

Respiratory function in power plant workers exposed to nitrogen dioxide

U. Carbone, P. Montuori, C. Novi and M. Triassi

Department of Public Health, 'Federico II' University, via Sergio Pansini n° 5, 80131 Naples, Italy.

Correspondence to: P. Montuori, Department of Public Health, University of Naples 'Federico II', via Sergio Pansini n° 5, 80131 Naples, Italy. Tel: +39 (0) 8174 63027; fax: +39 (0) 8174 63352; e-mail: pmontuor@unina.it

| | |
|--------------------|---|
| Background | Power plant workers are potentially exposed to nitrogen dioxide (NO ₂) and may therefore be at higher risk of pulmonary diseases than the general population. |
| Aims | To assess the association of NO ₂ exposure with spirometric abnormalities in power plant workers. |
| Methods | Forced expiratory volume in 1 s (FEV ₁), forced vital capacity (FVC) and forced expiratory ratio (FER = FEV ₁ /FVC) were correlated with demographic characteristics, smoking history and environmental exposure to NO ₂ in power plant workers exposed to environmental NO ₂ at work and in a control group of administrative employees. Twenty-four hour environmental NO ₂ concentrations were measured at each workplace. |
| Results | The concentrations of environmental NO ₂ ranged from 1.21 to 7.82 mg m ⁻³ with a mean value of 3.91 + 1.51 mg m ⁻³ . The results showed that FEV ₁ and FVC were significantly lower in 347 power plant workers than in the 349 controls (<i>P</i> < 0.001). The FER was significantly correlated with age, environmental NO ₂ concentration, smoking and height. |
| Conclusions | Occupational exposure to NO ₂ emissions in power plants is significantly associated with lung function abnormalities as assessed by spirometry. Spirometric measurements in power plant workers exposed to NO ₂ emissions may be an effective means of detecting early signs of impaired respiratory health in this group of workers. |
| Key words | FER; FEV ₁ ; FVC; nitrogen dioxide; power generation; power plant; respiratory function; spirometry. |

Introduction

Impairment of pulmonary function is a sensitive marker of respiratory health [1]. Historically, spirometry has been used to measure impairment of pulmonary function [2]. In obstructive airway disease, characteristic changes in spirometric parameters include a reduction in the forced expiratory volume in 1 s (FEV₁), with respect to the forced vital capacity (FVC) [1,2]. Fuel combustion for electricity generation in thermal power plants produces a complex mixture of pollutants, even with pollution control devices, including nitrogen oxides (NO_x), acid gases, organic compounds and solid wastes such as fly ash and flue gas desulphurization materials [3–5]. Nitrogen dioxide (NO₂) is the main pollutant. Exposure to NO_x has been associated with increased incidence of asthma exacerbation, respiratory-related hospitalizations, susceptibility to respiratory infection and mortality [4,6]. Power plant workers

are occupationally exposed to NO₂ and may therefore be at higher risk of pulmonary diseases than the general population. To the best of our knowledge, there are no previous studies relating NO₂ exposure to lung function in power plant workers. The objective of this study was to assess the association of NO₂ exposure with respiratory function in workers from a major power plant in southern Italy.

Methods

The study was conducted on employed men at three oil-fired power plants in southern Italy between March and October 2013. They underwent a medical examination for routine health surveillance in accordance with the Italian Law on Health and Safety for Workers (Act 81/08) [7]. The study group consisted of workers (electricians, maintenance technicians, fitters and repairers) occupationally exposed to environmental NO₂ and

a control group of administrative employees. Every worker gave informed consent to the study and dissemination of personal data was anonymized. Participants were asked about potential confounding variables for environmental exposure to NO₂ and about lifestyle, particularly smoking habits. All participants provided spirometric measurements, using a computerized spirometer calibrated daily with a 3 l syringe. A forced expiratory ratio (FER = FEV₁/FVC) of <70% was used as the criterion for airflow obstruction. A purely restrictive pattern was defined as having an FVC <80% of predicted and an FER ≥70%. The best of three tests was recorded. Spirometric measurements complied with the American Thoracic Society acceptability and reproducibility criteria [8]. Environmental NO₂ concentrations were measured continuously during the daily activity of the power plants at each workplace using a specific analyzer. The average exposure value for each work location was subsequently associated with workers in that area. Statistical analyses were conducted with SPSS, version 14.01 for Windows (SPSS Inc., Chicago, IL, USA). The spirometric measurements were correlated with background demographic characteristics, environmental exposure to NO₂ and smoking history first by univariate analysis (two-sample *t*-test for continuous data, and χ^2 -test for categorical variables) and then by multiple linear regression analyses. Multiple collinearity was considered and the model building strategy suggested by Hosmer and Lemeshow [9] was applied (excluded before entering of variables into multiple regression analysis). A *P* value of <0.05 was considered statistically significant.

Results

A total of 696 employed men (347 power plant workers and 349 controls) participated. Age, height and weight distribution did not differ significantly between

groups and no significant differences in smoking history between power plant workers and controls were found. Table 1 presents descriptive information about the study group. The concentrations of environmental NO₂ ranged from 1.2 to 7.8 mg m⁻³ with a mean value of 3.9 ± 1.5 mg m⁻³. The results of FEV₁ and FVC measurements were significantly lower in the power plant workers than in the controls (*P* < 0.001). In the power plant workers, a significant intercorrelation was found between FER (FER = FEV₁/FVC) and many of the variables. FER was significantly correlated with age (*P* < 0.01), environmental NO₂ concentration (*P* < 0.001), smoking (*P* < 0.01) and height (*P* < 0.001). Surprisingly, no significant associations were found between FER and weight (*P* < 0.05). A multiple linear regression model was developed including the variables that were considered to be potentially associated with the following outcomes: FER and age, NO₂ environmental concentration, smoking and height. The adjusted multiple linear regression model showed a *P* value < 0.001. The FER values were positively associated with younger age (*P* < 0.05), NO₂ environmental concentration (*P* < 0.001), smoking (*P* < 0.05) and height (*P* < 0.001) (Table 2).

Discussion

Our findings strongly suggest an association between NO₂ power plant emissions and FEV₁, FVC and FER values. The observed reduction in spirometric parameters may be due to the direct inflammatory action of NO₂ on lung mucosa [4]. Nevertheless, this study shows that occupational exposure to NO₂ is associated with a decrease in spirometric parameters, and consequently may result in a higher prevalence of respiratory diseases such as bronchial irritation and chronic obstructive pulmonary disease. Periodic spirometric measurements in power plant workers exposed to NO₂

Table 1. Demographic characteristics of the power plant workers and controls

| Characteristic | All (<i>n</i> = 696) | | | Power plant workers (<i>n</i> = 347) | | | Controls (<i>n</i> = 349) | | |
|----------------|-----------------------|--------------------|---------|---------------------------------------|--------------------|---------|----------------------------|--------------------|---------|
| | Mean | Standard deviation | Range | Mean | Standard deviation | Range | Mean | Standard deviation | Range |
| Age, years | 42.3 | 6.3 | 28–58 | 41.3 | 5.5 | 29–55 | 43.3 | 5.6 | 29–58 |
| Weight, kg | 75.7 | 9.1 | 51–115 | 75 | 9.2 | 54–106 | 75.5 | 8.8 | 51–115 |
| Height, cm | 169.1 | 5.5 | 152–194 | 168.7 | 5.2 | 154–185 | 169.5 | 33.6 | 152–194 |
| Smoking status | | | | | | | | | |
| Smokers | 297 | | | 157 | | | 140 | | |
| Non-smokers | 399 | | | 190 | | | 209 | | |

Table 2. Results of the multiple linear regression model ($n = 696$)

| Dependent variable: FER (model P value: 0.0000) | | | | |
|---|-----------------------|----------------------|---------------|-----------|
| Parameter | Estimate | Standard error | T statistic | P value |
| CONSTANT | 137.0 | 6.62 | 20.7 | <0.001 |
| NO ₂ environmental concentrations | -9.9×10^{-4} | 1.2×10^{-4} | -7.81 | <0.001 |
| Age | -0.09 | 0.03 | -2.69 | <0.01 |
| Smoking | 1.05 | 0.40 | 2.65 | <0.01 |
| Height | -0.195 | 0.04 | -5.17 | <0.001 |

emissions may be an effective means of detecting early signs of impaired respiratory health in this group of workers.

Key points

- Power plant workers are exposed to nitrogen dioxide in the workplace.
- This study showed an association between exposure to nitrogen dioxide and reduced spirometric parameters independent of age, height, weight and smoking status.
- Exposure to nitrogen dioxide may have an adverse effect on health outcomes in power plant workers.

Conflicts of interest

None declared.

References

1. Caro CG, Butler J, Dubois AB. Some effects of restriction of chest cage expansion on pulmonary function in man: an experimental study. *J Clin Invest* 1960;**39**:573–583.
2. MacIntyre NR. Spirometry for the diagnosis and management of chronic obstructive pulmonary disease. *Respir Care* 2009;**54**:1050–1057.
3. MacIntyre NR, Selecky PA. Is there a role for screening spirometry? *Respir Care* 2010;**55**:35–42.
4. Amster ED, Haim M, Dubnov J, Broday DM. Contribution of nitrogen oxide and sulfur dioxide exposure from power plant emissions on respiratory symptom and disease prevalence. *Environ Pollut* 2014;**186**:20–28.
5. Meawad AS, Bojinova DY, Pelovski YG. An overview of metals recovery from thermal power plant solid wastes. *Waste Manag* 2010;**30**:2548–2559.
6. Vom Berg, W. Utilization of fly ash in Europe. In: *Proceeding of International Conference on Fly Ash Disposal and Utilization*. New Delhi, India: Central Board of Irrigation and Power, 1998; 8–14.
7. Italian Legislative Decree n. (81 of 09.04.2008) *Technical and Prescriptive References to Training for Safety and Health Protection of Workers*. Italian Official Gazette (Ordinary Supplements) 30 April 2008, No. 101. Rome, Italy: Istituto Poligrafico e Zecca dello Stato.
8. American Thoracic Society. Standardization of spirometry, 1994 update. *Am J Respir Crit Care Med* 1995;**152**:1107–1136.
9. Hosmer DW, Lemeshow S. *Applied Logistic Regression*. New York: Wiley & Sons, 1989.