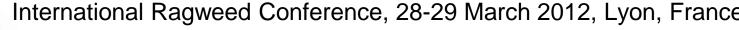


Public Health Impact of a Mobilization Project for the Control of Ragweed



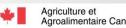
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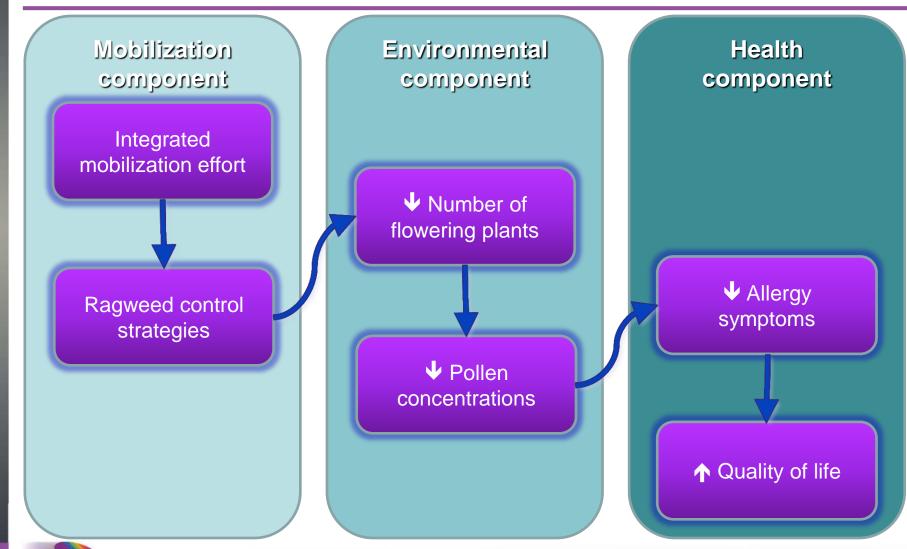
Introduction

- Prevalence of allergic rhinitis (Quebec Public Health Survey, 2008)
 - □ 17% of the general population in the province of Quebec
 - □ 19% in the Montérégie region
- Allergic rhinitis related to pollen (~80 %)
 - Ragweed is the principal etiologic agent
 - □ ~10% of the population have already received a diagnosis of ragweed allergy
 - Up to 18% of the population reported to be allergic to ragweed in areas where the plant is abundant
 - Possible underestimation of the cases of ragweed allergy
- Growing issue due to climate change and global warming
 - Spread of the geographic distribution
 - Increased duration of the pollination period
- Uncertainty of the effectiveness of interventions on the environment and health
 - Barrier to the mobilization process





Conceptual framework of the mobilization project for the control of ragweed



Destination prévention



Objectives of the health component

- Main objective:
 - Assess the health impact of the mobilization project
- Specific objectives
 - Determine whether the project leads to a reduction of ragweed related allergic rhinitis (AR) symptoms
 - Nasal symptoms
 - Ocular symptoms
 - Determine whether the quality of life (QoL) of allergic people improves as a result of ragweed control and a decrease in pollen concentrations
 - Compare the results with a group of allergic adults living in an area without specific ragweed intervention





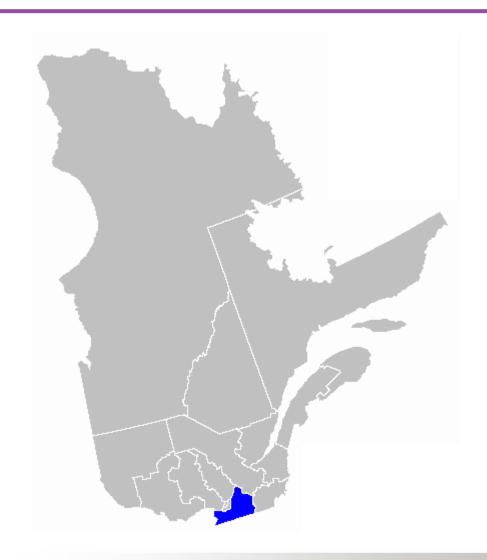
Location of the areas studied



Destination prévention



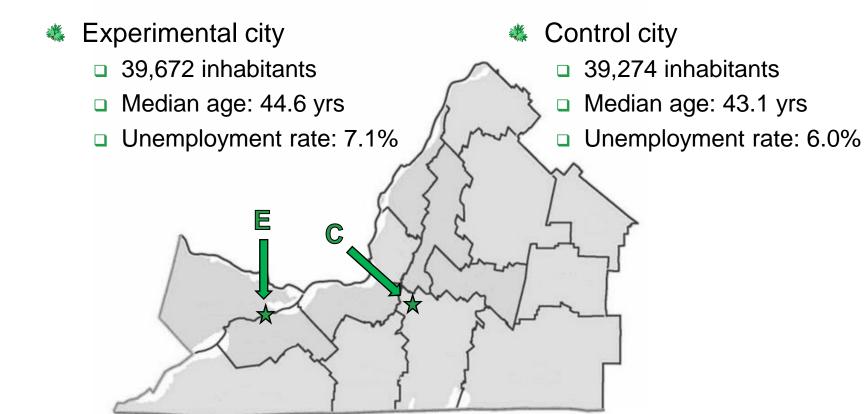
Location of the areas studied





Location of the areas studied

- Main characteristics of the areas studied :
 - Similar environment and economic activities







Design of the study and sampling procedures

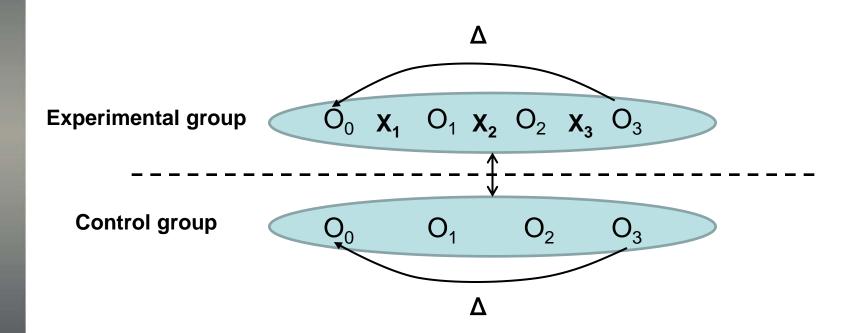
- Quasi experimental study (pre/post)
- Sample size: 440 individuals
 - Experimental group: 220 adults allergic to ragweed recruited in the city with the mobilization project
 - Control group: 220 adults allergic to ragweed recruited in a city without specific ragweed control strategies
- Main inclusion and exclusion factors
 - Residence located within the study area
 - □ Age: over 18 years of age
 - French or English as a common/usual language
 - Ragweed allergy diagnosed or reported without perennial rhinitis
 - No cancer or autoimmune disease





Methods

Study design





- Rhinoconjunctivitis Quality of Life Questionnaire (Juniper & Guyatt, 1991)
 - Available in French and English
 - Scores assessing the health impact
 - Nasal symptom severity
 - Ocular symptom severity
 - Quality of life
 - 7-point Likert-type scale
 - Documentation of potentially confounding variables, i.e.:
 - Other allergies
 - Tobacco use
 - Domestic animals
- \blacksquare Data collected over four years (T₀, T₁, T₂, and T₃)
 - Self-administered questionnaire sent by regular mail
 - □ Phone-administered questionnaire in other cases





Excerpt from the questionnaire

NASAL SYMPTOMS									
HOW TROUBLED HAVE YOU BEEN BY EACH OF THESE SYMPTOMS DURING THE LAST WEEK?									
		Not troubled	Hardly troubled at all	Somewhat troubled	Moderately troubled	Quite a bit troubled	Very troubled	Extremely troubled	
		0	1	2	3	4	5	6	
17.	Stuffy blocked								
18.	Runny								
19.	Sneezing								
20.	Post nasal drip								



Methods

Statistical analysis

- Sample size determined a priori to obtain adequate statistical power
- Descriptive statistics
- Statistical tests: Chi-square and t-test
 - Comparison of the two groups at the beginning of the study (T₀)
 - Intra group score evolution (difference T₀ and T₃)
 - Inter group comparison

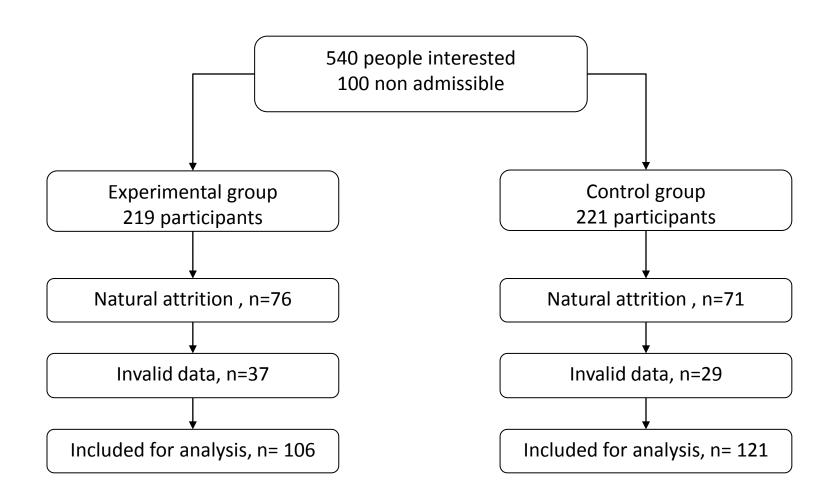
Relative change (%) =
$$\frac{\text{score }_{T_3} - \text{score }_{T_0}}{\text{score }_{T_0}} \times 100$$

Multiple linear regressions





Results



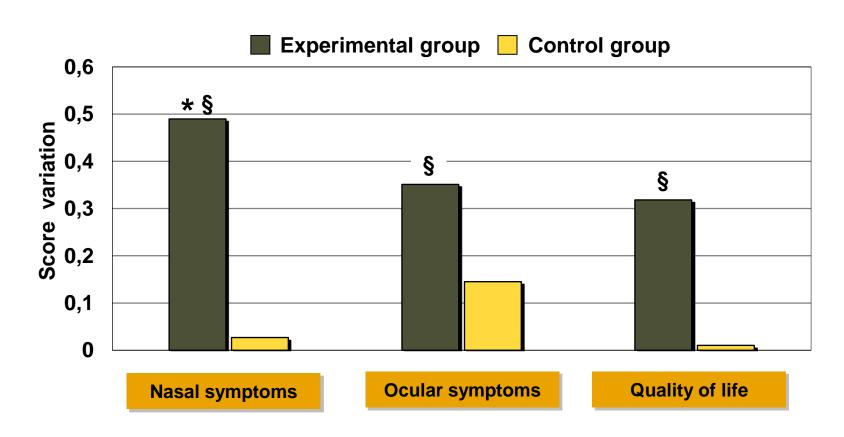


\clubsuit Comparison of the groups at the beginning of the study (T_0)

Characteristics	Experimental group N=106	Control group N=121
Age (AM±SD)	43.1 (±13.0)	45.9 (±15.0)
Gender (n (%))		
Male	40 (38%)	33 (27%)
Female	66 (62%)	88 (73%)
Score of symptoms (AM±SD)		
Nasal symptoms	3.46 (±1.31)	3.25 (±1.37)
Ocular symptoms	3.05 (±1.52)	3.17 (±1.51)
Quality of life	3.18 (±1.11)	3.09 (±1.09)
Consumption of medication (n (%))	82 (77%)	90 (74%)
Number of medication (AM±SD)	1.62 (±1.37)	1.56 (±1.33)
Other allergies (n (%))	85 (80%)	86 (71%)
Number of allergies (AM±SD)	1.51 (±1.26)	1.55 (±1.44)
Immunotherapy (n (%))	6 (6%)	5 (4%)
Health problems (n (%))	71 (67%)*	63 (52%)
Number of health problem (AM±SD)	1.20 (±1.23)	0.94 (±1.20)
Domestic animals (n (%)	56 (53%)	62 (51%)
Tobacco use (n (%))	20 (19%)	13 (11%)
Second hand tobacco smoke (n (%))	11 (10%)	5 (4%)



Improvements in rhinoconjunctivitis symptoms and quality of life between T_0 and T_3





Multiple linear regressions

- Consideration of fixed and variable covariates
- Numerous variables are not significant
 - No confounding factor among studied variables
- Only significant covariates:
 - Immunotherapy (p = 0.012)
 - Domestic animals (p = 0.026)
- Weak but very significant regressions for:
 - Nasal symptoms ($R^2 = 0.065$, p = 0.002)
 - Quality of life ($R^2 = 0.046$, p = 0.006)





Discussion

- Positive impact of the mobilization project on the effect on health (nasal symptoms and quality of life)
- Limits of the study
 - Lack of power for the ocular symptoms
 - Ecological bias and possible misclassification
- Next steps
 - Integration of spatial modeling for the concentrations of pollen
 - Attempt to attribute individual levels of exposure





Thank you!

