

Pandemic. We need to change now not to perish

1.The worldwide crisis we are living through is acquiring more and more dramatic aspects due to the union of the health and financial crisis along with the deep psychological distress spreading at mass level. These dynamics are fed by the irresponsible politicization of the pandemic running through institutional information, social media and the cultural as well as the healthcare world.

2.Organized disinformation has reached levels never seen before. Authoritative scientists and health managers talking about the end of pandemic and clinical death of the virus have fed the inconsiderate campaign denying the existence of the virus. This caused confusion and disconcert among the people in a moment when the only strategic anti-pandemic tool was to have compact behaviours and measures of protection towards the infection.

3.The consequences of this systemic crisis can all be devastating on the organization of human societies and thus on our wellbeing. The systemic crisis that shakes the foundations of our individual and collective life must be faced with a change of the conditions which generated it.

4.In human pathophysiology, the allostatic model explains the best the effects occurring physically and mentally when more crisis factors are combined. These factors are due to old causes (epigenetic in the first stages of life) and more recent causes related to the course life has taken (chronic stress, inflammatory diet, sedentary style of life, pollution). The established complex pathologic dynamic leads to an allostatic charge that, on the long run, can damage crucial organs such as brain, heart, immunity thus provoking an increase of diseases, disability and mortality.

5.The old causes for the failure of the healthcare structures are linked to the dualistic and reductionist scientific paradigm from the nineteenth/twentieth century. A paradigm based on hospitalization and medication. During the last decades, in Europe, we have seen how the recent causes are at the same time the result and the aggravation of the root problem. They are directly related to the governmental decisions to reduce the public healthcare system, draining financial resources in order to favour the private sector and the disastrous neo-liberalist ideology that considers healthcare as an entrepreneurial activity whose objective is to make profit. This situation has worsened social inequality regarding the constitutional right of healthcare and, during the pandemic, it has shown its inadequacy facing the spreading of the infection.

6.The only measures applied by the governments (locking more or less totally all social life, increasing the number of beds in intensive care units) do not seem sufficient to contrast effectively the spread of the contagion. Similarly, relying only on the availability of a vaccine or a drug risks to be an illusion. This not because these drugs will not be useful but because in the best of the cases, if they will be available in average time (2021-22) and if they will be acceptably effective and safe, they will help to fight the pandemic but they will not solve it by themselves. According to what we know about the natural history of the infection and the difficulty to establish a lasting immunity, the vaccine alone will not predictably be the resolute weapon. Likewise, the first experiences made with the monoclonal neutralizing antibodies suggest that

they may be a possible help to reduce the viral charge and the hospitalization rate among the SARS-CoV-2 positive individuals. If the validity of the method is confirmed by controlled studies, this will involve significant organizational and clinical problems concerning the therapeutic schemes, their application on a large scale and their cost.

7. It is necessary to concentrate enormous scientific and financial resources in the most crucial area able to contrast effectively the pandemic: namely prevention on large scale and home care for the positive, pauci-symptomatic individuals and for the patients who survived the infection. The importance of Territorial Medicine has been long debated without achieving the needed results. Beside the widespread organizational delays (albeit some differences) in all regions in forming Continuing Healthcare Special Units (unità speciali di continuità assistenziale – USCA), we observe a dramatic deficiency in the scientific culture which is the result of the reductionist “hospitalization-medication” paradigm above mentioned. Scientific inadequacy is well represented by the lack of operational indications (prevention and therapeutic guidelines) for the USCA healthcare operators and the general practitioners who are employed for a pure monitoring activity or to notify the positive cases. Territorial Medicine is powerless facing the evolution of the disease treated with home care. It simply carries out the humiliating role of informing about the necessity of hospitalization or it may venture in therapeutic practices which are not scientifically founded and thus dangerous. The incautious proposal to prescribe medications (also associated among them) such as aspirin, antibiotic, cortisone, heparin, hydroxychloroquine risks to damage severely the patients. We believe instead that it is possible to set up preventive politics for the home care on a rational base if the government and healthcare authorities decide to tackle the issue of giving a direction to the territorial healthcare using as a reference also the positive experience in Wuhan and other Chinese regions during the pandemic which are well documented in the international scientific literature.

8. The research on the course of the infection documents that the severe cases of COVID-19 is the result of an imbalance in the hyper-inflammatory response of the host immune system that does not neutralize the virus and on the same time it becomes the main factor of disorganizations of systems, first of all the respiratory and vascular system. Scientific literature reports that a large part of SARS-CoV-2 positive individuals requiring hospitalization show a pre-existing inflammatory state which is typical both of aging (inflamm-aging) and concurrent pathologies (diabetes, obesity) and life style (smoke, sedentary lifestyle, inflammatory eating habits), mental disorders (depression, anxiety, psychosis) social condition (disagio and social inequalities), environmental (air pollution, particularly). Scientifically founded prevention and therapeutic measures must be based on these factors which determine the imbalance of the immune system and favour the severe development of the infection.

To the attention of the political and healthcare authorities, to the scientific community, to the healthcare orders and associations: these are the aspects that in our opinion need to be tackled with urgency:

a. Prevention on large scale. Widespread information campaign lead by Territorial Medicine units on the importance of weight control, avoiding smoke, drugs consumption and a sedentary life style. Promoting an anti-inflammatory nutrition. Learning how to manage psychological stress particularly for pregnant women in order to intervene positively in the epigenetic formation of the organs and systems of the future child and preventing future significant consequences. Strong initiatives against air pollution and contrasting poverty and social distress.

b. Early identification of positive subjects to inflammatory risks by combining a psychological and medical consultation team. Medical support could trace a possible inflammatory phenotype dosing some markers in the blood such as PCR, IL-1b; IL-6, TNF-a, D-dimer and identifying the deficiency in vitamins and minerals that are important for a proper immune balance such as vitamin D and B₁₂, folic acid, magnesium and zinc.

c. As highlighted before, in the case of pauci-symptomatic subjects and during the early stages of the disease, it is fundamental to set up early therapies for a targeted nutritional support with supplements of vitamins and minerals as well as individual psychological assistance to help managing stress and psychological distress including stress management techniques. Furthermore, the Chinese experience shows that pharmacological treatments can be integrated with ancient medical care methods (such as acupuncture and phyto-therapeutic formulas) which have undergone controlled publications. Phyto-therapeutic formulas have been largely employed in China to integrate the standard treatment for COVID-19 in the early and also in the more advanced stages, the results were generally superior than the pure pharmacological treatment. We believe that acupuncture, phytotherapy and nutraceutical are a possible therapeutic resource as much as the medicinal drugs that are being now experimentally employed (often with poor results) during the pandemic.

d. Subsequently, Territorial Medicine should develop as a territorial structure providing integrated treatments. Territorial units constituted by a team of biomedical and psychologic professionals able to integrate a new competence suitable to deal with the exceptionality of the threat we are living now.

Lastly, we share the purpose repeatedly announced by more parts to tackle the pandemic by changing the structural distortions of our society and healthcare national system and thus we expect a clear and quick opening from the political, healthcare and professional institutions about all the issues made above.

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[The National executive Board of the Italian Association of Psychoneuroendocrineimmunology Scientific Committee – IV National Sipnei Congress](#)

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