

ELOVERFØLSOMME NORWAY

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REPORT
2007-2008

ELECTRO HYPER SENSITIVITY IN NORWAY



[REPORT](#)
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ENGLISH SUMMARY

FELO (The Association for Electrohypersensitive) sent questionnaires to all 364 members in the winter of 2007-2008.

184 answers were received, giving a rather low response rate of 51 %.

The two main reasons for this are probably: the questionnaires were sent together with a newsletter and might have been overlooked, and FELO may have a number of "supporting members" that are not electrohypersensitive (EHS) themselves.

The survey was conducted in order to document the electromagnetic sources that the EHS react to, the symptoms they experience, the treatments and interventions/actions that help, and how their handicap affects daily life. The results will be used in the work for improving the conditions for EHS both in Norway and internationally.

Some of the main results are summarized below.

The respondents

The people who answered the survey had an essentially higher level of education than the average in the Norwegian population.

They were also overrepresented in occupations that require a lot of computer work. 77 % of the respondents were women - in accord with the gender distribution among FELO members.

The respondents had been EHS for an average of 11 years.

The sources

The sources that most reacted to were mobile phones, fluorescent lighting (including energy-saving compact fluorescent lamps), old fashioned computer- and TV-screens, and wireless networks.

Most reacted to 10-14 of the 19 sources listed in the questionnaire. The sources included both low-frequency electric and magnetic fields and high-frequency radiation.

The symptoms

Most EHS experienced 12-15 different symptoms – out of the 18 that were listed. It was common to experience an “acute phase” with more intense symptoms. In the acute phase, the most serious symptoms were a general feeling of being unwell, exhaustion, concentration problems, “pressure” in the head/headache, joint/muscle pain, and dizziness.

Most experienced partial recovery after different actions/treatments. The worst symptoms were then exhaustion, joint/muscle pain, hypersensitivity to light/sound/smell, concentration problems, and a general feeling of being unwell.

Timeline of symptoms

The survey showed that symptoms appeared after varying duration of exposure; some people reacted after a short exposure, others after several hours'. Many experienced delayed reactions – symptoms could occur up to one and a half day after exposure.

The time for full recovery (after the end of exposure) also varied; from immediate recovery to “never”. Several wrote that the timeline varied, depending on the radiation type, intensity, and duration.

Working life

Only 22 % of the respondents were working full time.

7 % were unemployed, working at home (housewives), or students.

42 % were partly or completely disabled, while 13 % were partly or completely on sick leave.

Thus, more than half of the respondents were partly or completely excluded from working due to their health problems.

Diagnoses

Since electrohypersensitivity is not a recognized diagnosis, other diagnoses were used for sick leaves. The one most frequently used was exhaustion, followed by muscular pain and psychiatric problems.

Reasons for electrohypersensitivity

Most believed that a combination of factors led to their electrohypersensitivity. 63 respondents mentioned high exposure to mobile phones, computers, wireless networks and/or office machines. Transformers, power lines and/or mobile phone masts were mentioned by 43. 56 mentioned amalgam or mercury poisoning as a (contributing) factor for EHS.

Treatments

We asked the respondents to list treatments that had helped and treatments that had NOT helped them.

► Among the medical treatmentsⁱⁱⁱ, 57 had positive effects from different nutritional interventions. Vitamins and minerals were most commonly mentioned (38). 14 respondents had not been helped by nutritional interventions – therefore the success rate^{iv} was 80 %.

► Dental treatment had helped 29 of the respondents. Most of these had removed metal and/or amalgam. 5 people had not been helped by dental treatment – thus the success rate was 85 %. Several commented that it could take a long time before one noticed any improvements – and some had experienced a temporary worsening of symptoms. Some commented that amalgam removal should be carried out with good ventilation and/or a fresh-air mask.

► Few had experienced positive effects after treatment by a medical doctor (8) or psychologist (3). No effect of these treatments was reported by 39 and 9 respondents, respectively. Thus, the success rates were 17 % for medical and 25 % for psychological treatment.

► Several had tried different forms of alternative treatments.

Acupuncture and homeopathy had helped 22 and 21, respectively. Others, however, had no effect of these treatments (16 and 10, respectively). Thus, the success rates were 52 % for acupuncture and 66 % for homeopathy.

iii Our definition of medical treatment is broad; it includes treatments that are generally accepted by the Norwegian public authorities iv Some of the treatments/interventions had been tried only by a few of the respondents. Success rates based on few answers are less reliable than those based on many answers.

Other interventions

The interventions that had the largest positive effect were: keeping a distance to and/or avoiding fields and radiation (104 persons).

Electromagnetic sanitization was mentioned by 97. Success rates were 96 % and 98 %, respectively. Several mentioned the importance of a radiation-free place to sleep. Avoiding electromagnetic fields and radiation gave a larger improvement in health than any of the treatments that were tried.

Moving

More than 40 % of the EHS had moved or wanted to move due to electrical installations in the house, or due to wireless networks, mobile phone masts, high-voltage power lines and/or transformers close to their house. In average, the respondents had moved 2.1 times. One person had moved 10 times!

Attitudes

About half experienced that their family doctor did not understand their electrohypersensitivity. Most respondents still received help like medical examinations and sick notes. More than 30 % reported little or varying understanding of their situation from friends and family. More than 60 % experienced little or varying understanding from strangers. This lack of understanding is an additional strain for the EHS.

Everyday life

Economy, social activity and general quality of life are reduced for people with EHS.

In the acute phase, most respondents had to either avoid certain activities and/or places, or they could only stay in shielded/adapted places. After some time (with interventions and/or treatments) most experienced an improvement. For those who were most severely affected (5 persons), everyday life was very difficult.

They needed total isolation from modern society and had to live in a house without electricity - far from radiation sources.