



# CHILDHOOD LEAD EXPOSURE AND LONG-TERM TELOMERE EROSION

Evidence from adult follow-up in the New Zealand  
Dunedin Study

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Telomere Research Network  
Annual Meeting  
December 3<sup>rd</sup>, 2020

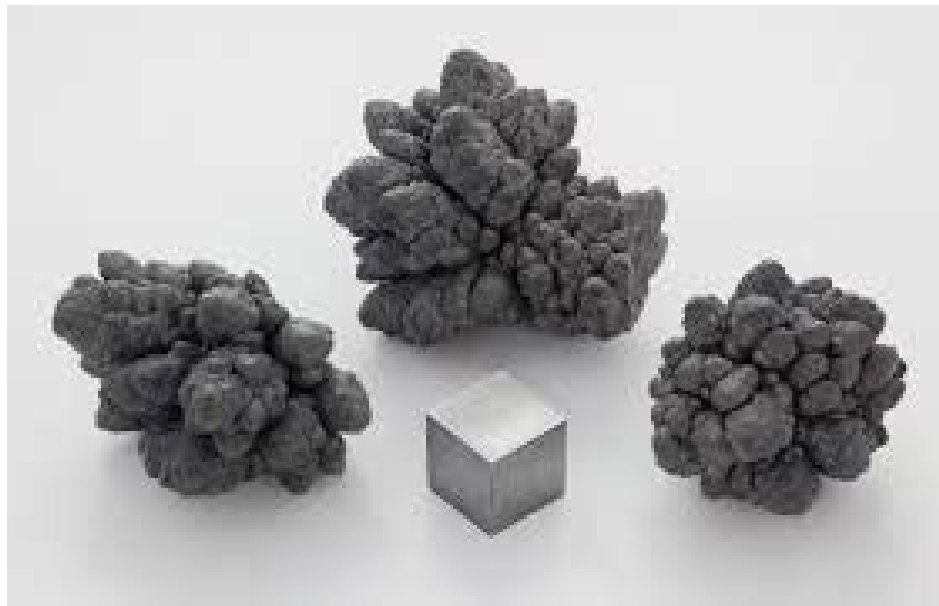
# This talk will cover

1. Background to the study
2. The New Zealand Dunedin Study
3. Preliminary findings



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# LEAD IS A ENVIRONMENTALLY UBIQUITOUS NEUROTOXICANT



**GEE, POP - THEY'RE ALL PASSING YOU**

**ETHYL**  
THE WORLD'S HIGHEST QUALITY MOTOR FUEL

**BEWARE OF IMITATIONS**

All Ethyl Gasoline is red, but not all red gasolines contain Ethyl fluid. The color is for identification only and adds nothing to performance. Look for this Ethyl emblem on the pump (or its globe).

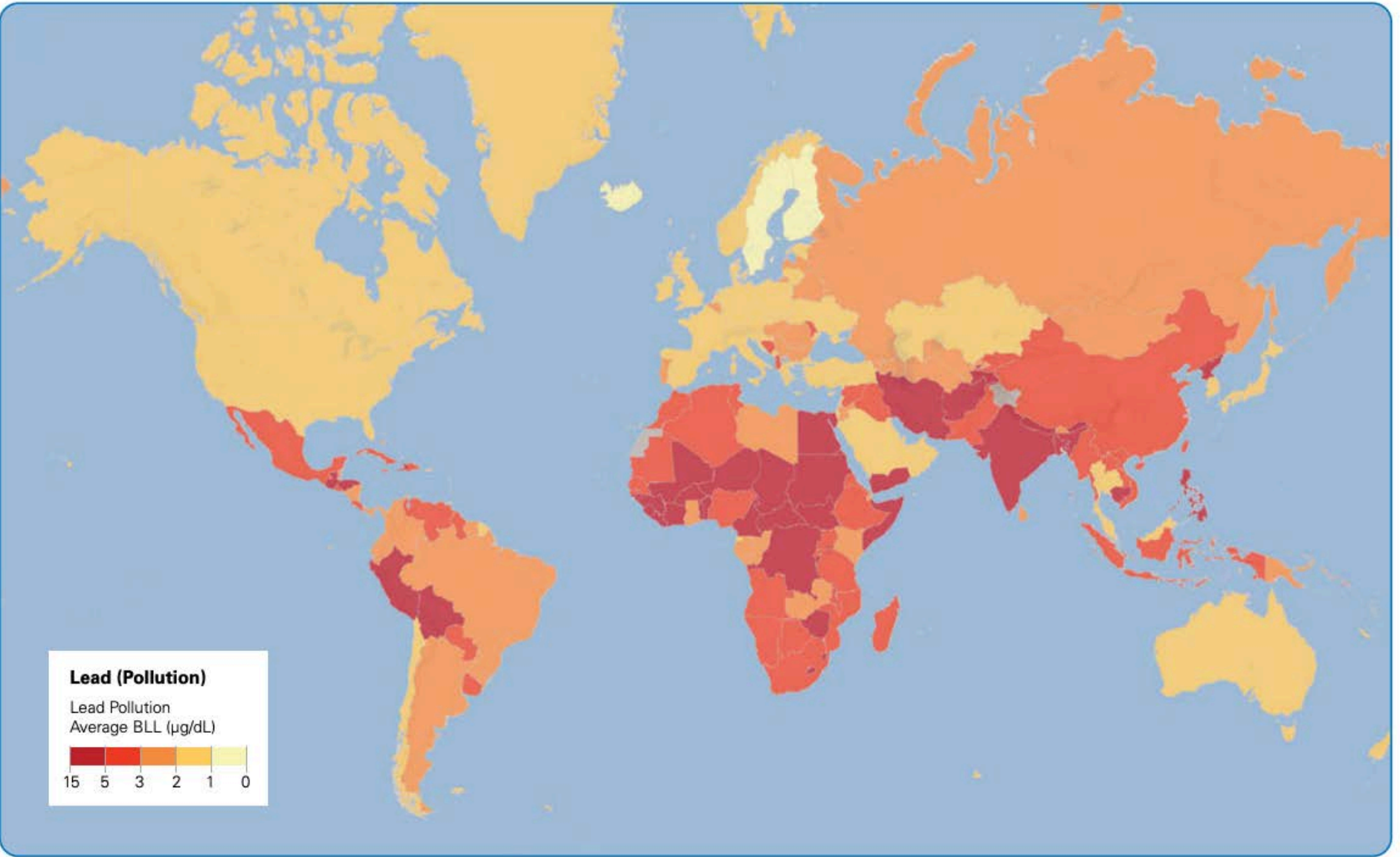
The all-round quality of Ethyl is doubly tested: at the time of its mixing, and through inspection of samples taken from pumps. Ethyl's margin of any knock quality over regular gasoline is greater today than ever before.

**ETHYL**  
CORPORATION  
NEW YORK

**ETHYL**  
PUMP



# Children's average blood lead levels by country (in ug/dL)



Source: IHME 2019. See Annex for full list by country. Lead exposure and health data is also visualized at [www.lead.pollution.org](http://www.lead.pollution.org)



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# LEAD EXPOSURE DISRUPTS CHILD BRAIN DEVELOPMENT

- Children exposed to lead develop lower:
  - Cognitive ability
  - Fine motor skills
  - Emotion regulation capacity



# LONG-TERM CONSEQUENCES ARE POORLY UNDERSTOOD

- **Dysregulation of telomere length** has been proposed as one mechanism for long-term harm.



# LONG-TERM CONSEQUENCES ARE POORLY UNDERSTOOD

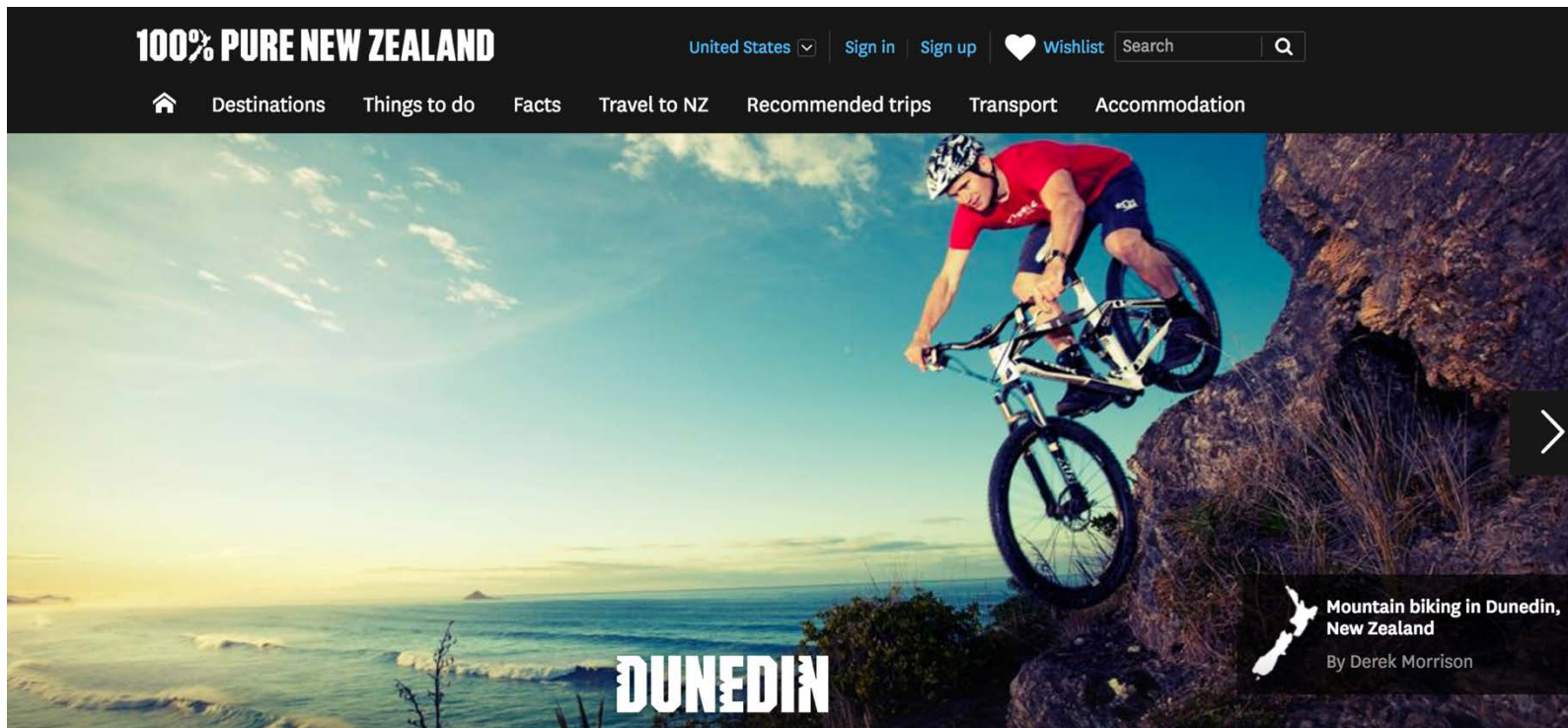
- **Dysregulation of telomere length** has been proposed as one mechanism for long-term harm.
- But:
  - To date, only 5 studies have considered telomere length following early life lead exposure.
  - Findings have been decidedly **mixed**.

**Our motivating research question now is:**

WHAT ARE THE LONG-TERM  
IMPLICATIONS OF EARLY LEAD EXPOSURE  
FOR TELOMERE LENGTH?

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# THE DUNEDIN STUDY





# THE DUNEDIN STUDY



All births from April  
1972 to March 1973

N=1,037

Represents the full  
range of socioeconomic  
status of the South  
Island of New Zealand



# Dunedin Longitudinal Study



Age	Year	Number	Percent*
Birth	1972-73		
3	1975-76	1037	100%
5	1977-78	991	96
7	1979-80	954	92
9	1981-82	955	92
11	1983-84	925	90
13	1985-86	850	82
15	1987-88	976	95
18	1990-91	993	97
21	1993-94	992	97
26	1998-99	980	96
32	2004-05	972	96
<b>38</b>	<b>2010-12</b>	<b>961</b>	<b>96%</b>

\* Percent of cohort members alive at assessment wave



# Dunedin Longitudinal Study

Blood-lead  
level  
tested

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N = 579 (63%) with blood-lead data

# Dunedin Longitudinal Study

Telomere length measured	Age	Year	Number	Percent*
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LTL measured via qPCR



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## STUDY AIMS

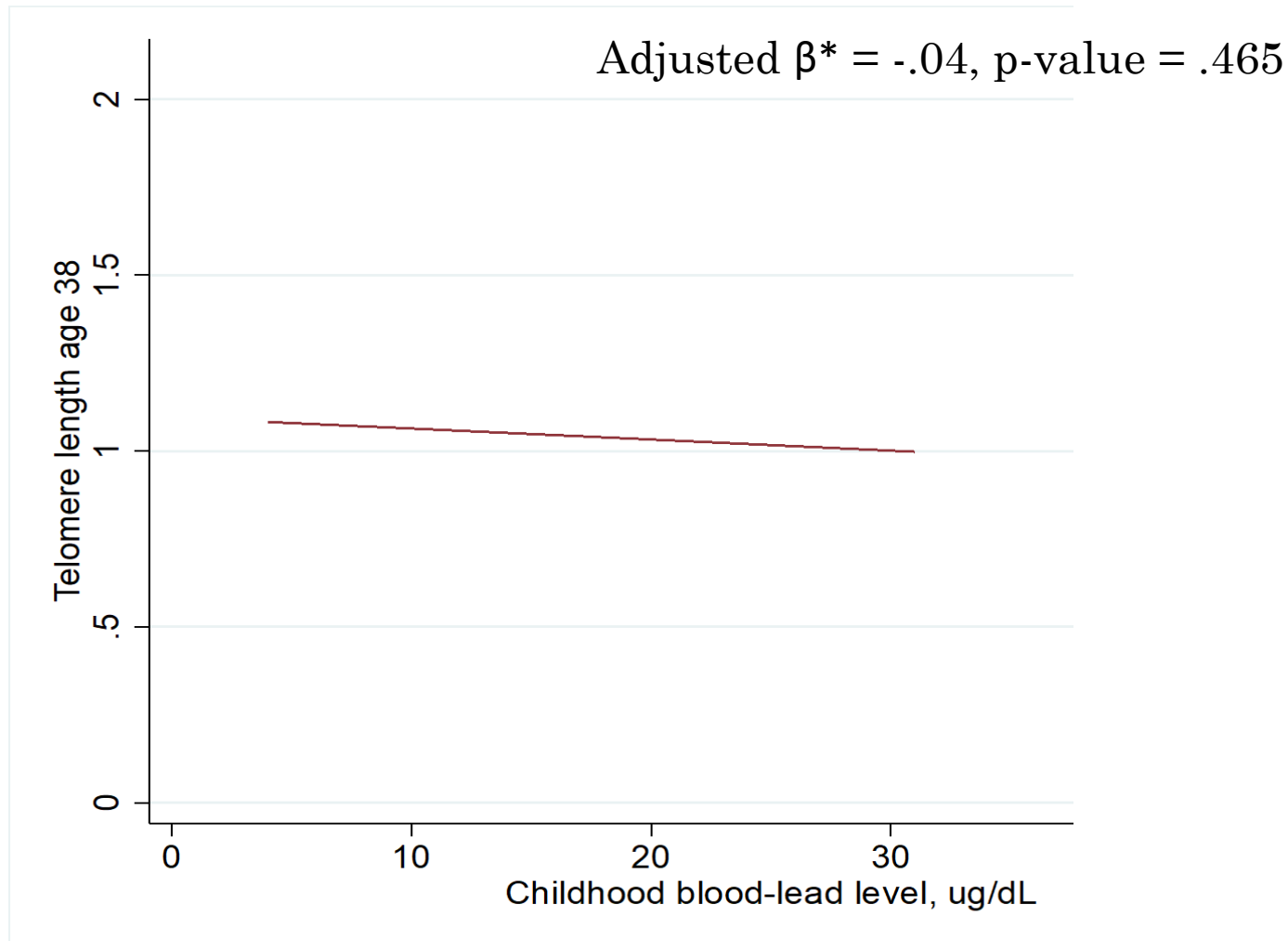
Test the hypothesis that children with greater blood-lead level will:

- 1) Display **shorter telomere length** at age 38.
- 2) Display **greater decline in telomere length** from age 26 to 38.

AIM 1: DO CHILDREN WITH GREATER LEAD  
EXPOSURE SHOW SHORTER TELOMERE LENGTH  
AT AGE 38?



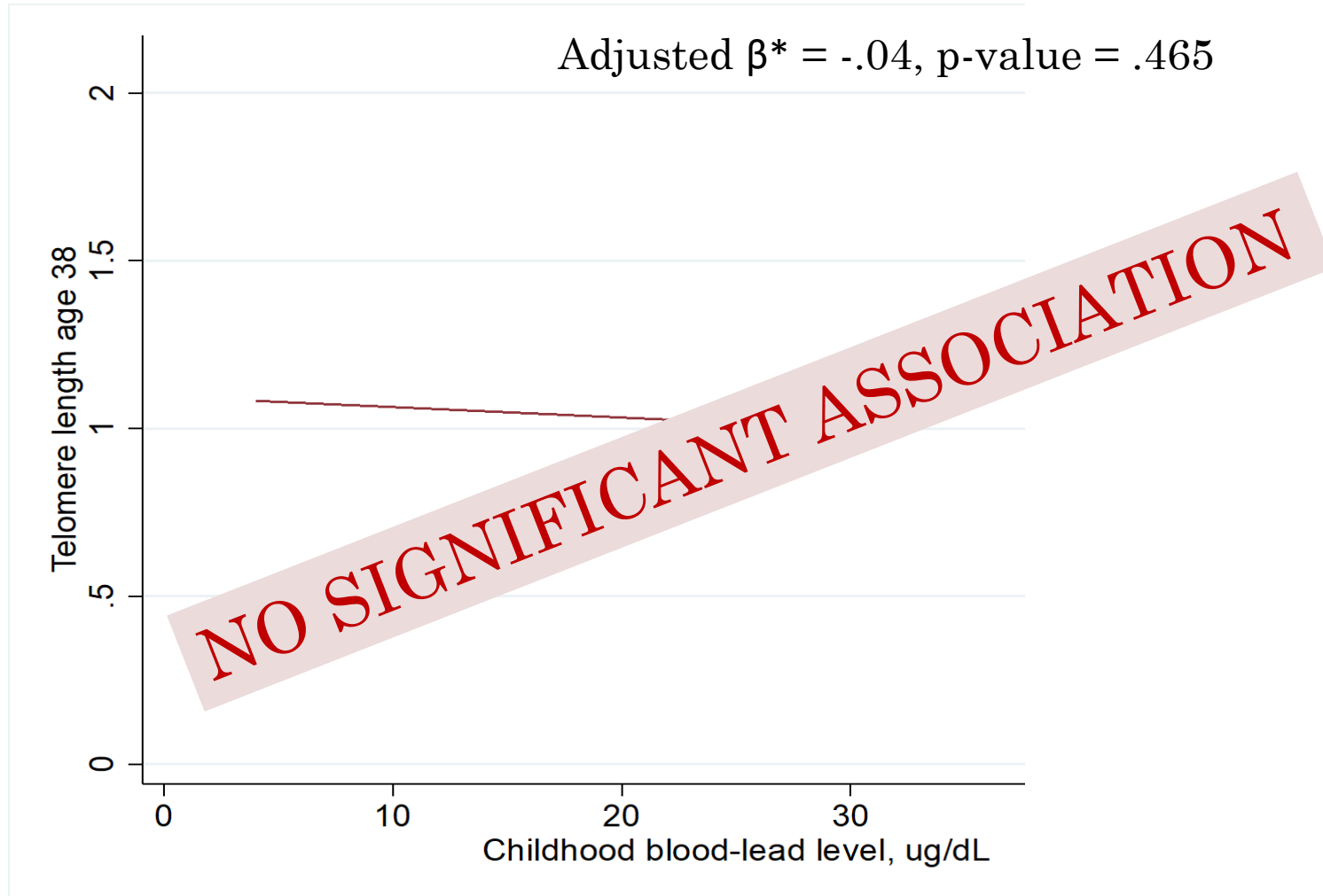
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\*Adjusted for sex, BMI, smoking, family SES, and white blood cell count



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AIM 2: DO CHILDREN WITH GREATER LEAD  
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TELOMERE LENGTH FROM AGE 26 TO 38?



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	Adjusted $\beta$	p- value
Association of childhood lead with telomere length at age 38	-.07	.200



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**NO SIGNIFICANT ASSOCIATION**



# PRE-SPECIFIED SENSITIVITY TESTS

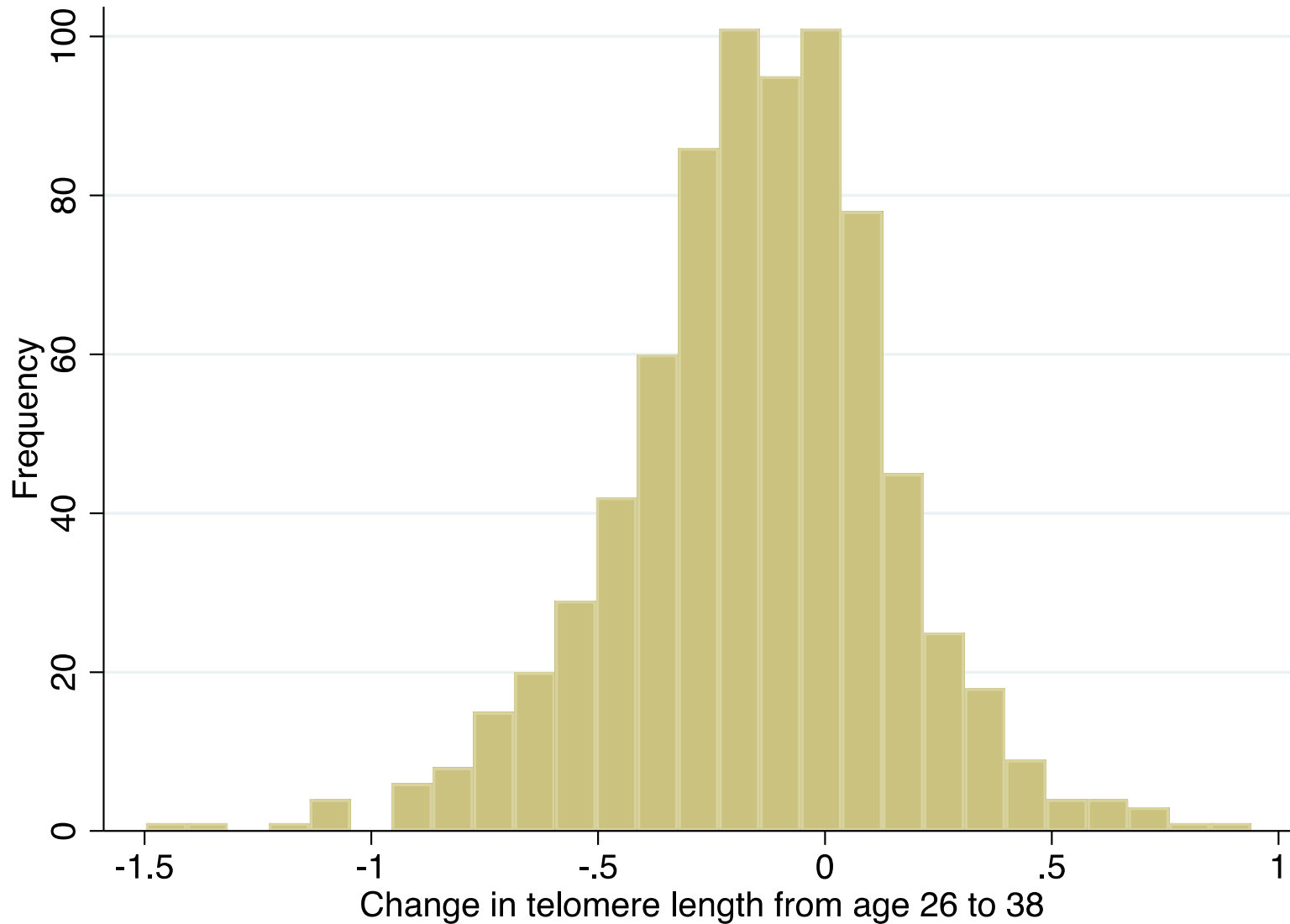


# REMOVING THOSE WHO EXPERIENCED TELOMERE GROWTH OVER ADULTHOOD

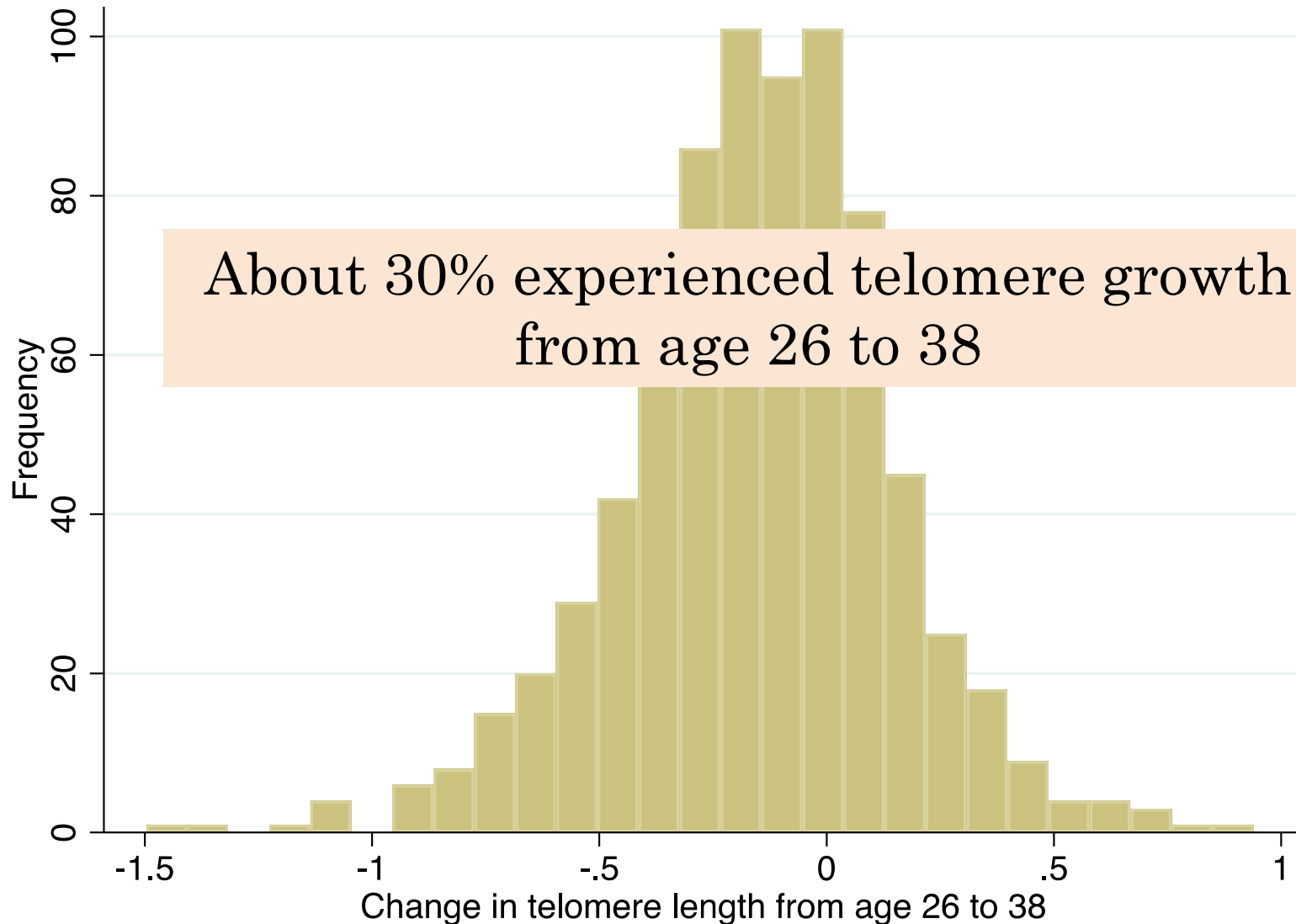
- “Given uncertainty about the interpretation of telomere lengthening we will also conduct sensitivity tests excluding Study members whose telomeres lengthened from age 26 to 38.”



# TELOMERE GROWTH IN THE DUNEDIN COHORT



# TELOMERE GROWTH IN THE DUNEDIN COHORT

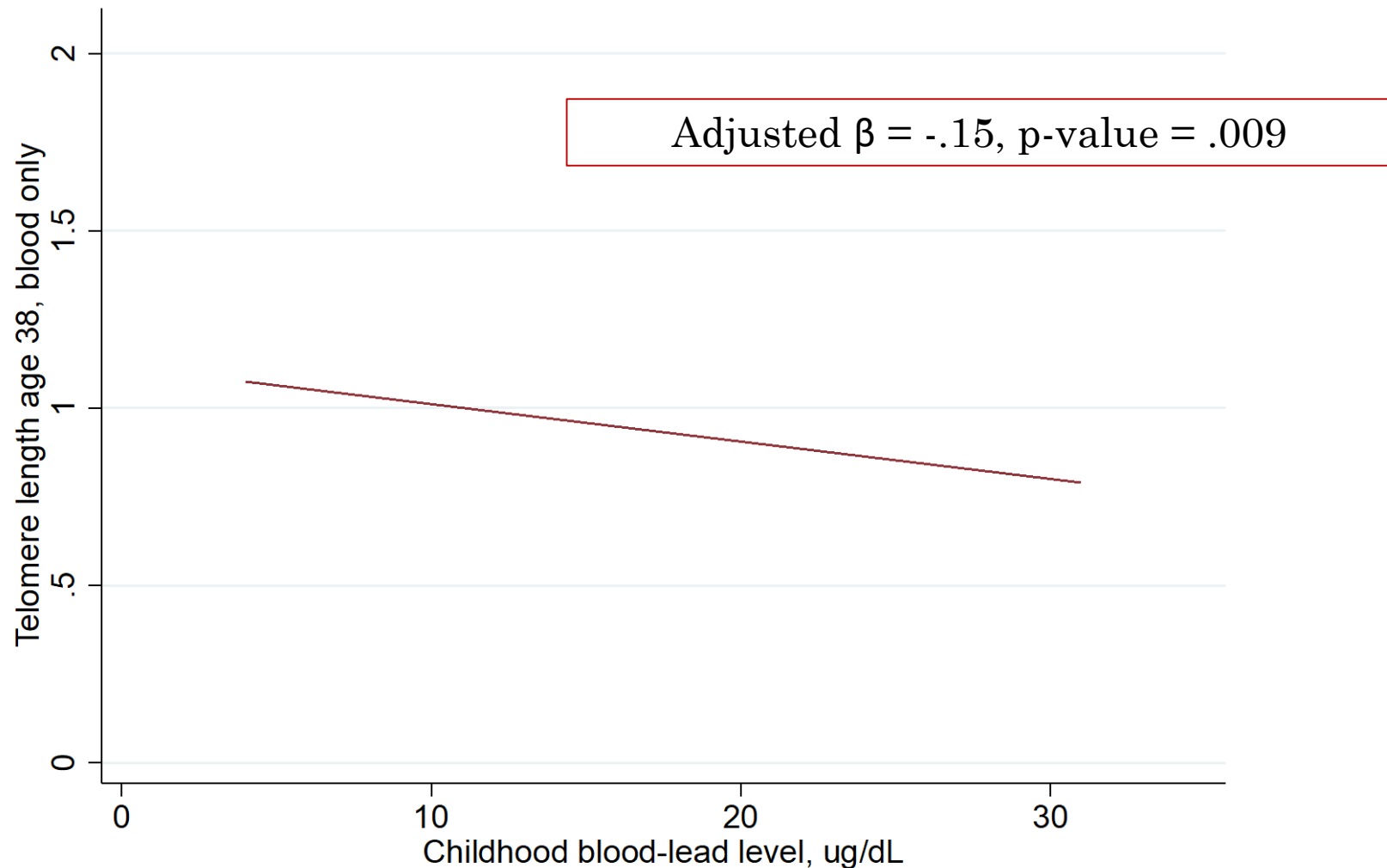


# Association of lead and telomere length among those with no growth (N=321)



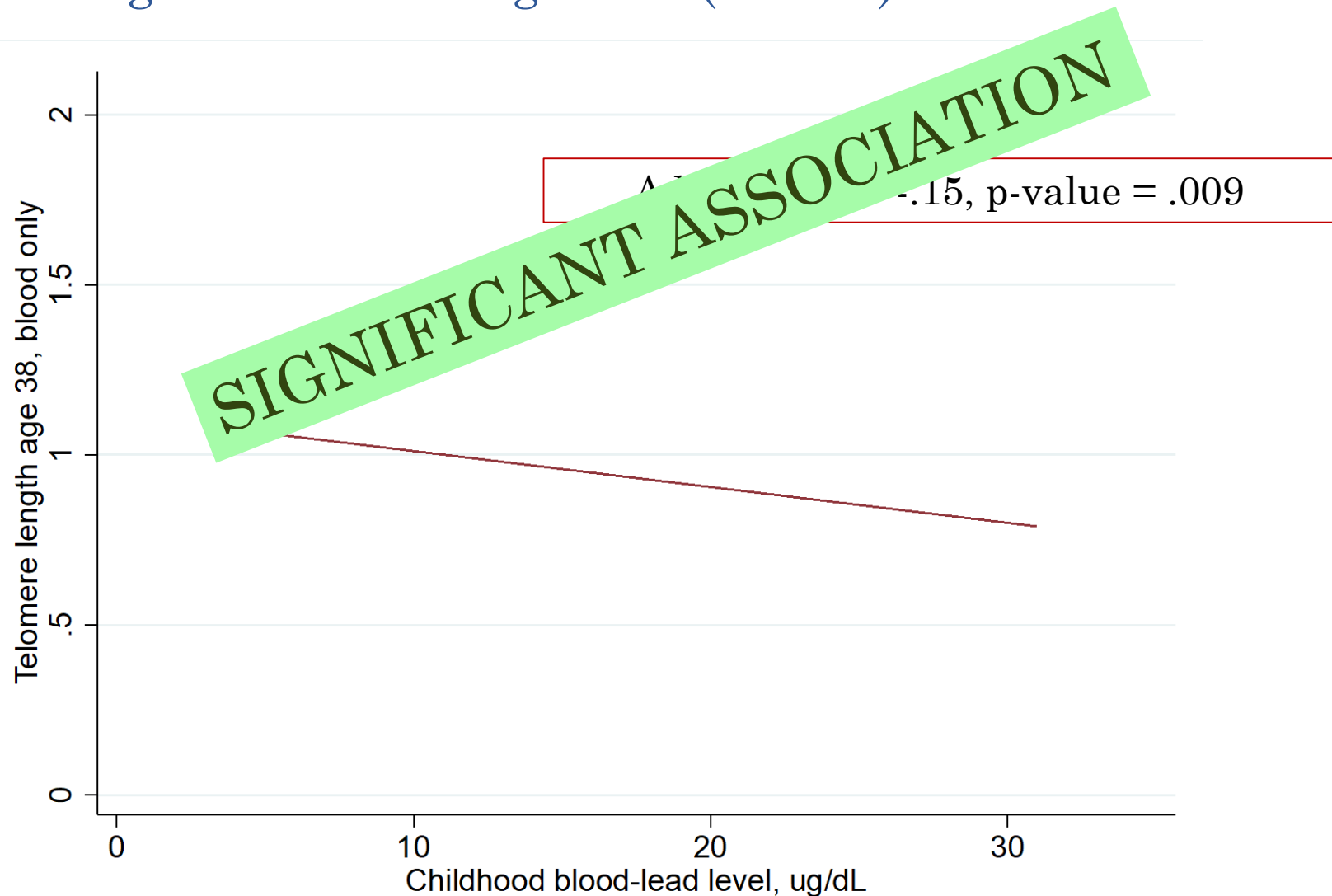


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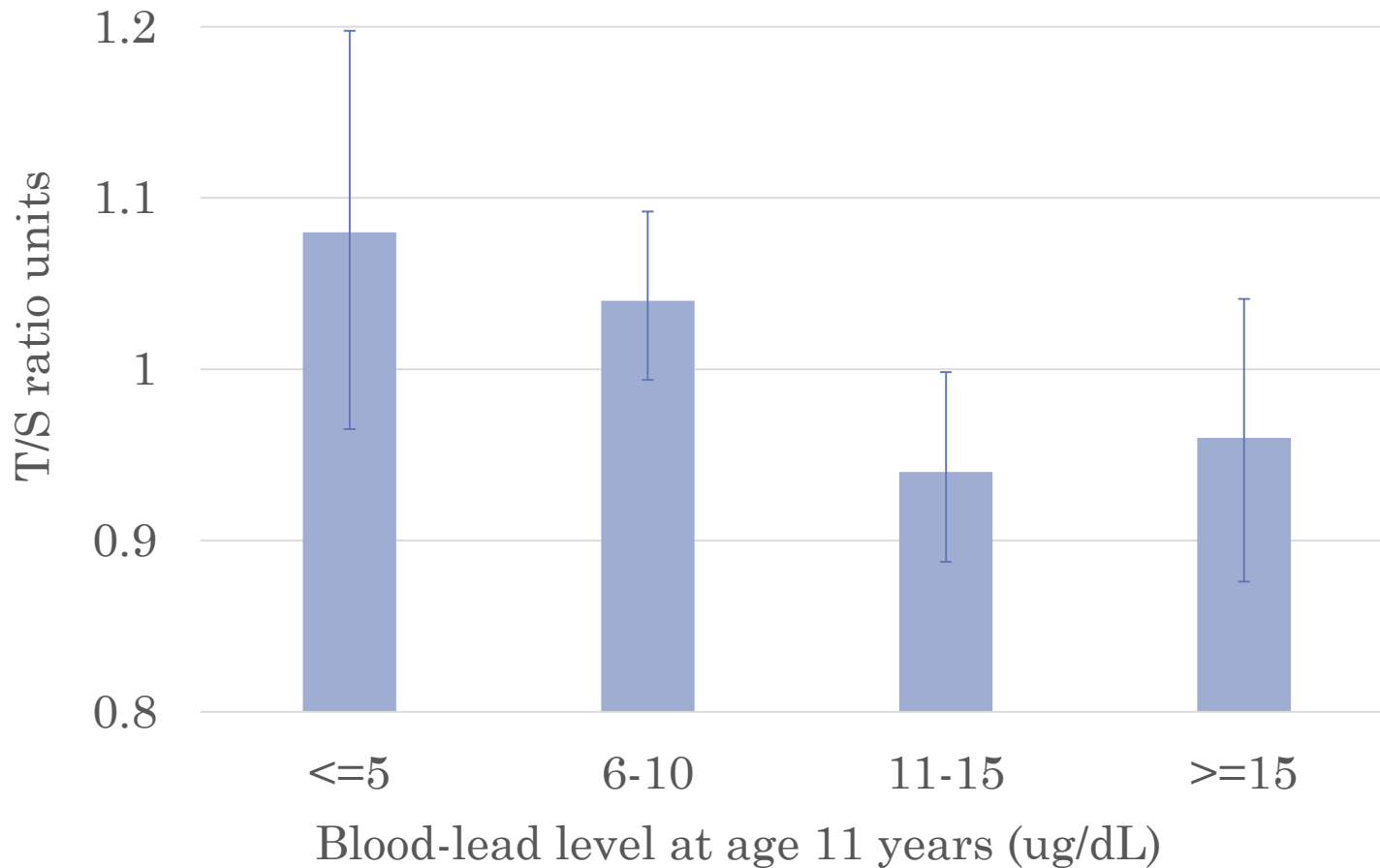
\*Adjusted for sex, BMI, smoking, family SES, and white blood cell count

## Association of lead and telomere length among those with no growth (N=321)



\*Adjusted for sex, BMI, smoking, family SES, and white blood cell count

# TELOMERE LENGTH AT AGE 38 (AMONG THOSE WITH NO GROWTH)



## AIM 2 EXCLUDING THOSE WITH “GROWTH”

	Fully adjusted $\beta$	p- value
Association of childhood lead with telomere length at age 38	-.15**	.009



## AIM 2 EXCLUDING THOSE WITH “GROWTH”

	Fully adjusted $\beta$	p- value
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Association of childhood lead with telomere length at age 38 <b>adjusted for age 26 length</b>	-.06*	.033





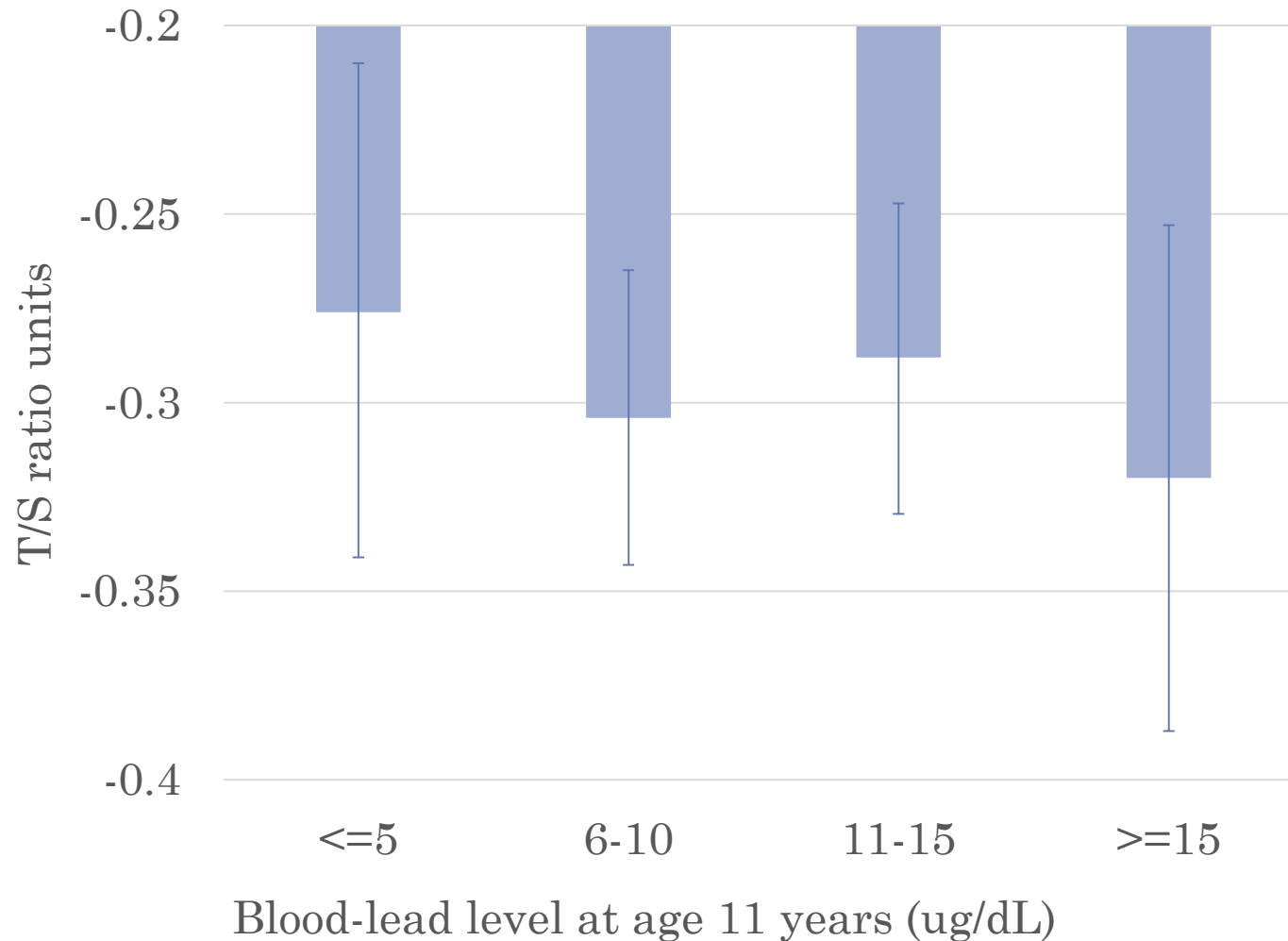
## AIM 2 EXCLUDING THOSE WITH “GROWTH”

MODEST ASSOCIATION

	fully adjusted $\beta$	p- value
Association of childhood lead with telomere length at age 38	-.15**	.009
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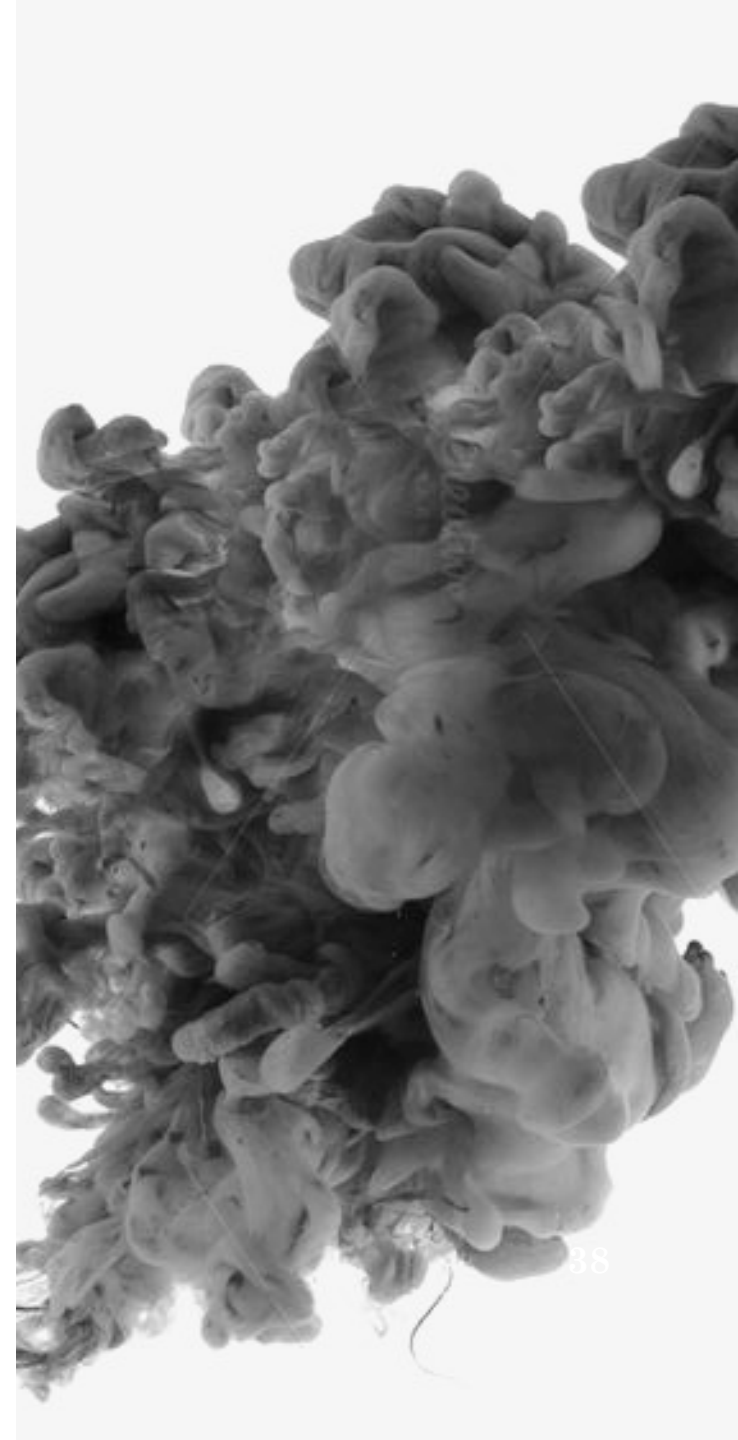


## CHANGE IN TELOMERE LENGTH OVER ADULTHOOD (AMONG THOSE WITH NO GROWTH)



# PRELIMINARY TAKE-HOME FINDINGS

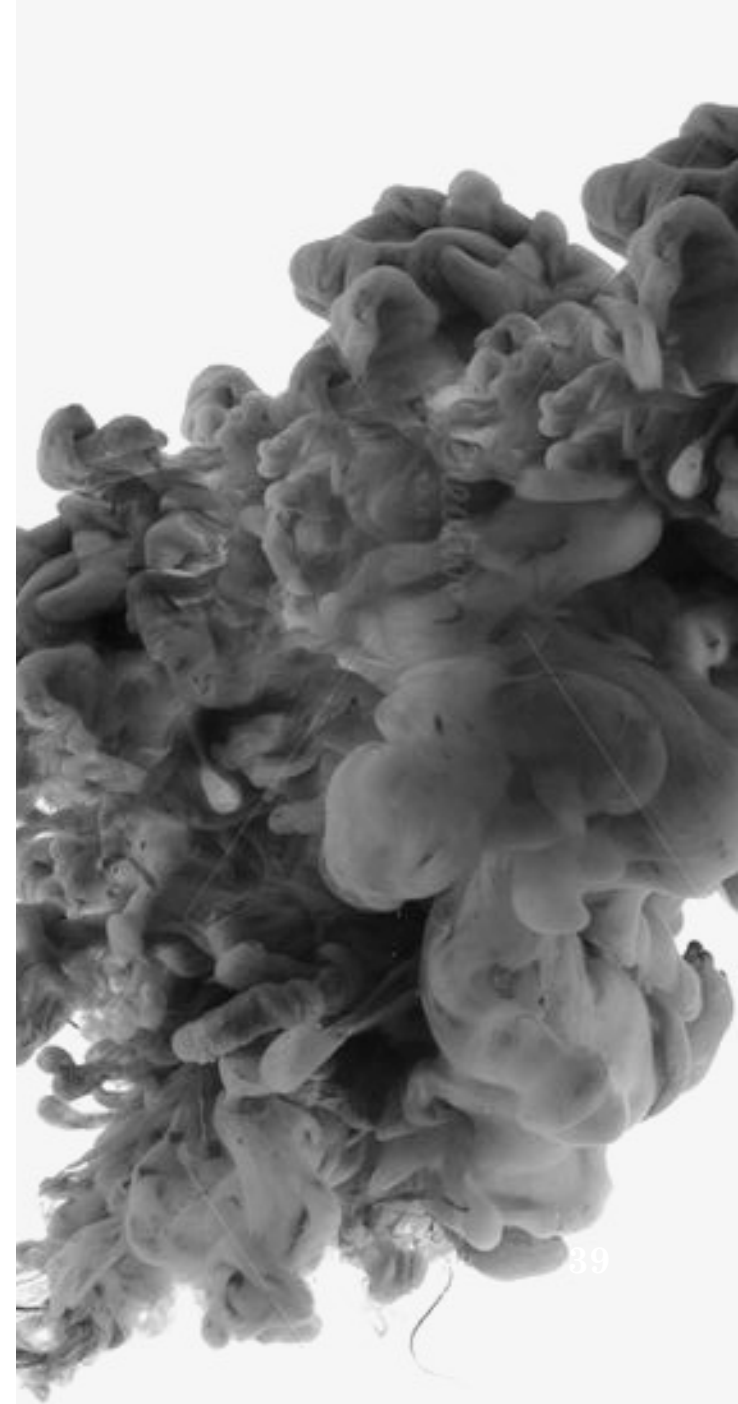
- Across all tested individuals, childhood lead exposure **does not predict telomere length at midlife.**
  - Or decline across adulthood.



# PRELIMINARY TAKE-HOME FINDINGS

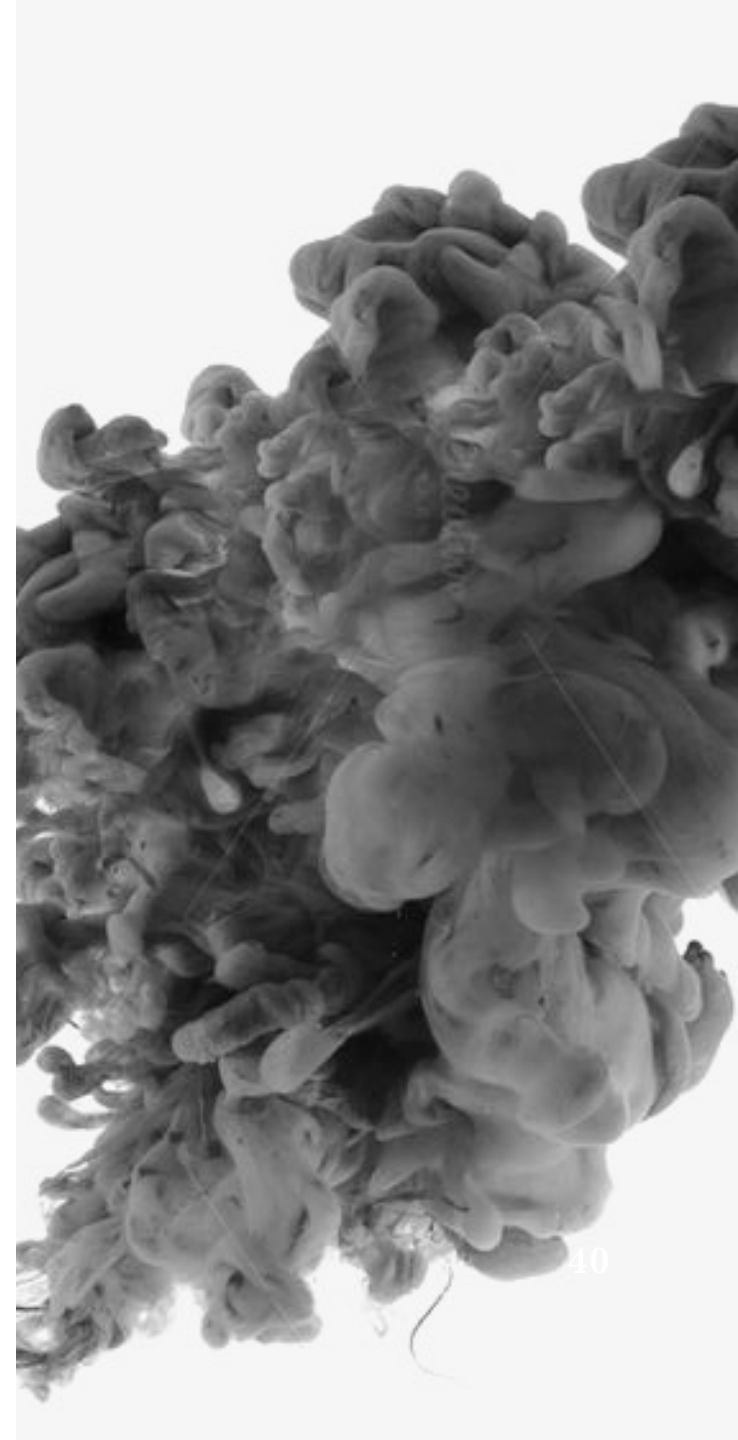
## ○ And yet....

- Among individuals who do not experience telomere growth, **lead is modestly associated with shorter telomeres at midlife.**
- And weakly associated with telomere erosion across adulthood.



# PRELIMINARY TAKE-HOME FINDINGS

- Emerging research question:
  - Are telomere repair mechanisms in 30% of the cohort negating lead-effects on telomere erosion (telomerase?)?





# PRELIMINARY CONCLUSION

Early life lead exposure may accelerate telomere erosion among a significant vulnerable portion of the population.

Some individuals may be protected from the effect.



## THANKS TO THE MOFFITT & CASPI LAB



PI's Terrie Moffitt & Avshalom Caspi

### Co-authors and collaborators:

- Idan Shalev
- Benjamin Williams
- Karen Sugden
- Renate Houts
- HonaLee Harrington
- Anthony Ambler
- Daniel Belsky
- AnnchenKnodt
- Cliff Abraham
- Ahmad Hariri
- Jonathan Broadbent
- Richie Poulton
- Sandhya Ramrakha
- David Ireland
- Maxwell Elliott

<https://moffittcaspi.trinity.duke.edu/>



# & THE DUNEDIN STUDY TEAM



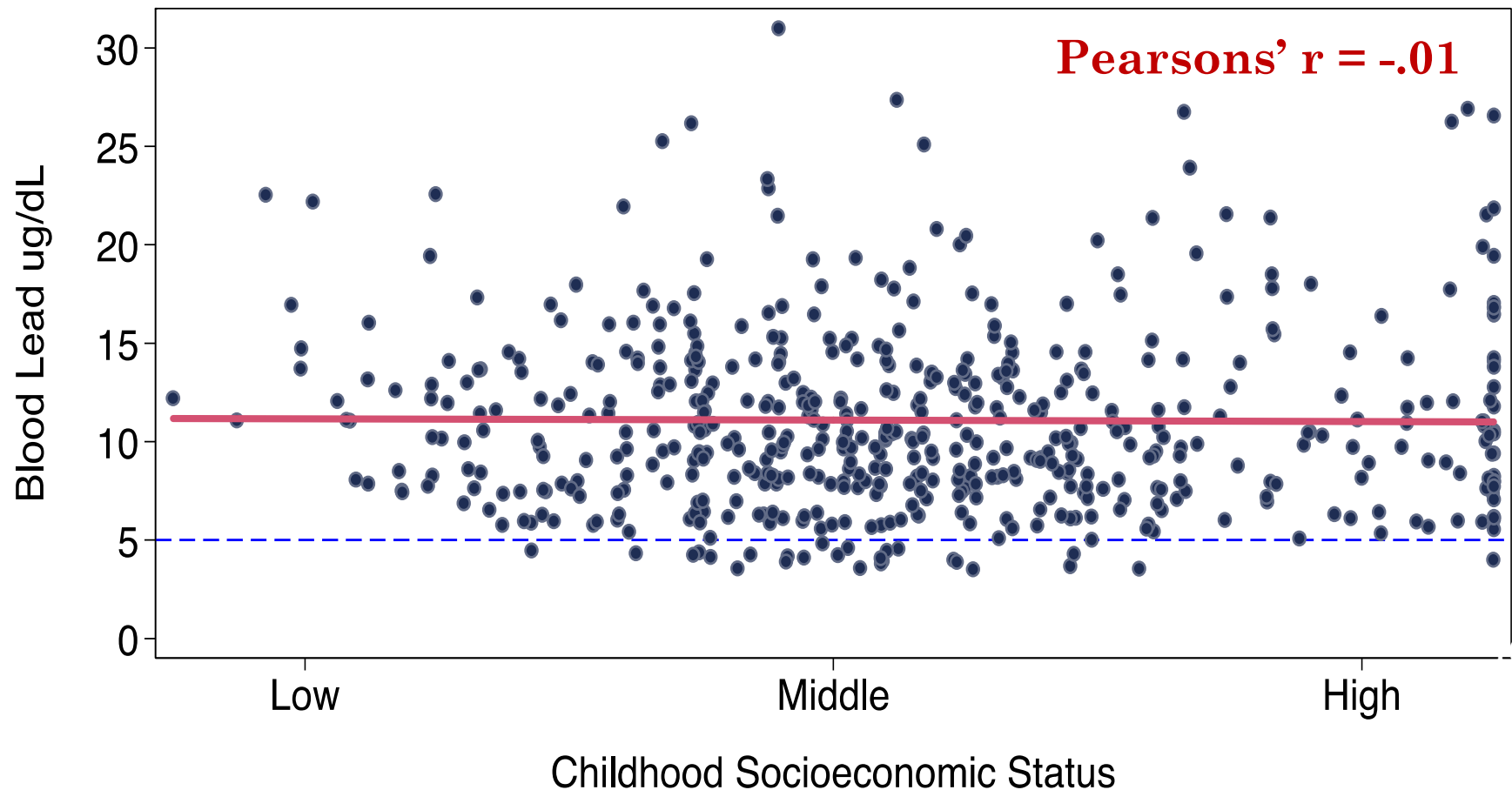
## ADDITIONAL SLIDES

# THESE STUDIES HAVE PRODUCED MIXED FINDINGS

Study	Age (location)	Sample Size	Effect?
Lin et al. 2013	Pre-natal (China)	309	No effect
Pawlas et al. 2015	8 y.o. (Poland)	99	Shorter telomeres ( $\beta = -.13$ )
Wai et al. 2018	Pre-natal (Myanmar)	409	No effect
Herlin et al. 2019	Pre-natal (Argentina)	169	Shorter telomeres
Alegría-Torres et al. 2020	10 y.o. (Mexico)	88	Shorter telomeres (Pearson's $r = -.21$ )

# UNIQUELY, STUDY MEMBER EXPOSURE SHOWED NO SOCIOECONOMIC GRADIENT

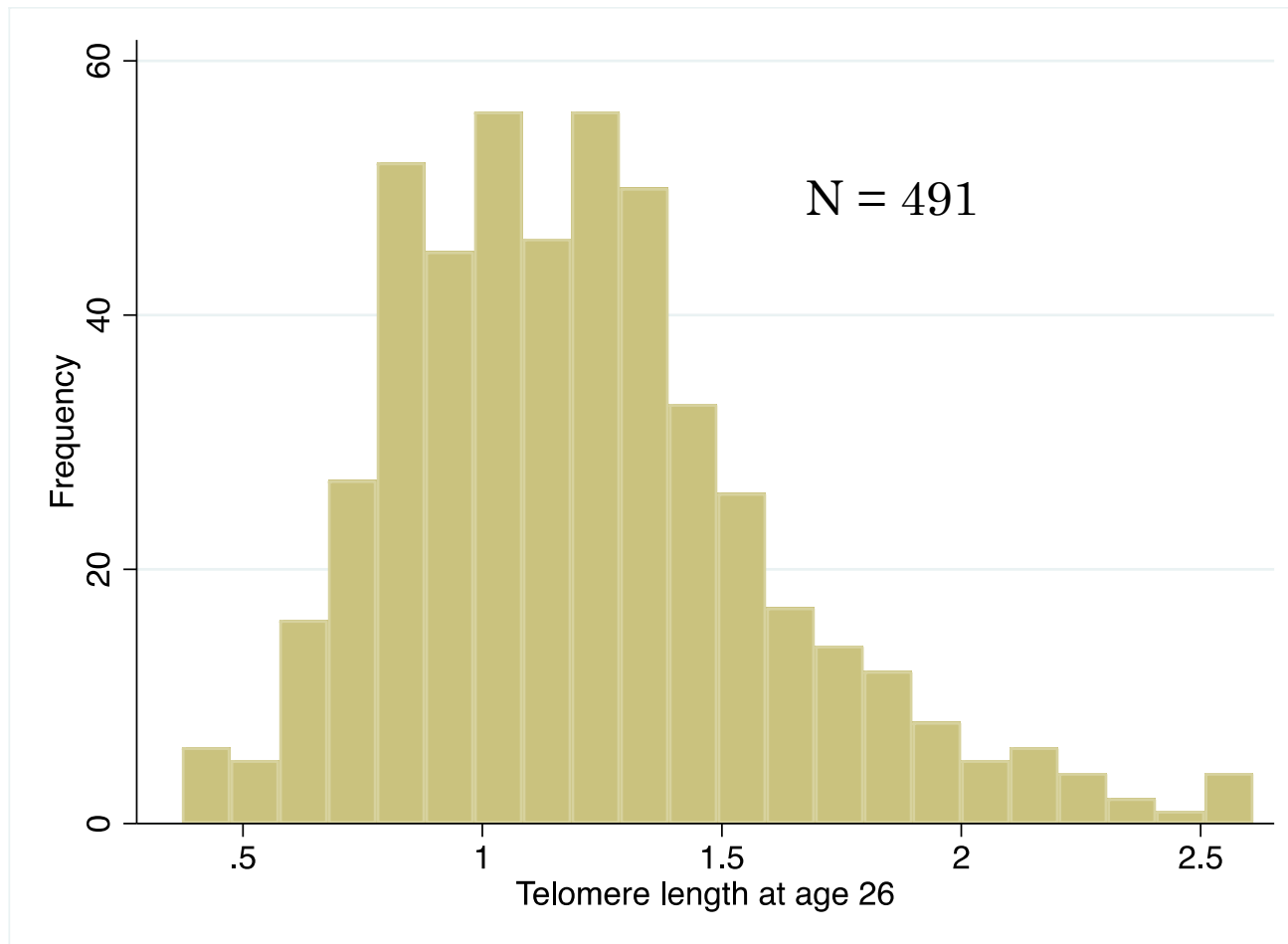
Age 11 blood-lead levels by family social status





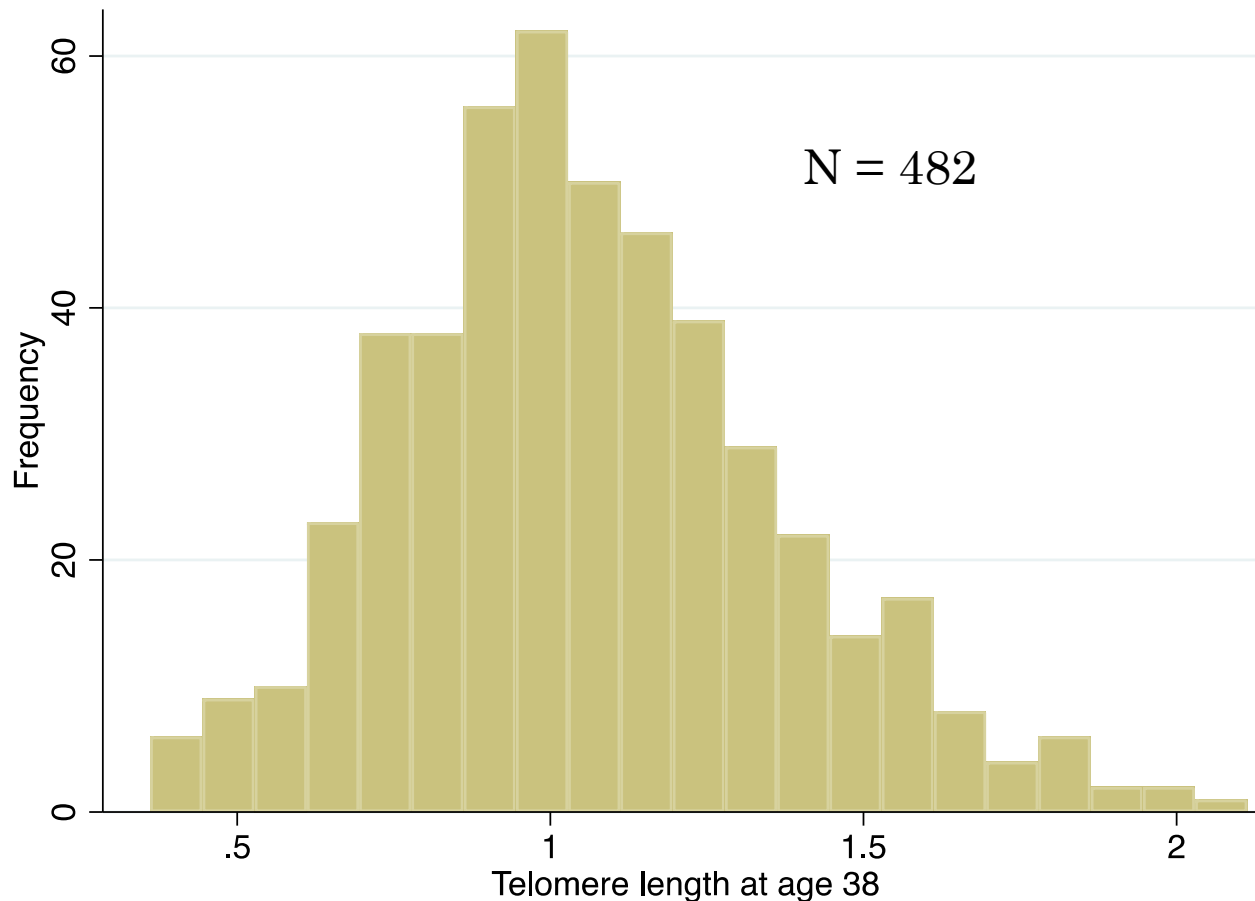
# MEAN RELATIVE LEUKOCYTE TELOMERE LENGTH IN THE DUNEDIN STUDY (T/S RATIO)

Age 26 telomere length (in T/S ratio units): mean 1.21, SD 0.40

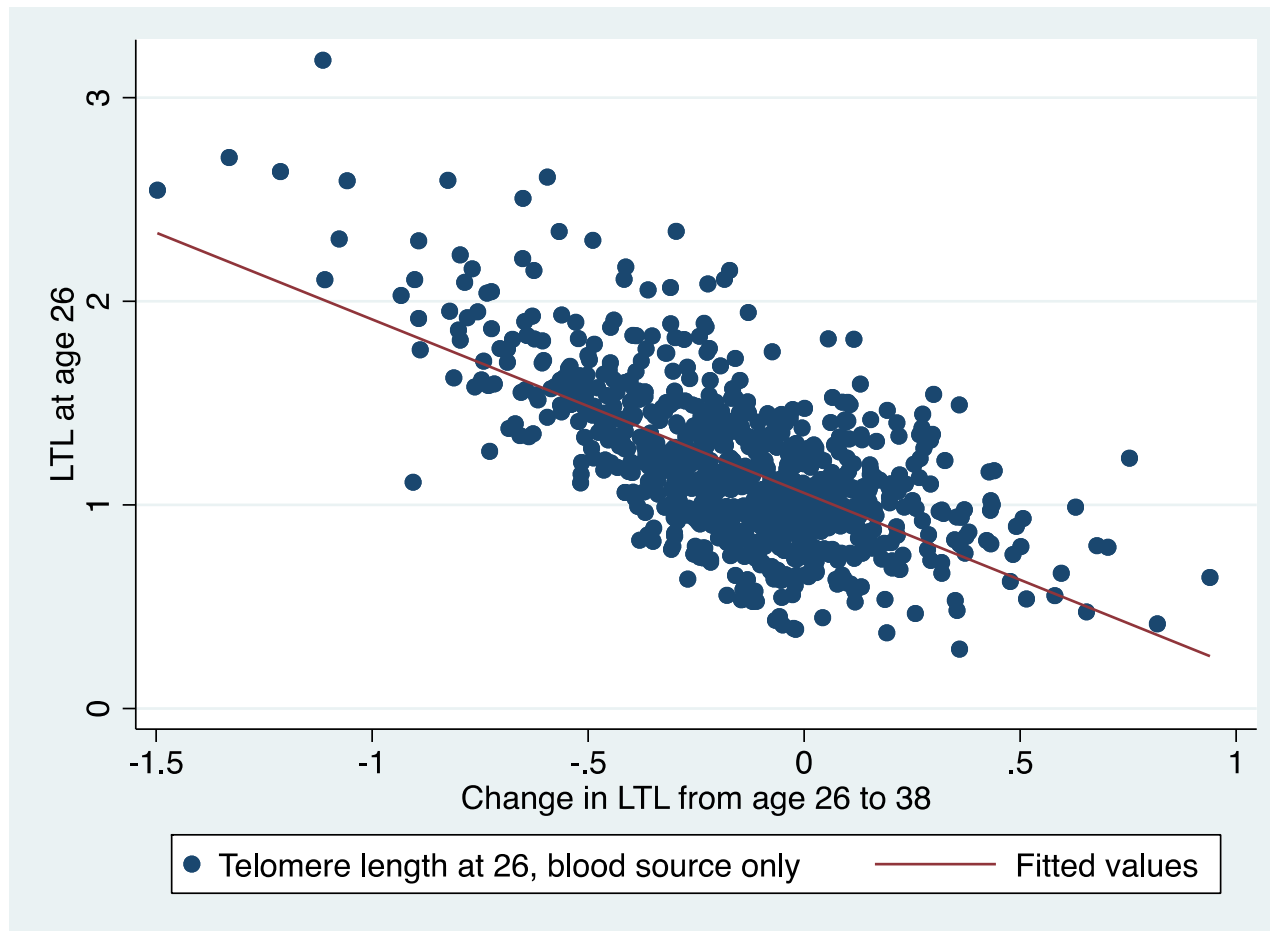


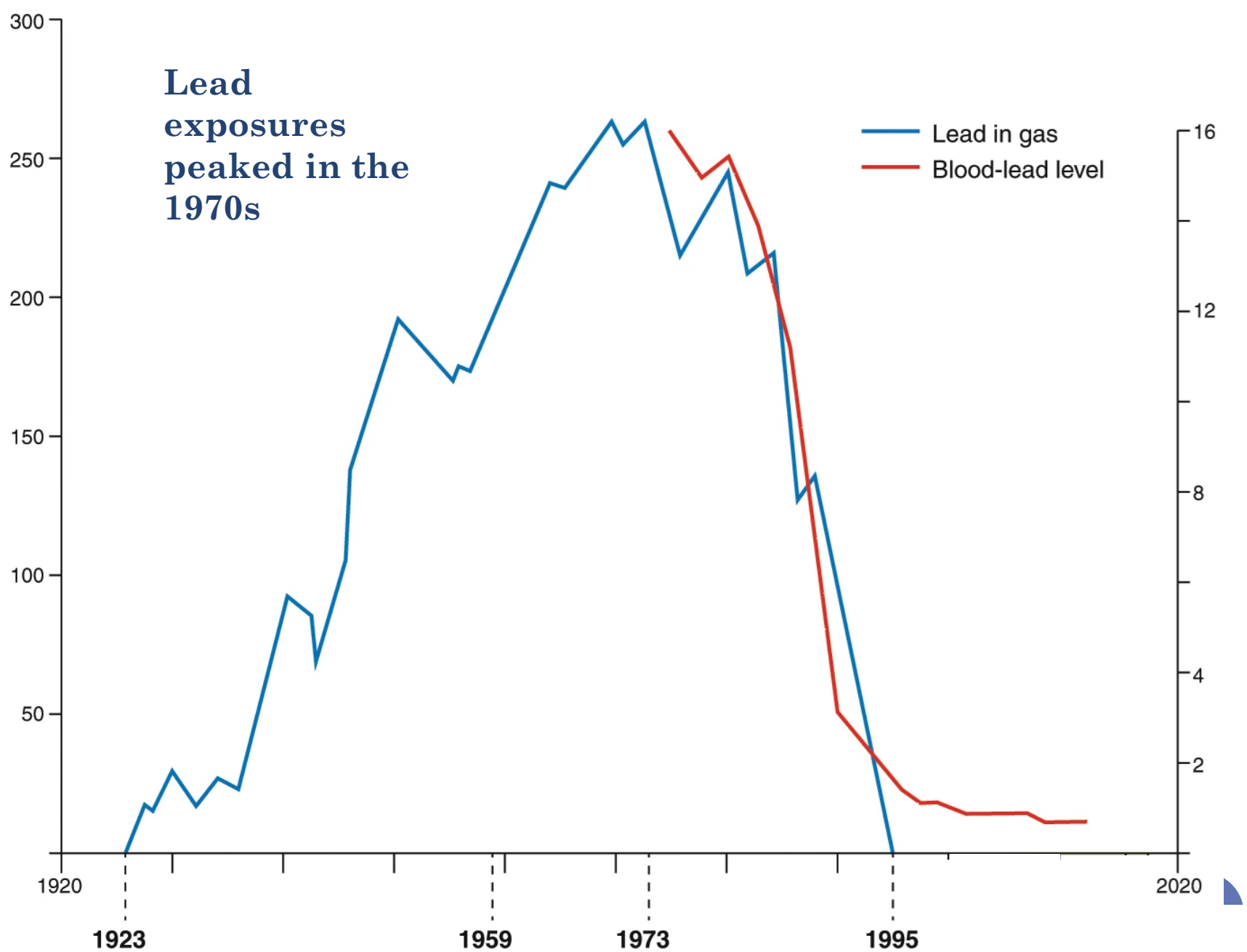
# MEAN RELATIVE LEUKOCYTE TELOMERE LENGTH IN THE DUNEDIN STUDY (T/S RATIO)

Age 38 telomere length (in T/S ratio units): mean 1.06, SD 0.31



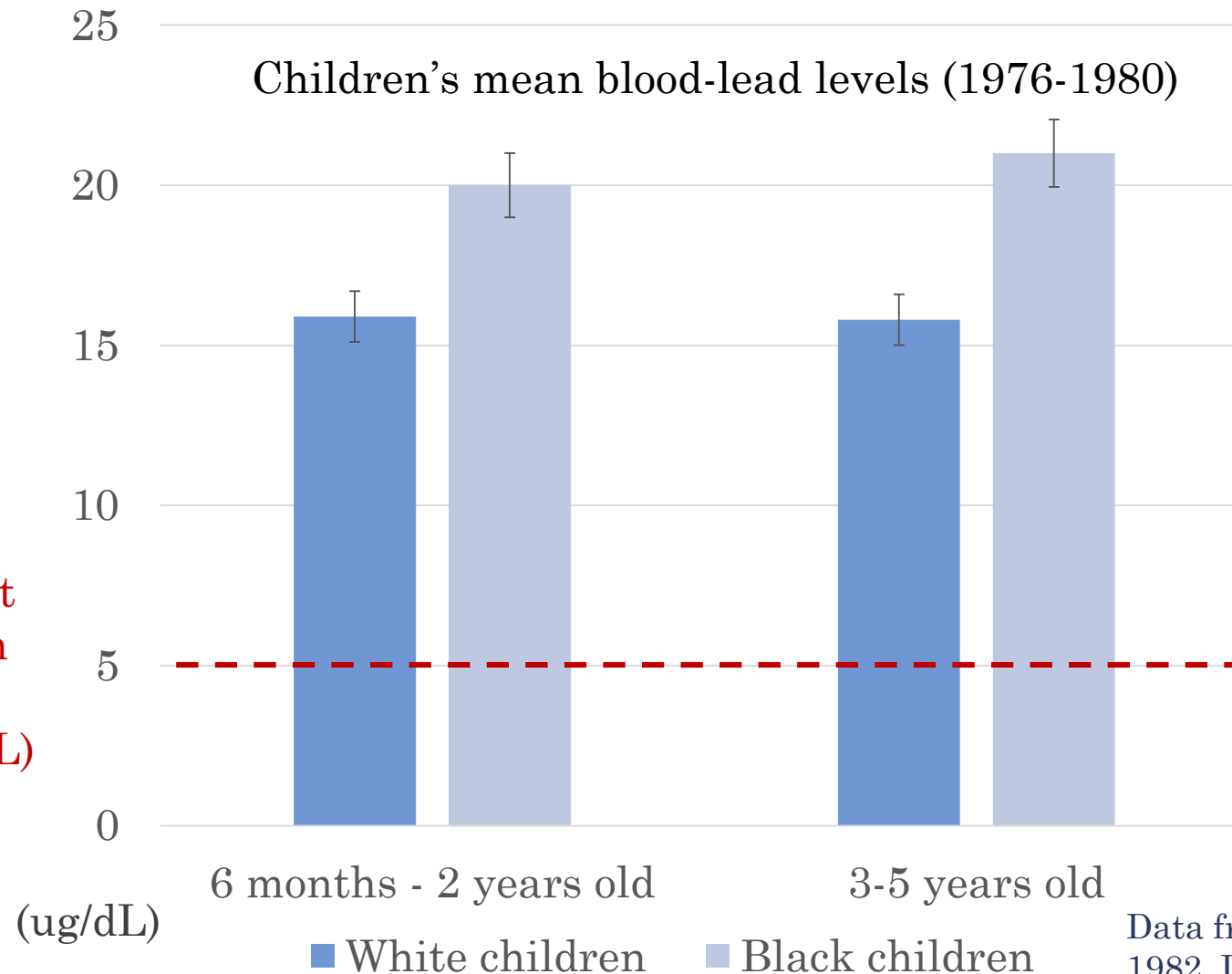
# NOTABLY CHANGE IN LTL IS PREDICTED BY LTL AT BASELINE (AGE 26)





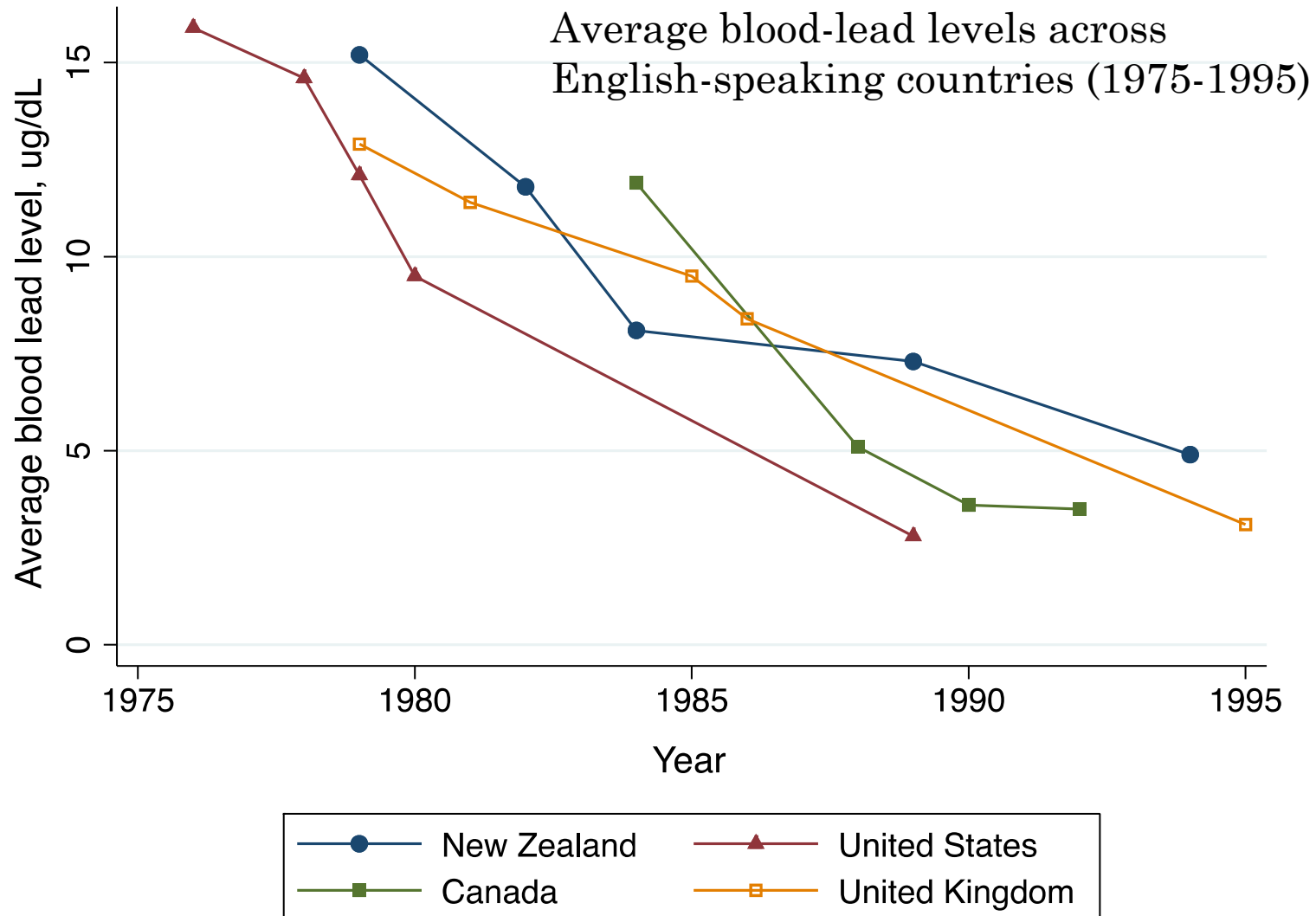
Phase out of  
lead complete

**Take away:** peak exposures were 3-4x higher than current levels for clinical attention

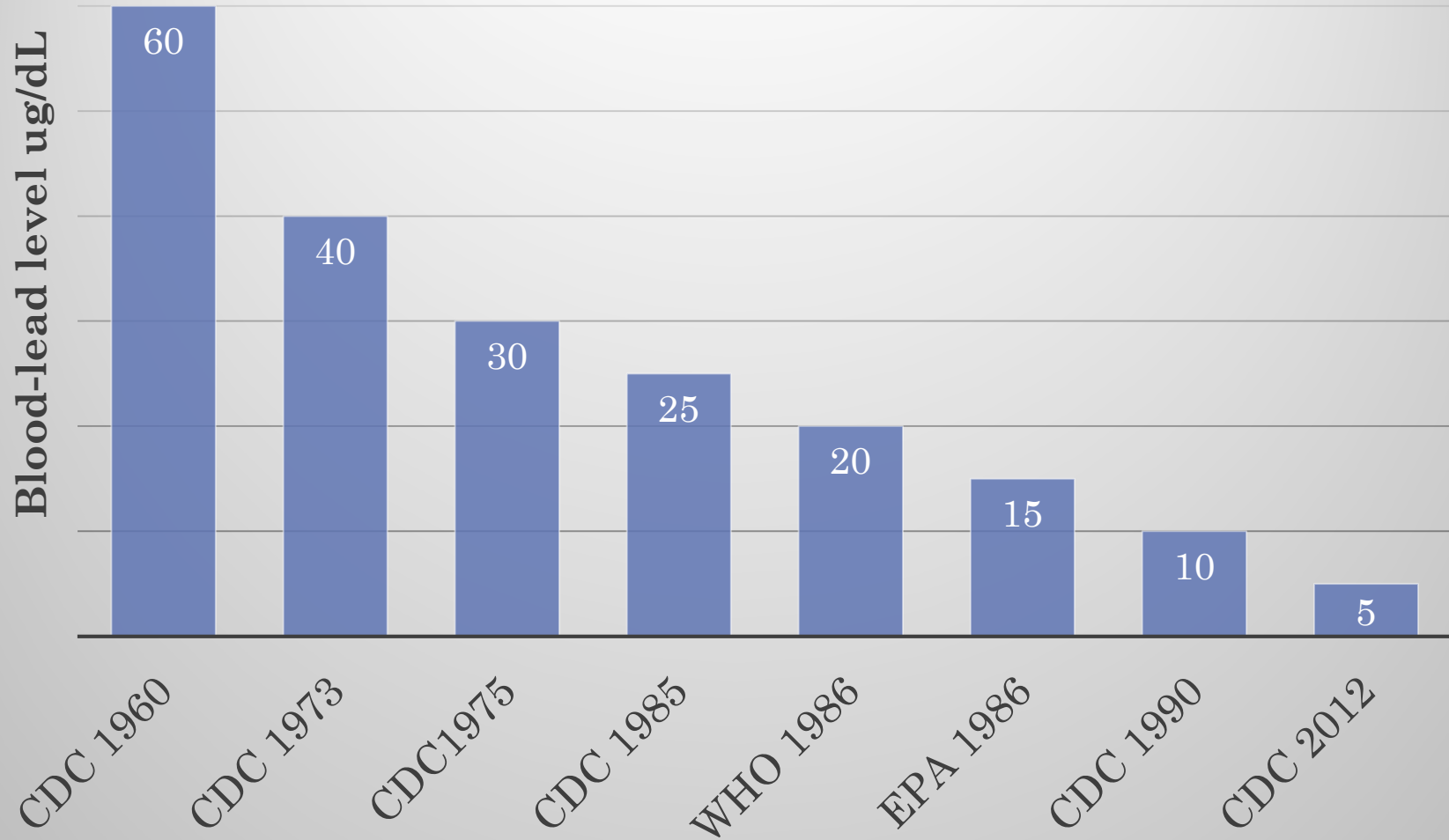


Data from Annest et al.  
1982, US health statistics

These trends were similar across the developed world.



## Acceptable child blood-lead levels



## IN DEVELOPED COUNTRIES, LEAD EXPOSURES LIKELY PEAKED IN THE EARLY 1970S

