



WITH NICOLE BIJLSMA



You may not see it or even smell it, however, its effects can have devastating health consequences

When I interviewed a couple in my office, the husband's body language suggested his wife – who had been diagnosed with chronic fatigue syndrome – was neurotic as she never stopped complaining about her aches and pains. However, the air samples from their home told a different story. The mould count was four times higher in the master bedroom (where she had the worst symptoms) than outdoor levels and the type of fungi were pathogenic. I've spent the past five years lecturing and studying mould, and have come to

respect what can only be described as the most resilient species on Earth – fungi. There are more than 1.5 million species of fungi on this planet thanks to their capacity to adapt to almost any environment. Up to 50 per cent of indoor environments in Australia are affected by dampness, which is the prime condition for mould growth. New homes with poor natural ventilation see many mould-related issues. The use of cheap timbers such as MDF and particle board creates the perfect "fast food" for mould. In contrast, many hard timbers contain mould-resistant resins.

GET TO THE SOURCE

The key to treating mould is to locate the moisture source, such as:

- Plumbing, gutter or roof issues
- Inadequate ventilation, insulation, waterproofing or drainage
- Building on a flood zone or hill
- Humidifiers that are left on
- Housekeeping – long showers or drying wet clothes inside
- Climate (humidity above 70 per cent is ideal for mould growth)



THE EYE TEST FOR MOULD ILLNESS
A deficiency in visual contrast sensitivity (VCS) can be an indication of a mould-related illness. A test for VCS can be performed by an optometrist or at vcstest.com

THE SILENT HEALTH HAZARD

It's well known that the adverse health effects of mould are lung problems such as asthma, bronchitis, cold and flu-like symptoms, hay fever and, less commonly, pneumonia and eczema. Emerging evidence suggests it's the chemical stew of microbes found in water-damaged buildings that's doing the damage. In healthy individuals, these microbes are identified by the body's immune system, then broken down and removed by the liver and excreted via the bowels. However, studies have identified that 24 per cent of the population can't produce antibodies to fungi. Every time



these people walk into a water-damaged building, an inflammatory response occurs that doesn't switch off. Symptoms begin with fatigue and headaches, and over time, result in brain fog (mood swings, poor concentration, memory loss), aches in the joints, sleep disturbances and an inability to thermoregulate. These symptoms are often misdiagnosed as chronic fatigue syndrome.

PREVENTATIVE MEASURES

Water-damaged materials like plaster walls, carpets, furnishings and underlay that have been exposed to moisture for more than 48 hours and can't be laundered may need to be discarded, otherwise they can become



a continual source of mould. If you live in a hot humid area like far north Queensland, an air conditioner (which is a dehumidifier) may need to remain on to keep the relative humidity below 70 per cent. In cooler humid climates like Sydney and the NSW central coast, a dehumidifier is recommended, along with adequate insulation and the replacement of single-paned windows with energy-efficient glass.

FORGET THE BLEACH

Don't use chemicals like bleach to kill mould. Why? Many fungi will use them as a food source. And even if it kills the mould, dead mould spores are still



hazardous as they contain mycotoxins. To remove mould from nonporous surfaces, soak a microfibre cloth in a solution of 20 per cent water to 80 per cent naturally fermented white vinegar. Rinse each time and repeat. On porous surfaces such as unsealed timbers, use a 70 per cent alcoholic solution, such as ethanol. If visible mould exceeds one square metre or you experience any of the above symptoms which don't ease following treatment by your GP, see an accredited mould remediator (visit iicrc.org).