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 epidemiological 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 ≠ 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?