

Analysis of Environmental Risks and Genetic Predisposition to the Development of Bronchial Asthma among Residents of Almaty

Madina Abdullayeva^{1,2}, Nazym Altynova^{1*}, Saida Tokmurzina¹, Lyazzat Musralina¹,
Aigerim Kassymbekova¹, Yergali Kanagat¹, Dmitri Gourevitch³, Danara Artygaliyeva³, Leyla
Djansugurova^{1,2}

¹Institute of Genetics and Physiology
Al-Farabi Ave., 93, Almaty, Kazakhstan

²Al-Farabi Kazakh National University
Al-Farabi Ave., 71, Almaty, Kazakhstan

³Medical Center "Allergo Clinic"

Navoi 208, (Residential Complex "Shahristan")

madessin7@gmail.com, *naz10.79@mail.ru, its2saida@gmail.com, musralinal@gmail.com,
kassymbekova01@gmail.com, ergaly.qanagat@gmail.com, dm.vl.gou@gmail.com, artdanara@mail.ru, leylad@mail.ru

Abstract

Air pollution is one of the most significant challenges of our time, impacting both climate change and public health by increasing morbidity and mortality. Climate change has led to the formation and spread of air pollutants such as fine particulate matter (PM_{2.5}) and oxidizing gases, including O₃ and NO₂, which can exacerbate asthma [1].

Bronchial asthma (BA) is a chronic respiratory condition affecting over 300 million people globally, with its development influenced by both environmental factors and genetic predisposition [2]. In Kazakhstan, the incidence of asthma has been rising, with over 105,365 individuals registered in 2018 [3]. Epidemiological research shows that asthma is prevalent in Almaty due to ambient air pollution [4].

This research aims to assess the genetic and environmental risk factors contributing to bronchial asthma severity in Almaty and its surrounding region. Genome-wide association studies (GWAS) is performed to identify genetic polymorphisms linked to asthma. The odds ratio (OR) is computed to quantify the association between elevated pollutant levels and the likelihood of developing asthma. By comparing the frequency of asthma cases in areas with high pollutant levels to those in areas with lower levels, we aim to determine the extent to which air pollution contributes to asthma risk.

This involves 103 DNA samples from individuals with allergic diseases and 108 control samples, utilizing the Infinium® ImmunoArray-24 v2.0 BeadChip Kit and the Infinium Global Screening Array-24 Kit. Data on PM_{2.5} and oxidizing gases like NO₂ and SO₂ is obtained from real-time air quality sources, such as AirKaz, based on the patients' residences. Statistical analyses include Student's t-test, Hardy-Weinberg equilibrium compliance, and odds ratio (OR) assessment. Data processing is done using Illumina GenomeStudio v.2010.3 software.

The GWAS results from 45 individuals identified several significant genetic loci associated with bronchial asthma. Notable genes include IL13 (rs20541), IL12B (rs2569254, rs3212227), and IL4R (rs1805015). Preliminary findings suggest that among patients, the IL12B rs3212227 variant is positively associated with asthma (OR = 11.78, 95% CI = 5.43–25.54, $p < 0.001$). A similar positive association was observed for IL13 rs20541 (OR = 4.46, 95% CI = 2.54–7.83, $p < 0.001$). Conversely, the rs2569254 variant is less associated with asthma, showing an (OR=1.79, 95% CI = 0.41–1.08, $p = 0.023$). No significant association was found between the IL4R rs1805015 polymorphism and asthma.

The analysis revealed that individuals carrying the previously noted genetic variants were more likely to experience persistent asthma symptoms in areas with higher concentrations of air pollutants, particularly PM_{2.5}, NO₂, and SO₂. The mean (SD) concentrations of PM_{2.5}, NO₂, and SO₂ were 20-50 µg/m³, 40-60 µg/m³, and 10-20 µg/m³, respectively. These pollutants were associated with increased asthma incidence (PM_{2.5} OR 1.20-1.50, NO₂ OR 1.05-1.60, SO₂ OR 1.30-1.60) and the data we obtained align with the results reported in other research [5].

A complete genome-scale bioinformatic analysis will continue in frame of the project “Analysis of environmental risks and genetic predisposition to the development of bronchial asthma among residents of Almaty and the Almaty region” (AP23488865), funded by the Ministry of Science and High Education of the Republic of Kazakhstan.

References

- [1] M. C. Altman, M. Kattan, G. T. O'Connor, R. C. Murphy, E. Whalen, P. LeBeau, A. Calatroni, M. A. Gill, R. S. Gruchalla, A. H. Liu, S. Lovinsky-Desir, J. A. Pongracic, C. M. Kerckmar, G. K. Khurana Hershey, E. M. Zoratti, S. J. Teach, L. B. Bacharier, L. M. Wheatley, S. M. Sigelman, P. J. Gergen, A. Togias, W. W. Busse, J. E. Gern, and D. J. Jackson, “Associations between outdoor air pollutants and non-viral asthma exacerbations and airway inflammatory responses in children and adolescents living in urban areas in the USA: a retrospective secondary analysis,” *The Lancet Planetary Health*, vol. 7, no. 1, pp. e33-e44, 2023.
- [2] C. Rutter, R. Silverwood, V. Pérez Fernández, N. Pearce, and D. Strachan, “The Global Asthma Report 2022,” *Global Asthma Network*, 2022.
- [3] R. A. Aringazina, S. S. Saparbayev, A. Amanzholkyzy, A. A. Zhaubatyrova, and N. Z. Zholdassova, “Pathogenetic role of the microbial agents in the development of immune and allergic inflammation in case of the bronchial asthma: A literature review,” *Sci. Healthc.*, vol. 24, no. 6, pp. 268–276, 2022.
- [4] A. Kerimray, E. Azbanbayev, B. Kenessov, P. Plotitsyn, D. Alimbayeva, and F. Karaca, “Spatiotemporal variations and contributing factors of air pollutants in Almaty, Kazakhstan,” *Aerosol Air Qual. Res.*, vol. 20, pp. 1340-1352, 2020.
- [5] W. Sun, C. Ding, Z. Jiang, X. Zheng, J. Jiang, and H. Xu, “The Impact of Ambient Air Pollution on Allergic Rhinitis Symptoms: A Prospective Follow-Up Study,” *Toxics*, vol. 12, no. 9, pp. 663, 2024.