# Cod: 8.1004

# SERUM DIOXIN LEVELS AND NEUROPSYCHOLOGICAL FUNCTIONING IN THE SEVESO WOMEN'S HEALTH STUDY

J. Ames<sup>1</sup>, M. Warner<sup>1</sup>, P. Mocarelli<sup>2</sup>, P. Brambilla<sup>2</sup>, S. Signorini<sup>2</sup>, B. Eskenazi<sup>1</sup>

<sup>1</sup>Center for Environmental Research & Children's Health (CERCH), School of Public Health, University of California, Berkeley, California, USA

<sup>2</sup>Department of Laboratory Medicine, University of Milano-Bicocca, School of Medicine, Hospital of Desio, Desio-Milano, Italy

# Introduction:

2,3,7,8-Tetrachlorodibenzo-p-dioxin (TCDD) is neurotoxic in animals<sup>1-4</sup> but few studies have investigated its effects on the human brain. Related dioxin-like compounds have been linked to poorer cognitive function in older adults<sup>5-8</sup>, with effects more pronounced in women<sup>9</sup>, perhaps due to the loss of neuro-protective estrogen in menopause.<sup>10,11</sup>

#### Materials and methods:

We investigated the neurotoxic effects of dioxin in the Seveso Women's Health Study (SWHS), a historical cohort study of women residing around Seveso, Italy at the time of an industrial accident on July 10, 1976 that resulted in the highest levels of residential contamination known on record. Blood samples were collected from the participants shortly after the accident. For each woman, TCDD concentration was measured in archived serum by high-resolution mass spectrometry.

In 1996, women who were aged 31-40 at the time of the accident (n=229) completed a physical function assessment spanning grip strength, walking speed, balance, and manual dexterity. In a 2008 follow-up study, we measured working memory (n=459) via the Wechsler Memory Scale digit span and spatial span tests. The associations between 1976 serum TCDD and measures of physical and cognitive functioning were modeled with multivariate linear regression and semi-parametric targeted maximum likelihood estimation (tmle).

All women who completed the physical function assessment were menopausal in 1996. In contrast, about half the women in the 2008 subset that completed the digit span and spatial span tests were menopausal. Thus, we examined effect modification by menopause status in the 2008 sample.

# **Results and discussion:**

In the 1996 study sample, the geometric mean of 1976 serum TCDD levels was 55.3 ppt, lipid-adjusted (range: 3.2-5730). The average age was 57 ( $\pm$ 3) years. In the 2008 study sample, the geometric mean of 1976 serum TCDD levels was 68.1ppt (range: 3.1-56,000) and the average age was 52.3( $\pm$ 11.3) years.

Adjusting for age, education level of the head of household, BMI, smoking, and alcohol consumption, a 10-fold increase in TCDD was not associated with walking speed ( $\beta$ =0.000624 ft/sec, 95%CI: -0.12,0.12), grip strength ( $\beta$ =0.1kg, 95%CI: -1.40,1.60), nor manual dexterity as measured by a timed coin flip test ( $\beta$ =0.32s, 95%CI: -0.50, 1.15). Models using quartiles of TCDD exposure were consistently null across all levels of TCDD for the physical function endpoints as well.

On the working memory subtests in 2008, the proportion of women scoring below the age-scaled median on the digit span (7 points) and spatial span (8 points) tests was 44% and 41%, respectively. Adjusting for a priori confounders, a 10-fold increase in TCDD was not associated with performance on the digit span test [ $\beta$ =0.10 (95%CI -0.09, 0.30)], spatial span test ( $\beta$ =0.01 (95%CI -0.19, 0.21), nor their forward and backward components. Further, we did not observe effect modification by menopause status in 2008.

This is the first study of the exclusive effects of TCDD on neuropsychological and physical functioning in women, particularly in the years surrounding menopause. Our findings do not indicate an adverse effect of dioxin exposure on motor function or working memory in adult women in Italy.

# Acknowledgements:

We gratefully acknowledge Aliza Parigi for coordinating data collection at Hospital of Desio. This study was supported by Grant Numbers R01 ES07171, F06 TW02075-01, and 1F31ES026488-01 from the National Institutes of Health, R82471 from the U.S. Environmental Protection Agency, 2P30-ES001896-17 from the National Institute of Environmental Health Sciences, and #2896 from Regione Lombardia and Fondazione Lombardia Ambiente, Milan, Italy.

#### **References:**

1. Thiel, R., Koch, E., Ulbrich, B., and Chahoud, I. (1994). Arch. Toxicol. 69, 79-86.

2. Schantz SL, Widholm JJ. (2001) Environ Health Perspect;109:1197-206.

3. Powers, B. E., Lin, T.-M., Vanka, A., Peterson, R. E., Juraska, J. M. and Schantz, S. L. (2005), Genes, Brain and Behavior, 4: 51–59.

4. Kakeyama, Masaki, and Chiharu Tohyama. (2003) Industrial Health 41.3: 215-230.

5. Barrett, D. H., Morris, R. D., Akhtar, F. Z., & Michalek, J. E. (2001). Neurotoxicology, 22(4), 491-502.

6. Schantz SL, Gasior DM, Polverejan E, et al.(2001). Environ Health Perspect;109:605-11

7. Fitzgerald EF, Belanger EE, Gomez MI, et al. (2008) Environ Health Perspect 2008;116:209-15.

Lin KC, Guo NW, Tsai PC, Yang CY, Guo YL. (2008). Environ Health Perspect. 116:184–189.
Bouchard MF, Oulhote Y, Sagiv SK, Saint-Amour D, Weuve J. (2013) Environ Health Perspect. Nov 25; 122:73-8.

10. Seegal RF, Marek KL, Seibyl JP, et al.(2010) Neurobiol Dis. 38(2):219-225.

11. Espeland MA, Rapp SR, Shumaker SA, et al. (2004) JAMA;291:2959-68