

BRIEF COMMUNICATION

Wind turbines, flicker, and photosensitive epilepsy: Characterizing the flashing that may precipitate seizures and optimizing guidelines to prevent them

*Graham Harding, *Pamela Harding, and †Arnold Wilkins

*Neurosciences Institute Aston University, Birmingham, United Kingdom; and †Department of Psychology, University of Essex, Colchester, United Kingdom

SUMMARY

Wind turbines are known to produce shadow flicker by interruption of sunlight by the turbine blades. Known parameters of the seizure provoking effect of flicker, i.e., contrast, frequency, mark-space ratio, retinal area stimulated and percentage of visual cortex involved were applied to wind turbine features. The proportion of patients affected by viewing wind turbines expressed as distance in multiples of the hub height of the turbine showed that seizure risk does not decrease significantly until the distance exceeds 100 times the hub height.

Since risk does not diminish with viewing distance, flash frequency is therefore the critical factor and should be kept to a maximum of three per second, i.e., sixty revolutions per minute for a three-bladed turbine. On wind farms the shadows cast by one turbine on another should not be viewable by the public if the cumulative flash rate exceeds three per second. Turbine blades should not be reflective.

KEY WORDS: Photosensitive epilepsy, Flicker, Rotors, Visual discomfort, Wind farms, Wind turbines, Green power.

The provision of energy from renewable sources has produced a proliferation of wind turbines. Environmental impacts include safety, visual acceptability, electromagnetic interference, noise nuisance and visual interference or flicker. Wind turbines are large structures and can cast long shadows. Rotating blades interrupt the sunlight producing unavoidable flicker bright enough to pass through closed eyelids, and moving shadows cast by the blades on windows can affect illumination inside buildings.

Planning permission for wind farms often consider flicker, but guidelines relate to annoyance and are based on physical or engineering considerations rather than the danger to people who may be photosensitive.

PHOTOSENSITIVE EPILEPSY

Photosensitive epilepsy (PSE) occurs in one in 4,000 of the population (Harding & Jeavons, 1994). The incidence

is 1:1 per 100,000 per annum. Among 7–19 year-olds the incidence is more than five times greater (Fish et al., 1993). Photosensitivity persists in 75% of patients (Harding et al., 1997).

PRECIPITANTS

Sunlight is a precipitant of photosensitive seizures, whether reflected from waves, or interrupted as the subject travels past an avenue of trees or railings. In 454 patients Harding & Jeavons (1994) found 33 cases where seizures had been precipitated by flickering sunlight.

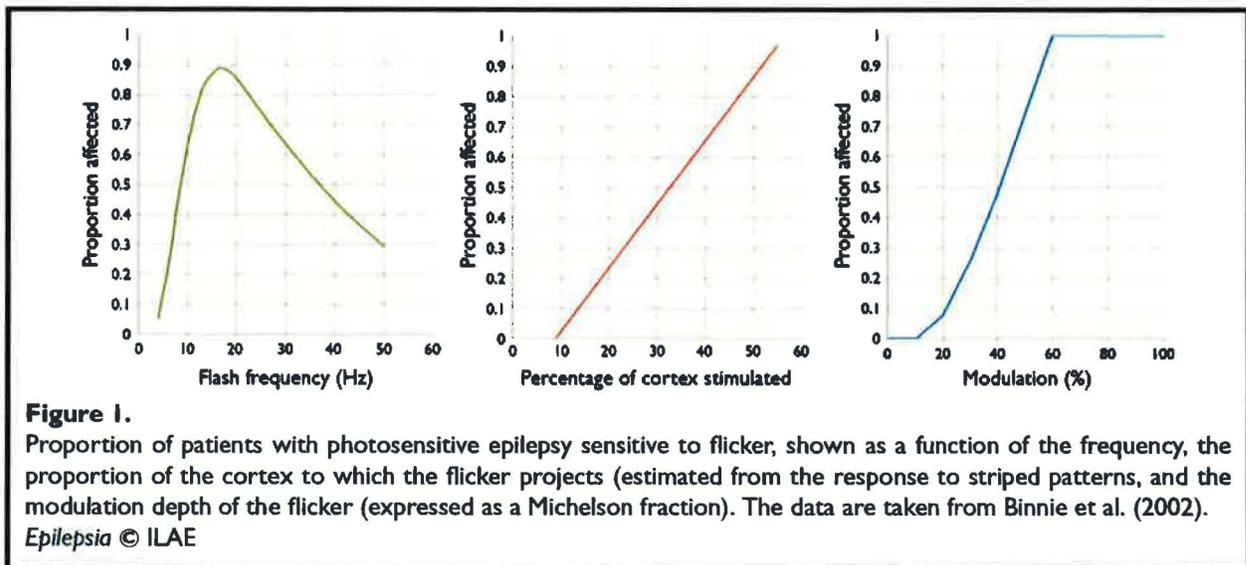
Television is a common precipitant of seizures and guidelines now prevent the broadcast of programs with flicker at rates exceeding 3 flashes per second, the frequency above which the chance of seizures is unacceptably high.

FLICKER FROM ROTATING BLADES

The interruption of light by helicopter blades has caused seizures (Johnson, 1963; Gastaut & Tassinari, 1966; Cushman & Floccare, 2007) but to our knowledge there are no reports of seizures induced by rotating ceiling fans.

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Address correspondence to Professor Graham Harding, The Electro-Diagnostic Centre Ltd, Greenfields, Upton Snodsbury, Worcester WR7 4NR, U.K. E-mail: gharding@wyenet.co.uk

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Large wind turbines usually rotate at between 30 and 60 revolutions per minute (rpm). Many are three-bladed and operate at a constant speed, and at 60 rpm produce flicker at a rate of 3 Hz; some two bladed wind turbines also exist. Turbines that rotate faster or have more blades will produce flicker at frequencies for which the chances of seizures are unacceptably high. Smaller variable-speed turbines range between 30 and 300 rpm (Verkuijlen & Westra, 1984) and some have more than three blades, so their flicker is within the range for which seizures are likely.

When several turbines are in line with the sun's shadow there is flicker from a combination of blades from different turbines, which can have a higher frequency than from a single turbine.

If the blades of a turbine are reflective then there is the possibility of flicker from reflected light at viewing positions that are unaffected by shadows.

Exposure to flicker from a turbine is determined by the hub height and the diameter of the blades, the height of the sun and the direction of the blades relative to the observer. These variables are affected by the time of day, time of year, wind direction, and geographical location (Verkuijlen & Westra, 1984). Shadows can be cast on the windows of nearby buildings, affecting the internal illumination giving rise to flicker that cannot be avoided by occupants. Verkuijlen & Westra determined the shadow tracks of wind turbines and their effect relative to the hub height of the rotor. They assumed that the rotor diameter was 75% of the hub height, but many wind turbines deviate from this ratio.

To avoid the problems of shadow flicker Verkuijlen and Westra proposed that wind turbines should only be installed if flicker frequency remains below 2.5 Hz under all conditions, and that wind turbines should be sited where

buildings were not in East-NE or WNW directions from the turbine (northern hemisphere recommendations).

Two examples of seizures induced by wind turbines on small wind turbine farms in the UK have been reported to the authors in 2007.

The seizure-provoking effects of flicker depend on the time-averaged luminance of the flicker, its contrast, frequency and mark-space fraction and the area of retina stimulated, and are well described (Fig. 1).

The area of retina stimulated by flicker from a wind turbine might be expected to depend on the area that the rotors subtend at the eye. However, if the rotors interrupt direct sunlight casting a shadow upon the observer then the luminance of the flicker is likely to be such as to scatter sufficient light within the eye as to stimulate the entire retina with intermittent light. If the eyes are closed, the light is diffused by the eyelids, and intermittent light reaches the entire retina.

The luminance contrast ratio of the flicker depends on the extent to which the blades occlude the sun. Given that the sun subtends about 0.5 degrees, it is only completely occluded when the blades subtend more than 0.5 degrees at the eye, ignoring flare. When the observer is at a distance at which the blades subtend less than 0.5 degrees, the contrast of the flicker is reduced. Flicker ceases to be provocative at luminance contrasts less than about 10%, see Fig. 1. Assuming that contrasts of less than 10% occur when the width of the turbine blade subtends at the eye an angle that is 10% of the sun's diameter (0.05 degrees), it is possible to set a limit for the distance at which shadow flicker is likely to be seizure provoking. For a turbine blade 1 m in width, this distance is 1.14 km. Most shadows are likely to be of contrast sufficient to be provocative. It may be insufficient to restrict the

siting of turbines to a distance 10 diameters from habitation (Clarke).

In EEG laboratories, epileptiform EEG activity is induced in photosensitive individuals by a xenon gas discharge lamp providing a series of very brief flashes, i.e., laboratory studies have not investigated the effect of very brief dark periods in an otherwise bright stimulus (such as might be provided by a wind turbine rotor). However, in the case of a seizure induced by helicopter blades reported by Cushman and Floccare (2007) the dark period of the shadow flicker was between 24 and 27 times per second. Helicopter blades are usually narrower than those on wind turbines and would provide for a shorter dark interval that might be expected to be less provocative than for a wind turbine blade.

Flashing can occur by the reflection of sunlight from the gloss surface of blades (Clarke). The blades are likely to cause flicker only if the amount of sun reflected toward an observer varies with the rotation of the blades. Given the shape of the blades, such variation is likely. These considerations introduce the possibility of a danger zone different from that provided by the shadow cast by the blades.

In the case of reflected sunlight, the flicker may be less bright than that cast by a shadow, and the light scattered within the eye may be insufficient to cause a problem. If so, the effectiveness of the stimulus will depend on the visual angle subtended by the rotor at the observer's eye. This visual angle will be directly proportional to the rotor length (radius) and the distance from which the observer is viewing the rotor.

The visual angle subtended by the flickering light determines the likelihood of seizures. From the studies of Binnie et al. (2002) or Wilkins et al. (2005) it is clear that the risk of seizures is in direct proportion to the area of visual cortex stimulated, see Fig. 1. For this reason, flicker that is directed at the center of the visual field is more provocative than flicker in the visual periphery. (The central 10 degrees of vision provide for 90% of the neural output from the retina to the brain.)

Suppose a turbine with blades 75% of hub height is viewed from a distance (Fig. 2). The sunlight is not simultaneously reflected from more than one blade given that the angle of the blades relative to the sun will rarely be similar. We will assume that the blades are of uniform width equal to 10% of their (radial) length. The angle at the eye of an observer subtended by any blade is maximum when the blade is at the bottom of its path. Assuming gaze is centered half way up the blade, the proportionate area of the visual cortex stimulated can be calculated (Drasdo, 1977). The proportion of visual cortex (P) to which a circular centrally fixated stimulus, angular radius A , projects is $P = 1 - e^{-0.0574A}$.

Applying this formula to angular segments of the rotor surface centrally fixated, the area of cortex to which the rotor projects can be calculated and the proportion of patients

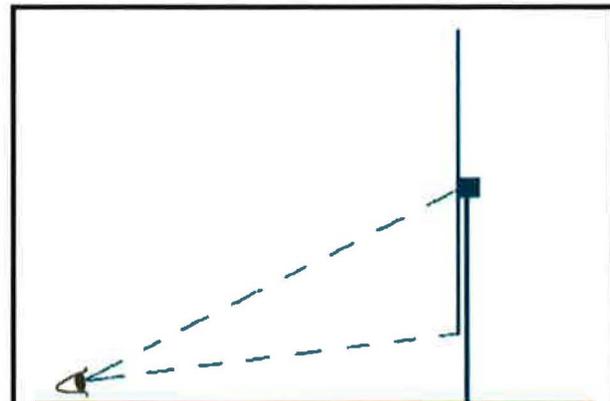


Figure 2. Maximum visual angle is subtended by blades when at the bottom of their path.
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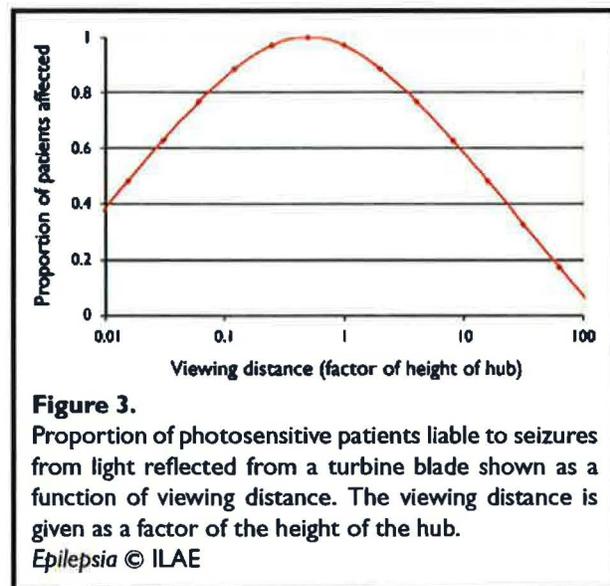


Figure 3. Proportion of photosensitive patients liable to seizures from light reflected from a turbine blade shown as a function of viewing distance. The viewing distance is given as a factor of the height of the hub.
Epilepsia © ILAE

liable to seizures can be estimated, using the relationship between proportion affected and stimulated area of the cortex (Fig. 1). The proportion of patients affected is shown as a function of viewing distance (expressed as a factor of the height of the hub) (Fig. 3). Note that the risk of seizures does not decrease appreciably until the viewing distance exceeds 100 times the height of the hub, a distance typically more than 4 km.

The above analyses indicate that flicker from wind turbines is potentially a problem at considerable observation distances. Over 1 km, 25% of the light should be attenuated by the atmosphere (Curcio et al., 1953). Such attenuation should reduce the risk by a similar proportion (Binnie et al., 2003).

DISCUSSION

Flicker from turbines that interrupt or reflect sunlight at frequencies greater than 3 Hz poses a potential risk of inducing photosensitive seizures. At 3 Hz and below the cumulative risk of inducing a seizure should be 1.7 per 100,000 of the photosensitive population. The risk is maintained over considerable distances from the turbine. It is therefore important to keep rotation speeds to a minimum, and in the case of turbines with three blades ensure that the maximum speed of rotation does not exceed 60 rpm, which is normal practice for large wind farms. The layout of wind farms should ensure that shadows cast by one turbine upon another should not be readily visible to the general public. The shadows should not fall upon the windows of nearby buildings. The specular reflection from turbine blades should be minimized.

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Conflicts of interest: We confirm that we have read the Journal's position on issues involved in ethical publication and affirm that this report is consistent with those guidelines.

REFERENCES

- Binnie CD, Emmett J, Gardiner P, Harding GFA, Harrison D, Wilkins AJ. (2002) Characterizing the flashing television images that precipitate seizures. *SMPTE J July/August*: 323–329.
- Clarke AD. A case of shadow flicker/flashing: assessment and solution. *Techno Policy Group, Open University, Milton Keynes, UK.*
- Curcio JA, Drummeter LF, Petty CC, Steward HS, Butler CP. (1953) An experimental study of atmospheric transmission. *J Opt Soc Am* 43(2):97–102.
- Cushman JT, Floccare DJ. (2007) Flicker illness: an underrecognized but preventable complication of helicopter transport. *Prehosp Emerg Care* 11(1):85–88.
- Drasdo N. (1977) The neural representation of visual space. *Nature* 266(5602):554–556.
- Fish DR, Quirk JA, Smith SJM, Sander JWAS, Shorvon SD, Allen PJ. (1993) *National survey of photosensitivity and seizures induced by electronic screen games (video games, console games, computer games)*. Interim Findings, Dept of Trade & Industry, London.
- Gastaut H, Tassinari CA. (1966) Triggering mechanisms in epilepsy. The electroclinical point of view. *Epilepsia* 7:85–138.
- Harding GFA, Jeavons PM. (1994) *Photosensitive epilepsy*. MacKeith Press, London.
- Harding GFA, Edson A, Jeavons PM. (1997) Persistence of photosensitivity. *Epilepsia* 38:663–669.
- Johnson LC. (1963) Flicker as a helicopter pilot problem. *Aerosp Med* 34:306–310.
- Verkuijlen E, Westra CA. (1984) Shadow hindrance by wind turbines. *Proceedings of the European wind Energy Conference*. October 1984, Hamburg, Germany.
- Wilkins AJ, Emmett J, Harding GFA. (2005) Characterizing the patterned images that precipitate seizures and optimizing guidelines to prevent them. *Epilepsia* 46:1212–1218.