

Evaluation of indoor mold exposure is what allergists do best

Over the past decade, the public has become increasingly aware of the fact that substances in the environment can have an adverse effect on health. Indoor exposure to mold, in particular, has increasingly become recognized as a significant health problem. In early reports from Cleveland, for example, investigators identified an association between exposure to *Stachybotrys* and idiopathic pulmonary hemorrhage in infants.¹ It is impossible to predict how many other unexplained illnesses eventually will be linked to environmental exposures, but the possibility that what we breathe is making us sick is of great concern.

Indoor mold has become a major issue in the last 2 years because in part of the much publicized Ballard case in which a jury awarded \$32 million to the Austin, Texas family, concluding that a Farmers Insurance Group subsidiary committed fraud by delaying and denying the family's insurance claim for mold damage to their home. The family reportedly abandoned their home in 1999 on the advice of their doctor. Subsequently, many people have sought the advice of physicians regarding possible mold contamination of their homes out of concern over health problems that they are experiencing, either real or imagined. At a recent meeting of the Illinois Allergy Society when the attendees were asked whether they had seen a patient with a complaint of toxic mold exposure in the last year, every hand went up.

In the current issue of the *Annals*, Santilli and Rockwell² describe adverse health effects that occurred as a result of mold exposure in another occupational setting, schools. The authors described two schools that were suspected of having environmental problems based on complaints from students and teachers. Instead of discounting the stories they heard, these physicians arranged for extensive volumetric air sampling of the schools, and they questioned teachers and students about exposure-related symptoms.

The authors discovered substantial numbers of airborne spores in classrooms, a faculty room, a cafeteria, and a gymnasium. The sickest people apparently were located near the most heavily contaminated rooms. Armed with this evidence, the authors took their findings to school administrators. When presented with clear data showing the extent of the contamination, the administrators agreed to the demolition of one building and full remediation of the other. This is a clear example of how influential well informed allergy specialists can be when they advocate actively for their patients.

Management of patients who believe that they have suffered adverse health effects from exposure to indoor mold is precisely

what allergists should be best at doing. Allergists already advise patients how to control their exposure to a variety of indoor allergens.³⁻⁸ During the first 6 months of 2002 alone, the *Annals of Allergy, Asthma and Immunology* published 12 articles related to avoidance of environmental exposures, or approximately 18% of the total number, illustrating the importance this topic has to the specialty.

We are experiencing an epidemic of mold-related complaints and it is time for allergy specialists to take a lead in helping patients to identify sources of exposure, interpret environmental evaluation reports, and take appropriate action when indicated. So the next time a patient arrives in your practice with a chief complaint of mold exposure, greet them enthusiastically. Management of such patients is what allergists do best.

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