

A mixed methods study to determine sources & impact of indoor air pollution in patients with chronic respiratory disease

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Pilot Study Design



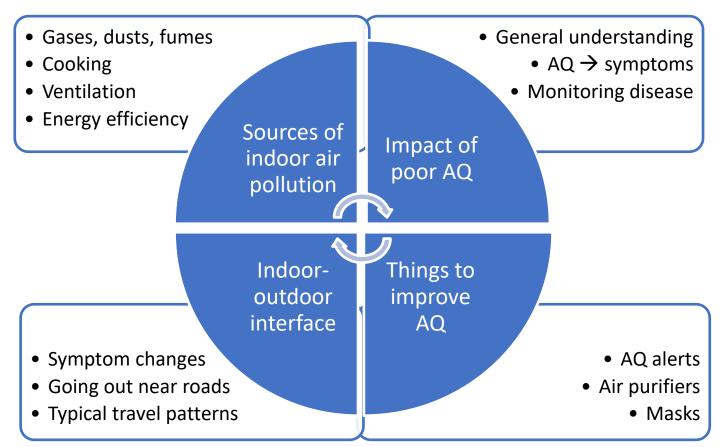








Part 1: Qualitative interviews













Part 1: Qualitative - results

Participant No.	Age	Diagnosis	Severity of Illness	Gender	Employment Status
267	66	Asthma	Mild	F	Retired
270	54	Asthma	Moderate	M	Active
273	18-24	Asthma	Mild	F	Student
280	77	Asthma	Severe	M	Retired
289	18-24	Asthma	Mild	М	Student
292	64	Asthma	Moderate	F	Active
298	65-74	Asthma	Mild	M	Retired
299	81	COPD	Moderate	F	Retired
301	60	Asthma	Severe	F	Active
303	51	Asthma	Mild	F	Active
305	64	Asthma	Severe	F	Retired
308	54	Asthma	Severe	F	Unemployed
312	58	COPD	Severe	F	Active
314	62	Asthma	Severe	F	Moderate



















Part 1: Qualitative - results

Theme	Quote
	We used to live in Wales, and it was noticeably different with the air
	When I do go into central London, it does get, you know, a lot worse, and even with, like all the measures in place like congestion charge
	If it is really muggy, I do wheeze a lot more
	Change of air temperature seems to be a big factor
	If we're cooking well, we tend to have windows open quite a lot The main barrier to having anything installed would be the cost rather than sort of any practical space issues
A i	I have been brought them [candles], but I try not to have things like that that can trigger an attack



- Design/piloting
- Social media
- Posters
- NHS

- Total n=332
 - Asthma n=255
 - COPD n=77

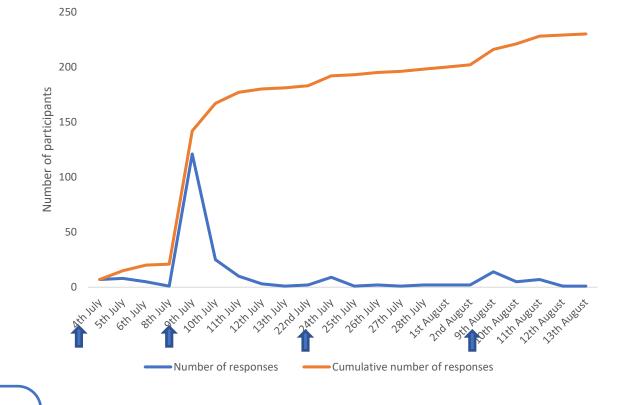
Mainly

Female

White British

Median age 45-54







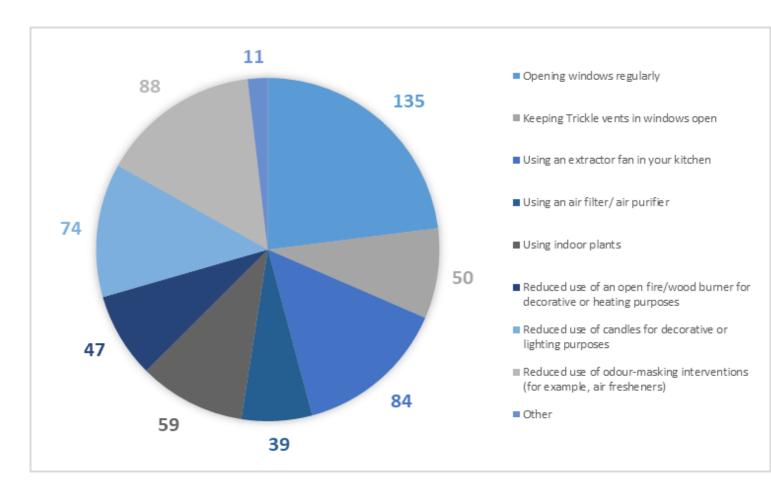






Part 2: Survey - results

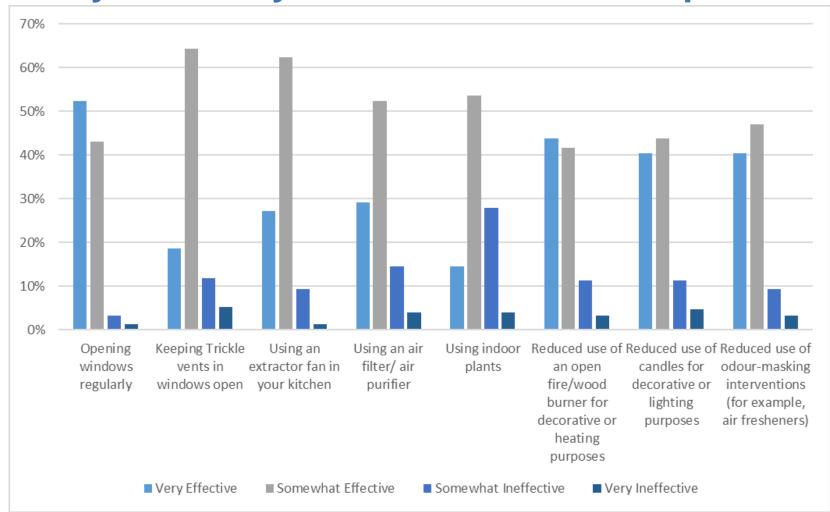
- Symptoms
 - 90% IAQ → SOB
 - 84% IAQ → cough
- Understanding
 - 90% good for outdoor AQ
 - 72% good for IAQ
- Infection v IAQ
 - Cleaning products++



Interventions used by participants to improve IAQ



Part 2: Survey – efficacy of interventions to improve IAQ









Questions?







