

DÍA INTERNACIONAL DE LA LUCHA CONTRA EL RUIDO

CONFERENCIA



(-) Menos Ruido (+) Más CaliDA de Vida

Miércoles 29 de Agosto de 2012 en el Hotel Dann Carlton - Carrera 2 No. 1-60 Salón Rich

Hora: 8 A.M. a 12 P.M.

Mayor Información al: 660 68 83



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par



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MENOS RUIDO... MAS CORAZÓN...



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Fundación Valle del Lili



GENERALIDADES

- Es urgente conocer acerca de cómo la exposición a ruidos en los puestos de trabajo y en la vida diaria puede influir en la salud y la seguridad de las personas



GENERALIDADES

- Es necesario contar con herramientas y conocimientos para medir el ruido y de esta manera llevar acabo acciones correctivas y/o preventivas para combatir este riesgo físico

GENERALIDADES

- El ruido además de ser molesto, puede afectar la capacidad de trabajar al ocasionar tensión y perturbar la concentración, por esto puede originar accidentes al dificultar la comunicación y las señales de alarma

GENERALIDADES

- El ruido es una de las enfermedades profesionales más comunes, puede provocar problemas de salud crónicos y hacer que se pierda el sentido del oído, a causa de la exposición continua en el lugar de trabajo

DATOS DE INTERÉS

- La unidad de intensidad del sonido es el Decibel (dB). Al crecer la amplitud de las ondas sonoras aumenta la presión del sonido en la escala de decibeles
- La velocidad del sonido
 - En el aire (a 20 °C) es de 340 m/s
 - En el agua es de 1.600 m/s
 - En la madera es de 3.900 m/s
 - En el acero es de 5.100 m/s

TONO

- Los términos tono o altura se refieren a una cualidad de la sensación sonora que nos permite distinguir entre un sonido grave o bajo, de otro agudo o alto. El tono se eleva al aumentar la frecuencia.



- Se define como la cantidad de energía (potencia sonora) que atraviesa por segundo una superficie que contiene un sonido. Está relacionado con la amplitud de la onda sonora y con la cantidad de energía transportada. Desde un punto de vista subjetivo nos dice si el sonido es "fuerte ó débil" (sonoridad)

OIDO HUMANO

- Las frecuencias audibles para el oído humano van de 20 a 20000 ciclos por segundo que se conocen como Hertz (Hz)
- De 0 a 20 Hz son infrasonidos
- De 20000 Hz en adelante son ultrasonidos

DIFERENCIA DE SONIDO Y RUIDO

- **Sonido:** Es la vibración mecánica de las moléculas de un gas, de un líquido, o de un sólido (aire, agua, paredes, etc.) que se propaga en forma de ondas, y que es percibido por el oído humano
- **Ruido:** Es todo sonido no deseado, que produce daños fisiológicos y/o psicológicos

TIPOS DE RUIDO

- Ruido continuo
- Ruido intermitente
- Ruido de impacto

RUIDO CONTINUO

- Se presenta cuando el nivel de presión sonora es prácticamente constante durante el periodo de observación (a lo largo de la jornada de trabajo). Por ejemplo: el ruido de un motor eléctrico.

RUIDO INTERMITENTE

- En él que se producen caídas bruscas hasta el nivel ambiental de forma intermitente, volviéndose a alcanzar el nivel superior. El nivel superior debe mantenerse durante más de un segundo antes de producirse una nueva caída. Por ejemplo: el accionar un taladro.

RUIDO DE IMPACTO

- Se caracteriza por una elevación brusca de ruido en un tiempo inferior a 35 milisegundos y una duración total de menos de 500 milisegundos. Por ejemplo, arranque de compresores, impacto de carros, cierre o apertura de puertas

CARACTERÍSTICAS DEL RUIDO (1/3)

- Es el contaminante más barato.
- Es fácil de producir y necesita muy poca energía para ser emitido.
- Es complejo de medir y cuantificar.
- No deja residuos, no tiene un efecto acumulativo en el medio, pero si puede tener un efecto acumulativo en el hombre.

CARACTERÍSTICAS DEL RUIDO (2/3)

- No se traslada a través de los sistemas naturales.
- Se percibe solo por un sentido: el Oído, lo cual hace subestimar su efecto; (esto no sucede con el agua, por ejemplo, donde la contaminación se puede percibir por su aspecto, olor, tacto y sabor).

CARACTERÍSTICAS DEL RUIDO (3/3)

- Se trata de una contaminación localizada, por lo tanto afecta a un entorno limitado a la proximidad de la fuente sonora.
- Los efectos perjudiciales, en general, no aparecen hasta pasado un tiempo largo, es decir, sus efectos no son inmediatos.
- Es frecuente considerar el ruido como un mal inevitable y como el resultado del desarrollo y del progreso.

RUIDO Y SALUD

- Las vibraciones y el ruido pueden generar efectos crónicos sobre los vasos sanguíneos y capilares y depende del tipo de exposición medioambiental, aunque generalmente guardan más relación con ciertos ambientes laborales.

NIVELES ACTUALES

- La contaminación acústica producida por la actividad humana ha aumentado de forma espectacular en los últimos años

NIVELES ACTUALES

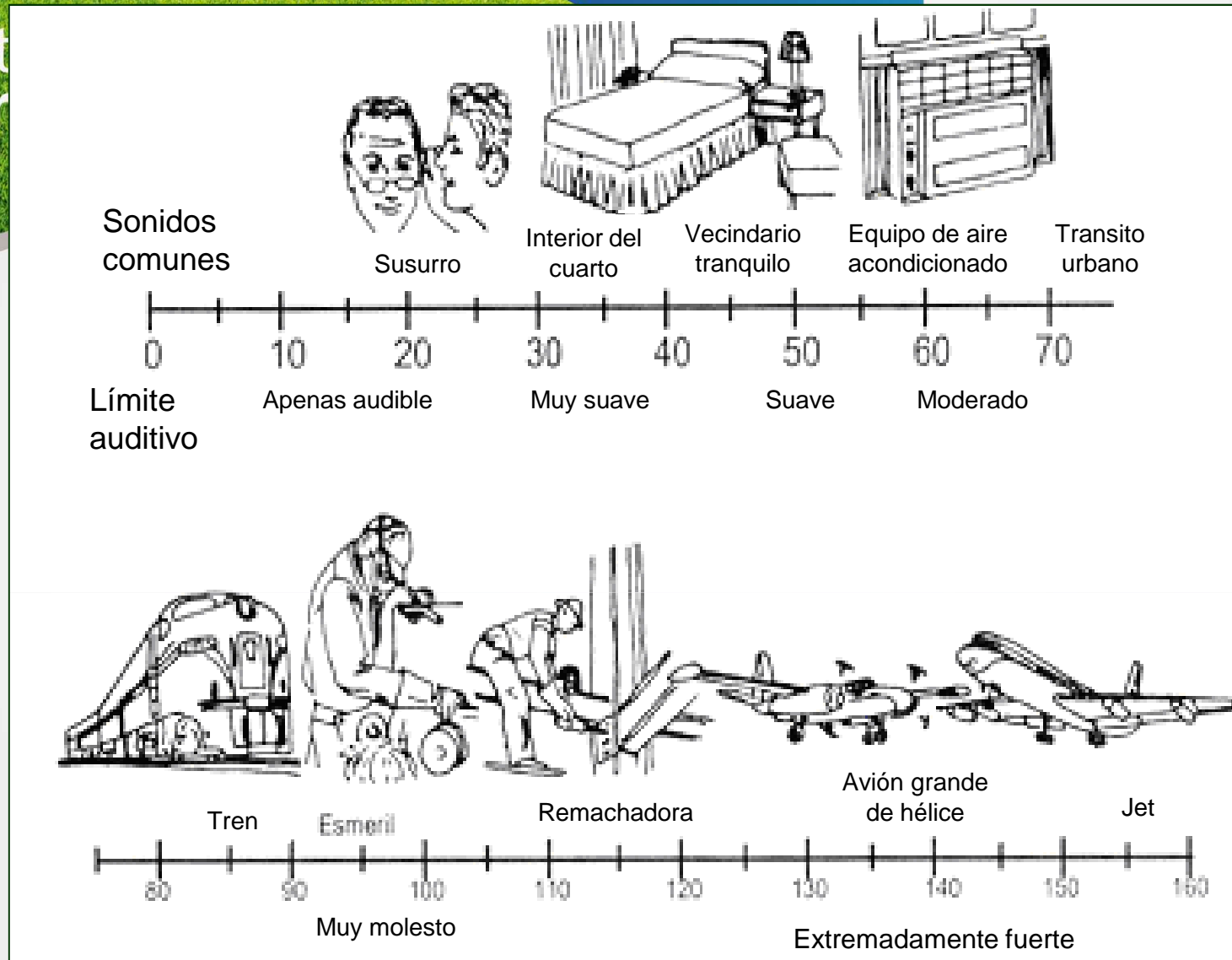
- Según estudios internacionales, aprox. 130.000.000 habitantes se encuentran con nivel sonoro superior a 65 decibelios (dB), límite aceptado por la O.M.S
- Otros 300.000.000 habitantes residen en zonas de incomodidad acústica entre 55-65 dB

DISTRIBUCIÓN DEL RUIDO

- Dependiendo generalmente de la estructura socioeconómica y geográfica de las comunidades, el 80% del nivel medio de ruido es debido a vehículos a motor, el 10% a las industrias, el 6% a ferrocarriles y el 4% a bares, locales públicos, discotecas y talleres industriales

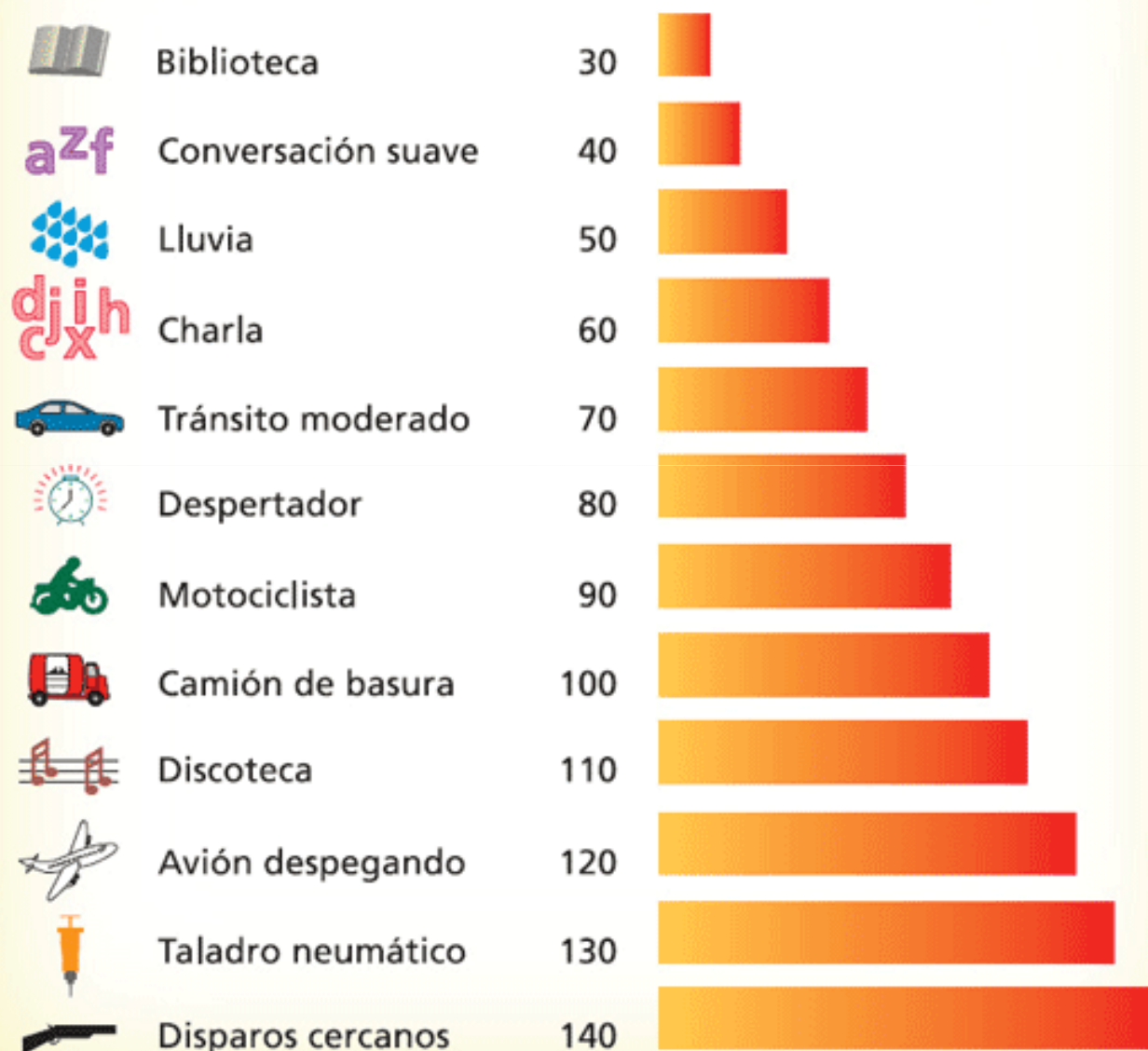
CAMBIOS EN LA DISTRIBUCIÓN

- El cambio de vida social de la juventud lleva altos niveles de ruido en ciertas horas de días no laborales y en determinadas áreas geográficas de las ciudades
- Se requiere revisión de leyes como expresión de un problema medio ambiental que incide sobre la salud



El oído humano es sensible a los sonidos cuyos niveles de presión acústica están comprendidos entre los 0 dB (mínimo audible) y los 120 dB (umbrales de dolor)

La exposición a ruidos superiores a 85-90 decibeles durante varias horas por día causa daños irreversibles a nuestros oídos.

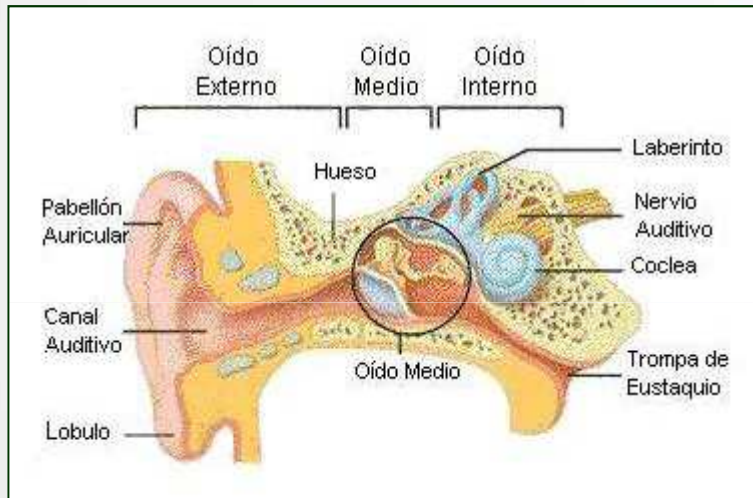
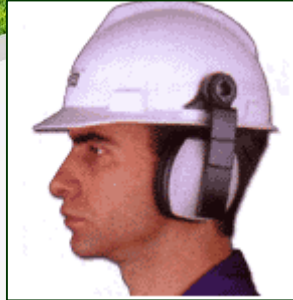


INTENSIDAD SONORA

Variación de Intensidad (KPa)	Ejemplo de Ruido	DB
1	Umbral de audición	0
10	Muy silencioso	10
100	Susurro	20
1.000	Ruido muy suave	30
10.000	Interior de una recamara en silencio	40
100.000	Conversación en voz baja	50
1.000.000	Aparato de aire acondicionado	60
10.000.000	Oficina. Tienda.	70
100.000.000	Lavadora. Calle con tráfico intenso.	80
1.000.000.000	Esmeril.	90
10.000.000.000.	Martillo neumático. Industria textil.	100
100.000.000.000	Remachadora. Concierto de rock.	110
1.000.000.000.000	Juegos Artificiales.	120
10.000.000.000.000	Avión Reactor despegado.	130

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TRR: 23 dB



TRR: 35 dB



TRR: 21 dB

RUIDO Y SALUD

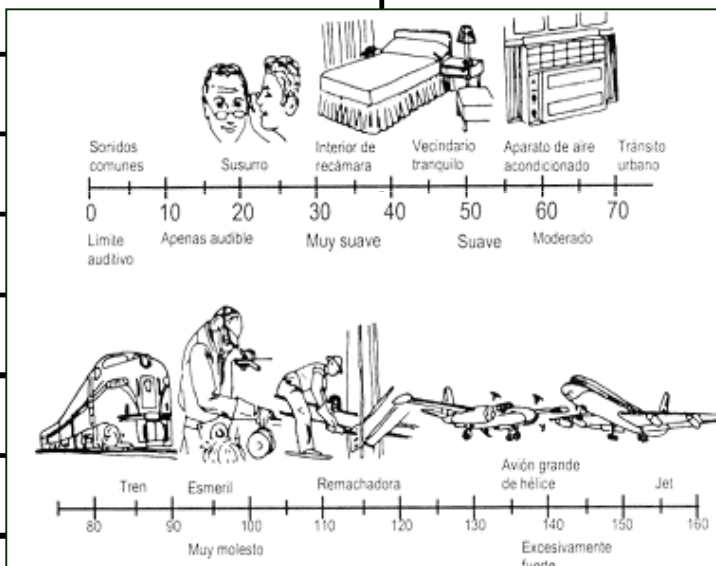
- Los efectos en la salud de la exposición al ruido dependen del nivel del ruido y de la duración de la exposición.
 - Pérdida temporal de audición
 - Pérdida permanente de audición
 - Otros efectos: Fatiga, estrés, trastornos cardíacos, gastrointestinales, neurológicos, ausentismo, insomnio, irritabilidad, disfunción sexual, aterosclerosis

RUIDO EN COLOMBIA

- Los valores limites permitidos para el ruido dependen del tiempo de exposición para ruido continuo y del número de impulsos para ruidos
 - Resolución 8321 de 1983 expedida por el Ministerio de Salud
 - Resolución 1792 de 1990 expedida por los Ministerios de Salud y de Trabajo y Seguridad Social

VALORES PERMITIDOS PARA RUIDO CONTINUO

EXPOSICIÓN DIARIA (hrs.)	NPS PERMITIDO EN dB(A)
8	90
7- 6	92
5-4	95
3	97
2	100
1	102
1/2	105
1/4	110
1/8	115



No se permite ningún tiempo de exposición a ruido continuo o intermitente por encima de 115 dB(A) de presión sonora.

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Ahora hacemos un recorrido ruidoso por la literatura...



Acute effects of night-time noise exposure on blood pressure in populations living near airports

Alexandros S. Haralabidis¹, Konstantina Dimakopoulou¹, Federica Vigna-Taglianti², Matteo Giampaolo³, Alessandro Borgini⁴, Marie-Louise Dudley⁵, Göran Pershagen⁶, Gösta Bluhm⁶, Danny Houthuijs⁷, Wolfgang Babisch⁸, Manolis Velonakis⁹, Klea Katsouyanni^{1*}, and Lars Jarup⁵ for the HYENA Consortium

¹Department of Hygiene and Epidemiology, Medical School, National and Kapodistrian University of Athens, 75, Mikras Asias Street, Athens 11527, Greece; ²Environmental Epidemiologic Unit, Regional Agency for Environmental Protection, Piedmont Region, Grugliasco, Italy; ³Regional Agency for Environmental Protection, Lombardy Region, Milan, Italy; ⁴Cancer Register and Environmental Epidemiology Unit, National Cancer Institute, Milan, Italy; ⁵Department of Epidemiology and Public Health, Imperial College London, London, UK; ⁶Institute of Environmental Medicine, Karolinska Institutet, Stockholm, Sweden; ⁷The National Institute for Public Health and the Environment, Bilthoven, The Netherlands; ⁸Department of Environmental Hygiene, Federal Environmental Agency, Berlin, Germany; ⁹Laboratory of Prevention, Nurses School, University of Athens, Athens, Greece

European Heart Journal (2008) **29**, 658–664
doi:10.1093/eurheartj/ehn013

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Aims

Within the framework of the HYENA (hypertension and exposure to noise near airports) project we investigated the effect of short-term changes of transportation or indoor noise levels on blood pressure (BP) and heart rate (HR) during night-time sleep in 140 subjects living near four major European airports.

Methods and results

Non-invasive ambulatory BP measurements at 15 min intervals were performed. Noise was measured during the night sleeping period and recorded digitally for the identification of the source of a noise event. Exposure variables included equivalent noise level over 1 and 15 min and presence/absence of event (with $L_{Amax} > 35$ dB) before each BP measurement. Random effects models for repeated measurements were applied. An increase in BP (6.2 mmHg (0.63–12) for systolic and 7.4 mmHg (3.1, 12) for diastolic) was observed over 15 min intervals in which an aircraft event occurred. A non-significant increase in HR was also observed (by 5.4 b.p.m.). Less consistent effects were observed on HR. When the actual maximum noise level of an event was assessed there were no systematic differences in the effects according to the noise source.

Conclusion

Effects of noise exposure on elevated subsequent BP measurements were clearly shown. The effect size of the noise level appears to be independent of the noise source.

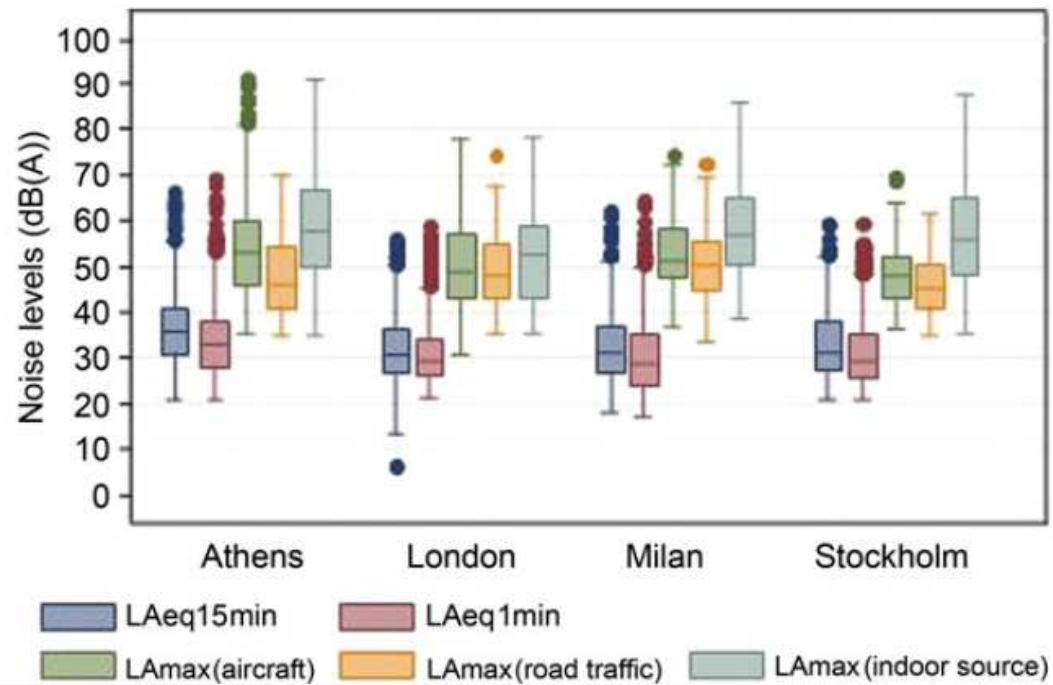
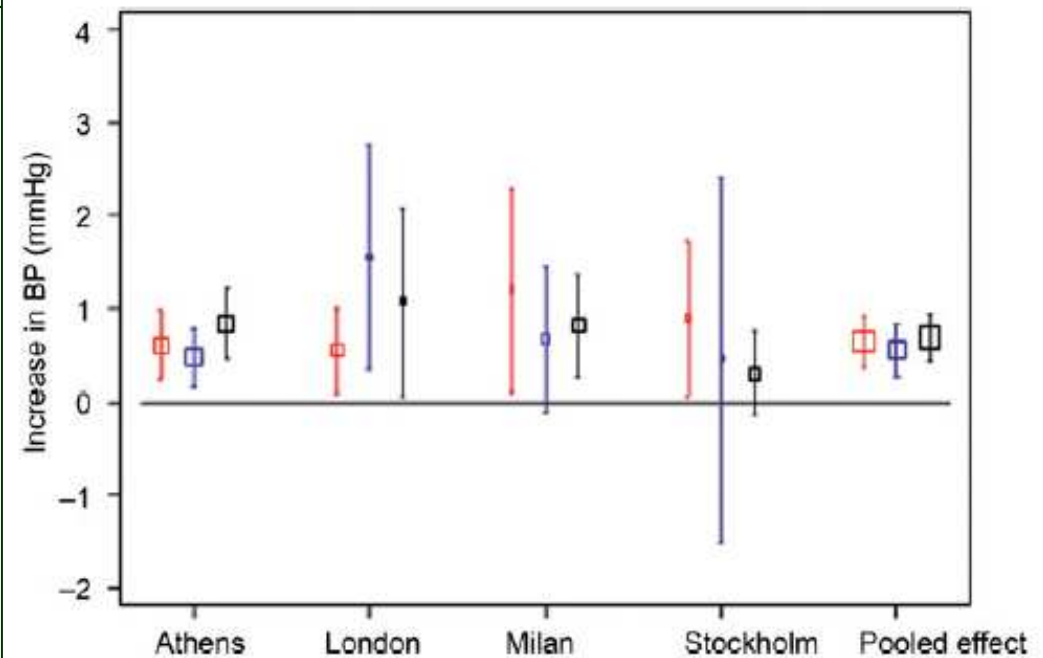


Figure 1 Box plots of the various noise indicators measured during the study night

Figure 3 Centre-specific and pooled effect estimates on diastolic blood pressure (BP) and its 95% confidence Interval (CI) associated with an increase of 5 dB in LAmix of aircraft event (red), of road traffic event (blue) and of indoor event (black) during night-time sleep (source-specific event identified as present if indoor measured LAmix > 35 dB)



Increased prevalence of hypertension in a population exposed to aircraft noise

M Rosenlund, N Berglind, G Pershagen, L Järup, G Bluhm

Occup Environ Med 2001;**58**:769–773

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Abstract

Objectives—To investigate whether there is a relation between residential exposure to aircraft noise and hypertension.

Methods—The study population comprised two random samples of subjects aged 19–80 years, one including 266 residents in the vicinity of Stockholm Arlanda airport, and another comprising 2693 inhabitants in other parts of Stockholm county. The subjects were classified according to the time weighted equal energy and maximum aircraft noise levels at their residence. A questionnaire provided information on individual characteristics including history of hypertension.

Results—The prevalence odds ratio for hypertension adjusted for age, sex, smoking, and education was 1.6 (95% confidence interval (95% CI) 1.0 to 2.5) among those with energy averaged aircraft noise levels exceeding 55 dBA, and 1.8 (95% CI 1.1 to 2.8) among those with maximum aircraft noise levels exceeding 72 dBA. An exposure-response relation was suggested for both exposure measures. The exposure to aircraft noise seemed particularly important for older subjects and for those not reporting impaired hearing ability.

Conclusions—Community exposure to aircraft noise may be associated with hypertension.

(*Occup Environ Med* 2001;58:769–773)

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Road traffic noise and stroke: a prospective cohort study

Mette Sørensen^{1*}, Martin Hvidberg², Zorana J. Andersen¹, Rikke B. Nordsborg¹, Kenneth G. Lillelund³, Jørgen Jakobsen⁴, Anne Tjønneland¹, Kim Overvad^{5,6†}, and Ole Raaschou-Nielsen^{1†}

European Heart Journal (2011) **32**, 737–744
doi:10.1093/eurheartj/ehq466

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Aims

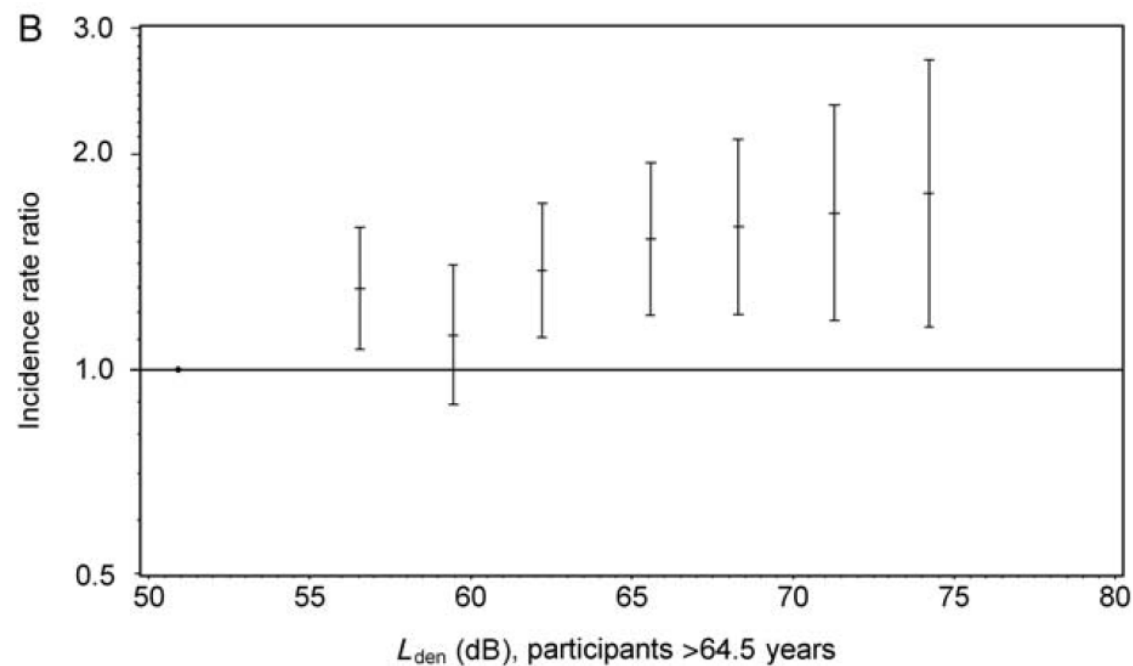
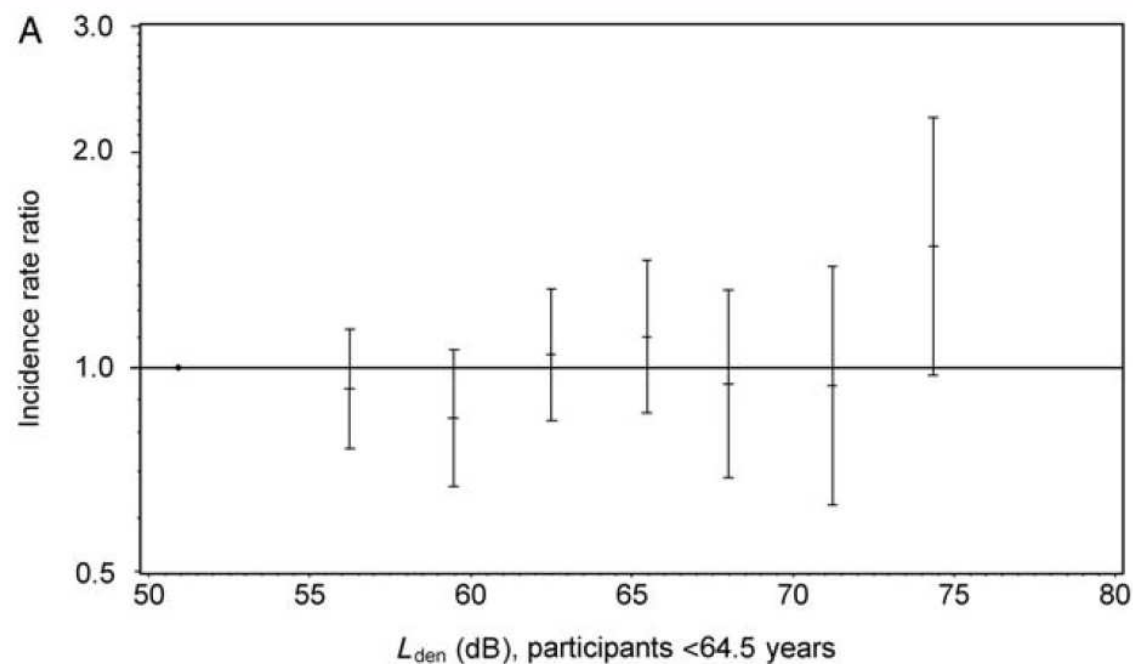
Epidemiological studies suggest that long-term exposure to road traffic noise increases the risk of cardiovascular disorders. The aim of this study was to investigate the relation between exposure to road traffic noise and risk for stroke, which has not been studied before.

Methods and results

In a population-based cohort of 57 053 people, we identified 1881 cases of first-ever stroke in a national hospital register between 1993–1997 and 2006. Exposure to road traffic noise and air pollution during the same period was estimated for all cohort members from residential address history. Associations between exposure to road traffic noise and stroke incidence were analysed in a Cox regression model with stratification for gender and calendar-year and adjustment for air pollution and other potential confounders. We found an incidence rate ratio (IRR) of 1.14 for stroke [95% confidence interval (CI): 1.03–1.25] per 10 dB higher level of road traffic noise (L_{den}). There was a statistically significant interaction with age ($P < 0.001$), with a strong association between road traffic noise and stroke among cases over 64.5 years (IRR: 1.27; 95% CI: 1.13–1.43) and no association for those under 64.5 years (IRR: 1.02; 95% CI: 0.91–1.14).

Conclusion

Exposure to residential road traffic noise was associated with a higher risk for stroke among people older than 64.5 years of age.



Noise burden and the risk of myocardial infarction

Stefan N. Willich^{1*}, Karl Wegscheider², Martina Stallmann², and Thomas Keil¹

¹*Institute for Social Medicine, Epidemiology, and Health Economics, Charité University Medical Centre, 10098 Berlin, Germany; and* ²*Department of Medical Statistics, University of Hamburg, Germany*

Received 26 April 2005; revised 17 October 2005; accepted 27 October 2005; online publish-ahead-of-print 24 November 2005

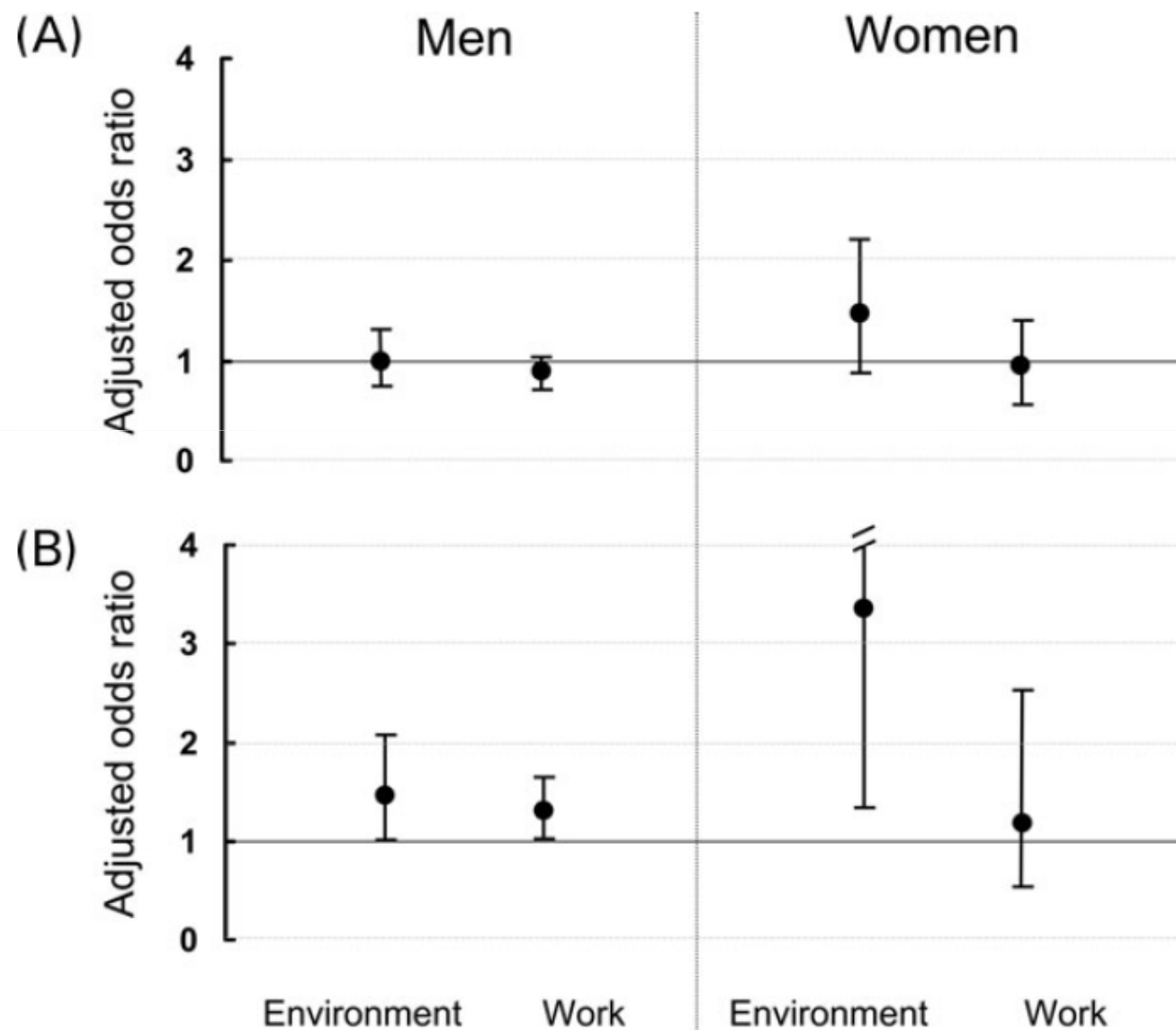
European Heart Journal (2006) 27, 276–282
doi:10.1093/eurheartj/ehi658

Aims Chronic noise exposure is associated with adverse pathophysiological effects and may contribute to the progression of cardiovascular disease. We, therefore, determined the risk of noise for the incidence of myocardial infarction.

Methods and results In a case-control study, 4115 patients (3054 men, 56 ± 9 years; 1061 women, 58 ± 9 years) consecutively admitted to all 32 major hospitals in Berlin with confirmed diagnosis of acute myocardial infarction were enrolled from 1998 to 2001 in the Noise and Risk of Myocardial Infarction (NaRoMI) study. Controls were matched for gender, age, and hospital. In standardized interviews, information was obtained on environmental and work noise annoyance. The sound levels of environmental and work noise were assessed using traffic noise maps as proxy and international standards for workplaces, respectively. In multivariate logistic regression models, the adjusted odds ratios of noise variables were determined. There was a marginally increased risk of myocardial infarction associated with annoyance by environmental noise in women (adjusted odds ratio 1.47, 95% confidence interval 0.95–2.25, $P = 0.081$) but not in men, and not associated with annoyance by work noise. Environmental sound levels were associated with increased risk in men and women (odds ratios 1.46, 1.02–2.09, $P = 0.040$ and 3.36, 1.40–8.06, $P = 0.007$) and work sound levels in men only (1.31, 1.01–1.70, $P = 0.045$).

Conclusion Chronic noise burden is associated with the risk of myocardial infarction. The risk increase appears more closely associated with sound levels than with subjective annoyance. Further investigation of the gender-related risk of noise exposure may aid in improving prevention.

Figure 1 Combined simultaneous analysis of the risks associated with environmental and work noise assessed subjectively (annoyance, A) and objectively (sound level, B). The odds ratios including 95% confidence interval are adjusted for diabetes, smoking, hypertension, family history of myocardial infarction, obesity, education, living alone, working status including overtime and shift work, and for noise sensitivity and the respective other noise variables presented here.



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Residential Exposure to Traffic Is Associated With Coronary Atherosclerosis

B. Hoffmann, S. Moebus, S. Möhlenkamp, A. Stang, N. Lehmann, N. Dragano, A. Schmermund, M. Memmesheimer, K. Mann, R. Erbel and K.-H. Jöckel

Circulation. 2007;116:489-496; originally published online July 16, 2007;

doi: 10.1161/CIRCULATIONAHA.107.693622

Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231

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Print ISSN: 0009-7322. Online ISSN: 1524-4539

Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION

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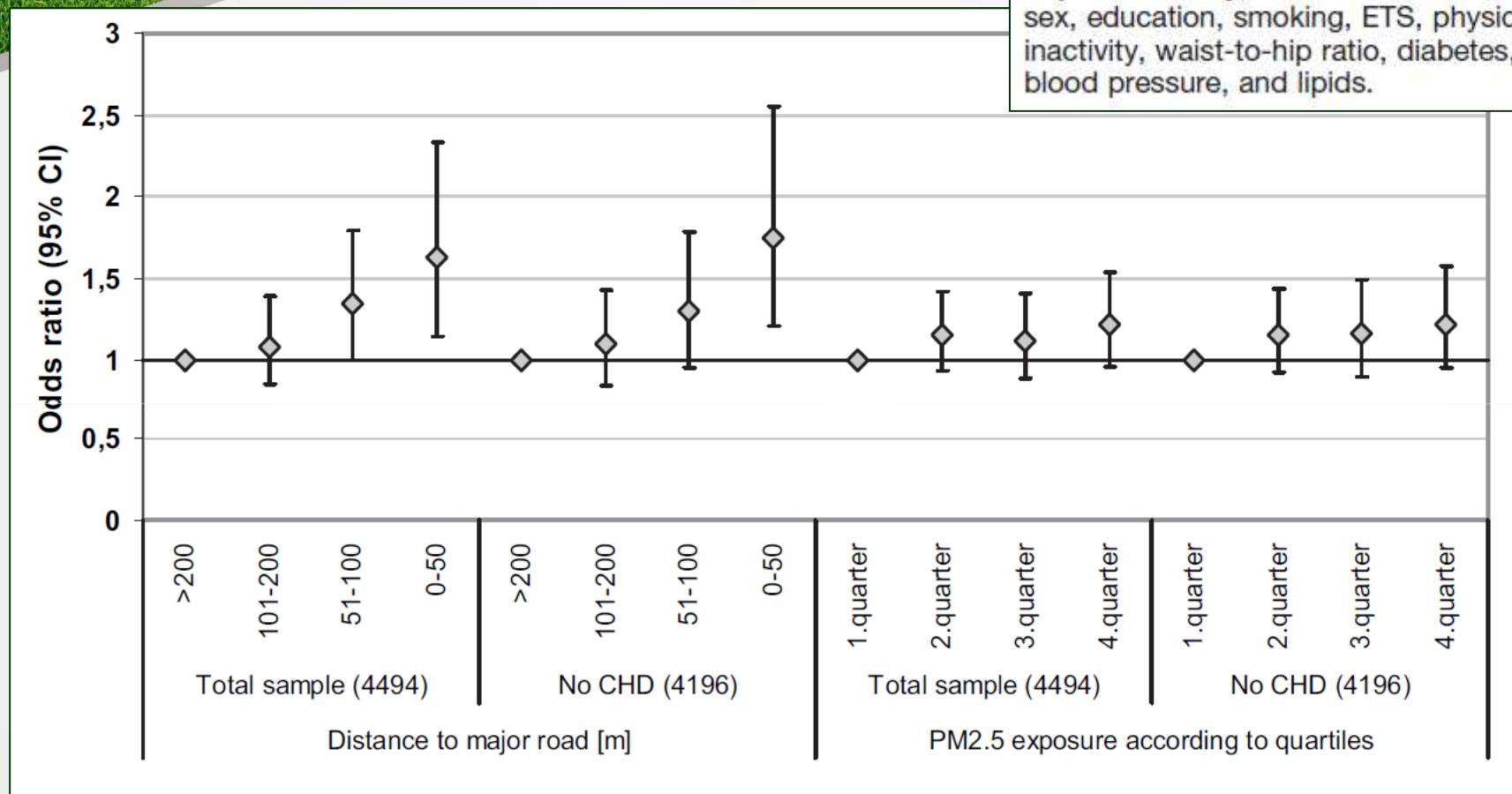
Background—Long-term exposure to fine-particulate-matter (PM_{2.5}) air pollution may accelerate the development and progression of atherosclerosis. We investigated the associations of long-term residential exposure to traffic and fine particulate matter with the degree of coronary atherosclerosis.

Methods and Results—We used baseline data on 4494 participants (age 45 to 74 years) from the German Heinz Nixdorf Recall Study, a population-based, prospective cohort study that started in 2000. To assess exposure differences, distances between residences and major roads were calculated, and annual fine particulate matter concentrations, derived from a small-scale dispersion model, were assigned to each address. The main outcome was coronary artery calcification (CAC) assessed by electron-beam computed tomography. We evaluated the association between air pollution and CAC with logistic and linear regression analyses, controlling for individual level risk factors of coronary atherosclerosis. Compared with participants living >200 m away from a major road, participants living within 50, 51 to 100, and 101 to 200 m had odds ratios of 1.63 (95% CI, 1.14 to 2.33), 1.34 (95% CI, 1.00 to 1.79), and 1.08 (95% CI, 0.85 to 1.39), respectively, for a high CAC (CAC above the age- and gender-specific 75th percentile). A reduction in the distance between the residence and a major road by half was associated with a 7.0% (95% CI, 0.1 to 14.4) higher CAC. Fine particulate matter exposure was associated with CAC only in subjects who had not been working full-time for at least 5 years.

Conclusions—Long-term residential exposure to high traffic is associated with the degree of coronary atherosclerosis. (*Circulation*. 2007;116:489-496.)

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Figure 2. Adjusted ORs (and 95% CIs) for a CAC score above the age- and gender-specific 75th percentile for the total sample (n=4494) and for the participants without prior diagnosis of CHD. Adjusted for city, area of residence, age, sex, education, smoking, ETS, physical inactivity, waist-to-hip ratio, diabetes, blood pressure, and lipids.



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World Health
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Burden of disease from environmental noise

Quantification of healthy life years lost in Europe

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ENFERMEDAD CARDIOVASCULAR

Cardiovascular diseases

The evidence from epidemiological studies on the association between exposure to road traffic and aircraft noise and hypertension and ischaemic heart disease has increased during recent years. Road traffic noise has been shown to increase the risk of ischaemic heart disease, including myocardial infarction. Both road traffic noise and aircraft noise increase the risk of high blood pressure. Very few studies exist regarding the cardiovascular effects of exposure to rail traffic noise.

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ALTERACIONES COGNITIVAS

Cognitive impairment in children

The case definition of noise-related cognitive impairment is: The Reduction in cognitive ability in school-age children that occurs while the noise exposure persists and will persist for some time after the cessation of the noise exposure. The extent to which noise impairs cognition, particularly in children, has been studied with both experimental and epidemiological studies.

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ALTERACIÓN DEL SUEÑO

Sleep disturbance

Sleep disturbance can be measured electro-physiologically or by self-reporting in epidemiological studies using survey questionnaires. In epidemiological studies, “self-reported sleep disturbance” is the most easily measurable outcome indicator, because electro-physiological measurements are costly and difficult to carry out on large samples and may themselves influence sleep.

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TINITUS



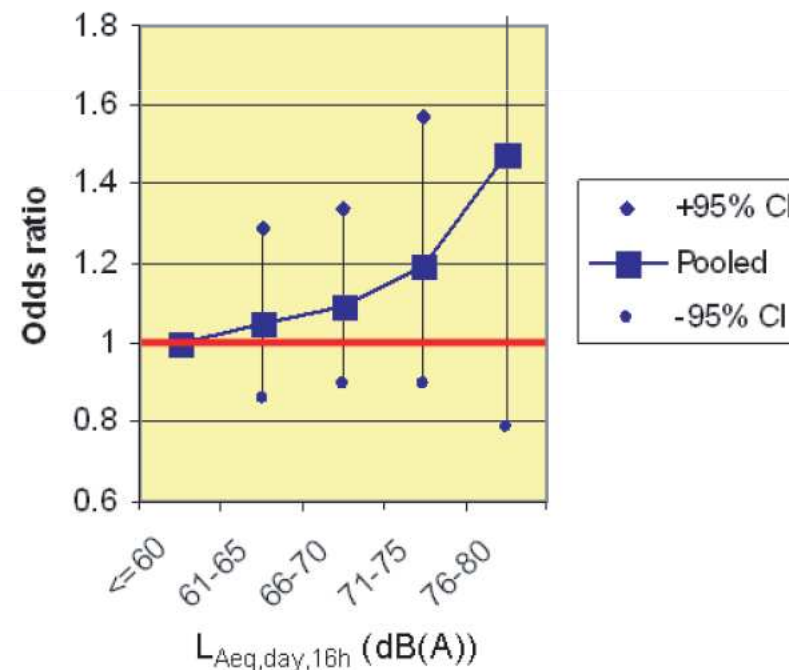
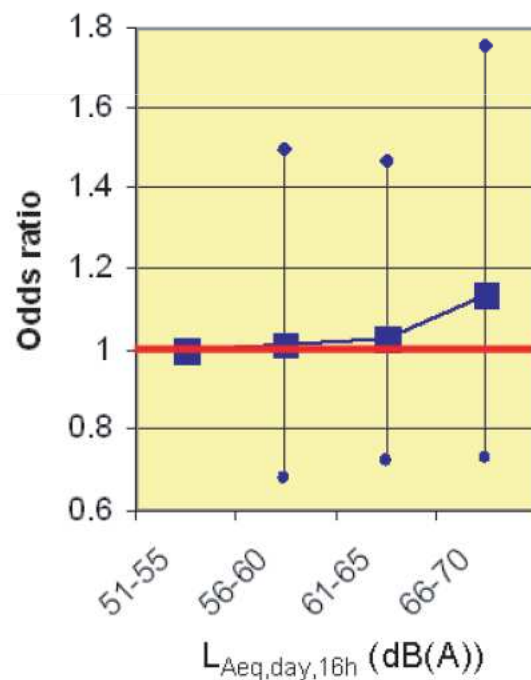
Tinnitus

Tinnitus is defined as the sensation of sound in the absence of an external sound source. Tinnitus caused by excessive noise exposure has long been described; 50% to 90% of patients with chronic noise trauma report tinnitus. In some people, tinnitus can cause sleep disturbance, cognitive effects, anxiety, psychological distress, depression, communication problems, frustration, irritability, tension, inability to work, reduced efficiency and restricted participation in social life.

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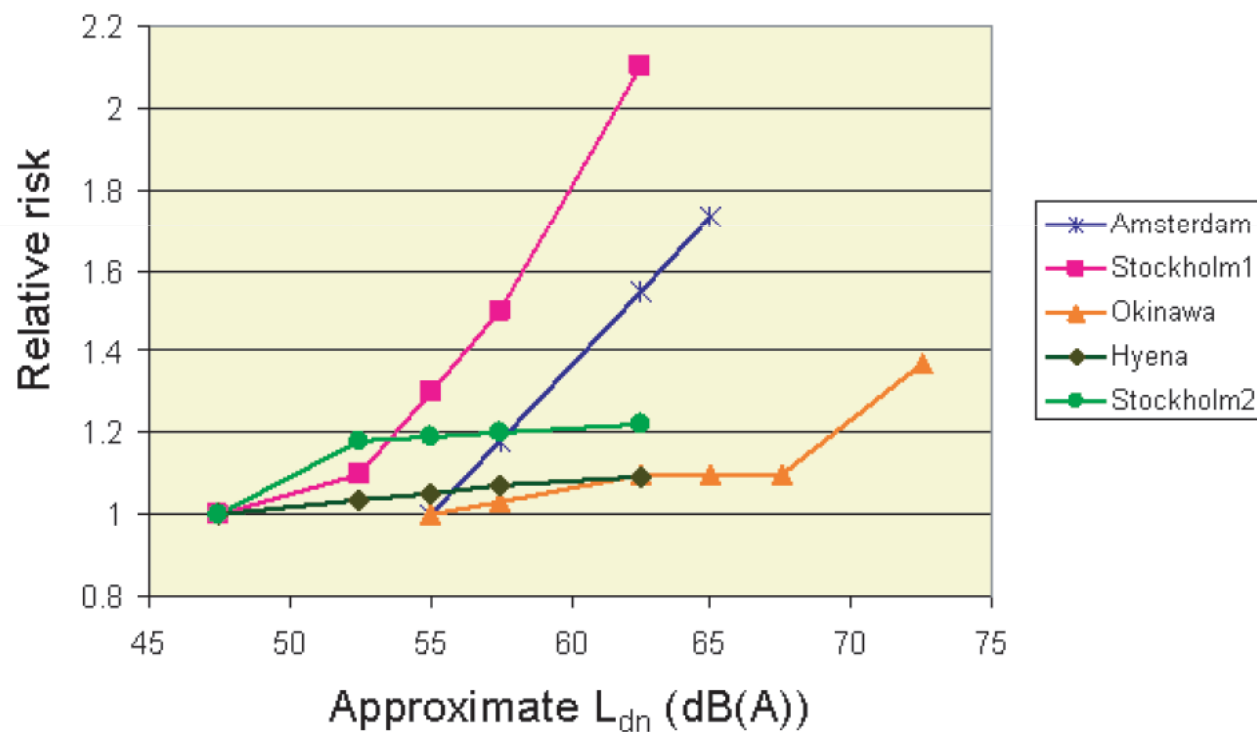
RUIDO Y TRÁFICO

Fig. 2.1 & 2.2. Pooled effect estimates (meta-analysis) of the association between road traffic noise and the prevalence (Fig. 2.1, left) and incidence (Fig. 2.2, right) of myocardial infarction (odds ratio +/- 95% confidence interval)



RUIDO Y AVIONES

Fig. 2.4. Association between aircraft noise and the prevalence or incidence of high blood pressure

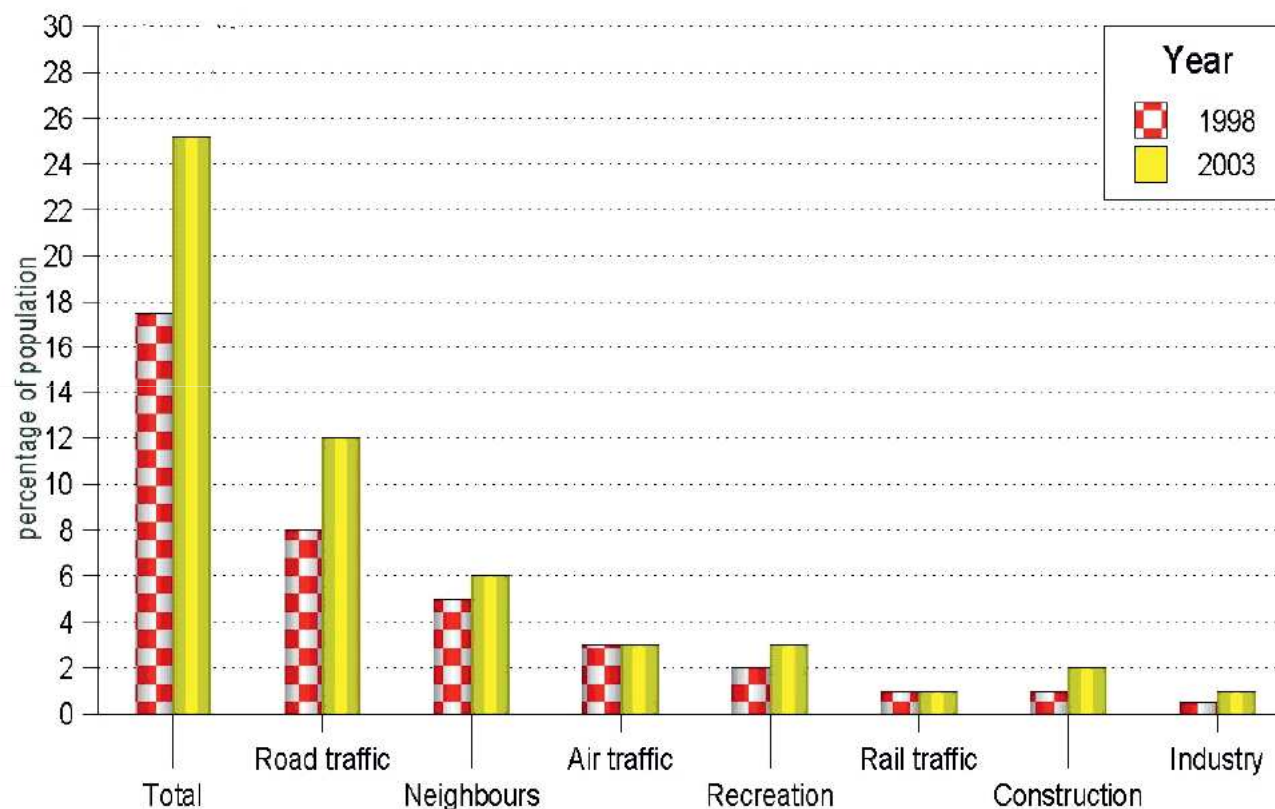


Source: Babisch & Van Kamp (136).

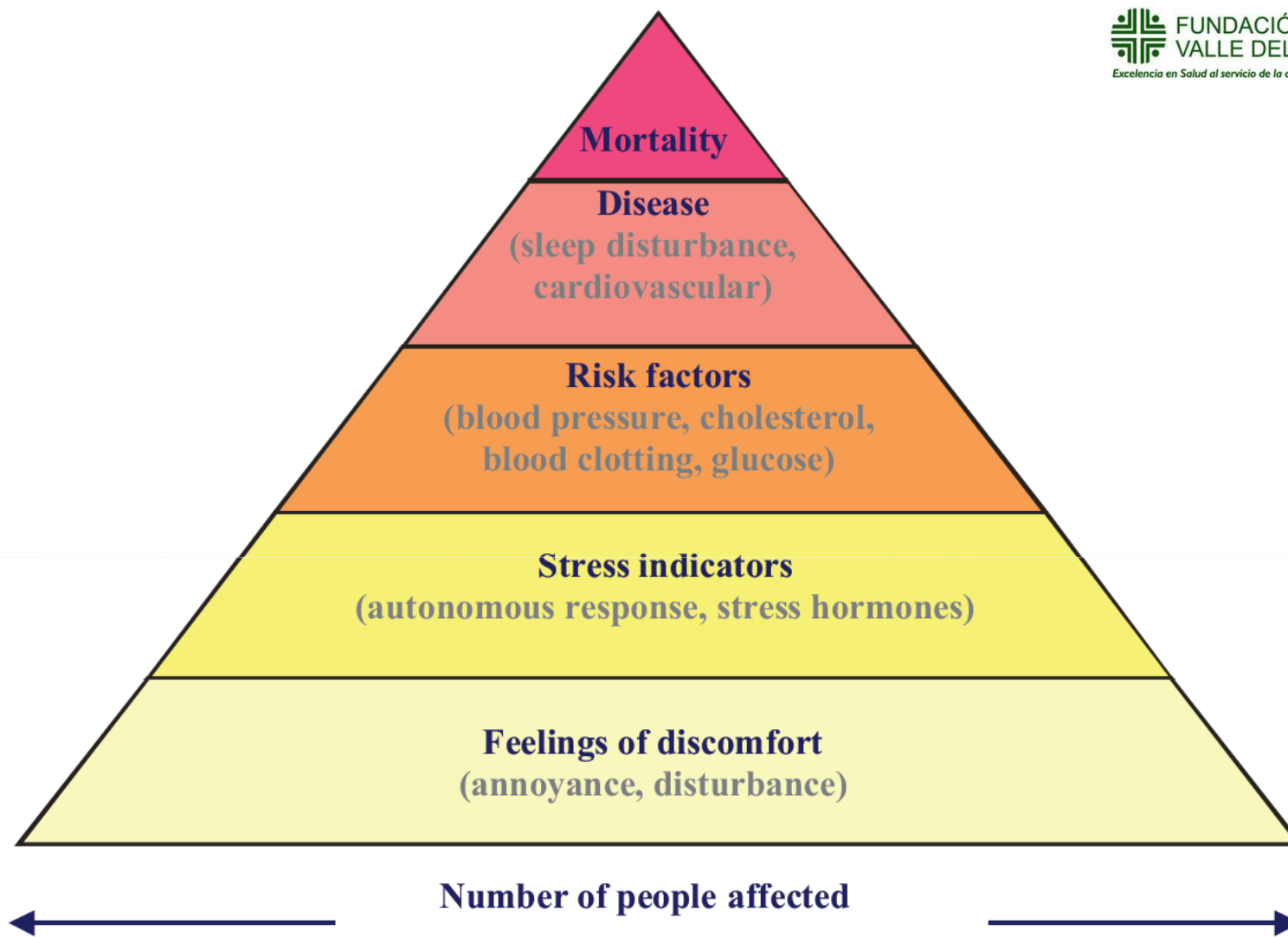


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Fig. 4.1. Percentages of the population claiming to be highly disturbed by noise during sleep from two surveys in the Netherlands



Source: van den Berg et al. (36).



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CONSECUENCIAS DEL RUIDO



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Muchas gracias...

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