

Response to NICNAS re Scientific Review of Multiple Chemical Sensitivity

From Gail Eyssen-McKeown and Cornelia J. Baines

School of Public Health,

University of Toronto

You are to be complimented on your very thorough review of MCS. Since you request input, we would like to make several brief comments which, should you wish to pursue them, could be amplified either by email or by telephone.

On page 1 of your document, you mention that questions are posed through out the report. In our copy there is only one instance where there is a heading QUESTION: are there additional triggers identified in MCS? (page 13). On page 12 you have two lists of triggers for MCS symptoms and all of them (with the exception of electromagnetic radiation) are 'chemical' in nature which certainly is appropriate given the name of the syndrome.

However in Canada, those who specialize in treating MCS and who have MCS, also consider foods to be an important exposure. Interestingly in our reading of your document food is never mentioned. In our questionnaire survey which you cite, food items were included in the list of exposures possibly causing symptoms. At present we are writing a report describing questionnaire results which indicate that food exposures may be associated with cognitive symptoms.

We are pleased that you cited our papers, including the description of our paper on discriminant validity on page 14. Since case definitions do not cite specific symptoms, we wondered if it might not be useful to mention the four symptoms which are described in the conclusion of this paper, namely, having a stronger sense of smell than other people, feeling spacey, feeling dull or groggy and having difficulty concentrating. Together with the Nethercott/IEM definitions, these four symptoms were used to select cases for our case-control studies.

This leads to another comment. On pages 19 and 20 you describe a number of studies without indicating the case definition that was used or whether the cases were self-selected. The reader should know how cases were defined before accepting any conclusions drawn, especially in instances where one reads (page 20) that “20% of the MCS patients presented symptoms regardless of the type of challenge...” and when one notes five lines up, that the denominator is 23.

Our impression is that you have produced a very useful document. If you decide that further communication with us would be useful, we will be happy to continue discussions with you.