Zehan Huang¹, Guodong He², Shuo Sun¹, Yingqing Feng³, Yuqing Huang³

¹Department of Cardiology, Guangdong Provincial Key Laboratory of Coronary Heart Disease Prevention, Guangdong Cardiovascular Institute, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Southern Medical University, Guangzhou, China

2 Research Department of Medical Sciences, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Southern Medical University, Guangzhou, China

3 Hypertension Research Laboratory, Department of Cardiology, Guangdong Provincial Key Laboratory of Coronary Heart Disease Prevention, Guangdong Cardiovascular Institute, Guangdong Provincial People's Hospital, Guangdong Academy of Medical Sciences, Southern Medical University, Guangzhou, China

Submitted: 29 September 2023; Accepted: 25 February 2024 Online publication: 30 November 2024

Arch Med Sci DOI:<https://doi.org/10.5114/aoms/185360> Copyright © 2024 Termedia & Banach

A b s t r a c t

Introduction: Alzheimer's disease (AD) and ambient particulate matter 10 (PM10) have been associated in epidemiological studies. However, the relationship between PM10 and risk of AD has not been proven to be causal. Thus we used two-sample multivariable Mendelian randomization (MR) to examine this relationship.

Material and methods: Genome-wide association studies (GWAS) for PM10 from UK Biobank, AD from EBI GWAS and IEU OpenGWAS were used for discovery and replication, respectively. Pooled meta-analysis of the inverse variance weighted (IVW) method was the main method. Sensitivity analyses included MR-Egger regression, weighted median, weighted mode and leave-one-out methods. The multivariable MR model adjusted for education. The MR estimates of causality association were expressed as odds ratios (OR) and corresponding 95% confidence intervals (CI).

Results: There were in total 17 and 19 genetic variants associated with PM10 in the discovery and replication steps, respectively. In the univariate MR, pooled meta-analysis of genetically predicted PM10 was associated with a 99% increased risk of AD (95% CI: 1.25, 3.15, *p* = 0.004) per 1 standard deviation (SD) increment of PM10 by IVW, and in the multivariable MR with pooled meta-analysis, we found that each SD increase in PM10 was associated with a 127% increase in the risk of AD (95% CI: 1.33, 3.86, *p* = 0.002) after accounting for education levels.

Conclusions: Increased PM10 levels were found to be significantly related to an increased risk of AD. This study provided evidence of genetic prediction of a causal relationship between PM10 and the risk of AD, suggesting that air pollution control may have significant implications for the prevention of AD.

Key words: particulate matter 10, Alzheimer's disease, air pollution, Mendelian randomization.

Corresponding author:

Yuqing Huang Hypertension Research Laboratory Department of Cardiology Guangdong Provincial Key Laboratory of Coronary Heart Disease Prevention Guangdong Cardiovascular Institute Guangdong Provincial People's Hospital Guangdong Academy of Medical Sciences Southern Medical University Guangzhou, China E-mail: [huangyuqing@gdph.](mailto:huangyuqing@gdph.org.cn) [org.cn](mailto:huangyuqing@gdph.org.cn)

Creative Commons licenses: This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY -NC -SA 4.0). License (http://creativecommons.org/licenses/by-nc-sa/4.0/).

Introduction

Alzheimer's disease (AD), a devastating neurological condition that primarily affects the elderly and results in the degeneration of brain cells, is characterized by a decline in thinking, cognitive functions, and independence in daily activities, which lead to a loss of autonomy [1, 2]. It is now widely accepted that AD, the most frequent form of dementia, is an increasingly serious worldwide health issue with far-reaching effects on both individuals and society [3]. AD is a complex and multifaceted disease caused by the interaction of genetic predisposition and lifelong environmental factors, and with genetic susceptibility accounting for approximately 70% of the risk of developing AD [4]. However, acquired factors such as cerebrovascular disease, diabetes mellitus, hypertension, obesity, dyslipidemia, infections and environmental factors all play a vital role in the development of AD [4, 5].

As an important environmental factor, ambient air pollution has been found to be closely related to AD [6, 7]. Ambient particulate matter 10 (PM10) refers to atmospheric particles having aerodynamic dimensions of less than or equal to 10 mm, which are among the most important air pollution indicators used to describe air quality, and PM10 exposure is a major threat to health and the environment worldwide [8, 9]. PM10 can enter the body through the respiratory tract, digestive tract, and skin due to its small size [8]. A large number of previous epidemiological or observational studies have shown that exposure to high concentrations of PM10 was significantly associated with the development of multiple chronic diseases, including AD [10, 11]. However, a systematic review and meta-analysis that included nine studies yielded inconclusive results [12]. To determine the causal effects of PM10 on AD using traditional epidemiological approaches may be difficult due to a number of potential biases, including sample size, residual confounding, insufficient follow-up time and reverse causation [13]. Of course, if a randomized trial was conducted in which individuals were randomly assigned to a certain level of PM10 over a period of years to represent AD risk, it might be possible to identify a causal relationship between PM and AD, but this would be highly unethical and impossible. Therefore, the causal relationship between PM10 and AD has remained unclear, and we need stronger evidence to support it.

In recent years, the emergence and use of the Mendelian randomization (MR) approach has provided vital help to solve the influence of potential confounding factors in observational and epidemiological studies [14, 15]. MR is a statistical model that employs genetic variation as an instrumental variable, and its principle is to replicate the random allocation process of research items by using the characteristics of random division and combination when gametes are created during the genetic variation process [15]. Furthermore, because allele assignment at meiosis is random and occurs before disease onset, the likelihood of confounding is low, and there is no concern about reverse causation [14]. To date, no MR study has explored a causal relationship between PM10 and AD. We conducted a two-sample multivariate MR study to assess the causal association between PM10 concentrations and the risk of AD in order to address the important gap in the literature regarding this research question.

Material and methods

Study design

This was a two-sample multivariate MR study. It was carried out in accordance with the Mendelian Randomization Strengthening the Reporting of Observational Studies in Epidemiology Statement. Ambient PM10 was the exposure factor and AD was the outcome in the present study. The study process was divided into two steps, consisting mainly of univariate and multivariate MR, with a division into discovery and replication groups.

Figure 1. Study flow chart. The selected genetic variant (single nucleotide polymorphisms) was strongly associated with particulate matter 10. The selected genetic variants were strongly associated with confounding factors, but not associated with Alzheimer's disease

Education was adjusted for in multivariate MR, given that education level was strongly associated with AD. In order to draw causal inferences from this MR study, three basic assumptions had to be met: (1) the genetic variants were significantly associated with PM10; (2) the genetic variants were not associated with potential confounders; (3) the genetic variants were not associated with AD except via the route of PM10. Figure 1 displays the conceptual diagram for the ongoing MR study. This analysis was approved by the Ethics Committee of Guangdong Provincial People's Hospital (KY-Q-2021-244-01). The data used in this study were all summary-level data from publicly available data, so all informed consent and ethical approval were obtained in the original study.

Instrumental variable selection

All genetic variations that were significantly linked with PM10 were chosen as instrumental factors ($p \lt 5 \times 10^{-8}$). All included SNPs were clumped based on linkage disequilibrium (LD), which was defined as R^2 < 0.001 and a clumping window greater than 10,000 kb. In the literature on instrumental variables, an *F*-statistic value greater than 10 is employed as a rule of thumb to support the relevance assumption. If an exposure SNP is not present in an outcome dataset, proxy SNPs with a minimum LD R^2 value of 0.8 and a minor allele frequency (MAF) criterion for aligning palindromes of 0.3 should be used instead.

Assessment of ambient PM10

Annual average air pollution of PM10 was modelled for each address using a land use regression (LUR) model developed as part of the European Study of Cohorts for Air Pollution Effects (http:// www.escapeproject.eu/). The LUR models calculated the spatial variation of annual average air pollutant concentrations at the participants' home addresses using Geographic Information System-derived predictors such as traffic, land use and topography.

Data sources

All the summary-level genetic data for PM10 such as exposure, education as a confounding factor and corresponding outcome data for AD were from the IEU OpenGWAS database ([https://gwas.](https://gwas.mrcieu.ac.uk/) [mrcieu.ac.uk/](https://gwas.mrcieu.ac.uk/)). Summary-level genetic data for PM10 were obtained from UK Biobank (455314 individuals) with 9851867 SNPs. Summary-level data for AD were obtained from the EBI GWAS database with the trait of "ebi-a-GCST002245" (55134 individuals with 7022150 SNPs) and from the IEU OpenGWAS database with the trait of "ieu-b-2" (63926 individuals with 10528610 SNPs) for the discovery and replication group, respectively. Summary-level genetic data for education were obtained from the IEU OpenGWAS database (182286 individuals with 7643301 SNPs) with the trait of "ieu-a-1011". All the data were from the European population. The detailed descriptions of included traits are summarized in Table I.

Statistical analysis and sensitivity analysis

Univariable and multivariable inverse-variance-weighted (IVW) methods were employed as the main analyses. In addition, as outcomes in the discovery and replication step were from different datasets, the MR outcomes were subjected to pooled meta-analysis by using a fixed effect model to obtain an overall causal estimate. In the multivariable MR analysis, we adjusted for education level (years of schooling) because education might be a vital factor in the associations of AD.

PM – particulate matter, SNP – single-nucleotide polymorphism, NA – not available.

In MR analysis, the IVW approach was extensively used to synthesize the effect derived from each instrument using the inverse variance. For each IV, the Wald ratio was used to estimate the effect of exposure on the outcome. In addition to IVW, the simple mode, MR-Egger, weighted median, MR-PRESSO, and weighted mode methods were utilized to enhance accuracy and stability. The MR estimates of the causative connection between PM10 and AD risk were reported as odds ratios (OR) and 95% confidence intervals (CI). Sensitivity analyses were performed using the leave-oneout test. Weighted mode technique was used as a sensitivity analysis as an alternative MR method based on different assumptions about horizontal pleiotropy. The IVW and MR-Egger methods were used to test for heterogeneity. MR-Egger regression accounted for horizontal pleiotropic effects and yielded unbiased causal effect estimates, despite the fact that the estimates were frequently underpowered. The MR-Egger regression could detect and compensate for potentially unbalanced pleiotropic effects, although it was often underpowered. Pleiotropy was shown by the *p*-value for the intercept in MR-Egger regression. After removing outliers, the MR-PRESSO approach could detect potential pleiotropic outliers and generate inverse-variance weighted estimates. To test for heterogeneity, Cochrane's Q statistic was utilized, and the MR-Egger regression approach was used to find horizontal pleiotropy. If horizontal pleiotropy existed in IVs, the MR-Egger intercept was nonzero and statistically significant (*p* < 0.05). Scatter plots and forest plots were utilized to visualize the results. The effect of each SNP was demonstrated using forest plots. The forest plots also included MR-Egger analysis. To investigate the effect of each unique instrument on the total effect, a leave-one-out analysis was done. The statistical significance level of *p* < 0.05 was adopted. MR analysis was performed using R software (version 4.1.3, [http://www.r-project.org\),](http://www.r-project.org),) the R package TwoSampleMR version 0.5.5 [\(https://mrcieu.](https://mrcieu.github.io/TwoSampleMR/) [github.io/TwoSampleMR/\)](https://mrcieu.github.io/TwoSampleMR/), and the MR-PRESSO test was performed using the MRPRESSO package (https://github.com/rondolab/MRPRESSO).

Results

Selection of instrumental variables

According to the screening criteria for instrumental variables for PM10 related to AD in this MR study, 17 and 19 independent genetic variants were finally screened as instrumental variables in the discovery and verification groups, respectively. Information on the selected genetic variants, including SNP name, chromosome, effect allele, effect allele frequency and beta coefficients, is presented in Table II.

Univariable MR analysis of PM10 level and AD

As shown in Figure 2, we found that each SD increase in the level of PM10 exposure was significantly associated with increased risk of AD in the discovery (Figure 2 A) and replication (Figure 2 C) step. However, each SD increase in the education level (years of schooling) was significantly associated with decreased risk of AD in the discovery (Figure 2 B) and replication (Figure 2 D) step. In addition, in the discovery and replication step, genetic predisposition to per SD increase of PM10 was significantly associated with a higher risk of AD (OR = 2.06, 95% CI: 1.04, 4.08; *p* = 0.038; and OR = 1.93, 95% CI: 1.03, 3.59; *p* = 0.040, respectively) in the primary IVW MR analyses (Figures 3 A, C), but showed that per SD increase of years of schooling was significantly associated with a lower risk of AD in the discovery and replication step (Figures 3 B, D, respectively). The results of other MR analyses, including weighted median, were consistent with the direction of the main IVW results (Table III). In addition, a pooled meta-analysis using fixed-effect IVW models showed that for genetically predicted per SD increase in the levels of PM10, the combined OR of discovery and replication was 1.99 (95% CI: 1.25, 3.15; $p = 0.004$) for AD (Figure 4).

Multivariable MR analysis of PM10 level and AD

In the discovery and replication step, genetic predisposition to per SD increase of education level (years of schooling) was significantly associated with a lower risk of AD (OR = 0.67 , 95% CI: 0.45, 0.99, $p = 0.047$; and OR = 0.72, 95% CI: 0.49, 1.04, $p = 0.078$, respectively) in the primary IVW MR analyses. The results of other MR analyses, including MR-Egger, weighted median and MR-PRESSO, were consistent with the direction of the main IVW results (Table III). The causal estimate from the discovery and replication database showed about an 133% increase in odds of AD per SD higher PM10 (OR = 2.33; 95% CI: 1.04, 5.24; $p = 0.04$) and 123% increase in odds of AD per SD higher PM10 (OR = 2.23; 95% CI: 1.10, 4.52; $p = 0.026$) according to the IVW method (Figure 4). The pooled meta-analysis OR of discovery and replication by using fixed-effect IVW models was 2.27 (95% CI: 1.33, 3.86; *p* = 0.002) for AD after education was adjusted (Figure 4).

Pleiotropy, heterogeneity and sensitivity analysis

We used multiple MR methodologies, such as the simple mode, MR-Egger, weighted median, and weighted mode, to undertake sensitivity tests

Table II. Detailed information on genetic instruments associated with outcome for discovery and replication Table II. Detailed information on genetic instruments associated with outcome for discovery and replication

Table II. Cont. Table II. Cont.

Figure 2. A scatter plot is used to visualize the causal effect between particulate matter 10 (PM100 and Alzheimer's disease. A – Scatter plot visualizing the causal effect of PM10 on Alzheimer's disease risk in the EBI GWAS database in discovery. B – Scatter plot visualizing the causal effect of education level on Alzheimer's disease risk in the EBI GWAS database. C – Scatter plot visualizing the causal effect of PM10 on Alzheimer's disease risk in the IEU OpenGWAS database in replication. D – Scatter plot visualizing the causal effect of education level on Alzheimer's disease risk in the IEU OpenGWAS database in replication. The plot presents the effect sizes of the single nucleotide polymorphism (SNP)-PM10 or education level association (*x*-axis, SE units) and the SNP-Alzheimer's disease association (*y*-axis, log (OR)) with 95% confidence intervals. The *x*-axis shows the SNP effect and standard error (SE) on each PM10 or education level. The *y*-axis shows the SNP effect and SE on Alzheimer's disease. The regression slopes of the lines correspond to causal estimates using the five Mendelian randomization (MR) methods

to improve the accuracy and stability of results. Table III shows the results of the causal association between PM10, education level, and AD of all four approaches in the discovery and replication step. As shown in Figures 5 A and C, we used the leave-one-out method to examine the impact of a single SNP on the results of MR analysis, and found that all IV calculations made these causal relationships significant, implying that there was no dominant IV for PM10 and AD, and that the two-sample MR results were valid in the discovery and replication steps, respectively, but that all IV calculations for education made these causal relationships non-significant in the discovery (Figure 5 B) and replication (Figure 5 D) steps. In the discovery and replication steps, neither the MR-Egger intercept nor the MR-PRESSO test revealed any significant pleiotropy (all *p* > 0.05). This meant that none of the SNPs affected AD via biological pathways unrelated to PM10 exposure. Furthermore, both MR-Egger and IVW had *p* > 0.05 in Cochran's Q-test (Table III), demonstrating that none of the PM10 genetic variants had significant heterogeneity in the AD GWAS sample.

MR effect size for 'Years of schooling II id:ieu-a-1011' on 'Alzheimer's disease II id:ieu-b-2'

Figure 3. Forest plot of PM10 associated with risk of Alzheimer's disease. A - Forest plot of particulate matter 10 (PM10) on Alzheimer's disease risk in the EBI GWAS database in discovery. B – Forest plot of education level on Alzheimer's disease risk in the EBI GWAS database in discovery. C – Forest plot of PM10 on Alzheimer's disease risk in the IEU OpenGWAS database in replication. D – Forest plot of education level on Alzheimer's disease risk in the IEU OpenGWAS database in replication. The *x*-axis shows the MR effect size for PM10 or education level on Alzheimer's disease. The *y*-axis shows the analysis for each of the single nucleotide polymorphisms (SNPs). Each black point represents the result of the IVW Mendelian randomization (MR) method applied to estimate the causal effect of each SNP on Alzheimer's disease. Each red point depicts the IVW and MR-Egger estimate using all SNPs

Table III. Mendelian randomization assessing the causal association between exposures and Alzheimer's disease

SNP – single-nucleotide polymorphism, CI – confidence interval, OR – odds ratio, MR-PRESSO – Mendelian randomization pleiotropy residual sum and outlier, MR – Mendelian randomization.

Discussion

This two-sample MR study discovered that genetically predicted ambient PM10 levels may increase the risk of AD. According to the pooled meta-analysis, further multivariable MR analysis was undertaken to assess the causative effect of

PM10 on AD, and the combined ORs for AD increased by 127% for each SD rise in PM10 levels after adjustment for education level. Furthermore, the sensitivity analysis approach of the leave-oneout method produced consistent results, with no heterogeneity or horizontal pleiotropy, indicating that our conclusion was valid.

Zehan Huang, Guodong He, Shuo Sun, Yingqing Feng, Yuqing Huang

Figure 4. Association of the genetically determined PM10 with Alzheimer's disease

CI – confidence interval, OR – odds ratio, PM – particulate matter, MUMR – univariate Mendelian randomization, MVMR – multivariable Mendelian randomization.

AD and PM10 have been linked in previous observational studies, but their results have been controversial [16–19]. According to a Taiwanese epidemiological investigation, long-term exposure to PM10 was linked to a higher prevalence of AD [17]. Similarly, a German epidemiological study found a strong link between PM10 exposure and the prevalence of AD [16]. However, a longitudinal cohort study from Rome drew the opposite conclusion [18] and a cohort study from the UK-Biobank found no significant association between them [19]. The reason for this difference in results may be that the PM10 concentration or study design was different, the follow-up time was not long enough or the sample size was not large enough, and the potential confounding variables could not be adjusted for. In our MR study, both in the discovery and validation groups and in the pooled meta-analysis, we found that higher PM10 concentrations were significantly associated with increased risk of AD. Similarly, both univariate and multivariate MR analyses showed a strong correlation between PM10 and the prevalence of AD. Additionally, sensitivity analysis revealed that a higher risk of developing AD was connected to a higher PM10 concentration. These findings indicated a strong causal relationship between genetic variation in PM10 and increased AD risk. As a result, increasing air quality and lowering PM10 concentrations could significantly reduce the risk of AD.

The exact mechanism by which PM10 increased the risk of AD occurrence is still unclear. On the one hand, the main reason may be that long-term exposure to PM10 could lead to pathological amyloid-β deposition [20]. It is currently recognized that AD is characterized by deposition of amyloid-β plaques and neurofibrillary tangles in the brain, and increasing evidence suggests that amyloid-β plays a significant role in AD pathogenesis, possibly as an upstream molecule incorporating both genetic and environmental variables [21, 22]. On the other hand, it has been confirmed that air pollution has an important impact on mouse brain due to accelerated myelin and neuritic aging

changing with specificity for cornu ammonis area 1 neurons related to AD [23]. In addition, air pollution has been related to several health effects including oxidative stress and neuroinflammation, which may ultimately result in neurodegeneration and cognitive impairment linked to AD [24, 25]. Finally, studies have indicated that exposure to ambient air pollution may increase the risk of cardiovascular metabolic diseases, including diabetes, hypertension, and obesity [26–29]. Hypertension, diabetes and obesity were among the modifiable risk factors for AD [5, 30]. In the future, more basic studies are needed to clarify the potential relationship between atmospheric PM and AD.

Our research has some advantages. First, the multivariable MR study was the first to examine the causal relationship between PM10 and AD from a genetic perspective since it could remove the influence of confounding factors related to observational studies. Second, this study used a large sample size and the pooled meta-analysis methodology, so the results were reliable. Third, various methodologies were used to validate the stability and consistency of the outcomes, so the results were robust. Our research has significant limitations. To begin with, the results of this study cannot be extended to other groups because all of the subjects involved were of European descent. Second, although using multivariate MR, we only accounted for one educational factor that was highly significant for AD. Third, there were no new experimental conclusions or other generalizable developments, and no relevant experiments or mechanism exploration was carried out. Additionally, we used aggregated AD-related GWAS data, making subgroup analysis, e.g. by gender and age, impossible. Furthermore, despite the lack of pleiotropy and heterogeneity, several methods were not statistically significant, indicating that additional research is required in the future. Finally, it is well known that there are many different types of ambient PM in the atmosphere, but only PM10 was analyzed in the present study.

In conclusion, our two-sample multivariable MR study found that higher ambient PM10 concentra-

B

D

Zehan Huang, Guodong He, Shuo Sun, Yingqing Feng, Yuqing Huang

tions significantly increased the incidence of AD. Our findings may have public health consequences since they raise awareness of the extent to which air quality is linked to the risk of AD. This finding could also help in the prevention of AD and enhance the role of air pollution control in the development of AD. However, to confirm the validity of the findings from this study, additional experimental and mechanistic research is needed in the future.

Funding

This study was supported by initial funding of the National Natural Science Foundation-Youth Project (8210120459), Climbing Plan of Guangdong Provincial People's Hospital (DFJH2020022), Guangdong Provincial Clinical Research Center for Cardiovascular Disease (2020B1111170011), and Guangdong Provincial Key Laboratory of Coronary Heart Disease Prevention (2017B030314041), but it had no roles other than funding.

Ethical approval

This analysis was approved by the Ethics Committee of Guangdong Provincial People's Hospital (KY-Q-2021-244-01).

Conflict of interest

The authors declare no conflict of interest.

References

- 1. Scheltens P, De Strooper B, Kivipelto M, et al. Alzheimer's disease. Lancet 2021; 397: 1577-90.
- 2. Knopman DS, Amieva H, Petersen RC, et al. Alzheimer disease. Nat Rev Dis Primers 2021; 7: 33.
- 3. Lane CA, Hardy J, Schott JM. Alzheimer's disease. Eur J Neurol 2018; 25: 59-70.
- 4. Silva M, Loures C, Alves L, et al. Alzheimer's disease: risk factors and potentially protective measures. J Biomed Sci 2019; 26: 33.
- 5. Zhang XX, Tian Y, Wang ZT, et al. The epidemiology of Alzheimer's disease modifiable risk factors and prevention. J Prev Alzheimers Dis 2021; 8: 313-21.
- 6. Fu P, Yung K. Air pollution and Alzheimer's disease: a systematic review and meta-analysis. J Alzheimers Dis 2020; 77: 701-14.
- 7. Yuan S, Huang X, Zhang L, et al. Associations of air pollution with all-cause dementia, Alzheimer's disease, and vascular dementia: a prospective cohort study based on 437,932 participants from the UK biobank. Front Neurosci 2023; 17: 1216686.
- 8. Cen J, Jia ZL, Zhu CY, et al. Particulate matter (PM10) induces cardiovascular developmental toxicity in zebrafish embryos and larvae via the ERS, Nrf2 and Wnt pathways. Chemosphere 2020; 250: 126288.
- 9. Zhang Y, Jia Z, Rajendran RS, et al. Exposure of particulate matter (PM(10)) induces neurodevelopmental toxicity in zebrafish embryos. Neurotoxicology 2021; 87: 208-18.
- 10. de Bont J, Jaganathan S, Dahlquist M, et al. Ambient air pollution and cardiovascular diseases: an umbrella re-

view of systematic reviews and meta-analyses. J Intern Med 2022; 291: 779-800.

- 11. Lin FC, Chen CY, Lin CW, et al. Air pollution is associated with cognitive deterioration of Alzheimer's disease. Gerontology 2022; 68: 53-61.
- 12. Fu P, Yung K. Air pollution and Alzheimer's disease: a systematic review and meta-analysis. J Alzheimers Dis 2020; 77: 701-14.
- 13. Norgaard M, Ehrenstein V, Vandenbroucke JP. Confounding in observational studies based on large health care databases: problems and potential solutions – a primer for the clinician. Clin Epidemiol 2017; 9: 185-93.
- 14. Smith GD, Ebrahim S. 'Mendelian randomization': can genetic epidemiology contribute to understanding environmental determinants of disease? Int J Epidemiol 2003; 32: 1-22.
- 15. Lawlor DA, Harbord RM, Sterne JA, Timpson N, Davey SG. Mendelian randomization: using genes as instruments for making causal inferences in epidemiology. Stat Med 2008; 27: 1133-63.
- 16. Tzivian L, Dlugaj M, Winkler A, et al. Long-term air pollution and traffic noise exposures and mild cognitive impairment in older adults: a cross-sectional analysis of the Heinz Nixdorf Recall Study. Environ Health Perspect 2016; 124: 1361-8.
- 17. Wu YC, Lin YC, Yu HL, et al. Association between air pollutants and dementia risk in the elderly. Alzheimers Dement (Amst) 2015; 1: 220-8.
- 18. Cerza F, Renzi M, Gariazzo C, et al. Long-term exposure to air pollution and hospitalization for dementia in the Rome longitudinal study. Environ Health 2019; 18: 72.
- 19. Parra KL, Alexander GE, Raichlen DA, Klimentidis YC, Furlong MA. Exposure to air pollution and risk of incident dementia in the UK Biobank. Environ Res 2022; 209: 112895.
- 20. Lee JH, Byun MS, Yi D, et al. Long-term exposure to PM10 and in vivo Alzheimer's disease pathologies. J Alzheimers Dis 2020; 78: 745-56.
- 21. Sevigny J, Chiao P, Bussiere T, et al. The antibody aducanumab reduces Abeta plaques in Alzheimer's disease. Nature 2016; 537: 50-6.
- 22. Moir RD, Lathe R, Tanzi RE. The antimicrobial protection hypothesis of Alzheimer's disease. Alzheimers Dement 2018; 14: 1602-14.
- 23. Woodward NC, Pakbin P, Saffari A, et al. Traffic-related air pollution impact on mouse brain accelerates myelin and neuritic aging changes with specificity for CA1 neurons. Neurobiol Aging 2017;53:48-58
- 24. Heusinkveld HJ, Wahle T, Campbell A, et al. Neurodegenerative and neurological disorders by small inhaled particles. Neurotoxicology 2016; 56: 94-106.
- 25. Kritikos M, Gandy SE, Meliker JR, Luft BJ, Clouston S. Acute versus chronic exposures to inhaled particulate matter and neurocognitive dysfunction: pathways to alzheimer's disease or a related dementia. J Alzheimers Dis 2020; 78: 871-86.
- 26. Wu Y, Zhang S, Qian SE, et al. Ambient air pollution associated with incidence and dynamic progression of type 2 diabetes: a trajectory analysis of a population-based cohort. BMC Med 2022; 20: 375.
- 27. de Bont J, Jaganathan S, Dahlquist M, et al. Ambient air pollution and cardiovascular diseases: an umbrella review of systematic reviews and meta-analyses. J Intern Med 2022; 291: 779-800.
- 28. Liu F, Wang X, Pan M, et al. Exposure to air pollution and prevalence of metabolic syndrome: a nationwide study

in China from 2011 to 2015. Sci Total Environ 2023; 855: 158596.

- 29. Zhang K, Wang H, He W, et al. The association between ambient air pollution and blood lipids: a longitudinal study in Shijiazhuang, China. Sci Total Environ 2021; 752: 141648.
- 30. Pugazhenthi S, Qin L, Reddy PH. Common neurodegenerative pathways in obesity, diabetes, and Alzheimer's disease. Biochim Biophys Acta Mol Basis Dis 2017; 1863: 1037-45.