



International EMF Project
Workshop on Electrical Hypersensitivity

Scientific Data: Panel Discussion

Moderator: Eric van Rongen



Panel Discussion

- There are people with subjective symptoms they attribute to EMF (and often other factors)
- They might form 1.5 – 3% of the population
- A causal relation with EMF exposure is not demonstrated from provocation or epi studies
- A distinction might be made between skin and general symptoms – different biological origins?



Panel Discussion

- Skin symptoms might be associated with increased # mast cells
- General symptoms might result from dysbalance in autonomous nervous system regulation
 - Stress effect?
 - Effect of longterm stimulation of intra-epidermal nerve fibers?
 - Is sensibilization due to long-term exposure possible?
 - Can VSS develop into EHS?



Panel Discussion

- Is any interaction with EMF superficial (skin) or can fields in deeper tissues have effect?
- Psychosomatic effects may also play a role
 - Is the increasing # of people with subjective symptoms / selfproclaimed EHS due to awareness? Are there cultural differences?
- Is EHS a (sub)type of Idiopathic Environmental Intolerance (IEI)?
- Is there an effect of mercury poisoning (amalgam problems)?



Panel Discussion

- EMF perception \neq EHS
 - EHS patients do not always perceive EMF in provocation studies
 - EMF perception is not always associated with subjective symptoms
- Why do many people seem to have a frequency-specific response?
- Is there an effect of modulation, pulses, peaks, transients, ...?



Panel Discussion

- What are good study designs, both for epi and provocation studies?
 - Symptoms are not evoked by mono-frequency EMF exposure
 - Provocation studies should be performed under real-life conditions
- What should be the priority for such studies, relative to other EMF questions?



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