



Cognitive impact of chronic low-level carbon monoxide exposure in older adults

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CO Poisoning

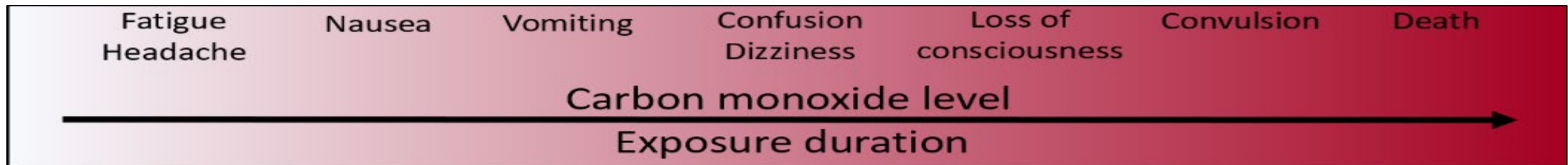
CO poisoning is one of the most common causes of accidental and intentional poisoning worldwide

CO enters the bloodstream where it binds to haemoglobin (Hb) forming carboxyhaemoglobin (COHb):

- Reduces the oxygen carrying capacity of the blood
- Availability of oxygen to the tissues and organs is decreased
- Leading to hypoxia

Severe acute poisoning:

- Initial symptoms include headache, fatigue, nausea, vomiting, confusion, dizziness, loss of consciousness, death.



- Neuropsychological impairments can also present and can include a wide range of neurological deficits, cognitive impairments, and affective changes.

Low-level CO Exposure

Evidence on the effects associated with low-level exposure is limited and inconsistent

Acute low-level CO exposure (duration ≤ 24 hours)

Experimental studies:

- COHb levels of around 5% associated with impaired cognitive function

Chronic low-level CO exposure (duration > 24 hours)

Case reports:

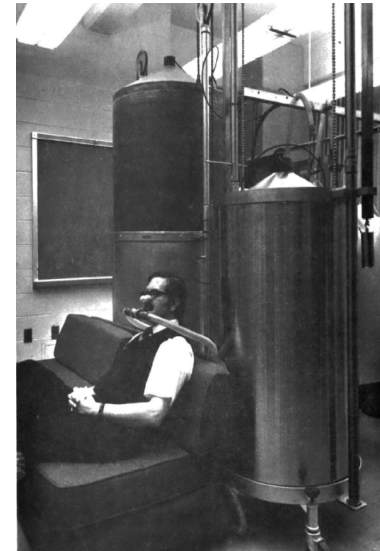
- Headache and nausea
- Affective disorders
- Memory impairments and motor slowing (Myers et al., 1998).

Epidemiological studies:

- Associations between air pollution and increased risk of stroke, MI and heart failure
- CO exposure and increased dementia development risk (Chang et al., 2014).

Neuropsychological deficits may present following less severe exposures

- May be persistent in nature.



McFarland et al., 1972

High Risk groups

Poisoning severity depends on human and environmental factors:

- Duration of exposure
- Concentration of CO in the air
- Pre-existing disease

Older adults may be:

- More susceptible to the effects of CO
- Reduced physiological reserve
- Pre-existing disease
- At higher risk of accidental CO exposure within the home
- Likely to spend more time within the home



CO levels within UK homes

Within UK homes CO levels have been reported to exceed the WHO (1999;2010) guidelines:

- 326 homes monitored
- 19% had CO levels exceeding the 8-hour guideline of 9ppm (Croxford et al., 2005a; Croxford et al., 2005b)



- Frequently associated with gas appliances
- Particular concern in the UK as gas appliances are widely used for heating and cooking

A percentage of the population may be at risk from low-level CO exposure

- At levels above those considered safe
- May be having a detrimental impact on health

Individuals unaware leading to chronic exposure

Aims and Method

Fire officers report high levels of confusion in older residents

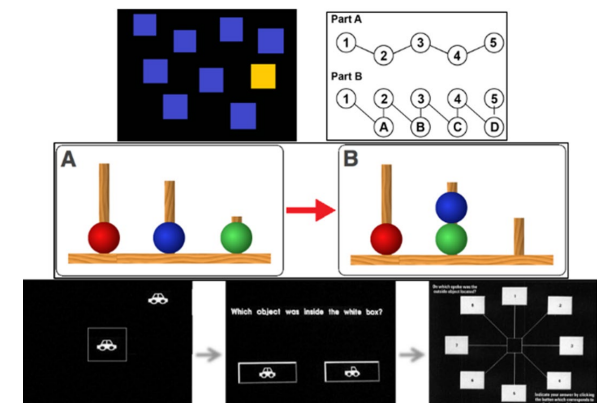
- Low-level exposures may be an unidentified cause of cognitive impairment

Aims:

- Examine the proportion of older adult homes in Coventry with low-level CO
- Examine the effects of chronic low-level CO exposure on cognitive function

A sample of 106 older adults ($M=75.60$ yrs) residing in Coventry were recruited

- Home CO monitoring 1 month
- Neuropsychological assessment
- Follow-up CO monitoring and assessments at 7 months
- Examine longer term impact



CO Levels within the Home

First data collection: 70/106 (66%) homes had some CO readings over the month

Exposure patterns observed in the data:

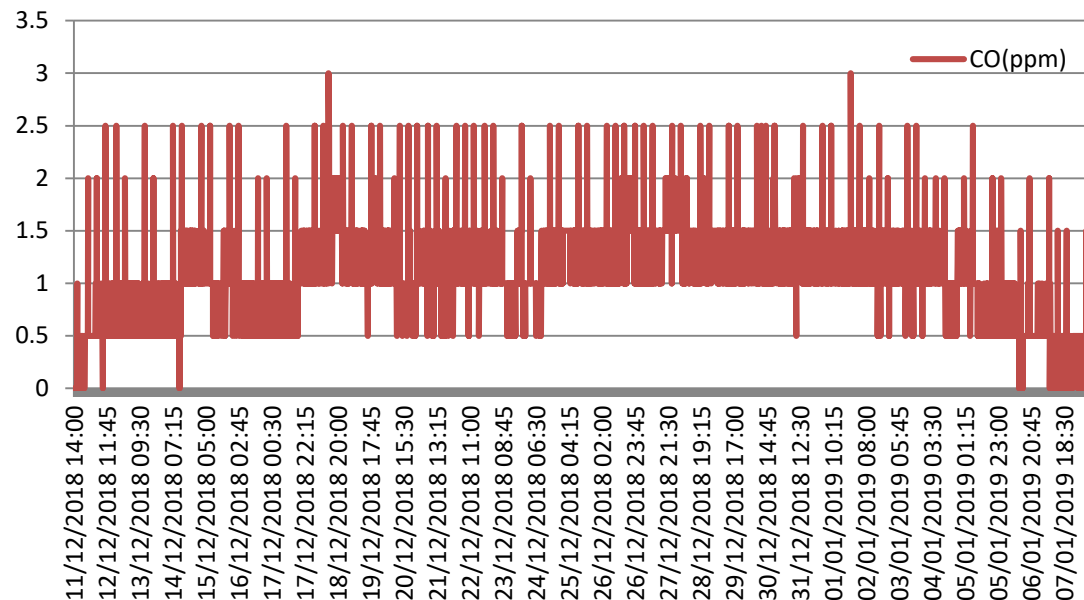


Figure 1. CO levels over 1-month showing continuous extremely low CO levels. Gas fire and boiler

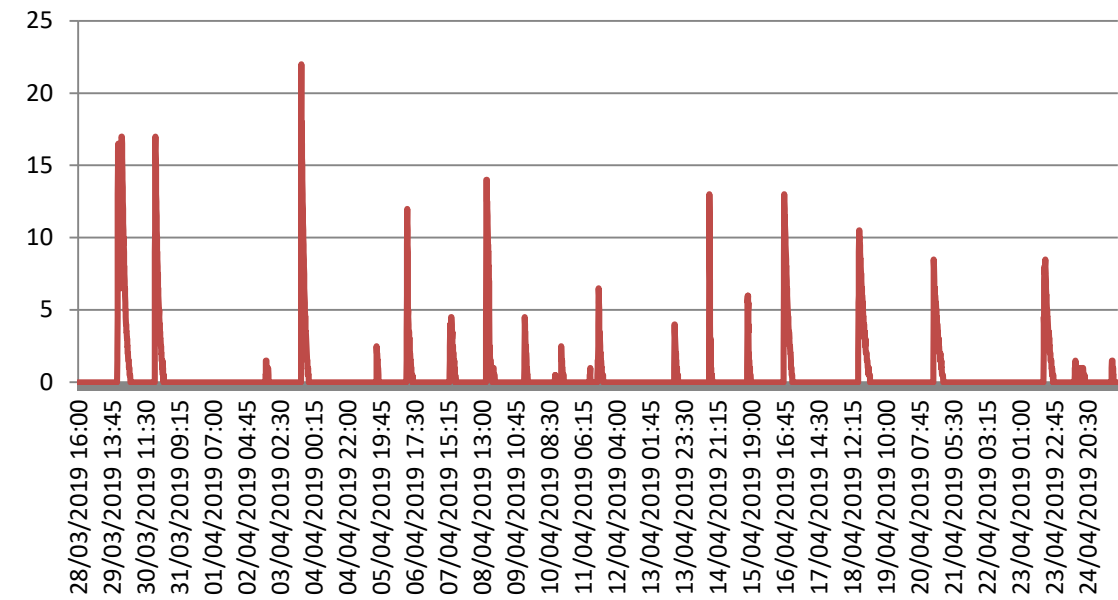


Figure 2. CO levels over 1-month showing higher short lasting CO peaks. Gas fire, boiler and cooker

- Continuous extremely low-level CO exposure with the majority of readings between 0.5-2.5ppm (Figure 1)
- A majority of zero CO readings with higher short lasting CO peaks up to around 22ppm (Figure 2)

Cross-sectional Results: Short-term effects

Chronic exposure ≥ 4 weeks to low-level CO was associated with **positive cognitive effects**

Cognitive performance **increased** with greater CO exposure:

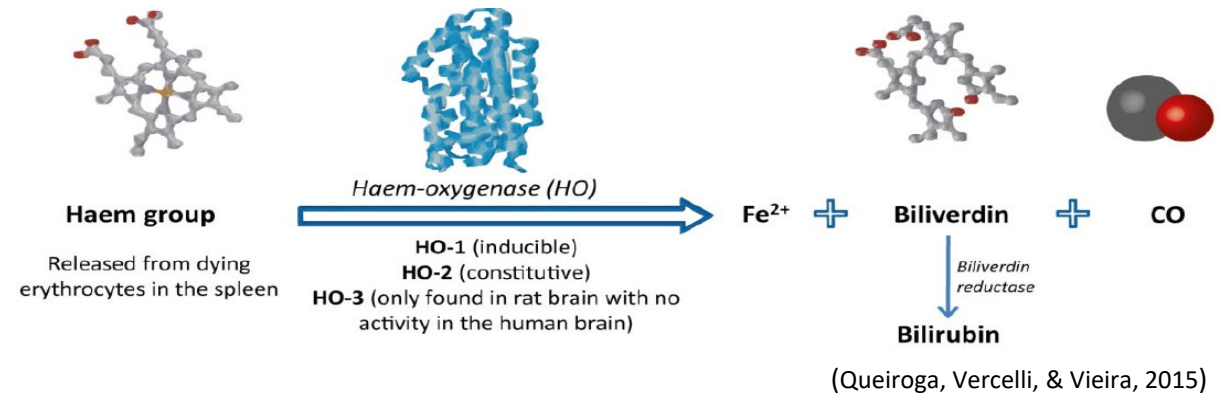
- Auditory working memory
- Memory recognition
- Visual working memory
- Visuospatial ability, planning and problem solving
- Selective attention and resistance to distractor interference

CO levels were **extremely low** (ambient: ≤ 29 ppm; $M = .09$ ppm, COHb $M = 0.7\%$)

Discussion: Cross-sectional

Endogenous CO production:

- Results from the degradation of haem catalysed by haem oxygenase
- Biliverdin, free iron and CO



- Involved in various cellular functions including vasodilation and proliferation
- Plays a crucial role in cellular maintenance, protection, regeneration and survival

These physiological processes may also result from low-levels of inhaled CO:

- Potentially **minimise risk** to the **central nervous system**
- Playing a **protective** or even **beneficial role** up to a certain dose and duration

Discussion: Cross-sectional

For example:

- Endogenous CO plays a role in the regulation of vascular tone acting as a vasodilator
- Vasodilation increases blood flow through widening of the blood vessels
- Increases blood flow to the brain
- Optimal blood flow is vital for normal brain function.

Vasoactive properties may also result from low-level inhaled CO

- Play a **protective role to cognitive functioning** by temporarily **increasing and maintaining cerebral blood flow (CBF)**

Ageing is associated with structural and functional vascular changes that can influence cognitive function:

- Vasodilation and CBF decline in healthy ageing
- Age-related changes to blood vessels, such as stiffening and narrowing, can lead to impaired vessel function
- Leading to decreased blood flow to the brain

Discussion: Cross-sectional

Cardiovascular risk factors:

Heart failure, coronary artery disease and atrial fibrillation are more common in older adults

- Lead to greater decreases in CBF and chronic hypo-perfusion
- **Further compromising** the already **reduced CBF** that is present in ageing

The effects of these age and disease-related vascular changes on CBF have been associated with:

- **Increased risk of cognitive decline, MCI and dementia development**

The potential protective effects of low-level exogenous CO may be of particular benefit to older adults

However any protective effects are likely to be:

- Transient with COHb accumulation over time placing stress on the body's physiological resources
- Reaches a point where the body can no longer compensate for the continuous uptake of CO
- Insufficient CBF and ischaemia may follow
- Resulting in a shift from positive to negative cognitive impacts.

Longitudinal Results: Longer-term Effects

Examined the longer-term impact of exposure on cognitive function

- Determine whether the observed beneficial effects are short lasting and result in damage given sufficient exposure time/ time post-exposure
- 78 participants completed the follow-up at 7 months

Similar proportion of homes with some CO readings: 47/78 (60%)

Longer-term impact from T1 exposure on performance at 7 months

Cognitive performance decreased with greater CO exposure

- Processing speed
- Intra-individual variability in responding
- Selective attention, resistance to distractor interference

Longitudinal Results: Total Exposure

Cognitive performance decreased with greater CO exposure:

- Memory recognition
- Auditory working memory
- Cognitive flexibility, resistance to proactive interference
- Intra-individual variability in responding
- Selective attention, resistance to distractor interference

With the exception of visual working memory where:

- Positive effects continued to be observed
- Performance increased with greater CO exposure

Overall Results

Relatively consistent pattern of results:

- **Positive CO-related effects** observed across a range of functions in the short-term following exposure

However, the majority of these effects were short-lasting and lead to longer-term negative impacts either:

- Given sufficient time post-exposure (negative impacts from T1 exposure present at 7 months)
- Accumulation of two one-month exposure periods (total exposure)

This shift of effects was observed across a range of functions:

- Selective attention and resistance to distractor interference
- Memory recognition
- Auditory working memory
- Processing speed

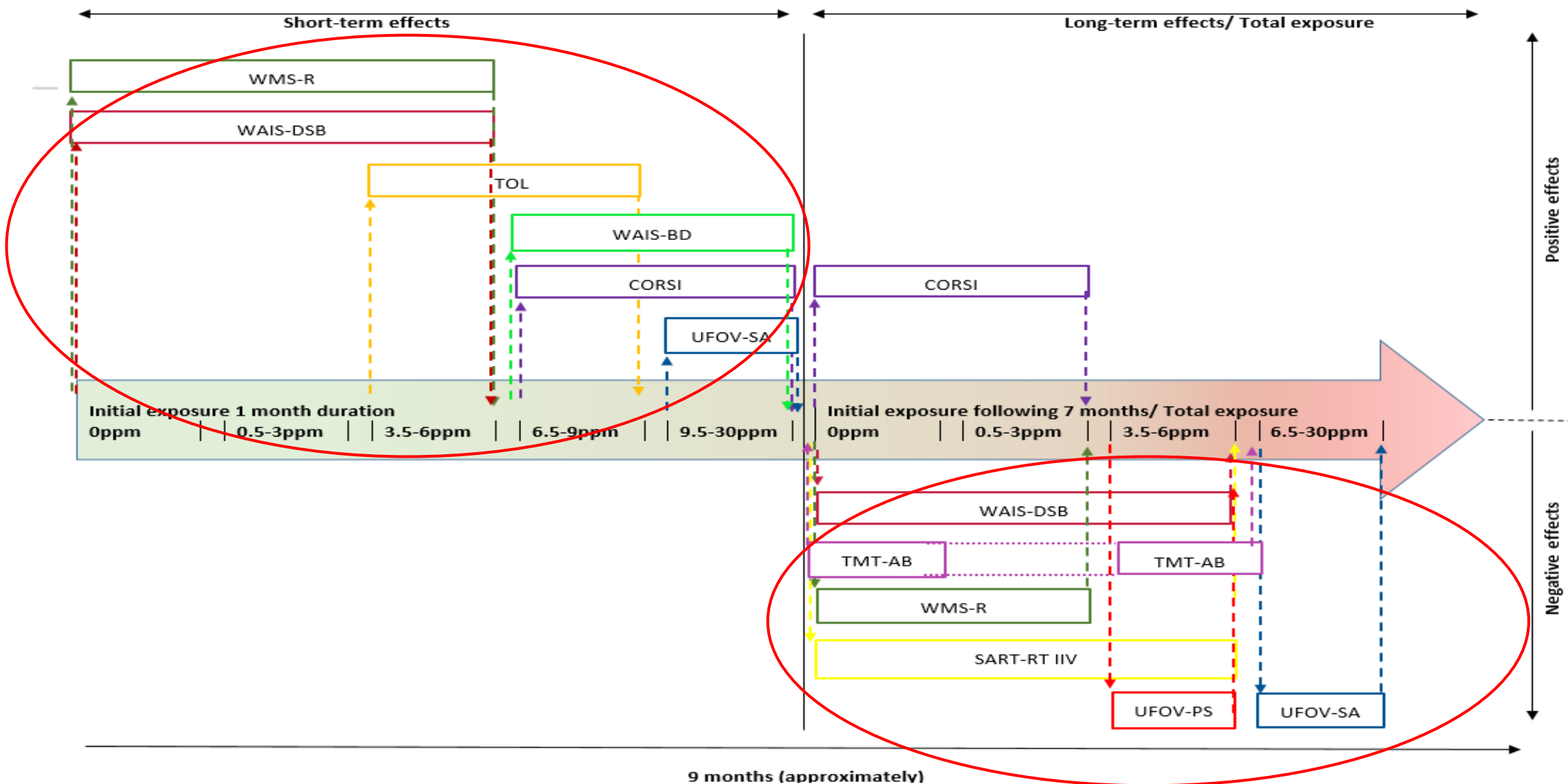
Overall Results

Particular cognitive areas appear to be **more resilient to CO** exposure associated with **positive effects only**:

- Visual working memory
- Currently unclear whether these positive effects are followed by negative impacts
- Likely that negative impacts do follow at levels above those reported

The results indicate that the effects of chronic low-level CO exposure may be **viewed on a continuum**:

- One end representing **extremely low-level exposure** and potential **beneficial effects**
- **Negative impacts** at the opposite end of the spectrum
- with **increasing exposure duration** and **concentration**



Overall Discussion

Results indicate that **chronic exposure to low-level CO** may result in **longer-term cognitive impairments**

The vascular alterations observed in ageing and cardiovascular disease and their effects on CBF along with:

- Age-related cerebral changes such as atrophy of the hippocampus and white matter hyperintensities
- Associated with **greater risk of early cognitive decline and dementia development**

The possibility that **chronic exposure to low-level CO adds to this burden** presents significant concern

- May place an already susceptible group at an **even greater risk of early cognitive decline and dementia**

Future Research

The association between CO exposure and dementia development risk has gained attention over the last decade:

Retrospective studies

- CO poisoned patients are at a higher risk of dementia development

Case reports

- Associations between less severe exposures and cognitive impairments

Epidemiological studies

- Chronic exposure to air pollution including low-level CO may increase risk of dementia
- **Air pollution** recently identified as a **dementia development risk factor** in later life (>65)

Future research

Longitudinal study of the cognitive impacts of chronic low-level exposure within the home

- Examine the risk for early cognitive decline, MCI and dementia development
- Preventative measures and reduced risk



Thank you for listening

Acknowledgements



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