

Mold removal in homes, offices could cut respiratory illness

September 9 2011, By Glenda Fauntleroy



A new evidence review finds that ridding homes and offices of mold and dampness can help reduce respiratory infections and troubling symptoms for asthma sufferers across the globe; however, the best way to eliminate the mold remains unclear.

Mold is one of the most important environmental triggers of symptoms such as coughing and wheezing, according to National Institute of [Environmental Health Sciences](#).

“Mold is found in many homes with basements, in apartments and walkouts that are partially or fully below ground, and in buildings that have been flooded or have poor humidity control,” said Peter Thorne, head of the occupational and environmental health department at the

University of Iowa. “Homes and office buildings alike have problems.”

But does “remediating” or relieving homes, offices and schools of dampness and mold make a big difference? Lead reviewer Riitta Sauni at the Finnish Institute of Occupational Health in Tampere, Finland, said that results are mixed.

“We were happy to find evidence that remediation of mold-damaged houses decreased the severity and amount of symptoms in patients with asthma and respiratory infections,” Sauni said. “Unfortunately, we did not find evidence that remediation could prevent these diseases.”

The review appears in the September issue of *The Cochrane Library*, a publication of The Cochrane Collaboration, an international organization that evaluates research in all aspects of health care. Systematic reviews draw evidence-based conclusions about medical practice after considering both the content and quality of existing trials on a topic.

Remediation of mold and dampness requires total or partial renovation of a building, or cleaning with a fungicide or bleach solution. Sauni and her team looked at eight studies with 6,538 participants who had their homes, schools or workplaces remediated by a mixture of these methods. The reviewers say that because the available studies did not offer high-quality evidence and sample sizes were small, “drawing hard conclusions was difficult.”

Nonetheless, the review found that when compared to doing nothing at all, repairing houses decreased asthma-related symptoms as well as the amount of respiratory infections in adults. Remediation also decreased the number of acute care visits in children and students’ visits to physicians for common colds.

In one South Wales study, for instance, 115 members of the group who

had their homes remediated with the complete removal of visible mold, a fungicide treatment and installation of a fan, were more likely to see improvement in their respiratory symptoms for six and 12 months afterwards, compared to those in the control group whose homes were not cleaned.

The reviewers, however, could not determine which method of remediation was superior to significantly improving [asthma](#) symptoms.

“The studies have shown that after cleaning and fungicide treatment, a large number of the buildings were soon re-infected with [molds](#), and also a partially remediated office building had to be repaired more thoroughly,” Sauni said, adding that mold removal can be costly.

“Sometimes, if the structures are damaged widely, the easiest and most cost-effective possibility is to pull down the damp building and build a new one,” she said.

The reviewers concluded that better research is necessary to give evidence of improved outcomes.

More information: Sauni R, et al. Remediating buildings damaged by dampness and mould for preventing or reducing respiratory tract symptoms, infections and asthma. *Cochrane Database of Systematic Reviews* 2011, Issue 9.

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