

Over millions of years, people have conducted their life according to natural daylight.

We have become accustomed to sunlight and the natural day/night rhythm through our evolution.

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DEVELOPMENT AND SYNCHRONISATION OF SLEEPING BEHAVIOUR





Since 2002 scientists have found new photo biological receptors. These receptors aren't responsible for visual responses like the rods (Stäbchen) and cones (Zapfen Farbe). Their function is to set your internal biological clock and control your release of hormones. These hormones control your biological rhythm, for example so that you become tired at night. In this diagram you can see that the sleeping hormone melatonin increases at 6 pm and decreases at 6 am.

Therefore the performance and attention curve decrease without the corresponding daylight. Here you see that dynamic lighting can support the biological rhythm.

The biological rhythms of human beings can be modified by light, bluish light, around 450 nm especially, has the largest impact. Saliva = Speichel = Messung Melatonin

Discovery of Melatonin in 1958.

Discovery of the biological clock in people in 1972.

Pineal gland = Epiphysis releases melatonin and serotonin (happy hormones).

Melatonin suppression = incidence of light in an eye curbs the release of melatonin

Increasing light levels signal the body to begin its active cycle. It responds by producing serotonin,

adrenalin and cortisol. Hormone levels rise, along with temperature and metabolism and by midafternoon, the body has reached its peak metabolism. Two important hormones are cortisol that rises in the morning and make us feel more alert and melatonin that rises in the evening and make us feel more sleepy. Metabolism converts the fuel in the food we eat into the energy needed to power everything we do, from moving to thinking to growing.



First we have to understand how this works. Light enters via the lens into the eye and reaches the retina at the back of our eye-ball. When the light reaches the retina, it passes a layer of ganglion cells, bipolar cells and then the layer of where the cones and rods are. With the cones (red, blue, green) we can see colours, the rods are for low lux level vision (no colour recognition).

In 2002, "Hattar et al" described in the layer of ganglion cells, the 3rd receptors in addition to the known rods and cones.



Circadian Oscillator



DYNAMIC LIGHT

... and so we should try to reproduce it with flexible artificial light



Natural light changes over the day in intensity, colour temperature and angle.



Here you see a dynamic light control in one of our meeting rooms.

From the welcome at the morning (with activate light/ blue light)

Over a conference till lunch with normal light and a short activate time after lunch with blue light

To the end of the conference with discussions in the evening with warm light.

EDUCATION



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JOINT RESEARCH IN HAMBURG SCHOOLS 2011-2012	
 TRILUX was involved in several research projects at schools in Hamburg, Dresden and Berlin. For the research project in Hamburg, 39 schools were modified with dynamic light from TRILUX and Philips. 	
 The modified schools had the opportunity to switch their lighting to suit the situation. 300 lux 4.000 K (traditional light), 1.000 lux 6.000 K (concentration), 650 lux 12.000 K (activate) 300 lux 2.700 K (calm). 	
Hamburg	
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Cold colour temperature light can push you in the morning or after lunch to get a better performance.

But before you go to sleep, a warm colour temperature is preferable to aid beauty sleep.

The effects of dynamic light are not completely explored **just** the basic statements.

Trilux is involved in some research projects in grammar schools. The schools have good experience with the dynamic light.

CASE STUDY: HAMBURG-EPPENDORF

The study comprised of 166 students and 18 teachers over the course of 1 year.

The students were between 7 and 16 years of age.

Conducted by the Hamburg UKE Clinical Centre for Child and Youth Psychosomatic Research.



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This is a study where different lighting scenes were available to teachers to use according to the activity.



The reading speed rose by almost 35% when pupils were working under Dynamic Lighting Classroom System. On average, pupils read 1,051 words in a set time compared with 780 words in the baseline measurement under conventional lighting.







As the eye ages so it yellows, this means older people see less light from the blue end of the spectrum than younger people.

A DARKER, MORE HAZY WORLD

Older people experience

- A reduction in vividness of the colours of images e.g. reds begin to look like pinks
- · A reduced ability to discriminate blues





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PEOPLE WITH DEMENTIA SUFFER FROM

- frequent sleep disturbances
- including night wandering and confusion



drugs can lead to further confusion and increase the risk of falls

ARCHITECTURE

- · Adapting the architecture to the patients requirements can increase their well-being
- · Provide orientation and security



rooms

straight

corridors









Good quality lighting

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Quellen:

http://www.focus.de/immobilien/wohnen/bauen-gestaltung-gegen-das-vergessen-architektur-fuer-demenzkranke_aid_902272.html

http://www.spathstoecker.de/images/spatharchitekturbuero/einzelartikel/spath_Demenz_Architektur.pdf

DEMENTIA FRIENDLY LIGHTING

Primary elements

Use daylight wherever possible

Choose the right light source and high light levels

Use sufficient 'domestic' style fittings

Expose people to the 24-hour cycle of light and dark.

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RESEARCH

Dementia Services Development Centre Sterling University

Thanks to Kristina Allison BA (Hons), MA, MSLL, MILP Lighting Enterprises Consultancy & Associates Ltd.



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Best of breed demonstration ward and bedroom at Sterling. Uses Liventy, Sanesca, Inpera Ligra Plus, Acruro, Arkon and Ambiella night light.

Recommended light levels (sample page from the DSDC lighting book)

Area	Maintained average horizontal illuminance (in lux) not less than		Minimum overall colour rendering index (R ₂)	Minimum lamp colour rendering index (R _s)
Living rooms	300		85	80
Ensure high lighting leve	ls at activity tab	les and seats	for reading by positioning	lights nearby
Recreation	300 supplemented by 300		85	80
Provide 300 lux from arti free-standing units when	ficial lighting. Su daylight is not	upplement by available	y 300 lux daylight when ava	illable and 300 lux from
Kitchens	600		85	80
Ensure high lighting leve	ls at worktops,	sinks and serv	ver counters by positioning	lights nearby
Bathrooms and toilets	300		85	80
Ensure high lighting leve	ls at wash-hand	basins and V	VCs by positioning lights ne	arby
Bedrooms	200		85	80
Ensure high lighting leve	ls at headboard	ls and dressin	g tables by positioning ligh	ts nearby
Dining rooms	300		85	80
Ensure high lighting leve	ls at dining tabl	les by positio	ning lights directly above th	nem
Other areas				
Corridors – at night	No activity	20-50	85	80
	Activity	100-150		
Corridors - daytime	No activity	50	85	80
	Activity	150		
Corridors – mid point of relevant doors ¹	200 (vertical)		85	80
Offices	500		¹ A relevant door is one that is meant to be identified and operated by people with dementia	
Lifts	175			

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IPSWICH HOSPITAL

• Ipswich Hospital was chosen to create a pioneering care environment in conjunction with the Kings Fund.



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'If we could only change three things, these would be:

- Signposting using accent colours
- Creating a central social space
- Improving the lighting'

Senior nurse, Dementia care and adult safeguarding

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MARIA-HILF HOSPITAL, BRILON, GERMANY

New lighting has been installed in all patient rooms and corridors of the geriatric department.

A light management system controls the light level and the colour temperature.



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ILLUMINATION LEVELS

Between 600 to 1500 lux during the day in patient rooms

300 lux on the floor and 600 lux at eye level in corridors





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All LED lighting is controlled via a central management system to give 600 lux at eye level and 300 lux at floor level in corridors and between 600 to 1,500 lux during the day in patient rooms.

THE ENTRANCE AND CORRIDORS

Colour temperature varies between 3,000K and 6,500K



MARIA-HILF HOSPITAL, BRILON, GERMANY



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GENERAL IMPRESSIONS AFTER THE LIGHTING RENOVATION?

After the renovation, the activities of the geriatric patients have **become calmer**.

In detail, after a few days of acclimatisation they have a **more relaxed demeanour** compared to the day of admission and on other wards.

When asked why they felt calmer, some of the patients point directly to **good lighting and a pleasant atmosphere.**

Thomas Pape

Director of Care Service



WHAT IS THE MEDICAL IMPRESSION AFTER THE LIGHTING RENOVATION?

The generally positive reaction of geriatric patients has allowed the medical management to significantly **lower** support in the form of **medication**.





HOW DO THE STAFF BENEFIT FROM THE NEW LIGHTING?

The therapeutic team is excited by the consistently **positive reactions of their patients** as well as its own positive experience of pleasant illumination.





HUMAN CENTRIC LIGHTING CONFERENCE ROYAL INSTITUTION, LONDON. 22.2.2016

Professor Debra Skene, University of Surrey.

Professor Rob Lucas Manchester University

Luke Price Public Health England



International Commission on Illumination Commission Internationale de l'Eclairage Internationale Beleuchtungskommission

CIE Statement on Non-Visual Effects of Light

RECOMMENDING PROPER LIGHT AT THE PROPER TIME

CIE TN003 Report on the First International Workshop on Circadian and Neurophysiological Photometry, 2013

www.cie.co.at/index.php/Publications/Technic al+Notes

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- More research is needed.
- · Preferably field studies.
- We need to collaborate with the scientists to move forward.
- We will prepare a properly formulated questionnaire without leading questions.
- Provide an accessible platform for all parties to share results.



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LIGHT AFFECTS HOW WE FEEL



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