

Guidance for Clinicians on the Recognition and Management of Health Effects Related to Mold Exposure and Moisture Indoors

By E. Storey, K. Dangman, P. Schenck, R. DeBernardo, C. Yang, A. Bracker & M. Hodgson

The University of Connecticut and the EPA have released a document called *Guidance for Clinicians on the Recognition and Management of Health Effects Related to Mold Exposure and Moisture Indoors*. Published by the Center for Indoor Environments and Health at University of Connecticut Health Center with support from a grant by the U.S. Environmental Protection Agency, the document was designed “to help the healthcare provider address patients with illnesses related to mold in the indoor environment by providing background understanding of how mold may be affecting patients.”

“The recognition of environmentally-induced illness provides the physician and patient with opportunities to prevent disease progression or to reverse the disease process entirely.” Evaluation strategies in diagnosing potential environmentally-induced illness “include the pursuit of a specific diagnosis, an evaluation of the temporal pattern of symptoms and pathophysiologic changes, and an office-based evaluation of the patient’s environment.” When the doctor concludes, with these strategies, that the environment is, in part, responsible for an illness, he/she can offer intervention strategies for assessment and remediation.

Asthma is only one of the diseases known to be exacerbated by microbial problems in the indoor environment. “Strong evidence” suggests a link between other respiratory diseases, headaches, fatigue and recurrent infections and dampness and fungi. While this “guidance focuses on mold in the indoor environment and the relationship between exposure and occupants’ health, the authors recognize that other microbes including bacteria – gram positive, gram negative and mycobacteria – grow on substrates in indoor environments and may contribute to occupants’ health systems.”

The goal of the publication is to provide guidance for the following:

- Underscore the role of physicians in the identification of environmental disease.
- Explain the current understanding of the relationship between mold exposure and illness.
- Outline approaches to diagnosis in children and adults.
- Provide an approach to environmental assessment.
- Provide strategies for clinical management and preventative intervention.
- Suggest readily available resources for assessment and remediation.

Eight chapters cover clinical experiences in five separate cases, information about mold and fungi, health effects of fungi and mycotoxins, recognition and management of mold- and moisture-related illness, environmental assessment, environmental remediation guidance and nine pages of references. One list offers the practitioner a listing of resources of environmental intervention sources for patients. Web-based publications from the EPA, California Department of Health Services, Canada Mortgage and Housing Corporation, University of Minnesota, New York Department of Health and Mental Hygiene Bureau of Environmental and Occupational Disease Epidemiology are listed in a table for easy access.

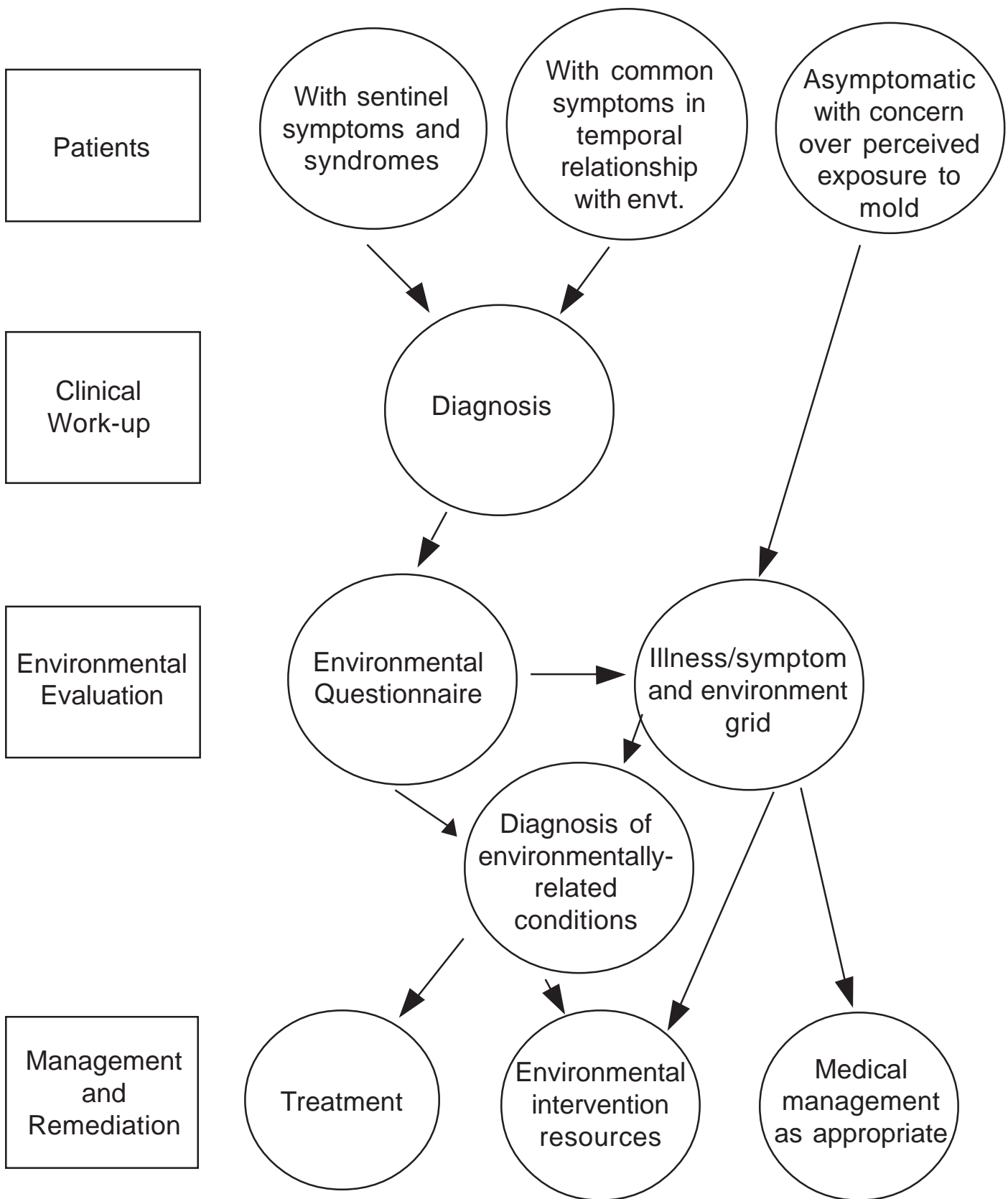
Chapter 6 gives practitioners “an abridged version of the principles that underlie a professional environment assessment so they can (1) better evaluate patient information about their environment and (2) use environmental assessment as a tool to prevent mold-related illnesses and to treat individual patients presenting with symptoms and illnesses exacerbated by mold in their environment.” References for guidance on such evaluation include ACGIH’s *Bioaerosols: Assessment and Control*, the EPA’s *Mold Remediation in Schools and Commercial Buildings*, Health Canada’s *Fungal contamination in Public Buildings: A Guide to Recognition and Management* and *Microorganisms in Home and Work Environments: Diversity, Health Impacts Investigation and Control* by Flannigan, Sampson and Miller from Taylor and Francis Publishers.

Chapter 5 offers an algorithm (see chart) providing guidance for the physician regarding when to intervene in the home or work environment.

Questionnaires and surveys are offered to aid the practitioner in assisting patients to diagnose whether symptoms might be related to a home, work or school exposure, linking symptoms with the various exposures and environmental conditions.

Acknowledging that “diagnosis of mycotoxin-related disease will be a challenge for medical personnel,” reviews and guidance “still advocate for addressing indoor environments contaminated with mold or water damage because of possible toxic effects as well as other less controversial effects of mold.”

Article taken from The American Indoor
Air Quality Council Newsletter
Issue 57 Nov/Dec 2004



Access the document online at
<http://www.oehc.uchc.edu/clinser/MOLD%20GUIDE.pdf>
 The download is free.