

# *The Rome Resolution*

## **Consensus on MCS therapies and prevention strategies**

15<sup>th</sup> Jan 2015\*

1. Given that MCS is a chronic multi-system environment-related illness which results in a severe low quality of life;
2. given that MCS is an acquired inability to tolerate chemicals, even at low dose, which are normally not toxic for the average population;
3. given that chemicals - such as fragrances, detergents, pesticides, etc. - are in everyday environments, so MCS affected people are usually unable to function, to work, to perform daily tasks and to have a full social life;
4. given that the quality of life of MCS people was estimated even lower than the one of severe cardio-vascular illness by Robert Koch Institute of Berlin (2002) and yet funds on MCS treatment are negligible when compared to the ones addressed to cardio-vascular disease;
5. given that people with severe MCS struggle to find a safe environment where they can survive without reactions;
6. given that international studies show a prevalence of MCS between 3 and 9 % of the population and that it affects especially women;
7. given that from these international estimate data it is possible to presume that MCS represents a cost for society of billions of euros;
8. given that the lack of an early diagnosis results in an exacerbation of the condition;
9. given the significant improvement in laboratory and clinical investigation about MCS in the latest 15 years;
10. given the several contribution to MCS literature by Italian researchers and clinicians and their establishment of significant international collaborations;

### **we state that**

MCS is a physiological illness that is characterized by chemical sensitivity and the presence of symptoms in multiple organ systems.

In MCS there are several physiological changes, including oxidative/nitrosative stress, inflammation, immunological and neurological dysfunctions. There is no evidence for a psychiatric role in causation.

MCS patients need to be provided with special hospitalization protocols.

MCS needs a multi-disciplinary care approach that is useful also for the management of other chronic diseases linked to the environment - such as type II diabetes, cardiovascular disease and neurodegenerative diseases - such as Alzheimer, Parkinson and SLA.

Health Care Providers need to cooperate with Social Services help MCS patients to obtain timely and relevant rehabilitation.

As part of the treatment, affected individuals requires avoidance of chemicals which, in turns, requires proper accommodation in workplace and home environment.

Signed by\*\*

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\*\* These are individual signatories and not on behalf of the institutions they work for.