

ELECTROSENSITIVITY : FAQs

1. How common is electro-sensitivity?

This is difficult to answer as it is a new condition. Also there are varying degrees of sensitivity, and those only mildly affected will not necessarily be aware of the cause and not have any disruption to daily life.

As sensitivity arises *because* of exposure, the incidence in a particular country will depend on the level of exposure allowed in that country. So the incidence in Switzerland, with very strict and low levels of allowed exposure, will have a very low incidence of electro-sensitivity compared to the UK.

In Sweden, where it is an accepted diagnosis by the authorities, it is thought to affect up to 5% of the population. However, this probably includes those mildly affected. I suspect that the incidence in the UK, sufficient to significantly affect health, is probably about 2%.

BUT it is rising due to increasing electropollution and exposure. I have seen more patients in the last 2 years than in the previous 10.

2. With what symptoms does electro-sensitivity present?

The two almost universal symptoms are fatigue and mental impairment. The latter causes poor memory, reduced concentration and lowered clarity of thought. In addition some patients have severe headache on exposure, altered sleep pattern and skin rash (especially facial from computers).

Even though the patient may not have made the link with E.M. fields, commonly they have noticed a geographical variation in their symptoms.

3. What physiology is causing the symptoms?

At present this is unclear. Also unknown is why some patients are more susceptible.

4. How long from first symptoms and diagnosis?

This is impossible to answer as it will depend on the severity of the symptoms and the ability of the patient to recognise the cause. Also, because there are no diagnostic testing facilities for ES in the U.K., diagnosis rests entirely on the patients observation and symptoms.

5. How can ES be distinguished from other conditions?

The association of symptoms with exposure is the biggest clue. Often patients have taken measures to reduce exposure, such as moving to a remote location, stopping

using electronic equipment, or switching off all electricity at night and found that they improve.

The problem is that due to the lack of diagnostic tests, ES is a useful diagnosis for a malingerer to adopt. Only experience with the condition can distinguish the difference.

6. Are there varying degrees of electrosensitivity?

Very much so. Some patients are forced to live in remote areas, possibly with no electricity in the property. Some just take measures within the house to avoid 'hot spots' where there is a high field, and there are some who just notice a mild symptom, such as a slight headache, after prolonged exposure to a mobile phone or a computer. It is likely that a proportion of patients with mild fatigue have ES, but they have not made the link to EM exposure.

7. Is there a known cure?

At present, not a cure as such. Treatment depends on detection, avoidance and protection. However, if exposure is reduced by avoidance and protection measures, the sensitivity appears to lessen.

8 What treatments are available?

1. Detection. Meters are available to measure EM fields in the patient's environment. Action can then be taken to avoid being in areas of high EM fields for long periods of time, such as rearranging furniture etc.

2. Avoidance. Patients should be advised to avoid exposure by not using mobile phones or digital cordless phones (the latter are more of a risk). They should not use electrical items which are close to the body such as hairdryers, electric blankets etc., and to maintain a distance from such items as computers, TVs and so on.

3. Protection. It is now possible to obtain materials which block EM fields. I have known patients make a mosquito net structure over their beds to provide an EM free zone when sleeping, or incorporate the material in clothing.

9. How can I stop my patient panicking at the diagnosis?

Reassurance that:

1. They are not alone and there are self help groups and organisations.

2. ES is not fatal, except insofar as it impairs judgement.

3. Provided the measures mentioned above under treatment are initiated, there is every chance that over time the sensitivity will lessen.

10. Who is most at risk of ES

Patients who are occupationally, or at home, exposed to high levels of electromagnetic fields. So workers in the electronic industries, communication industries and on power distribution systems will be at risk. Those who live in homes near high voltage power lines or in line of microwave transmitters will be more susceptible to developing ES.

As mentioned before, there will be less risk in countries such as Switzerland where a more cautious approach to permitted levels of exposure has been adopted.

11. Does a predisposition to ES run in families?

Difficult to answer. If several members of one family are affected it is probably more likely that there has been excessive exposure to all of them, say in the home environment, rather than any genetic predisposition.

12. Where are there other sources of information?

1. Electrosensitivity.org.uk – a charity to support sufferers.
2. Powerwatch.org.uk – contact for meters and protective material
3. Lessemf.com – an American site for meters and information

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