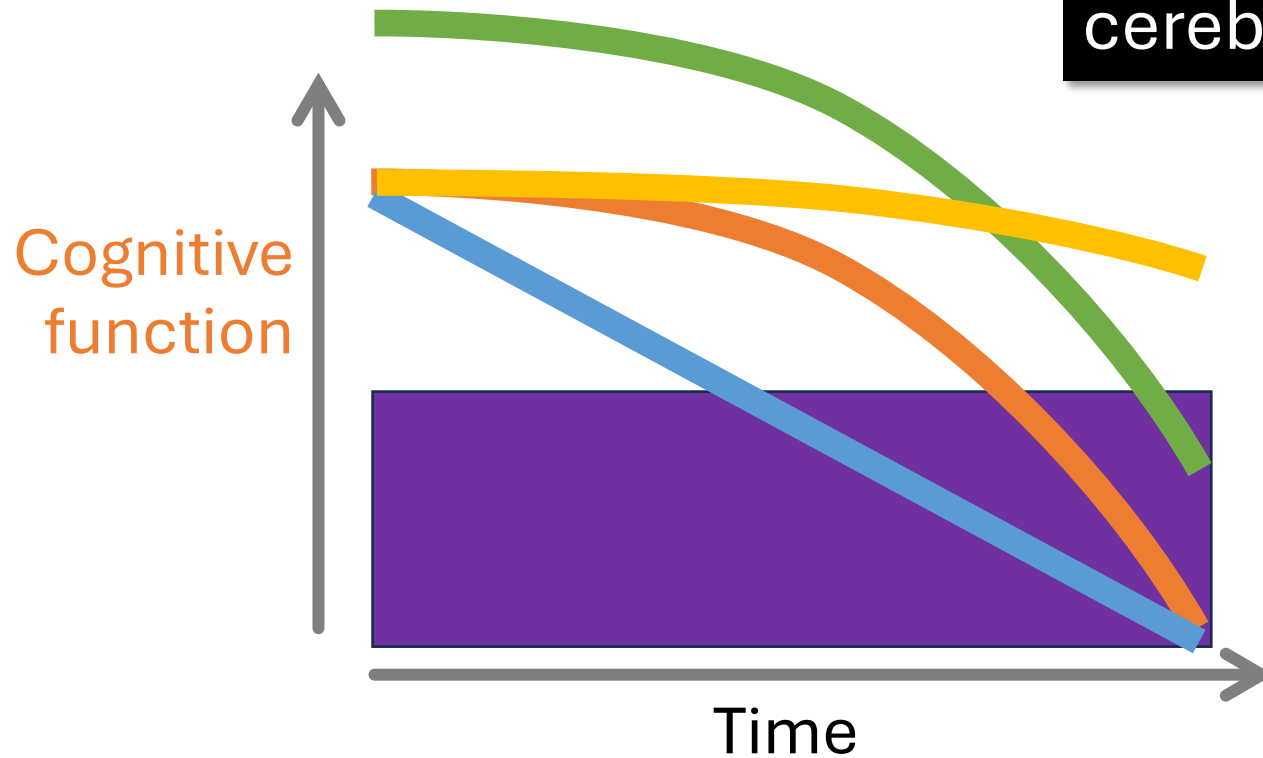


Outcomes typically evaluated in research on the relation of air pollution to dementia



Outcomes typically evaluated in research on the relation of air pollution to dementia

4. CNS atrophy, cerebrovascular pathology

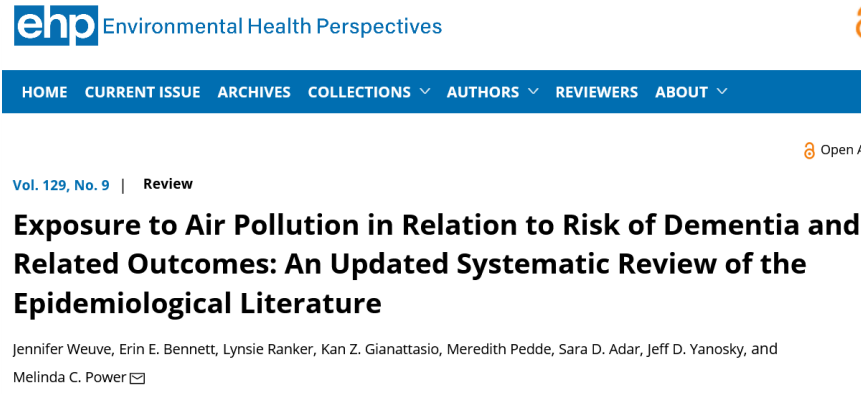


Created by Bambang Tirta Suganda
from Noun Project

State of the
epidemiologic science
on air pollution and dementia

Sources

Systematic review:
Weuve et al. EHP (2021)

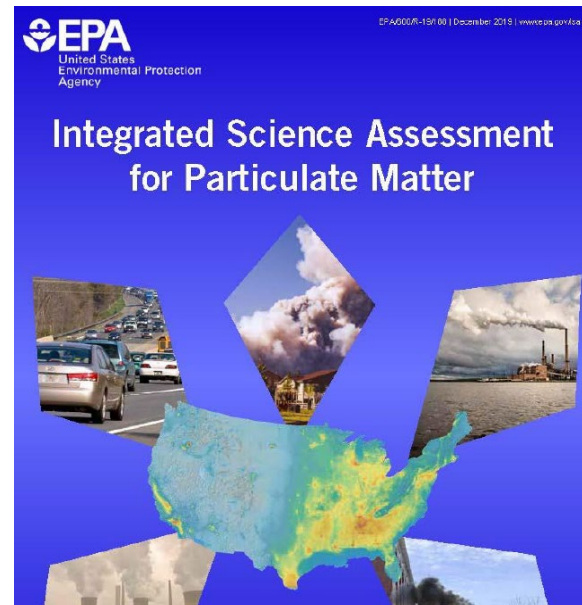


Systematic review: Wilker et al. BMJ (2023)

RESEARCH

Ambient air pollution and clinical dementia: systematic review and meta-analysis

Elissa H Wilker,^{1,2} Marwa Osman,² Marc G Weisskopf^{1,2}



US EPA Integrated Science
Assessment for Particulate
Matter (2019)

CONCLUSIONS OF THESE REVIEWS

US EPA Integrated Science Assessment for PM (2019)

Long-term exposure to $PM_{2.5}$ is “likely to be causal” in relation to “nervous system effects.”

Systematic review: Weuve et al. EHP (2021)

35 studies met quality review.

$PM_{2.5}$ → faster cognitive decline

Other evidence mixed or sparse.

Systematic review: Wilker et al. BMJ (2023)

16 studies (11 deemed high risk of bias)

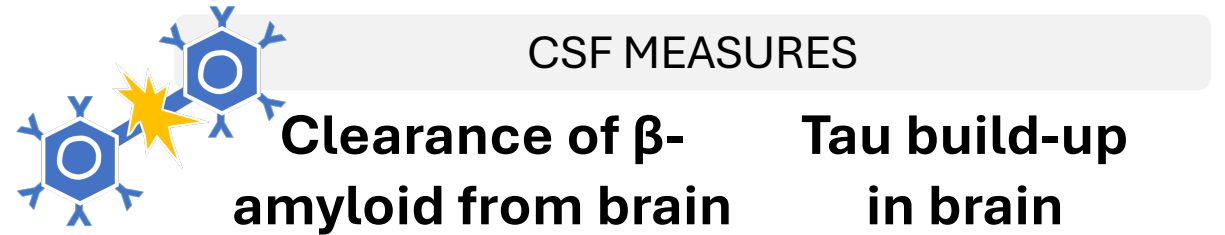
$PM_{2.5}$ → ↑ dementia risk less pronounced w admin records.

Other evidence mixed or sparse.

Recent developments in **outcomes**:

Does exposure to **air pollution**
promote the **neuropathology** that
underlies dementia?

Emphasis has been on the pathology of AD (beta amyloid + pathologic tau)



Chinese Longitudinal Healthy Longevity Survey (N=1131)
(Ma, 2022)

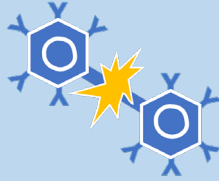
Exposure	Clearance of β -amyloid from brain	Tau build-up in brain
PM _{2.5}	↑ impaired	↑ build-up
NO ₂	not reported	not reported
Ozone	not reported	not reported

But no assns of PM_{2.5} or ozone with PET measures of β amyloid or tau

Wisconsin Registry for Alzheimer's Prevention (N=795)
(Kimura, 2026)

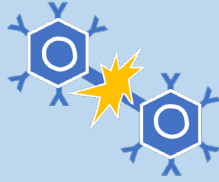
PM _{2.5}	∅	↑ build-up
Ozone	∅	↑ build-up

Autopsy studies of $PM_{2.5}$ and neuropathology of AD

STUDY	N	EXPOSURE PERIOD BEFORE DEATH	Estimated odds ratios (95% CI) per 1 $\mu\text{g}/\text{m}^3$ $PM_{2.5}$		
			Neuropath AD	Beta amyloid	Pathologic tau
ACT (Shaffer, 2021)	832	10 y	ABC Score OR: 0.79 (0.49-1.19)	CERAD *OR: 1.35 (0.90-1.90) 	BRAAK stage *OR: 0.99 (0.64-1.47)

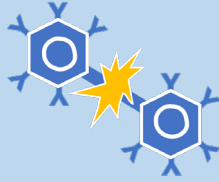
* From ordinal logistic regression analyses.

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Penn (Kim, 2025)	602	1 y	ADNC score *OR: 1.19 (1.11-1.28)	CERAD *OR: 1.20 (1.11-1.30)	BRAAK stage *OR: 1.20 (1.11-1.29)

* From ordinal logistic regression analyses.

Autopsy studies of $PM_{2.5}$ and neuropathology of AD

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Emory (Chistensen, 2024)	224	1 y	ABC score *OR: 1.45 (0.92-2.28)	CERAD *OR: 1.92 (1.12-3.30)	BRAAK stage *OR: 1.15 (0.77-1.69)

* From ordinal logistic regression analyses.

Challenges in drawing inferences from autopsy studies of PM_{2.5} and neuropathology of AD

- Selection bias
 - who **agrees to autopsy** and who **dies** and at what age
 - related to **dementia risk**
 - air pollution **exposure**, too?
 - **Clinical vs community** samples

Journal of Alzheimer's Disease
Volume 79, Issue 4, 2021, Pages 1761-1773
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<https://doi-org.ezproxy.bu.edu/10.3233/JAD-201005>

SAGE
journals

Research Article

Fine Particulate Matter and Markers of Alzheimer's Disease Neuropathology at Autopsy in a Community-Based Cohort

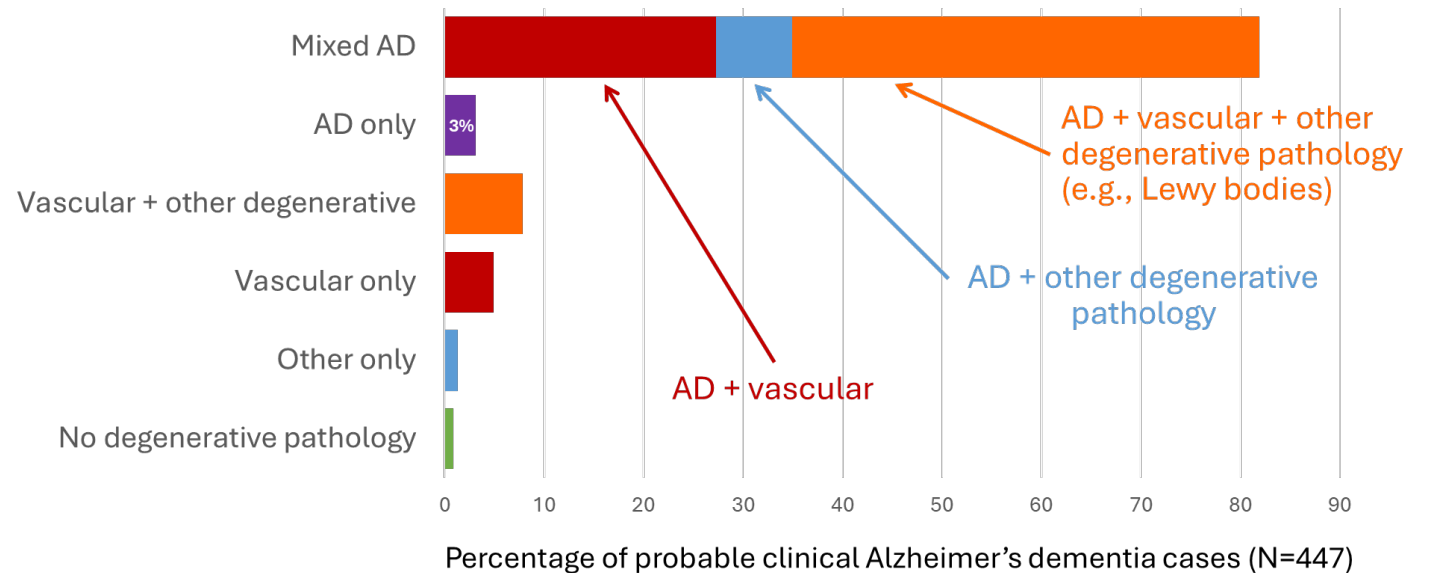
Rachel M. Shaffer^a, Ge Li^{b,c,d}, Sara D. Adar^e, C. Dirk Keene^f, Caitlin S. Latimer^f, Paul K. Crane^g, Eric B. Larson^{g,h}, Joel D. Kaufman^{a,i}, Marco Carone^j, and Lianne Sheppard^{a,j,*}

ACT
ADULT CHANGES IN THOUGHT STUDY

Kaiser Permanente Washington
Health Research Institute

Challenges in drawing inferences from autopsy studies of PM_{2.5} and neuropathology of AD

- **Exposure assessment:** is end of life the appropriate period?
- **Outcome assessment:** AD is not the *only* neuropathologic change that fuels dementia



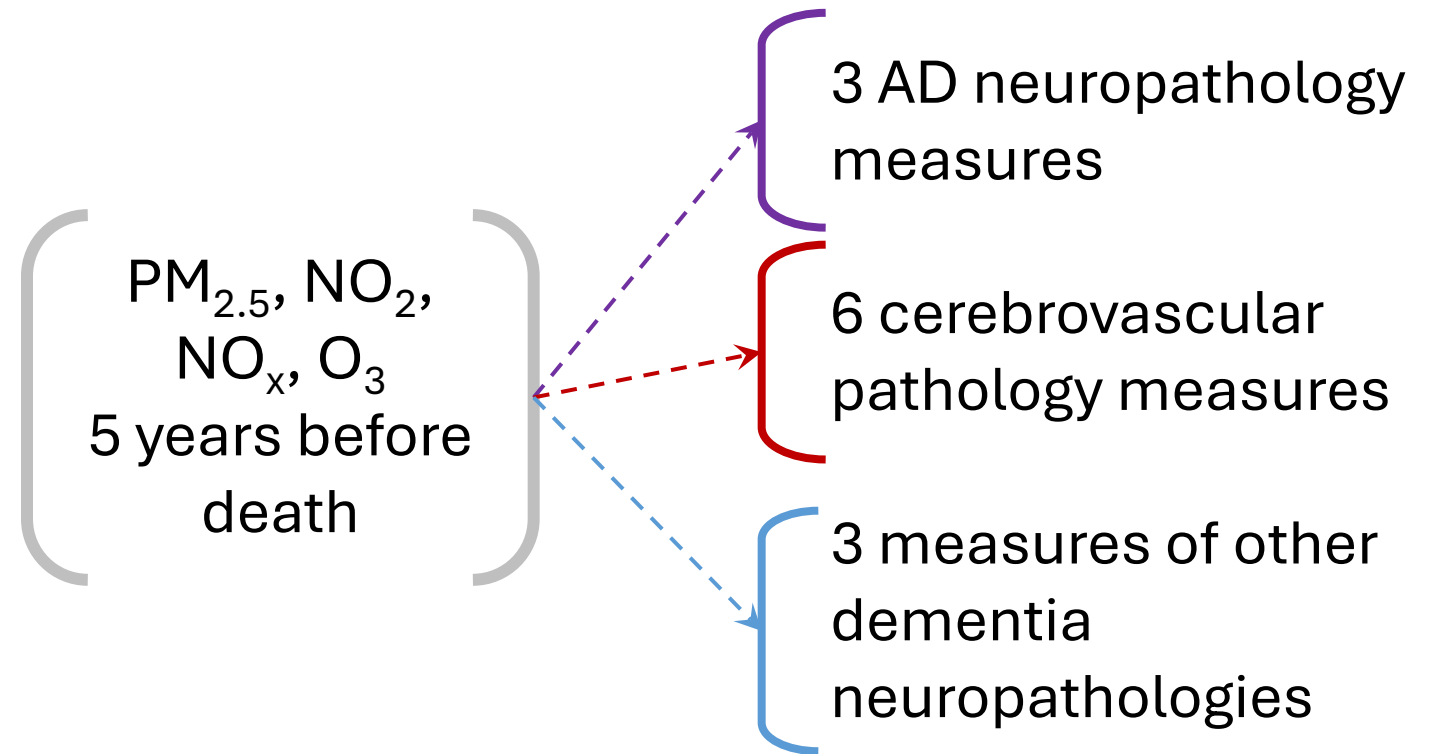
Vascular, vascular, vascular

- **Alzheimer-only** dementias are **rare**
- Many (most?) people with dementia have **cerebrovascular pathology**
- Cerebrovascular pathology seems to **potentiate** AD pathology in **manifesting symptoms**
- Cognitive benefits of the **US POINTER trial** likely driven by **vascular benefits** (Schott JM. JAMA. 2025 PMID: 40720604).
- **Air pollution has established cardiovascular effects**
- But diagnosing “vascular dementia” is fraught with difficulty

Autopsy studies of air pollution and cerebrovascular pathology

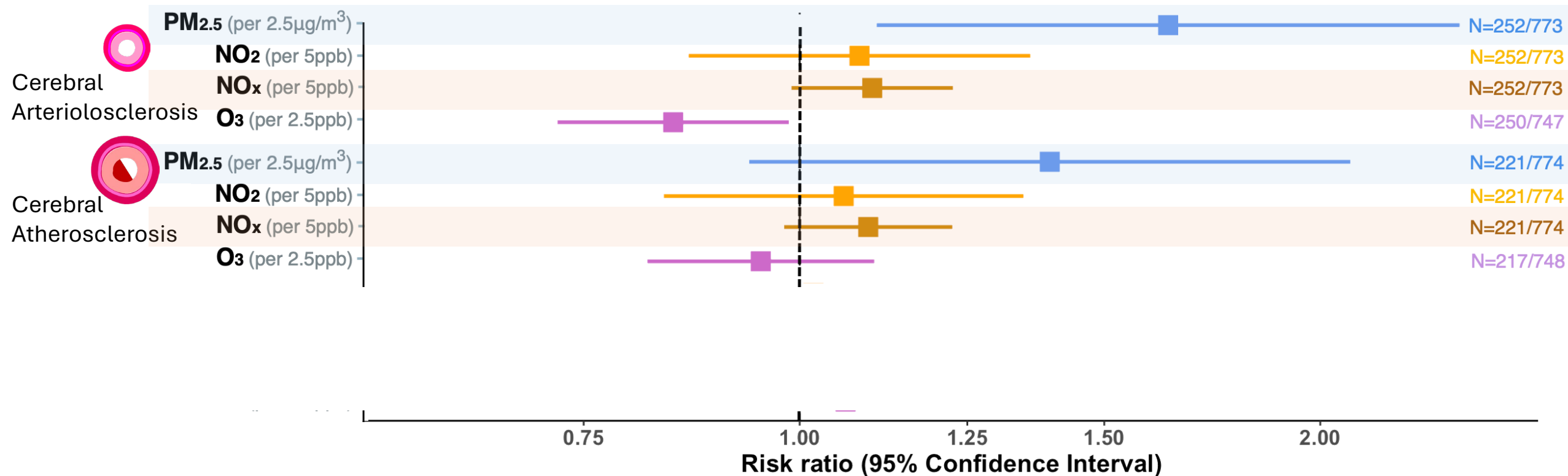
AERONOSE

909 decedents from 4 community-based cohorts of the Rush Alzheimer's Disease Center



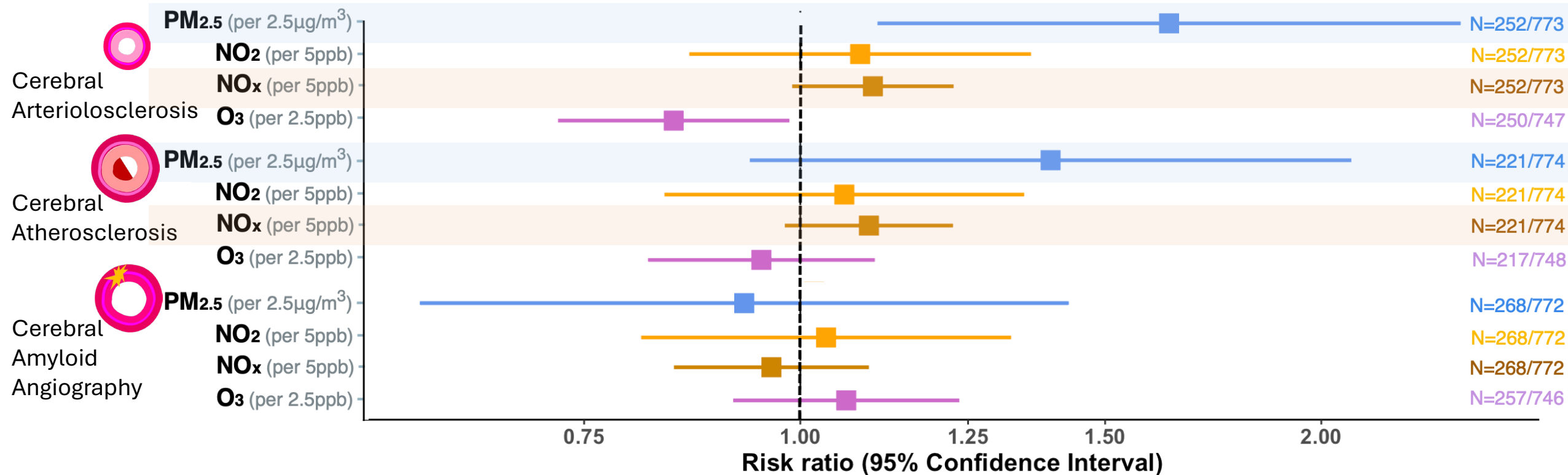
Autopsy studies of air pollution and cerebrovascular pathology: AERONOSE

AERONOSE: Estimated cerebrovascular pathology prevalence ratios, using MESA Air's Chicago prediction models






Autopsy studies of air pollution and cerebrovascular pathology: AERONOSE

AERONOSE: Estimated cerebrovascular pathology prevalence ratios, using MESA Air's Chicago prediction models



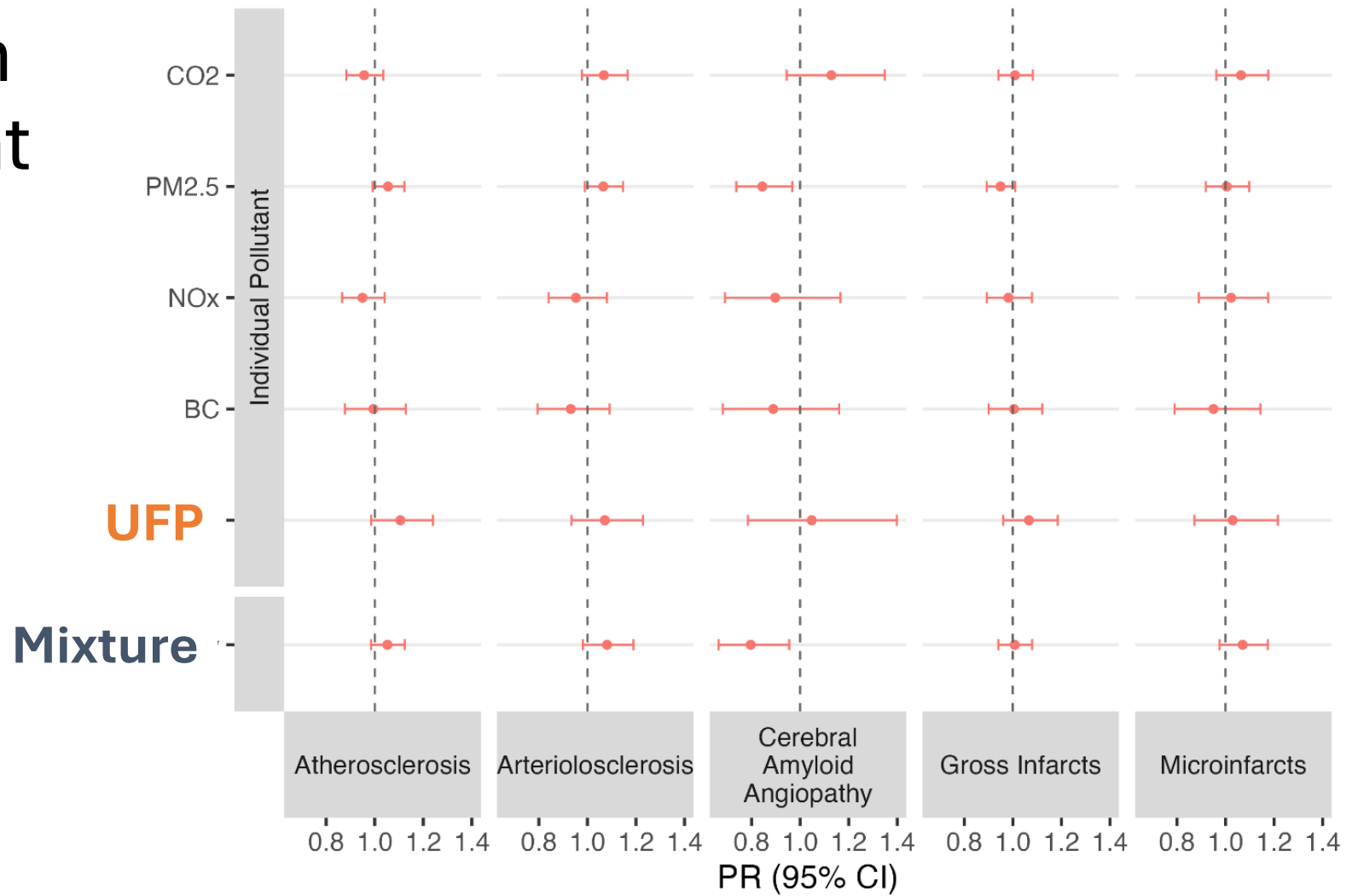
Autopsy studies of air pollution and cerebrovascular pathology: Adult Changes in Thought

		Prevalence ratio (95% CI) per SD increment in 10-year air pollutant concentration	
		NO _x (SD: 6 ppb)	PM _{2.5} (SD: 0.3 µg/m ³)
	Cerebral Arteriolosclerosis	0.95 (0.84-1.08)	1.07 (0.99-1.15)
	Cerebral Atherosclerosis	0.95 (0.87-1.04)	1.05 (0.99-1.12)
	Cerebral amyloid angiography	0.90 (0.69-1.17)	0.84 (0.74-0.97)



Recent developments on *exposure*

Emerging research on UFPs and air pollutant mixtures: Adult Changes in Thought



Blanco MN et al. See her poster here at the conference!

Sources of PM_{2.5} in relation to dementia risk: Health and Retirement Study (U.S.)

In a study by Zhang et al (2023):

- 10-year mean exposures to total PM_{2.5} and PM_{2.5} from 9 sources estimated for 27,857 participants ...

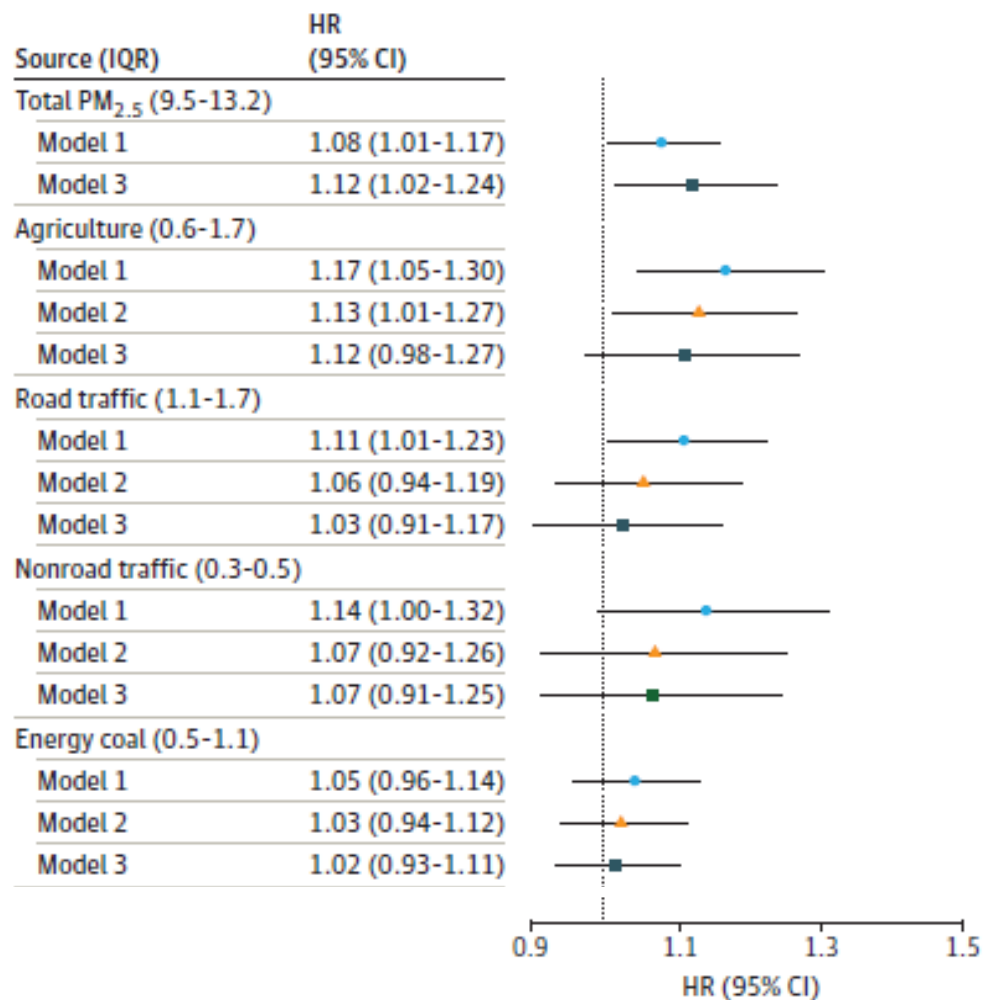
Research

JAMA Internal Medicine | [Original Investigation](#)

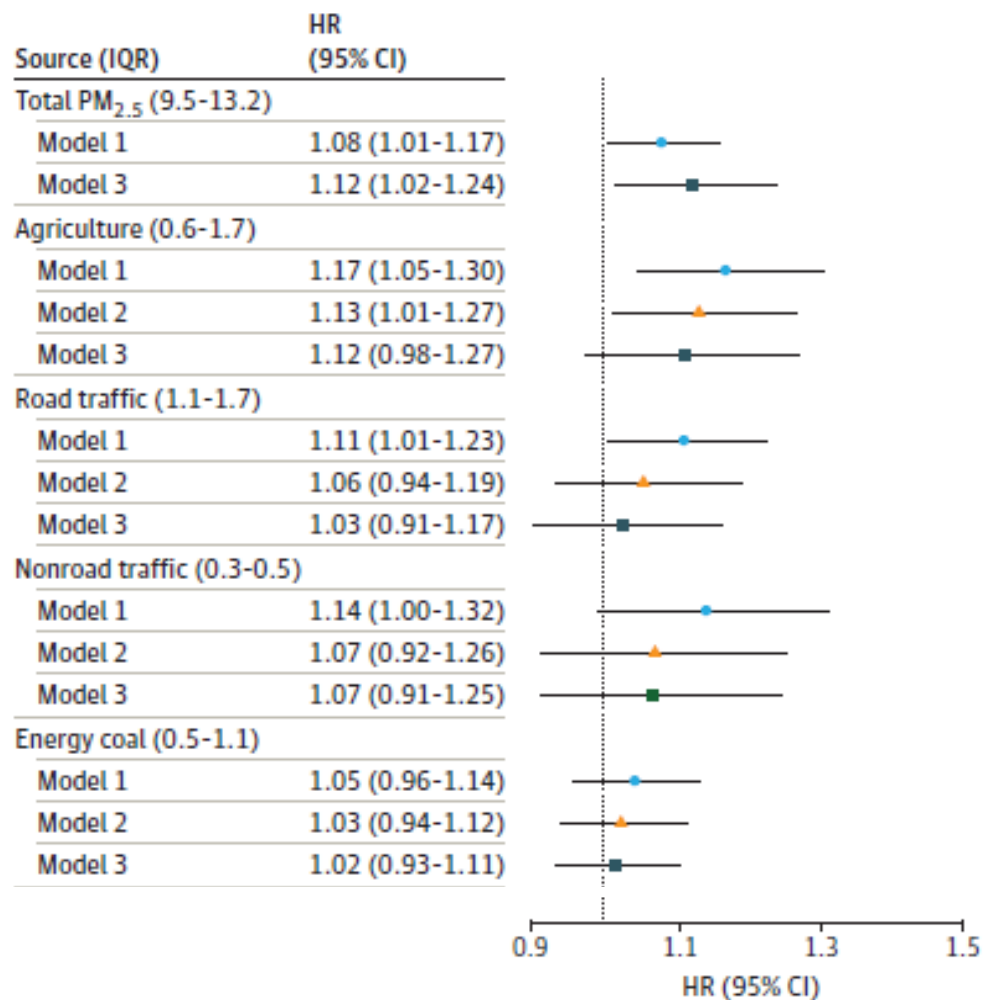
Comparison of Particulate Air Pollution From Different Emission Sources and Incident Dementia in the US

Boya Zhang, PhD; Jennifer Weuve, ScD; Kenneth M. Langa, MD, PhD; Jennifer D'Souza, PhD; Adam Szpiro, PhD; Jessica Faul, PhD; Carlos Mendes de Leon, PhD; Jiaqi Gao, MPH; Joel D. Kaufman, MD; Lianne Sheppard, PhD; Jinkook Lee, PhD; Lindsay C. Kobayashi, PhD; Richard Hirth, PhD; Sara D. Adar, ScD

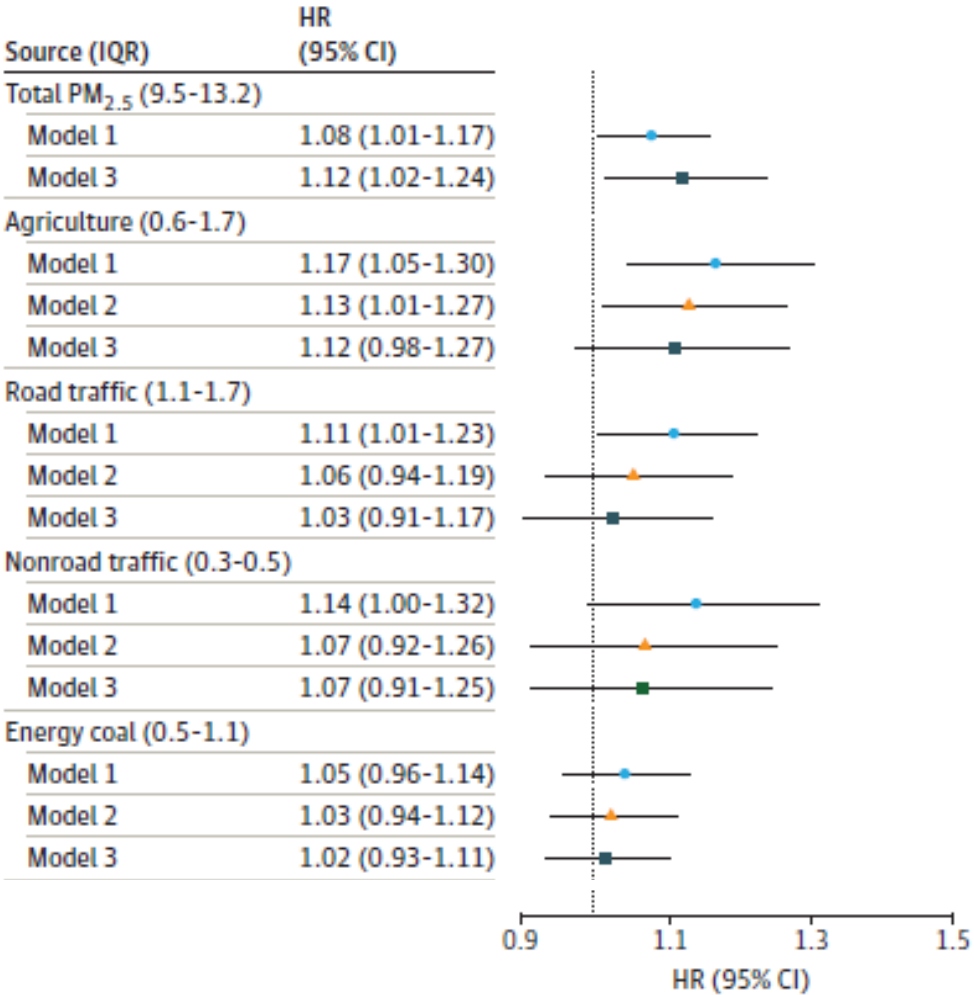
Hazard ratios (95% CIs) of incident dementia per interquartile increment in 10-year mean concentration of source-specific fine particulate matter (PM_{2.5})



Hazard ratios (95% CIs) of incident dementia per interquartile increment in 10-year mean concentration of source-specific fine particulate matter (PM_{2.5})

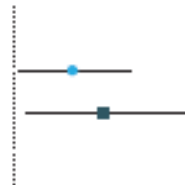


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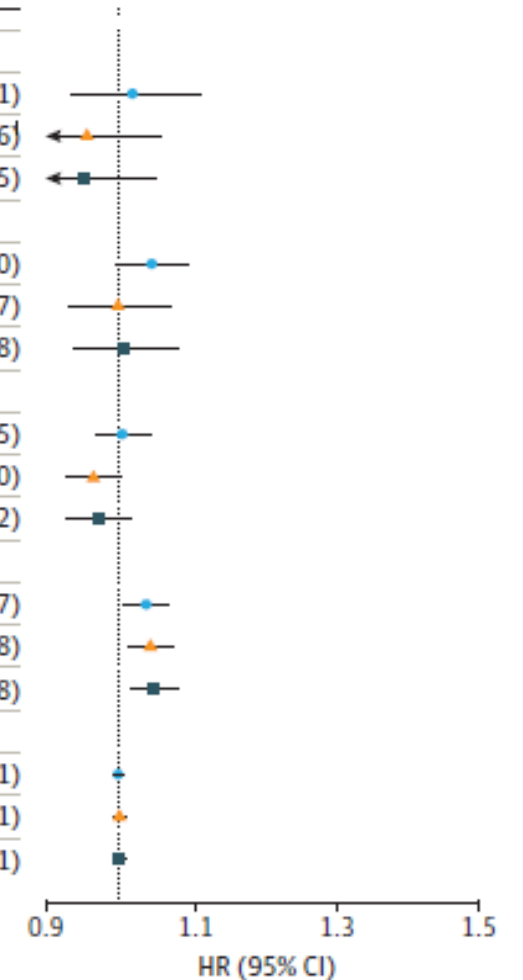


Hazard ratios (95% CIs) of incident dementia per interquartile increment in 10-year mean concentration of source-specific fine particulate matter (PM_{2.5})

Source (IQR)	HR (95% CI)
Total PM _{2.5} (9.5-13.2)	
Model 1	1.08 (1.01-1.17)
Model 3	1.12 (1.02-1.24)
Agriculture (0.6-1.7)	



Source (IQR)	HR (95% CI)
Energy other (0.4-0.7)	
Model 1	1.02 (0.93-1.11)
Model 2	0.96 (0.87-1.06)
Model 3	0.95 (0.86-1.05)
Industry coal (0.2-0.3)	
Model 1	1.05 (1.00-1.10)
Model 2	1.00 (0.93-1.07)
Model 3	1.01 (0.94-1.08)
Industry other (0.7-1.2)	
Model 1	1.01 (0.97-1.05)
Model 2	0.97 (0.93-1.00)
Model 3	0.97 (0.93-1.02)
Wildfires (0.7-1.3)	
Model 1	1.04 (1.01-1.07)
Model 2	1.05 (1.02-1.08)
Model 3	1.05 (1.02-1.08)
Windblown dust (0.0-0.1)	
Model 1	1.00 (0.99-1.01)
Model 2	1.00 (1.00-1.01)
Model 3	1.00 (0.99-1.01)



Other evidence on wildfire air pollution

- Study of 1.28M members of Kaiser Permanente Southern California (Elser, 2025).
 - Per 1- $\mu\text{g}/\text{m}^3$ increment in 3-year mean of:
 - wildfire $\text{PM}_{2.5}$ exposure, dementia OR=1.12 (95% CI, 0.98-1.28)
 - nonwildfire $\text{PM}_{2.5}$ exposure, dementia OR=1.007 (95% CI, 1.002-1.011)
- Study of 5,699 participants of LASI-DAD in India (Zhang, 2025).
 - Exposure to wildfire $\text{PM}_{2.5}$ was:
 - Not associated with cognitive performance
 - Associated with slower rate of cognitive decline

What epidemiologic evidence tells us *about the* contribution *of* air pollution *to* neurodegenerative etiology

Jennifer Weuve, MPH, ScD

HEI's Annual Conference, 2026

