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REVIEW ARTICLE

Neurodevelopment and climate change

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KEYWORDS

Childhood;
Adolescence;
Environment;
Climate change;
Neurodevelopment

Abstract

Objective: This article aims to assess the impact of climate change, a reality already presents in the environment, on the neurodevelopment of both neurotypical and atypical children.

Data sources: A narrative review of the literature was carried out based on articles available in the PubMed database, published in the last five years using the keywords neurodevelopment and climate change, as well as websites of organizations dedicated to childhood such as UNICEF, the American Academy of Pediatrics and the Center for Developing Childhood at Harvard University.

Summary of findings: Children and adolescents are more directly affected by the effects of climate change due to their developmental stage and greater vulnerability. Prolonged exposure to air pollutants can affect brain development, resulting in cognitive and behavioral problems. Extreme weather events, such as floods, cyclones, and heat waves, can destroy essential infrastructure such as schools and hospitals, interrupting the educational process and access to health care. Changes in rainfall patterns and extreme droughts can affect food production, leading to malnutrition and food insecurity. Direct experience of natural disasters can cause stress and psychological trauma, affecting children's emotional and mental well-being.

Conclusions: Studies clearly demonstrate the potential impact of climate change on the neurodevelopment and mental health of children and adolescents. This topic should be part of the current agenda of pediatricians, not only treating the resulting illnesses but mainly acting on the front line and supporting proposals to attenuate the environmental disaster that has already occurred.

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1 Introduction

2 Living with the consequences of climate change will cer-
3 tainly be one of the greatest challenges for future genera-
4 tions. It is widely known that in recent centuries, the

environment has been affected by human actions. Defores- 5
tation, environmental pollution, fires, and inadequate dis- 6
posal of toxic waste are responsible for the climate 7
catastrophes that have been occurring with alarming fre- 8
quency in all regions of the planet. Science has an important 9
role not only in proving these phenomena and alerting the 10
population, but also in trying to attenuate or propose adap- 11
tations that can slow down or reduce these effects. ¹⁻³ 12

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Climate change can have an impact on several aspects of the population's health, especially children during their neuropsychomotor development. The impact of extreme weather events (heat waves, blizzards, storms, floods), pollution, and rising sea levels impact individual behaviors such as diet, physical activity, sleep, substance abuse, and lack of preventive health care.¹

The Health Metrics and Evaluation Institute, which conducts studies on the Global Burden of Diseases, includes environmental risk factors such as air pollution, lead exposure and climate change in its measurements. They believe there is a lack of studies in regions with high exposure to pollution, and that more effective methods for detecting lead poisoning are needed. In future analyses and publications, top priority should be given to incorporating the role of neurotoxic substances, endocrine-metabolic disruptors (hormone-related cancer, infertility, reproductive dysfunction, congenital malformations, obesity, diabetes and neurobehavioral disorders) and climate change so that preventive measures can be established in regions at higher risk.⁴

The American Academy of Pediatrics calls on its members to advocate for solutions to climate change, as they believe that children's physical and mental health is seriously threatened by extreme temperatures (heat waves and fires), disruption of ecological cycles and, consequently, of the communities. It warns this impact is greater on children from socially disadvantaged groups, increasing inequality.^{5,6}

Several global organizations and international agencies, such as UNICEF, have been taking action on this issue as a priority. UNICEF, which advocates that the climate crisis is a Child Rights crisis, recently presented the Children's Climate Risk Index.⁷ This is the first comprehensive analysis of climate risk from a child's perspective. The Risk Index classifies countries based on the children's exposure to climate and environmental shocks, such as cyclones and heat waves, as well as their vulnerability to these shocks, based on access to essential services. The Index shows that approximately one billion children and adolescents – almost half of the world's 2.2 billion girls and boys – live in one of the 33 countries classified as being at extremely high risk. The Index further reveals that 240 million children and adolescents are highly exposed to coastal flooding, 330 million to riverside flooding, 400 million to cyclones, 600 million to vector-borne diseases, 815 million to lead pollution, 820 million to heat waves, 920 million to water scarcity, and one billion to extremely high levels of air pollution.⁷ These children and adolescents face a deadly combination of exposure to multiple climate and environmental shocks with high vulnerability due to inadequate essential services, such as water and sanitation, health and education.

Although the World Health Organization (WHO) has already defined parameters for adequate air quality, it can be observed that almost the majority of the global population lives under continuous exposure to concentrations of pollutants, such as nitrogen dioxide, lead, carbon monoxide, ultrafine particles, and sulfur dioxide, at levels higher than acceptable ones.⁸

In turn, Neurodevelopment is defined as the set of skills through which the child interact with their surroundings, from a dynamic perspective, according to their age, their degree of maturity, their intrinsic biological factors, and stimuli from the environment.³

Neuropsychomotor development (NPMD) is a continuous and orderly process of differentiation, defined by behavioral patterns that accompany the child from birth. NPMD is assessed through the evolution of these behavioral patterns, which are related to chronological age (or corrected age in the case of preterm infants) and that are a defined response of the central nervous system (CNS) to a specific situation. The evolution of these patterns is related to CNS integrity and maturity. The acquisition of cognitive functions such as attention, memory, executive functions, and language, which will be perfected in adolescence, begins to be organized during the first years of life.^{9,10}

Based on the innovative scientific knowledge that identified the period between gestation and the second year of life as an important window for interventions with a long-term impact on children's health and development, a global campaign was launched, based on a North American initiative, aimed at drawing attention to the "First 1000 Days of Life" (gestation 270 days + 1–12 months 365 days + 1–2 years 365 days), endorsed by UNICEF and medical societies and non-governmental organizations focused on the care of children in several countries.^{9,11}

The climate crisis can have significant impacts on child neurodevelopment. Children and adolescents are particularly more sensitive to the effects of climate change due to their stage of development and greater physical vulnerability. Some of the main impacts include **air pollution**. Prolonged exposure to air pollutants can affect brain development, resulting in cognitive and behavioral problems.¹² Moreover, **extreme weather events** such as floods, cyclones, and heat waves can destroy essential infrastructure such as schools and hospitals, disrupting the educational process (with direct consequences for learning) and access to health care.¹²

Another aspect to be taken into account is the risk of **food insecurity**, leading to malnutrition, which can occur as a consequence of reduced food production/supply, resulting from both changes in rainfall patterns and extreme droughts.¹² Regarding **stress and trauma**, exposure to natural disasters can cause psychological stress and trauma, affecting children's emotional and mental well-being.¹² These factors, when combined, can impair children's cognitive, emotional, and physical development, highlighting the urgent need for policies and actions aimed at protecting young people from the impacts of climate change.¹³

Climate change has been progressively occurring in recent years and the authors have been experiencing, with increasing frequency and intensity, extreme heat waves, floods and large-scale fires. These events directly affect large portions of the global population and their impact on the first 1000 days of children's lives is still a topic that needs to be further investigated.

This article aims to assess the impact of climate change, a reality already present in the environment, on children's neurodevelopment.

Impact of prenatal exposure

During pregnancy, adverse environmental issues can have a major impact on the fetus and the newborn, as well as in the longer term, during development. Examples include the disaster with the mercury deposition in Minamata Bay in

134 Japan in the 1950s and 1960s, leading to serious neurological
135 conditions (ataxic encephalopathy) and fetal microcephaly;
136 and accidents involving exposure of the population to high
137 doses of radiation, such as the Chernobyl nuclear accident in
138 Russia in 1986 and the Cesium-137 accident in Goiânia in
139 1987; in these cases, a higher risk of miscarriage and fetal
140 microcephaly was observed.

141 More recently, several fires have occurred in different
142 parts of the world due to prolonged droughts and illegal
143 burning. Murphy et al., in a systematic review study, raised
144 the question of the harmful effects of exposure to smoke
145 from forest fires during pregnancy and its association with
146 low birth weight and increased risk of preterm birth. Prenatal
147 stress resulting from catastrophic events is also likely to
148 be associated with adverse perinatal outcomes, such as pre-
149 maturity and low birth weight. Changes in DNA methylation
150 are potential epigenetic mechanisms that could explain the
151 association between smoke particle inhalation and prenatal
152 stress and the consequent impact on the development of
153 respiratory diseases (asthma and upper respiratory tract
154 infections) throughout childhood.¹⁴

155 A systematic review study assessed the impact of typical
156 summer month temperatures during pregnancy on the fetus
157 and newborn, in addition to mental health outcomes (schizo-
158 phrenia and anorexia nervosa). A correlation was observed
159 between higher temperatures in a critical period of preg-
160 nancy (between the 3rd and 8th weeks) and a higher risk of
161 congenital malformations. Possible explanations would be
162 the increase in intrauterine temperature-altering enzymatic
163 activity, cell proliferation and neuronal migration. In this
164 same study, the results regarding the two mental health out-
165 comes evaluated were controversial.¹⁵

166 More recent studies provide evidence that exposure of
167 pregnant women to environments with polluted air can
168 affect the circuits responsible for the fetus' hypothalamic
169 development, causing metabolic changes that will be
170 observed in childhood and throughout life. The pathophysio-
171 logical mechanisms are not yet fully understood, but it is
172 likely that pollution triggers a systemic inflammatory pro-
173 cess with an increase in circulating cytokines, which subse-
174 quently enter the brain circulation, causing
175 neuroinflammation and neurotoxicity.¹⁶

176 Studies in humans have shown that the activation of oxi-
177 dative stress and inflammatory pathways during pregnancy
178 can alter the blood-placental barrier, allowing toxic substan-
179 ces such as iron, copper, lead, and black carbon to reach
180 fetal tissues.⁸

181 Impact on neurodevelopment

182 After birth, the pathways through which air pollution can
183 reach the central nervous system are respiratory (inhaled
184 particles enter the lungs, pass through the alveoli, enter the
185 bloodstream and eventually penetrate the brain) and nasal
186 (inhaled particles are directly transported to the brain via
187 the olfactory nerve and bulb).⁸

188 Air pollution can affect neurodevelopment through two
189 main mechanisms. The first is based on exposure to nitrogen
190 dioxide and suspended particles with a diameter of <2.5
191 micrometers (PM 2.5), where these substances lead to neu-
192 ronal damage and loss in structures of the prefrontal cortex,

193 olfactory bulb and midbrain through an inflammatory pro-
194 cess. This mechanism would be associated in the medium
195 term with attention deficit disorder (ADHD) and later with
196 Alzheimer's disease. The second would occur through the
197 alteration of the microbiota. Components of the intestinal
198 microbiota, such as *Bifidobacterium infantis*, regulate cen-
199 tral neurotransmitters, such as serotonin, and can modify its
200 precursor, tryptophan. Short-chain fatty acids are also pro-
201 duced by the microbiota and could affect neurodevelop-
202 ment, as well as inflammatory signaling agents, such as
203 cytokines. Studies suggest that depression, anxiety, autism
204 and ADHD may be associated with microbiota dysbiosis.^{17,18}

205 Ming & Ray discuss the impact of ecosystem disruption
206 and its impact on health and neurodevelopment. With cli-
207 mate change impacting the environment, the authors are
208 frequently exposed to new microorganisms that direct the
209 immune system to defend itself through an inflammatory
210 reaction with the creation of new antibodies. This process,
211 which is initially protective, when occurring chronically
212 could be related to the increase in "allergic reactions" and
213 encephalitis of unknown etiology. Continuous exposure to
214 antibiotics and disinfectants can result in changes in the
215 microbiota of the skin, oropharynx, intestine and other
216 organs. The exclusion of symbiotic bacteria can be disrupt-
217 ive to this microenvironment, resulting in digestive pathol-
218 ogies and also impacting the development of the central
219 nervous system and behavior regulation.¹⁹⁻²¹

220 It is important to emphasize that knowledge about the
221 impact of air pollution on peripheral inflammatory and neu-
222 rotoxic mechanisms is almost entirely based on the results
223 of experiments carried out in animal models. These studies
224 highlight the following potential mechanisms: changes in
225 glial cells facilitating neuronal damage; production of
226 inflammatory cytokines by microglia and astrocytes leading
227 to myelination changes and neurodegeneration; and
228 increased permeability of the blood-brain barrier.⁸

229 The evidence in humans is based on structural neuroimaging
230 studies (brain magnetic resonance imaging) that show an
231 association between air pollution and cortical thickness
232 (gray matter volume) of the frontal, parietal, temporal and
233 basal ganglia regions. These structural changes can impact
234 several neurodevelopmental functions, such as executive
235 functions, motor system, and behavioral changes.⁸

Impact on cognition

236 More recent studies also speculate the impact of air pollu-
237 tion on cognitive processes. The findings suggest a direct
238 association between pollution and reduced volume of brain
239 structures in addition to the weakening of connectivity path-
240 ways, resulting in an impact on cognitive functions (reason-
241 ing, problem-solving, visuospatial organization).²² This
242 relationship between air pollution and cognitive decline
243 seems to be closely related to the type of pollutant, the pol-
244 lutant level and the time of exposure.²³

Impact on mental health

246 The climate crisis also has an impact on the mental health of
247 children and adolescents. Some characteristics observed are
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249 increased feelings of sadness, changes in appetite and sleep,
250 difficulty concentrating and a feeling of disconnection from
251 the environment. The pathophysiological mechanisms are
252 not yet fully understood; however, young people have varied
253 perceptions about climate change and these perceptions are
254 directly related to their social context. Feelings of immense
255 concern have been observed more frequently and have been
256 renamed with the term eco-anxiety. Today's children and
257 young people are already experiencing these transforma-
258 tions, both through direct exposure and through information
259 disseminated by the media. Being aware that these situa-
260 tions can intensify and negatively impact the quality of life
261 on the planet is certainly frightening and corroborates these
262 symptoms.²⁴

263 A systematic review study, including mostly adults,
264 reports a direct association between increased pollution lev-
265 els and internalizing symptoms (depression and anxiety), as
266 well as structural and functional changes (oxidative stress,
267 changes in neurotransmitters and neuromodulators) in brain
268 regions such as the prefrontal cortex, amygdala and hippo-
269 campus, which could explain these findings.²⁵

270 Children are undoubtedly more susceptible to climate
271 change due to the amount of time they are exposed to
272 nature, playing in parks and squares. Gislason et al. devel-
273 oped a systematic review study with the aim of elucidating
274 three main questions: a) What is the direct and indirect
275 impact of climate change on mental health?; b) What are
276 children's and adolescents' perceptions of climate change?
277 and c) Would taking part in mitigation actions increase resil-
278 ience? Regarding the first question, they concluded that cli-
279 mate change brings extreme challenges to children, as it
280 affects their right to life, health, food availability, water
281 quality, and home safety (many families have to move to
282 less inhospitable regions). Another direct aspect is the
283 impact of climate change on increasing inequality. Regarding
284 the other objectives, they observed that inclusion and par-
285 ticipation in community actions to mitigate climate change
286 results in greater resilience of those involved. In addition to
287 providing a greater connection with the environment (land,
288 water, animals), it also has positive effects.²⁴

289 Silveira et al. studied the impact of fires on the mental
290 health of a population sample of 725 California residents
291 who were exposed in different ways to this environmental
292 disaster. The assessment was carried out using validated
293 scales for post-traumatic stress, anxiety, depression, and
294 resilience, administered six months after the event.
295 Although the recruited population was at the pediatric age
296 limit (the youngest ones were around 18 years old), the
297 results show that direct exposure to fires significantly
298 increased the risk of mental illnesses, especially depression
299 and post-traumatic stress. A history of trauma during child-
300 hood and sleep disorders were predictors of a worse progn-
301 osis in terms of mental health. Resilience (self-reported) and
302 the practice of mindfulness were protective factors, reduc-
303 ing levels of anxiety and depression.²⁶

304 A longitudinal study conducted with 145 adolescents
305 (9–13 years old) analyzed depression scores, measured at
306 three different times, and the pollution load in the place of
307 residence. They observed a deficit in the regulation/modu-
308 lation of emotions and an increase in depressive symptoms
309 in association with living in communities with a higher pollu-
310 tion load.²⁷

Impact on neurological diseases (epilepsy)

311

Climate change can influence the frequency of seizures in
people with epilepsy through the induction of precipitating
factors. Among these are fever, stress, and sleep deprivation
(which can occur as a consequence of extreme tempera-
tures, both excessive heat and cold). Infectious diseases
transmitted by vectors (e.g.: Dengue fever, Zika, Chikungu-
nya, Malaria) or parasitic diseases (such as neurocysticerc-
osis) can increase their incidence in very hot temperatures.
All of these tropical diseases have epileptic seizures as their
main neurological clinical expression. Although the relation-
ship between epilepsy and climate change is complex, multi-
factorial and indirect, experimental studies carried out in
animal models show the seasonality of seizures, as well as
the impact of increased body temperature reducing the
threshold for seizures and increasing the risk of brain dam-
age. Several mechanisms could explain the greater suscepti-
bility to seizures with increased body temperature, among
which are genetic susceptibility, ion channel permeability
changes, pro-inflammatory immune system activation
(interleukin 1b and tumor necrosis factor) and the induction
of hyperventilation resulting in alkalosis. Climate change
could also affect the action of anti-seizure drugs, either due
to storage issues (excessive humidity or heat or exposure to
sunlight) or due to excessive sweating leading to reduced
plasma concentrations of these drugs.²⁸

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It is also important to emphasize that some epileptic syn-
dromes are particularly affected by climate change, in
which case the susceptibility to seizures increases with fever
and higher temperatures. Examples include Dravet syn-
drome (related to the SCN1A sodium channel mutation) and
other epileptic encephalopathies such as SCN2A (neonatal
form), ARX (Xp22.13), CDKL5 (Xp22), SL25A22 (11p15.5),
and STXBP1 (9q34.1).^{29,30}

345 Given the relevance of the topic, the “International
346 League Against Epilepsy” (ILAE) has created a specific com-
347 mittee to monitor this issue and conduct studies on this
348 topic.³⁰

Final considerations

349

Children are much more exposed than adults to the poten-
tially harmful effects of climate change. This is due to
aspects specific to a developing organism (physiology), as
well as habits of greater exposure to external environments
(outdoors), and the distribution of food and water per kilo-
gram of weight. Several studies suggest that different envi-
ronmental aspects resulting from climate change can impact
children, including air pollution, excessive heat, floods and
hurricanes and the resulting food, nutritional and housing
insecurity that may result from these events. Moreover,
exposure to new infectious agents and the direct and indi-
rect impact on mental health are relevant aspects.

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Climate change is no longer an agenda to be considered
by future generations, as it is already affecting several eco-
systems and impacting all our lives. Although the human
body has the ability to adapt to environmental issues, this is
a long-term process.

367 It is the pediatrician's role to advocate for solutions to
368 the climate crisis, encouraging the use of renewable energy,

369 planting trees and creating green spaces, promoting access
370 to healthy foods, encouraging the use of public transporta-
371 tion and the construction of safe cycleways, as well as sup-
372 porting the construction of affordable and energy-efficient
373 homes.

374 Immediate global action is essential, through effective
375 awareness campaigns among the population and greater reg-
376 ulation by government environmental protection agencies,
377 to at least try to curb these extreme changes. Several medi-
378 cal and other scientific entities are already taking a stand,
379 by both issuing warnings and proposing preventive meas-
380 ures.

381 Conflicts of interest

382 The authors declare no conflicts of interest.

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