

have been reviewed extensively by WHO (1999a) and EPA (2000). In healthy individuals, symptoms, such as decreases in work capacity and decrements of neurobehavioral function, start at a COHb of 5% (WHO 1999a; EPA 2000; Hazucha 2000). With respect to high-risk groups, studies evaluating ST-segment changes in the electrocardiogram and cardiac arrhythmogenic effects in patients with coronary artery disease will be presented here, because these studies gave the most consistent results and also were considered most relevant for AEGL derivation (for review, see WHO 1999a; EPA 2000).

TABLE 2-4 Incidence of Atherosclerotic Coronary Artery Disease and COHb in Fatalities That Involved CO Exposure

		Number of Cases		
		Group 1	Group 2	Group 3
Total		28	10	100
Age (years)	30-40	1	0	22
	41-50	1	0	31
	51-60	7	2	28
	61-70	10	4	10
	71-80	5	2	6
	81-90	4	2	3
COHb (%)	10-30	14	5	0
	40-50	4	3	0
	60 and more	0	0	100
Delayed deaths		10	2	0
Coronary atherosclerosis	Mild	2	Unknown	89
	Moderate	2	Unknown	5
	Severe	24	5	6
Myocardial infarct	Recent	1	0	0
	Old	4	1	2
Heart weight (g)	415 and more	20	Unknown	13

Source: Adapted from Balraj 1984.