

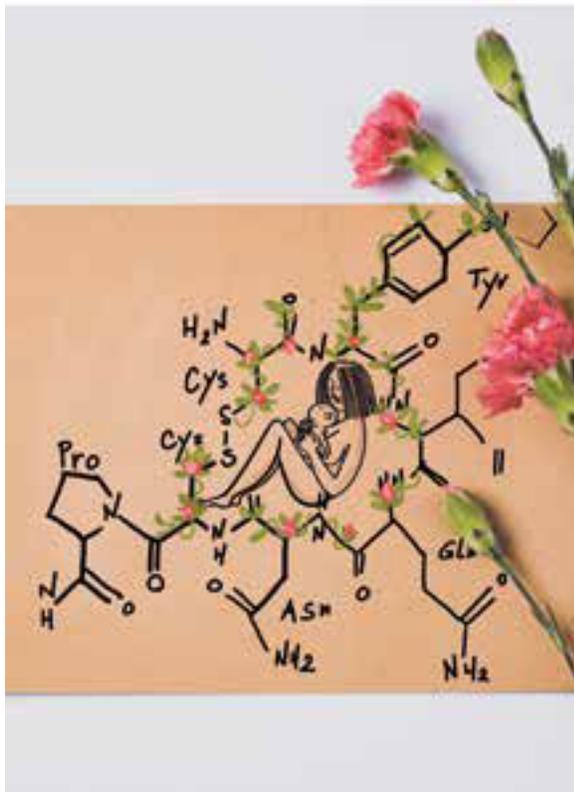
The review of the Italian association of psycho-neuro-endocrine-immunology

Edited by Francesco Bottaccioli

PNEI NEWS

The new knowledge of science and health

OXYTOCIN: A MULTIFACETED HORMONE



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EDITORIAL

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Francesco Bottaccioli

INTERVIEW

Page 4. Stress, inflammation, ageing of the immune system and mental disorders. An interview with Moises Evandro Bauer immunologist at the University of Sao Paulo, Brazil.

Investigating the links between the ageing of the immune system and neuropsychiatric disorders in order to identify new therapeutic tools. This is the path Moises Bauer undertook for his research which is based on a “holistic perspective”, a term repeated often by the researcher to emphasize the importance played by the interactions among different systems.

Paola Emilia Cicerone

MEDICINE AND PSYCHOLOGY

Page 7. A hormone for two. The role played by oxytocin in the mother-child dyad and in neurodevelopment.

Vera Gandini, Gloria Curati, Mariapia De Bar, Roberta Dell’Acqua, Eleonora Lombardi Mistura, Ornella Righi, Emanuela Stoppele, Federica Taricco.

Page 13. What are the real effects of psychiatric drugs?

Joanna Moncrieff indicated two models to understand the way psychiatric drugs work: a “disease-centred” model and a “drug-centred” model. The first one relies on the idea that the drug acts on a chemical imbalance by correcting it. Hence drugs should have a therapeutic effect. On the contrary, the “drug-centred” model assumes that these drugs cause an altered mental state that affect the symptoms expression and manifestation.

Costanzo Frau, Michele Modugno

PHILOSOPHY APPLIED TO HEALTHCARE

Page 19. Enactivism: an approach to understand pain and its treatment

Pain is a common and yet a particularly subjective experience. Pain is rooted in the individual’s subjectivity beside their biology. It is thus necessary an approach investigating the pain experience lived by the person. Enactivism can be that approach.

William Marcozzi, Marco Chiera

EDITORIAL

The incoherent behaviour of the authorities increases the uncertainty on the future of the pandemic

Francesco Bottaccioli- Sipnei Hon. President, University of L'Aquila

On 11th June our healthcare authorities communicated that also the second dosage of the AZ vaccine would be reserved for the population over 60. The scientific standing committee motivated such decision saying that it was pointless risking (even if minimally) episodes of cerebral venous thrombosis during an epidemic context of low spread of the virus. In short, it was not worth the risk. On 18th June they changed completely their mind, based on (as they said) the data from UK which assigned the risk of cerebral thrombosis to 1,3 cases on a million doses. Here we can observe a first contradiction: if on 11th June the spread of the virus was low, on the 18th June was even lower, thus all the more reason reintroducing the vaccine for the under 60s was not worth the risk (risk-benefit ratio). But there is another aspect: where does this quoted data come from? It does not appear in any literature, perhaps they are unpublished estimates of the British authorities. As reported by EMA official document: “thrombosis in combination with thrombocytopenia occurred in less than 1 in 10,000 people”. Not one in a million¹.

There is more: by consenting the AZ second dose for the population under 60, the authorities subjected it to the approval of the family doctor. Great. The family doctors can in fact assess better the clinical history of their patients and protect them as much as possible from risks of adverse events compared to a doctor working in vaccinating centres who faces an unknown person and has to decide in a short time frame. This is exactly what Sipnei has been asking for since the beginning. Why is this happening only now and why only for these cases? It seems just a trickery, or even worse, involving the general practitioners in a codefendant call.

Lastly, all the attention is focused on Astrazeneca and yet Janssen vaccine (Johnson & Johnson) is just the same as it too uses only one viral vector and it presents the same risk of thrombosis. Indeed, a recent study has documented that perhaps the cerebral hemorrhagic mechanisms are even more frequent in Janssen jab although the mortality is the same for both vaccines².

The consequences of this strongly incoherent and wavering behaviour are, on the one hand, an increased uncertainty, a sensation of feeling lost experienced by not a small section of the population and, on the other hand, the pressure of the vaccine-hesitant population and part of political areas aiming to let everybody free in the name of economy and profit.

Foolishly. UK, Russia, Portugal and especially Brazil (with more than half a million deaths) are living through the third wave, difficulties are being reported in the United States, despite the high number of vaccinated people with the best available vaccines³. All these warnings should alert us since we are not living in a remote island in the ocean, avoiding contact with the rest of the world. The delta variant is already among us.

1. https://www.ema.europa.eu/en/documents/overview/vaxzevriapreviously-covid-19-vaccine-astrazeneca-epar-medicine-overview_en.pdf

2. Hwang J, et al Comparison of vaccine-induced thrombotic events between ChAdOx1 nCoV-19 and Ad26.COV.2.S vaccines. *J Autoimmun* 2021 Jun 14;122:102681. doi: 10.1016/j.jaut.2021.102681. Epub ahead of print. PMID: 34139631.

3. Astrazeneca vaccine never entered the USA market. Janssen vaccine has a minor distribution compared to the mRNA vaccines