Junk Science Related to Fine Particles and Health.

https://pmc.ncbi.nlm.nih.gov/articles/PMC6034084/

Executive Summary

Using studies of particle matter affecting allergic respiratory diseases done in China is Junk science. The air in China cities is 50 times more polluted than the worst place in the USA. China and India must install exhaust scrubber on their industrial plants to clean the air.

More often than not in today's woke environment, we're confronted with pseudo-science flack unsupported by scientific fact. For example:

"Health impact of airborne particulate matter (PM) has long been a concern to clinicians, biologists, and the general public. With many epidemiological studies confirming the association of PM with allergic respiratory diseases, an increasing number of follow-up empirical studies are being conducted to investigate the mechanisms underlying the toxic effects of PM on asthma and allergic rhinitis. "

Comment: With words like "association of PM with allergic respiratory diseases," this is not science. Where are the statistics? "Follow-up empirical studies" are not the scientific method which involves Hypothesis, followed by lots of data, goes to theory, then with lots more data goes to scientific law.

"A strong relationship between the HARD cases and PM10 exposure levels."

Comment: This is not science. Where is the correlation coefficient?

“Multivariate Analysis” allows the “scientist” to choose the order they want based on speculation and thus affect the outcome.

“Associations between air pollutants and pediatric asthma hospital admissions.”

Question: Again, where is the correlation coefficient?

“Correlation between air pollution and children's asthma-related emergency hospital visits.”

Question: Where is the correlation coefficient?

“Correlation between PM10/PM2.5 and outpatient visits for respiratory disease Jinan, China.”

Question: Where is the correlation coefficient? China’s air is 50X worse than air in the USA. More worthless studies in China for USA.

Table 1.

Representative epidemiological studies of the association between particulate matter concentrations and hospital visits due to respiratory diseases.

References	Study Location	Time	PM	Analysis methods	Population	Diseases	Findings	RR/OR/IR (95% CI)
9	Impact of PM on human health within the urban environment Athens, Greece	2001–2013	PM10	AirQ2.2.3 model	All ages	HARD	A strong relationship between the HARD cases and PM10 exposure levels	–
10	Effects of PM on respiratory disease Busan, Korea	2007–2010	PM2.5	Multivariate analysis	All ages	HARD	A significant increase in HARD with increasing PM levels	RR: 1.008 (1.007–1.009)

PM10 RR: 1.003 (1.003–1.004)

11 Associations between air pollutants and pediatric asthma hospital admissions New York, USA 1999–2009 PM2.5 Generalized additive models 6–18 years Asthma HAs PM2.5 was statistically significantly associated with increased asthma HAs RR: 1.02 (1.00–1.04).

There exists no correlation coefficient greater than 1. RR or r-squared must be 1 or less.

Correlation between air pollution and children's asthma-related emergency hospital visits Southeastern France 2013 PM10 Nested case–control study 3–18 years Children's asthma ERVs PM10 near children's homes increased the risk of asthma ERVs OR: 1.02 (1.01–1.04)

There exists no correlation coefficient greater than 1. RR or r-squared must be 1 or less.

Correlation between PM10/PM2.5 and outpatient visits for respiratory disease Jinan, China 2013–2015 PM2.5 Generalized additive model All ages Respiratory diseases Ambient PM10 and PM2.5 pollution was positively associated with daily hospital visits due to respiratory disease IR: 0.36% (0.30%–0.43%)

There exists no correlation coefficient greater than 1. RR or r-squared must be 1 or less.

PM10 IR: 0.50% (0.30%–0.70%)

Effects of fine PM on emergency room visits for asthma Southern Taiwan, China 2008–2010 PM2.5 Quasi-Poisson generalized additive model.
Children Hospital ERVs for asthma Children were susceptible to the effects of PM2.5 RR: 1.016 (1.002–1.030)

There exists no correlation coefficient greater than 1. RR or r-squared must be 1 or less. Taiwan air is much worse than USA air.

Effects of exposure to indoor PM on symptoms and acute exacerbations in COPD patients Southwestern Taiwan, China 2014–2016 PM10 Generalized estimating equation analysis All ages Admission due to acute exacerbation of COPD PM was associated with worse respiratory symptoms and increased risk of COPD exacerbation in patients with moderate to very severe COPD OR: 16.2 (3.10–84.9)

There exists no correlation coefficient greater than 1. RR or r-squared must be 1 or less. Taiwan air is much worse than USA air.

Correlation between fine particulate air pollution and hospital visits for asthma Beijing, China 2010–2012 PM2.5 Generalized additive Poisson model All ages Asthma HVs Short-term elevations may increase the risk of asthma exacerbation IR: 0.67% (0.53%–0.81%)

Asthma OVs IR: 0.65% (0.51%–0.80%)

Asthma ERVs IR: 0.49% (0.35%–0.64%)

There exists no correlation coefficient greater than 1. RR or r-squared must be 1 or less. China air is much worse than USA air.