

The Effects of Atmospheric Temperature, Humidity, and Pressure on Human Health and Performance

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Introduction

Humans spend up to 90% of their time indoors, yet are continuously influenced by ambient environmental conditions—temperature, humidity, and barometric pressure—both indoors and outdoors [1,9]. These atmospheric variables affect physiological function, cognitive performance, sleep quality, exercise capacity, and vulnerability to weather-related health emergencies. This report synthesizes current scientific evidence across common indoor and outdoor scenarios and provides practical mitigation and monitoring strategies.

Effects of Temperature

Cognitive Performance and Productivity

Laboratory studies demonstrate that even moderately elevated indoor temperatures significantly impair cognitive performance. Lan et al. found that raising the temperature from 23°C to 27°C—while maintaining thermal comfort through clothing adjustment—reduced typing output, Stroop test performance, and Tsai-Partington test scores, accompanied by increased heart rate, reduced heart rate variability (pNN50), and lower blood oxygen saturation [2]. Similarly, Li et al. showed that thermal discomfort at temperatures above 25°C led to increased Sick Building Syndrome (SBS) symptoms, more negative emotions, reduced motivation, and declining task performance, with optimal performance occurring at a thermal sensation vote near –0.13 (slightly cool) [1]. The review by Muijen et al. confirms that productivity decreases by approximately 2% for every 1°C above 25°C [9].

Sleep and Nighttime Exposure

During heat events, indoor nighttime temperatures often remain elevated because buildings trap heat. Kenny et al. report that bedroom temperatures above 24°C compromise sleep quality, and the CIBSE recommends that nighttime bedroom temperatures not exceed 26°C [3]. Even brief heat waves (indoor temperatures >25°C) produce sleep disturbances in over 40% of elderly occupants, with each 1°C increase raising sleep disturbance risk by 24% [3].

Vulnerable Populations

Older adults and those with chronic conditions (cardiovascular disease, type 2 diabetes) are especially vulnerable. Kenny et al. demonstrated that older adults store 1.8 times more body heat than younger

individuals under identical heat exposure, yet show blunted thermal sensation—meaning they may not perceive dangerous heat [3]. Mortality rises by 2–5% per 1°C increase above city-specific thresholds, with most heat-related fatalities occurring indoors [3].

Exercise Performance

Zhao et al. demonstrated that maximal oxygen uptake (VO_2max) is significantly reduced in hot environments (33°C vs. 21°C), with a strong correlation between reduced oral-to-skin temperature gradient and diminished aerobic capacity [10]. Anaerobic (Wingate) performance was less affected by heat alone [10].

Continuous personal monitoring of local temperature (and related humidity) makes these thresholds actionable. Users can see when indoor conditions drift above the ranges associated with optimal cognition and sleep, and intervene—by adjusting ventilation, cooling, or clothing—before performance or recovery is noticeably affected.

Effects of Humidity

Interaction with Temperature

Humidity critically modulates thermal stress because high humidity impairs evaporative cooling via sweat. Zuo et al. found that at 37°C, increasing relative humidity from 50% to 70% caused significant elevations in heart rate, mean skin temperature, eardrum temperature, and respiratory ventilation rate, while thermal comfort ratings dropped from “just comfortable” to “just uncomfortable” and the proportion of thermally uncomfortable subjects rose from 29% to 42% [4]. At temperatures below 30°C, humidity had minimal impact on thermal comfort [4].

Mortality and Morbidity

Deng et al. studied 1.2 million non-accidental deaths across 91 counties in central China and found that high humidity (>70%) dramatically amplified the mortality risk of extreme cold. The relative risk for stroke mortality under extreme cold and high humidity combined was 5.32 (95% CI: 3.40–8.34), compared to 2.82 for extreme cold alone [5]. This is attributed to cold-induced vasoconstriction, increased blood viscosity, and humidity-exacerbated inflammatory responses [5].

Perceived Air Quality and SBS Symptoms

At elevated temperatures, higher humidity degrades perceived air quality and increases sensations of stuffiness, even in clean environments [4]. Zuo et al. found that at 37°C and 70% relative humidity, the proportion of subjects who found the air unacceptable rose from 21% to 38% [4].

Effects of Atmospheric (Barometric) Pressure

Migraine and Headache Triggers

Changes in barometric pressure are well-established triggers for headaches. Okuma et al. studied 34 migraine patients and found that migraine attacks most frequently occurred when atmospheric pressure dropped 6–10 hPa below the standard 1013 hPa (i.e., to 1003–1007 hPa) [7]. This pressure range corresponds to approaching low-pressure systems and cyclones. Over 72% of migraine with aura patients and 75% of migraine without aura patients experienced pressure-triggered headaches, compared to only 21% of tension-type headache controls [7].

Craniofacial Sensations in Healthy Individuals

Funakubo et al. exposed 15 healthy subjects to barometric pressure reductions of 20 and 40 hPa in a climate chamber—changes equivalent to moderate weather front passages or altitude shifts of ~320 m [6]. Nearly all subjects experienced ear pressure, half reported head compression, and three subjects developed mild to moderate headaches. These sensations peaked during the pressure-rise (return to normal) phase, implicating the trigeminal nerve system, middle ear, and paranasal sinuses as pressure sensors [6].

Weather Prediction Implications

Since migraine and headache onset is most frequent 6–10 hPa below standard pressure, monitoring falling barometric pressure via portable detectors or weather forecasts allows individuals to anticipate attacks and preemptively take medication [7]. Low-pressure systems moving into an area are reliably predicted 24–48 hours in advance by meteorological services, enabling proactive management [7].

Personal barometric pressure sensors that log real-time changes (and can alert on drops of the magnitude linked to migraine onset) give susceptible individuals an early, location-specific signal—often before a formal weather advisory arrives—so they can prepare medication or adjust plans.

Mitigation Strategies

Indoor Temperature Management

- Maintain indoor temperatures between 21–25°C for optimal cognitive performance [1,2,9].
- For vulnerable populations (elderly, chronic disease), indoor temperatures should not exceed 26°C [3].
- Use air conditioning, window shading, and natural ventilation at night when outdoor temperatures drop [3].

- Personal comfort systems (fans, localized cooling) can improve satisfaction and reduce energy use [9].

Humidity Control

- Maintain relative humidity between 40–60% for thermal comfort; below 30% causes eye and respiratory irritation, above 70% impairs evaporative cooling at high temperatures [8,9].
- During hot weather, dehumidification is as important as cooling [4].
- In cold weather, indoor humidification may reduce the inflammatory and thrombotic risks associated with combined cold-and-humidity exposure [5].

Pressure Sensitivity Management

- Monitor weather forecasts for approaching cyclones and low-pressure systems [7].
- Keep rescue medication available when pressure drops of 6–10 hPa are forecast [7].
- During air travel (pressure changes of ~250 hPa), those prone to “airplane headache” should take prophylactic medication before descent [6].

Exercise in Hot/Humid Conditions

- Avoid high-intensity exercise during peak heat and humidity; schedule workouts during cooler morning/evening hours [10].
- Ensure adequate hydration and monitor for signs of heat stress (dizziness, headache, nausea) [10].
- Acclimatize gradually over 7–14 days when moving to hot climates [10].

Benefits of Portable Environmental Monitoring

Portable, low-cost monitoring devices provide real-time data on temperature, humidity, and other indoor environmental quality (IEQ) parameters. Tiele et al. developed a comprehensive unit costing under £200 that measures temperature, humidity, PM_{2.5}, PM₁₀, total VOCs, CO₂, CO, illuminance, and sound levels, with a battery life of ~48 hours and wireless data logging [8].

Key Benefits:

Real-time feedback: Users can instantly see when conditions exceed safe thresholds (e.g., temperature >26°C, humidity >70%) [8].

Personal exposure assessment: Unlike single outdoor weather stations, portable monitors capture micro-environmental conditions at the individual level (desk, bedroom, outdoors) [8,9].

Proactive health management: Migraine-prone individuals can track falling barometric pressure and take preemptive action [6,7].

Workplace productivity optimization: Continuous IEQ monitoring allows building managers to adjust HVAC settings to maintain the 21–25°C sweet spot for cognitive performance [2,8,9].

Sleep quality improvement: Monitoring bedroom temperature and humidity enables adjustments to maintain conditions below 24°C and 60% RH for optimal sleep [3,8].

Behavioral change support: Studies show that personal exposure monitoring promotes awareness and positive behavioral changes regarding environmental health [8].

Devices that combine temperature, humidity, and barometric pressure sensing in a single portable package—alongside other air-quality metrics—give users a complete, real-time picture of the microclimate that actually surrounds them, enabling faster and more precise interventions than relying on outdoor weather stations alone.

Summary

Atmospheric temperature, humidity, and barometric pressure exert profound and interrelated effects on human health, cognitive performance, sleep, exercise capacity, and mortality risk. Even moderate deviations from optimal ranges produce measurable decrements in function. Vulnerable populations—the elderly, those with cardiovascular or respiratory disease, and migraine sufferers—require special attention. Mitigation strategies include maintaining indoor temperatures between 21–25°C and relative humidity between 40–60%, monitoring weather forecasts for pressure changes, and using cooling/dehumidification during heat events. Portable environmental monitors empower individuals and facility managers to track local ambient conditions in real time, enabling timely interventions that protect health and enhance productivity.

References

- [1] G. Li, C. Liu, and Y. He, "*The effect of thermal discomfort on human well-being, psychological response and performance*", Science and Technology for the Built Environment, vol. 27, no. 7, pp. 960–970, 2021. DOI: 10.1080/23744731.2021.1910471
- [2] L. Lan, L. Xia, R. Hejjo, D. P. Wyon, and P. Wargocki, "*Perceived air quality and cognitive performance decrease at moderately raised indoor temperatures even when clothed for comfort*", Indoor Air, vol. 30, no. 5, pp. 841–859, 2020. DOI: 10.1111/ina.12685
- [3] G. P. Kenny, A. D. Flouris, A. Yagouti, and S. R. Notley, "*Towards establishing evidence-based guidelines on maximum indoor temperatures during hot weather in temperate continental climates*", Temperature, vol. 6, no. 1, pp. 11–36, 2018. DOI: 10.1080/23328940.2018.1456257
- [4] C. Zuo, L. Luo, and W. Liu, "*Effects of increased humidity on physiological responses, thermal comfort, perceived air quality, and Sick Building Syndrome symptoms at elevated indoor temperatures for subjects in a hot-humid climate*", Indoor Air, vol. 31, no. 2, pp. 524–540, 2020. DOI: 10.1111/ina.12739
- [5] P. Deng, Y. Li, S. Li, et al., "*The role of high humidity on extreme-temperature-related mortality in central China*", Air Quality, Atmosphere & Health, vol. 16, no. 11, pp. 2285–2295, 2023. DOI: 10.1007/s11869-023-01406-0
- [6] M. Funakubo, J. Sato, K. Mizumura, N. Suzuki, and K. Messlinger, "*Craniofacial sensations induced by transient changes of barometric pressure in healthy subjects – A crossover pilot study*", Cephalalgia Reports, vol. 4, 2021. DOI: 10.1177/25158163211000362
- [7] H. Okuma, Y. Okuma, and Y. Kitagawa, "*Examination of fluctuations in atmospheric pressure related to migraine*", SpringerPlus, vol. 4, 2015. DOI: 10.1186/s40064-015-1592-4
- [8] A. Tiele, S. Esfahani, and J. Covington, "*Design and Development of a Low-Cost, Portable Monitoring Device for Indoor Environment Quality*", Journal of Sensors, vol. 2018, pp. 1–14, 2018. DOI: 10.1155/2018/5353816
- [9] I. Mujan, A. S. Anđelković, V. Munćan, M. Kljajić, and D. Ružić, "*Influence of indoor environmental quality on human health and productivity - A review*", Journal of Cleaner Production, vol. 217, pp. 646–657, 2019. DOI: 10.1016/j.jclepro.2019.01.307
- [10] J. Zhao, S. Lorenzo, N. An, W. Feng, L. Lai, and S. Cui, "*Effects of heat and different humidity levels on aerobic and anaerobic exercise performance in athletes*", Journal of Exercise Science & Fitness, vol. 11, no. 1, pp. 35–41, 2013. DOI: 10.1016/j.jesf.2013.04.002