

Translation by Patrizia Rustichelli-Stirgwolt

The review of the Italian association of psycho-neuro-endocrine-immunology

Edited by Francesco Bottaccioli

PNEI NEWS

The new knowledge of science and health

SOCIOECONOMIC INEQUALITY TRIGGERS INFLAMMATION



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EDITORIAL

Socioeconomic inequality is a primary factor for disease, just as alcohol and sedentariness are and it has a much greater impact than hypertension and obesity.

Piero Porcelli – Professor of Clinical Psychology, University G. D’Annunzio, Chieti-Pescara, Sipnei Member.

This PneiNews issue hosts the report of a study that examined more than 18,000 individuals from UK, Ireland, Portugal and Switzerland (LIFEPATH project) in order to investigate the association between the individual SEP (socio-economic position) and levels of CRP (C-reactive protein), an acute phase protein which is produced by the liver in response to the activation of pro-inflammatory cytokines. After having analyzed the well-known risk factors, it was observed a link between health and status anxiety, namely a condition of psychological distress due to the loss of economic and social possibilities. The results of the survey have ascertained the existence of an inverse health gradient according to which the CRP levels are higher in the poorest nations (higher in Portugal and lower in Switzerland) and, inside each nation, among the levels of social inequality of high versus low SEP. In other words, the health condition does not depend only on the economic level of the nation but especially on the social inequality occurring inside each country in the western world. Few years ago the slogan “*we are the 99%*” of *Occupy Wall Street* depicted perfectly the world trend where the concentration of richness among nations and inside the classes of the single countries is becoming a real risk factor as well as the already well-known factors (smoking, obesity, physical inactivity) for which the governments are spending millions in prevention campaign.

The data from LIFEPATH report are coherent with other medical literature studies. For instance, a recent meta-analysis of longitudinal studies on ca. 2 millions individual living in the western countries (including Italy) has assessed that the risk of socio-economic position has an impact of 42% for men and 34% for women just as physical inactivity and alcohol consumption but much higher than hypertension and obesity¹. In our country the economic situation is associated to a low educational attainment so death risk increases with a lower education: mortality increases of 16% for those with an academic degree, of 46% for those with a school-leaving certificate and of 78% for those with only the primary school certificate².

It becomes very obvious that the overall health matter cannot be tackled with the traditional methods (building new hospitals, buying costly and innovative equipment, care services focusing on acute phases). Health is determined by manifold factors, thus close attention should be given to the “relative weight” that each (biomedical, psychological and social) risk factor carries in the total puzzle at all socio-political levels starting from medical school to the organization of the national healthcare system. Without a modern organization of the public healthcare services we run the epochal risk to enlarge the already huge gap between empirical evidence and health policy.

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1. Stringhini S, Carmeli C, Jokela M, Avendaño M, et al. Socioeconomic status and the 25 Å~ 25 risk factors as determinants of premature mortality: a multicohort study and meta-analysis of 1·7 million men and women. *Lancet* 2017; 389: 1229-1237.
2. Libro Bianco Equità nella Salute: www.disuguaglianzedisalute.it (Centro di Documentazione–DoRS e Servizio di Epidemiologia della Regione Piemonte).