

Translation by Patrizia Rustichelli-Stirgwort

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

Edited by Francesco Bottaccioli

PNEI NEWS

The new knowledge of science and health

COVID-19: A TIME OF GREAT UNCERTAINTY



COVID-19 UNA FASE DI GRANDE INCERTEZZA



Rivista bimestrale - n. 3 - anno XIV - Luglio 2020

Pnei News – bimonthly review – nr 3 – year XIV– July 2020

PNEI NEWS NR 3 –July 2020

EDITORIAL

Page 3. Covid-19: A time of great uncertainty

Francesco Bottaccioli

INTERVIEW

Page 4. We are not doomed by our genes. Interview with Dr. De Vivo, oncologist at Harvard University and researcher of telomeres.

In order to age well we need to be kind with our DNA. The Professor in Medicine and Epidemiology of Cancer at Harvard University, Dr Immacolata De Vivo, summarizes this way her decades of research that made her one of the world leaders on the telomere biology. “We are not doomed by our genes or at least we are only partially. Hence comes her interest for meditation in her recent book.

Paola Emilia Cicerone

COVID-19

Page 7. An intensive care physician on the front line: some considerations.

Davide Gottardello

Page 10. Social distance. Could it become a habit?

Let us imagine that the COVID behavioural rules (not to shake hands, not to hug, keep distance from the others) would be kept long enough to become a necessary precaution to adopt in all situations. Although they are essential in these days, what would then happen if they persisted and became incorporated within ourselves as a habit even after COVID-19?

Ines Romy Cutrona

Page 13. The impact of lockdown in children. Going back to school with an unprecedented situation that recalls closely a post-trauma experience.

The school year 2020-21 is going to be more difficult than in the past years. It is important to be aware that this time returning to school will be out of the ordinary. A situation presenting characteristics which are very similar to a post-trauma experience.

Alessandro Bianchi, Emilia Genta

Page 17. Astragalus, an old and valid remedy used for prevention and therapy in respiratory tract infections.

Ornella Righi

PHYSIOLOGY APPLIED TO THE THERAPY

Page 20. Heart rate variability: an index of adaptation and health

Alessandro Casini

EDITORIAL

Covid-19. Times of great uncertainty

Francesco Bottaccioli – Honorary SIPNEI Chairman, University of L'Aquila and Turin.

Many are the aspects contributing to make this summer 2020 terribly uncertain. In Italy and Europe, we are now catching our breath again: the number of contagions and deaths is decreasing however the contagion has not disappeared yet as proven by the scattered hotspots on the continent and the flare up in Belgrade at the beginning of July. In the United States the pandemic is flaring up as well as in the rest of the world with thousands new contagions per day in Brazil and in South America and lastly in India and Pakistan.

The first uncertainty concerns our safety. Can we consider ourselves safe in our country when the rest of the world is still living through a pandemic? Having partly recovered the international air traffic, the airports may be the entrance door for new contagions.

The second uncertainty is about the **accuracy of the diagnostic tests** controlling the spread of the virus. How accurate are these tests? The swab test identifies the presence of the viral RNA. It is certainly a useful and essential test but it has a low sensitivity. In average it captures 30% of the positive cases. Much hope lies now on the serological or antibody tests. However, they too have a margin of uncertainty which can be rather wide in the case of the rapid diagnostic test¹.

The third uncertainty pertains therapies. During the emergency period the clinicians have learned how to better manage the disease for instance by focusing more on the associated coagulopathy, but even in this case there is not a miracle drug. According to the Italian data about the use of Tocilizumab (against IL-6) on 100 treated patients, 20 of them died anyhow². Regarding prevention and the pharmacological treatment for the non-severe cases, we do not have yet any data about the effectiveness and safety of chloroquine and its derivatives. We know although that these drugs do not work during hospitalization. There is still a long way to go before achieving a COVID vaccine with a good level of effectiveness and safety.

In order to reduce the number of uncertainties we should contrast any short cut and the political use of pandemic. An example of shortcut is claiming that everything is over only when the virus has just calmed down as Dr Zangrillo and his colleagues wrote in their document. Zangrillo's statement on TV and media does not reflect what he wrote on a scientific paper³ where he praised the lockdown considering it as the cornerstone to fight the pandemic beside reducing the aircraft pollution and eliminating thus a possible concurrent cause to COVID-19 mortality. Only in the last few lines he formulates the hypothesis of a modification of the virus without providing any experimental data. Another example of a shortcut is proposing to vaccinate indiscriminately everybody with influenza vaccine. A proposal without any solid epidemiological foundation since the effectiveness rate of the flu vaccine is known to be very low. Hence it is better to invest the little amount of money available for healthcare on a paradigm shift in medicine at territorial level. As the document signed by SIPNEI Board quotes: "we are strongly convinced that it is possible to contain the comeback of virus' flare-ups and to end the epidemic in a reasonable time by

combining safety behavioural measures and preventive care on each local areas, reconstituting a healthcare system that integrates additional healthcare professionals such as psychologists, nutritionists, body therapists and doctors with expertise in the Traditional Chinese Medicine whose healthcare units proved to be very effective in Wuhan⁴.

1. Lisboa Bastos M, Tavaziva G, Abidi SK, et al. Diagnostic accuracy of serological tests for covid-19: systematic review and meta-analysis. *BMJ*.2020;370:m2516. Published 2020 Jul 1. doi:10.1136/bmj.m2516
2. Toniati P, Piva S, Cattalini M, et al. Tocilizumab for the treatment of severe COVID-19 pneumonia with hyperinflammatory syndrome and acute respiratory failure: A single center study of 100 patients in Brescia, Italy. *Autoimmune Rev* 2020;19(7):102568. doi:10.1016/j.autrev.2020.102568
3. Fabio Ciceri , Annalisa Ruggeri , Rosalba Lembo , Riccardo Puglisi , Giovanni Landoni , Alberto Zangrillo & on behalf of the COVID-BioB Study Group (2020): Decreased in hospital mortality in patients with COVID-19 pneumonia, *Pathogens and Global Health*, DOI: 10.1080/20477724.2020.1785782
4. www.sipnei.it ; see also D. Lazzari, A. G. Bottaccioli, F. Bottaccioli (2020) Promuovere la resilienza della popolazione italiana contro SARSCoV2, *Pnei Review* 1: 6-25