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Non-auditory effects of noise: an overview of the state of the science of the 2020-2023 period

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ABSTRACT

This paper provides an overview of non-auditory effects of noise published since the last IC BEN conference in 2021. The paper focuses on the impact of environmental and occupational noise on cardiovascular and metabolic effects, mental health and dementia.. The paper takes as a point of departure the IC BEN overview of the 2017-2020 period and adds new research from literature searches for peer reviewed journal articles in the large databases during the period 2021- 2023. The aim is to describe recent research achievements, emerging areas of research, remaining gaps of knowledge, and priority areas of future research in the field of non-auditory health effects of noise.

Keywords (3-6): Environmental noise, Occupational noise, Mental health, Dementia, Cardiovascular disease, Metabolic effects

INTRODUCTION

Team 3 focusses on the non-auditory effects of occupational and environmental noise on long-term health outcomes including cardiovascular, physiological and endocrinological, mental health, birth outcomes and early child development and hospital noise effects on staff performance and patient rehabilitation.

The aim for this overview paper is to describe recent research achievements, emerging areas of research, remaining gaps of knowledge, and priority areas of future research in the field of non-auditory health effects of noise. To this end, we have reviewed the literature on noise and health that has been published in the period 2020-2023.

We have chosen to focus on cardiovascular and metabolic outcomes, mental health and dementia as well as describing emerging areas and outcomes to noise in general including both environmental and occupational sources.

METHODS

Our overview contains several steps: firstly all studies were identified that could potentially be included in the review. The identified studies were submitted to selection criteria. Studies that met these criteria were included for data-extraction. For our overview, we applied as much as possible the search and selection criteria developed in the WHO evidence reviews of Clark and Paunovic [1] on mental health and Van Kempen et al [2] on the cardiovascular and metabolic system.

Identification (Arial Bold 11 Italic)

We identified literature published between January 2021 and March 31 2023 about the impact of all noise exposure on mental health and dementia, and literature published between January 2021 and January 2023 about the impact of noise from transportation and wind turbines on (i) the cardiovascular system, (ii) and the metabolic system.

In addition to the applied search terms derived from WHO-evidence reviews of Van Kempen [2] and Clark and Paunovic [1], we also tried to identify studies investigating the effects of occupational noise exposure in relation to mental health. To this end, we adapted the search profiles applied in the WHO-evidence reviews for this purpose. The bibliographic databases that were utilized included PubMed and PsycInfo for mental health and dementia and Scopus MEDLINE, and EMBASE for the cardiovascular and metabolic system. Within each database we screened all English papers in their respective period.

Selection

The publications that were identified by means of the search were screened on suitability for data extraction. In summary, these criteria were: (a) Studies should report on the relationship between noise and exposure or (road, rail or air traffic noise exposure or wind turbine noise exposure), and cardiovascular and/or metabolic disease and/or mental health, or dementia, in populations who were not identified with a certain illness or disorder; (b) With regard to environmental noise exposure, studies should quantify and/or describe the relationship between objective exposure and one or more of the relevant health outcomes. Some exceptions to the criteria of objective descriptions of exposure were allowed, if the study method provided a valuable contribution, which was the case especially for occupational noise exposure, and mental health.

In addition to the WHO evidence reviews, we also selected systematic reviews and meta-analyses that addressed that association between noise exposure and one or more of the outcomes relevant for the current review. For mental health we adopted largely the criteria developed in Clark and Paunovic [1] and added "Dementia (vascular and Alzheimer)". As in Clark and Paunovic [1], we acknowledge that the term mental health refers to a number of mental health symptoms and often viewed as on a continuum with diagnoses that can be indicative of mental health disorders with various severity. With regard to the cardiovascular and metabolic effects, we extended our selection criteria by also including studies that investigated the association between noise from road, rail, -and air traffic and wind turbines and (i) blood pressure in adults, (ii) additional cardiovascular diseases (including arterial fibrillation, arrhythmia, heart failure, arterial stiffness, and BP-related death), (iii) metabolic and cardiovascular risk indicators (including hsCRP, cholesterol, triglycerides, blood glucose, glycated hemoglobin, cortisol in saliva, glomerular filtration rate), (iv) cancer and immunological effects, and (v) respiratory disease. We also (vi) included studies that

investigated the impact of occupational noise exposure.

Data-extraction

From the studies that met the selection-criteria, we extracted the following data: (i) data on general study characteristics; (ii) population characteristics; (iii) exposure assessment; (iv) health outcome assessment, and (v) the results of the study. Due to the restricted time, we were not able to express the results in the same way. E.g. a Relative Risk per 10 dB change in noise level or the change in waist circumference per 10 dB change in noise. This also means that data will not be aggregated as part of a meta-analysis. In contrast to the WHO-evidence reviews we will also not assess the risk of bias per study. Instead, we will look at the quality of the studies in general.

Due to limited space, we decided to mainly present the characteristics of the systematic reviews and single studies. For those who are interested the references of all identified studies can be found in reference list.

RESULTS

Results of the search- and selection process

Table 1 presents a flow of the sum of the search and selection process for the individual outcome groups.

Table 1. Sum of the search and selection process for the individual outcome groups

Phase in the process	Mental health and dementia	Cardiovascular and metabolic outcomes
Search period	2021-01-01 to 2023-03-31	2021-01-01 to 2023-01-01
Identification	305	274
Additional records identified through other sources	-	1
Records after duplicates removed	304	198
Records excluded	261	114
Full text articles assessed for eligibility	43	84
Full text articles excluded with reasons	7	25
Studies included for data-evaluation	14 reviews and 22 studies (36 references)	8 reviews and 38 studies (58 references)

Cardiovascular and metabolic outcomes: Systematic reviews and meta-analyses

For our overview we included 8 systematic reviews [3-10]. Their characteristics are presented in Table 2. Most of the studies covered by these reviews reported on the impacts of road and/or air traffic noise exposure. Six reviews [3, 4, 6, 7, 9, 10] also included studies that investigated the impacts of rail traffic noise exposure; three reviews [4, 5, 10] included studies

that investigated the impact of occupational noise. Other sources under investigation were traffic noise (n =1) [5], community noise (n=1) [6], and wind turbine noise (n =1) [10]. All reviews focused on adult populations; two reviews also included effects in children [4, 7]. The participating studies in the reviews were published up to June 2022. Except for Rompel et al [6], all reviews included one or more meta-analyses, resulting in numerous exposure-response estimates, usually in the form of a Relative Risk per 10 dB change in noise. In most reviews, the reviewers were able to provide a quality judgment of the individual studies. Tools applied were: the Navigation Guide developed by WHO and ILO, the Newcastle Ottawa Scale, the RoB tool of WHO, and the NTP/OHAT.

Table 2. Overview of the identified systematic reviews on the impact of environmental noise on the cardiovascular and metabolic system

1 st author	End of earch period	Studies		Countries*	Pop.**	Noise source(s)‡	Setting±	End point(s)**	Individual study quality	Meta-analysis	Overall quality of evidence
		No	N								
Cai '21[3]	Oct '20	12	6,304 – 8.6 million	1-8	A	1,2,3	R	1-4	Navigation Guide developed by WHO and ILO	Yes	GRADE
Chen '21 [4]	Oct '19	10	420 – 145,190	1-3, 8-11	AC	1,2,3,4	R, W	5	Newcastle-Ottawa Scale	Yes	NA
Li, '21 [5]	Dec '20	5	304 – 40,041	9, 11-14	A	4, 5	R, W	6-11	Newcastle-Ottawa Scale	Yes	NA
Rompel '21 [6]	Feb '20	28	308 – 4.6 million	1, 3-10, 15-18	A	1,2,3,6	R	5, 12, 13, 14	RoB tool WHO	No	NA
Gui '22 [7]	Feb '21	12	484 – 412,934	1, 2, 4, 17, 19, 20	AC	1,2,3	R	7, 15-19	NTP/OHAT	Yes	GRADE
Hao '22 [8]	Apr '21	15	6,304 – 8.6 million	1, 2, 4, 6, 19, 21	A	1	R	1-4	Newcastle-Ottawa Scale	Yes	NA
Liu '22 [9]	Feb '22	9	420 – 3,563,991	2, 4, 8, 10, 15	A	1,2,3	R	20	Newcastle Ottawa Scale	Yes	GRADE
Fu '22 [10]	June '22	17	420 – 4,580,311	1-4,6, 8, 10, 18, 19	A	1,2,3,4, 7	R, W	4, 21	Risk of Bias in Non-Randomized Studies or Exposures tool	Yes	GRADE

*Countries: 1 = Sweden, 2 = Denmark, 3 = The Netherlands, 4 = Switzerland, 5 = Spain, 6 = United Kingdom, 7 = France, 8 = Canada, 9 = South-Korea, 10 = Greece, 11 = Taiwan, 12 = United States of America, 13 = Finland, 14 = Iran, 15 = Germany, 16 = India, 17 = Bulgaria, 18 = Italy, 19 = Norway, 20 = Slovakia, 21 = China; ** Pop: Populations: A = Adults, C = Children; ‡ 1 = Road traffic, 2 = Air traffic, 3 = Rail traffic, 4 = Occupational, 5 = traffic, 6 = community, 7 = Wind Turbines; ± Setting: R = residential, W = work ; ** 1= Non-accidental mortality, 2 = mortality due to cardiovascular disease, 3 = mortality due to ischemic heart disease, 4 = mortality due to stroke, 5 = incidence or prevalence hypertension, 6 = risk METS, 7 = Incidence or prevalence of obesity, 8 = Incidence or prevalence of elevated blood pressure, 9 = Incidence or prevalence of elevated blood glucose, 10 = Incidence or prevalence of elevated TG, 11 = Incidence or prevalence of low HDL, 12 = Change in blood pressure, 13 = Mortality due to hypertension, 14= Incidence or prevalence of ischemic heart disease, 15 =Change in waist circumference, 16 = change in weight, 17 = Incidence or prevalence of overweight, 18 = change in waist-hip-ratio, 19 = change in BMI, 20 = Prevalence or incidence of diabetes, 21 = Incidence or prevalence stroke; Abbreviations: No = Number of studies, N = Number of participants

Original studies: Cardiovascular and metabolic effects

For our overview we identified and selected 38 studies that investigated the impact of one or more sources of environmental noise and/or occupational noise on one or more cardiovascular and or metabolic end points carried out in 21 different countries across the world. Table 3 presents some characteristics of these studies. The majority were cohort studies; for three of the cohort studies also/only cross-sectional analyses were presented [11-13]. Furthermore, twelve studies had a cross-sectional design [14-25], and one study was an intervention study [26]. Only two studies had an ecological design [27-29]. Sample sizes ranged from 29 to more than 10 million participants. Although, the majority of the studies included both men and women, there were five studies specifically investigating the impact of noise in women [30-37]. Three studies [21, 23, 24] included men only; within these studies the impact of occupational noise was studied. Three studies specifically investigated the impact of noise on children [17, 19, 38].

In the majority of the studies, the impact of road traffic noise exposure was investigated [8, 11, 12, 14-17, 19, 20, 28-35, 38-54]. There were also several studies investigating the impact of noise from rail traffic [13, 16, 19, 35, 39-41, 43-45, 48, 49, 53, 54] and air traffic [15, 16, 27, 35-37, 40, 41, 44, 48, 49, 53, 55]. In six studies [18, 21-24, 56] the impact of occupational noise was studied. Other sources under investigation were wind turbines [20, 26] and recreational noise [16]. Sometimes, studies did not further specify the source as environmental noise [18, 28, 29] or traffic noise [25]. Within the studies a large number of different health end points ranging in clinical relevance were investigated. Despite that several new health end points were investigated, the most investigated health end points remain change in blood pressure (7), hypertension (12), stroke (11), IHD (10), diabetes (7) and cardiovascular disease (5).

Table 3. Characteristics of the identified and selected studies investigating the impact of noise the cardio-metabolic system

Study/first author	Country*	Design*	Study population		Noise source(s)‡	Exposure characterization**	Exposure metric(s) (exposure window(s))	End point(s)
			N	Sex/Age (yrs)				
DNC [30-34]	1	CO	25,660	F, ≥ 44	A	Mo	L _{den} (1, 3, 5 and 23 yr)	1-4 (Inc), 2, 4-14 (mort)
DACS-1 [39]	1	CO	1,938,994	MF, ≥ 60	AB	Mo	L _{den} , most exposed façade, L _{den} , least exposed façade, L _{night} , most exposed façade (10 yr)	11 (Inc)
DACS-2 [40, 41, 43]	1	CO	3,616,893	MF, ≥ 35	ABC	Mo	L _{den} , most exposed façade, L _{den} , least exposed façade (1, 5 and 10 yr)	2 (Inc, Mort), 1, 8 (Inc)
DACS-3 [42]	1	CO	1,922,545	MF, ≥ 50	A	Mo	L _{den} , most exposed façade, L _{den} , least exposed façade (5 yr)	8 (Inc)
DACS-4 [44]	1	CO	2,538,395	MF, ≥ 50	ABC	Mo	L _{den} , most exposed façade, L _{den} , least exposed façade (5 and 10 yr)	3, 7 (Inc)
Chiu '21 [26]	2	RM/IS	29 (1,259 measurements)	MF, 20-80	D (LFN)	Me	Ratio of low-frequency to high frequency power (LF/HF)	15 (Cha)
CBS [45]	3	CO	10,481,566	MF, ≥ 30	AB	Mo	L _{den}	2, 4, 5, 7, 9, 16-18 (Mort)
UK-Biobank-a [11]	4	CS	451,132	MF, 40-69	A	Mo	L _{den} , L _{night}	19-22 (Cha), 23 (Prev)
UK-Biobank-b [8, 46]	4	CO	342,566	MF, 40-69	A	Mo	L _{den} , L _{Aeq24hr} , L _{night} (1-yr)	2, 7, 8 (Inc), 5, 6 (Mort)
ATS [47]	5	CO	1,087,110	MF, ≥ 35	A	Mo	L _{den}	2, 7, 24 (Inc)
HCREHS [14]	6	CS	5,441	MF, ≥ 25	A	Mo	L _{den}	23 (Prev)
MGHS [15]	7	CS	403	MF, ≥ 30	AC	Mo	Not clear	25-30 (Cha)
SERA/SERA-FA [16]	5	CS	517	MF, 37-72	ABCE	Mo, Me	L _{day} , L _{night}	23 (Prev), 19 (Cha)
DMBR [35]	1	CO	629,254 pregnancies	F, ~20-40	ABC	Mo	L _{den} , most exposed façade, L _{den} , least exposed façade (1 st trimester, entire pregnancy, 1 and 5 yr preceding pregnancy)	31 (Inc)
Brazil [27]	8	ECO	3,532,210	MF, ≥ 20	C	Mo	L _{dn}	2, 6, 7 (Mort)
NordSound-a [48, 49]	1, 9	CO	135,951	MF, ≥ 25	ABC	Mo	L _{den} (1 and 5 yr)	2, 7 (Inc)
NordSound-b [56]	1, 9	CO	78,389	MF, ≥ 35	F	Me, Mo	L _{Aeq8h} (1 yr)	2 (Inc)
FLESH [17]	10	CS	395	MF, 14-15	A	Mo	L _{den}	32-36 (Cha)
KORA F4-a [12]	11	CS	2,883	MF, 55-74	A	Mo	Maximum L _{Aeq24hr}	37 (Prev)
KORA F4-b [12]	11	CO	1,192	MF	A	Mo	Maximum L _{Aeq24hr}	20, 37-41 (Inc)

KORA F4/FF4 [50]	11	CO	423	MF, 62-81	A	Mo	L _{Aeq24hr} , L _{night}	42 (Inc)
HELIX [38]	4, 12, 13, 14	CO	4,279	MF, 4-5	A	Mo	L _{den}	19 (Cha)
QICDSS [28, 29]	15	ECO	1,065,414	MF, ≥ 45	A, G	Mo, Me	L _{den} , L _{Aeq24hr} , L _{night} (1 yr)	2, 7 (Inc)
TMC [18]	16	CS?	1,610	MF, 18-70	FG	Me	L _{ex}	23 (Prev)
IFC-CNR [51]	5	CO	985,022 PYs	MF, 0-85	A	Mo	L _{night} , L _{day}	2, 7, 16, 19 (Mort, Inc)
ALPINE [19]	5, 17	CS	1,251	MF, 8-12	AB	Mo	L _{den} , most exposed façade (1-yr)	19 (Cha)
1000BRAINS [52]	11	CO?	574	MF, 56-85	A	Mo	L _{den} , L _{night} (1-yr)	43 (Cha)
NHS [36]	7	CO	63,245	F	C	Mo	L _{dn}	23 (Inc)
NHS-II [36]	7	CO	98,938	F	C	Mo	L _{dn}	23 (Inc)
WHI [37]	7	CO	18783	F, 50-79	C	Mo	L _{dn} , L _{night}	23 (Inc)
DEBATS [55]	12	CO/RM	1,210	MF, ≥ 18	C	Mo	L _{den} , L _{Aeq24hr} , L _{day} , L _{night}	19 (Cha), 23 (Prev, Inc)
FWT [20]	6	CS	684	MF, 19-94	AD	Mo, Me	L _{Aeq,7-22hr} L _{Aeq, WT/SPL}	6, 8, 12, 13, 39 (Prev)
Rahmani '22 [21]	18	CS	103	M?	F (City bus drivers)	Me	L _{eq}	19, 15 (Cha)
SNC [53]	19	CO	4,136,220	MF, ≥ 30	ABC	Mo	L _{den} , most exposed façade	2,3, 6, 7, 44 (Mort)
EpiVib [13]	9	CS	5,381	MF, 18-80	B	Mo	L _{den} (1 yr)	8 (Inc?)
Wang '22 [22]	20	CS	4,746	MF	F(automobile facility)	Me	L _{Aeq8hr}	23 (Prev)
Wu '22 [23]	20	CS	4,856	M	F (automobile facility)	Me	L _{Aeq8hr}	23 (Prev)
Zhou '22 [24]	20	CS	1,527	M	F (automobile facility)	Me	L _{Aeq8hr}	23 (Prev)
Guha '23 [25]	21	CS	154	MF, ~20-60	H	Me	Frequency (Hz)	23 (Prev)
DNHS [54]	1	CO	286,151	MF, ≥ 16	AB	Mo	L _{den} , most exposed façade, L _{den} , least exposed façade (5 and 10 yr)	8 (Inc)

*Country: 1 = Denmark, 2 = Taiwan, 3 = The Netherlands, 4 = United Kingdom, 5 = Italy, 6 = Finland, 7 = United States of America, 8 = Brazil, 9 = Sweden, 10 = Belgium, 11 = Germany, 12 = France, 13 = Greece, 14 = Spain, 15 = Canada, 16 = Ghana, 17 = Austria, 18 = Iran, 19 = Switzerland, 20 = China, 21 = India; *Design: RM = repeated measurements, IS = Intervention study, CO = Cohort, CS = Cross-sectional study, ECO = Ecological study; ± Noise source(s): A = Road traffic, B = Rail traffic, C = Air traffic, D = Wind turbines, E = Recreational, F = Occupational, G = Environment, H = Traffic; ** Exposure characterization: Mo = Modelling, Me = Measurements; ## Outcome: 1 = arterial fibrillation, 2 = Cerebrovascular disease or stroke, 3 = heart failure, 4 = COPD, 5 = all-cause mortality / non-accidental mortality, 6 = cardiovascular disease, 7 = Ischemic heart disease (incl angina pectoris and acute myocardial infarction), 8 = diabetes (type 2), 9 = respiratory disease, 10 = ALRI, 11 = dementia, 12 = psychiatric disease, 13 = all cancers, 14 = breast cancer, 15 = heart rate variability, 16 = circulatory disease, 17 = lung cancer, 18 = neurodegenerative disease, 19 = Blood pressure, 20 = Triglycerides, 21 = Glycated haemoglobin, 22 = C-reactive protein, 23 = Hypertension, 24 = acute vascular events, 25 = Visceral adipose tissue volume, 26 = BMI, 27 = subcutaneous Adipose Tissue volume, 28 = VAT-SAT ratio, 29 = subsequent change in VAT volume, 30 = amygdalar activity, 31 = Gestational diabetes mellitus, 32 = Hair cortisol concentration, 33 = leucocytes, 34 = neutrophils, 35 = monocytes, 36 = lymphocytes, 37 = Metabolic syndrome, 38 = decreased HDL-levels, 39 = elevated blood pressure, 40 = elevated waist circumference, 41 = elevated fasting glucose, 42 = Distal sensimotor polyneuropathy, 43 = Segregation index, intra-network (sensimotor network, dorsal attention, limbic network, frontoparietal network), 44 = blood pressure-related mortality, and prev = prevalence, inc = incidence, mort = mortality, cha = change

Mental health and dementia: Systematic reviews and meta-analyses

For our overview we included 14 reviews [57-71]. The reviews had the following main approaches:

- a) Health and mental health among children [57, 60, 66]. Of these, Terzakis [66] focused on the association of different noise indicators and non-auditory effects on children;
- b) Dementia and cognitive impairment [63, 64, 70];
- c) Environmental pollution inclusive noise and mental health [65, 67-69]. Of these, Rojas Rueda et al. [65] consisted of a comprehensive umbrella review of meta analyses;
- d) Health (inclusive mental health in low and middle income countries [58]; and
- e) Finally two reviews of how subjective perception of noise and other pollutions link to mental health [62, 71].

Original studies: Mental health and dementia

For our overview we identified and included 22 studies that investigated the impact of one or more sources of environmental or occupational noise on one or more mental health outcomes and/or mental health. The studies were performed in 16 different countries across the world. Table 4 presents characteristics of these studies.

Eight of the studies had a longitudinal design or were cohort studies; for one of these also cross-sectional analyses were presented. Furthermore, 13 studies had a cross-sectional design and one study was an intervention study. Sample sizes ranged from 40 to 1.938 994 participants. Although, the majority of the studies included both men and women, there were one study of pregnant females and one occupational study including only men. Also, another occupational study had a large dominance of male participants [72]. Five studies specifically investigated or also included the impact of noise or environmental exposures on children.

In the large majority of studies, the impact of road traffic noise exposure was investigated. Some studies also included rail, aircraft, industry and wind turbines. Two studies investigated “community or residential noise”. In three studies the impact of occupational noise was studied. Within the studies investigating mental health, a large variety of measures were used.

Strengths and Difficulty Questionnaire (SDQ) were adopted by four studies with child/ adolescent populations, however in some of these studies also other measures were used such as Child Behavior Check List (CBCL), and ICD codes. Among the adult population some studies used Depression Anxiety Scale (DASS-21), Kessler Psychological Distress Scale (KPDS), Patient Health Questionnaire PHQ, General Health Questionnaire GHQ (for subclinical mental health), mental disorders including symptoms of Nerves, Anxiety, Tension or Depression (NATD), Generalized Anxiety Disorder-7 (GAD-7), the WHO-5 wellbeing index, or other measures being referred to as mental wellbeing, mental disorders, or psychosocial health. Only one, albeit large study, studied all dementia and subtypes. For all cause dementia they used primary or secondary diagnoses from health registry data (1), or at least one prescription of an antidementia drug (donepezil, rivastigmine, galantamine, or memantine) registered in the National Prescription Registry, Denmark (method 2), or both. For subtype diagnoses, specific diagnoses of Alzheimer’s disease, vascular dementia, and Parkinson’s disease related dementia was considered. In addition to mental health and dementia, a number of different health end points often related to insomnia, were sometimes also investigated.

Table 4. Characteristics of the identified and selected studies investigating the impact of noise on mental health (outcomes).

1st author	Country*	Design#	Study population (N)	Sex/age (yrs)	Noise source(s)	Exposure characterization*	Other exposures	Exposure metric(s) (exposure window(s))	End point(s)
Residential studies									
Bao '22[73]	20	CS	3,236	M,F 7-13	Road	Mo	NO ₂	L _{day} , L _{night} , (L _{dn})	SDQ,
Bloemsma '22 [74]	3	CO	3,059	M,F, 11, 14, 17, 20	Road, Rail	Mo	i.e NDVI; NO ₂ ; PM ₁₀ ; PM _{2.5}	L _{den}	Mental Health Invent (MHI-5)
Cantuaria '21 [39]	1	CO	1,938,994	M,F, >=60	Road, Rail	Mo	PM _{2.5} ; NO ₂ ; green space; urbanity	10 year L _{den} , L _{night} max and min facade	All dementia, subtypes
Essers '22 [75]	14	CO	534 and 7,424	M,F 18 months - 9	Road	Mo		L _{den}	SDQ, CBCL; CPRS; ADHD sympt (DHD-DSM-IV)
Faiyetole '21 [76]	24	CS	402	M,F>18	Aircraft	Me, SLM		LC peak dB;	Psycho-social health Qs,
Gilani '22 [77]	21	CS	4,525	M,F	Road	Mo		L _{night}	Insomnia; Mental health (DASS-21)
Gomm '23 [78]	19	CS	5,729	M,F	Road	Mo + perceived burden of stressors	Air pollution, green	Geodata SonBASE dataset, annual average street traffic flow	GHQ (subclinical MH)
Hao '22 [79]	20	CS	334,986	M,F (40-69)	Road	Mo	PM _{2.5}	CNOSSOS -EU	Mental disorders (NATD)
Huang '23 [71]	20	CS	1,772	M,F	Road	vehicle density (VVI), traffic intensity SP acoustic quality	NDVI, GVI, PM _{2.5} ; air pollution, perceived air pollution		Mental wellbeing
Jigeer '22 [80]	20	CS	2,018	F pregnant	Residential noise	LUR Land use regression, Me	green space, PM _{2.5}	<65 dBA- vs high >65 dBA;	SAS; CES-D prenatal anxiety, depression
Lan '22 [81]	3	CS	358	M,F	Road, rail, WT	Mo; STAMINA; GPS tracks (50-100m)	NDVI, blue space, PM _{2.5} , crowdedness		GAD-7 (anxiety)

Li '22 [82]	23	CO	31,387	M,F	Road, air, rail, industry	SP frequency; obj (distance + pop density)		impact of change, distance and density	36-item, Survey; Kessler Psychological Distress
Lin '23 [83]	2	CS	125,221	M,F (30-79)	Road	Mo, LUR; adj annual, by me	PM _{2.5}	Leq 24 annual, 1/3 oct band spl	Report diagnosed depression
Monazzam '22 [84]	18	CS	822	M,F	Road	sampling based on noise Mo		L _{dn} , L _{night} , L _{day}	Kessler Psychological Distress
Raess '22 [85]	8	CS, CO	3,385 3 yrs, and 1,546 6 yrs	M,F 3 and 6	Community	Me, + Mo	NDVI	L _{den} ; L _{night}	SDQ; PRIDI; CBCL; IDELA
Roberts '21 [86]	3	CS	393	M,F	Road	Mo (STAMINA) GPS tracking	NDVI, blue space, PM _{2.5}	L _{den}	PHQ-9, Depressive symptoms
Tangermann '22 [87]	19	Co	886	M,F (10-17)	Road	Mo		L _{den} , L _{night} , L _{day} , Intermittency ratio; events	SDQ
Turunen '21 [88]	6	CS	1,411		WT	distance proxy for noise			reported health, medication
Wang '22 [89]	7	CS	468,815	M,F (5-64)	Aircraft	Mo; Flight pattern data		L _{dn} ; before and after a move of flightpaths	ICD codes; insomnia, depression, mood disorder, emotional disorders, emergency visits
Occupational studies									
Bertrais '22 [90]	12	CO	15,776	M,F	Noise	NA	long hours, shift, fumes,toxic, biomech	Unspecific,	WHO-5 Wellbeing index
Darabi '22 [91]	18	CS	40 exposed and 40 non exposed	M	Occupational noise	Noise dosimetry during shift	cement dust, silica (NIOSH 0600, NIOSH 7601)	8h noise dose; high 98.9 vs low 49.8	Depression Anxiety Stress Scales (DASS-21); blood samples for oxidative stress
Kwon '21 [72]	22	CO	48,476	M (39,086) F (9,390)	Occupational noise	Self reported exposure frequency	vibration, temperature	sever expos (3/4 time- all the time)	Depression , anxiety

*Country: 1 = Denmark, 2 = Taiwan, 3 = The Netherlands, 4 = United Kingdom, 5 = Italy, 6 = Finland, 7 = United States of America, 8 = Brazil, 9 = Sweden, 10 = Belgium, 11 = Germany, 12 = France, 13 = Greece, 14 = Spain, 15 = Canada, 16 = Ghana, 17 = Austria, 18 = Iran, 19 = Switzerland, 20 = China, 21 = India; 22= Korea, 23 = Australia, 24=

Nigeria. #Design: IS = Intervention study, CO = Cohort, CS = Cross-sectional study, Exposure characterization: Mo = Modelling, Me = Measurements; ## SP = Self perceived

DISCUSSION and CONCLUSION

Findings of the studies will be presented during the conference.

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