

The purpose of this guide

We hope this leaflet will provide some useful guidelines for sufferers from ABPA, their families and anyone who would like to know more about the impact of this type of Aspergillus disease.

Nothing contained in this leaflet is intended to be any form of medical advice and must not be taken, or relied upon, as such. Individuals must seek all such advice personally in relation to their particular circumstances.

What is Aspergillus?

The Aspergillus species of fungus are amongst the most common environmental moulds, frequently found in decaying vegetation (compost heaps), insulating material (in walls or ceilings), air conditioning or heating vents, and in airborne dust.

How do you get ABPA?

The fungus produces millions of tiny spores small enough to inhale, and in the case of ABPA the spores gain a foothold in the air spaces of the lungs and grow. Aspergillus causes illness in only a few humans and animals, though people with a history of Asthma or Cystic Fibrosis may be more susceptible, especially if exposed to large quantities of spores in a damp environment.

Although Aspergillus is always in the air around us, it makes sense to avoid potentially high levels of spores, as found in the situations described here and elsewhere in this leaflet.

How does ABPA affect your health?

This is an unusual allergic reaction to even very small quantities of Aspergillus spores and fungal growth which invade the air spaces of the lungs.

Allergic fungal sinusitis may also occur, alone or with ABPA. In the long term ABPA can lead to permanent lung damage (fibrosis) if left untreated.

Sufferers will experience wheezing, cough, fever and tiredness. Some may cough up brown-coloured plugs of mucus.

How is ABPA diagnosed?

Symptoms give clues to the diagnosis – specifically the coughing up of hard woody plugs. The doctors will also wish the patient to undergo various tests to confirm the diagnosis of ABPA and to rule out other possible illnesses.

These tests may include:

- Sputum samples to check for the presence of the Aspergillus fungus
- Skin prick test against Aspergillus to test for allergic reaction
- Blood tests
- Chest X-ray and/or CT scan
- Bronchoscopy, where a small tube is inserted into the lungs via the nose

A guide to Allergic Broncho-pulmonary Aspergillosis (ABPA)



Aspergillus fumigatus

Medical knowledge and opinion varies according to the extent and availability of research and differing assessments of such research by different practitioners.

Whilst the information contained in this leaflet has been compiled by the Aspergillus Trust from sources believed to be reliable, the Trust cannot guarantee the accuracy or completeness of such information and cannot accept any responsibility for any use of such information.

To contact the Aspergillus Trust for further guidance, or if you would like to assist us in any way, please email:
june.henriksen@btopenworld.com
or julia@thebreenfamily.co.uk

Grateful thanks are given to Dr Kit Wu, winner of the first Aspergillus Trust competition, for her help in compiling this leaflet.

Thanks also to The Fungal Research Trust and Newcastle Healthcare Charity for their sponsorship.

© Aspergillus Trust June 2003.

Registered charity No: 1096281

What is the treatment for ABPA?

For ABPA the following medications are usually used:

- Steroids taken regularly with an inhaler or in tablet form to ease symptoms during an acute attack. But the latter have side-effects such as thinning of bones and weight gain in some cases when used for a long time (see **Coping with Prednisone by Eugenia Zukerman, St Martin's Press, 1997**).
- The antifungal drug, Sporanox, which can often reduce the amount of steroids required. However care must be taken that this is not harmful to the liver or kidneys. To be taken with a fruit juice and a meal – PLEASE NOTE that Grapefruit Juice should be avoided.

Will I ever be free of ABPA?

The colonisation by the fungus of the airways cannot be completely eradicated by antifungal drugs, so at the moment this disease is not curable. There are ongoing studies to improve this situation.

What can I do to protect against acute attacks?

- It is very important to take your asthma medication, particularly inhaled steroids, as your doctor has prescribed.
- Try to avoid the potential causes of Aspergillus inhalation such as: bird droppings, a dusty environment, bad ventilation, heating systems with dirty filters, soil (this might include pot plants), dead leaves, compost heaps, cereal harvests, and building or renovation sites.
- HEPA filter air purifiers and vacuum cleaners improve air quality.
- Using a mask that will filter spores when gardening could be helpful (a particulate respirator to BS EN 149).
- Maintaining a balanced and low sugar diet, and taking regular exercise are important for a healthy lifestyle.

What further help is available for ABPA patients?

ABPA is a long-term condition, and can have a negative impact on the individual's quality of life. Although medication is available, help and advice are necessary to give further support to the sufferer.

- The Aspergillus Trust website www.aspergillustrust.org visit us online and find out more about the Trust and how you can help.
- The Aspergillus Trust Members Group is open to everyone, including those living outside the UK. If you would like to show your support for the Aspergillus Trust you can join here: <http://health.groups.yahoo.com/group/ATMG>
- The Aspergillus webpages are very informative. These include: www.aspergillus.man.ac.uk (registration required) and a site for patients www.aspergillus.man.ac.uk/patients.
- Other useful websites include: www.doctorfungus.org; www.epa.gov/ebtpages/airindoormold.html