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## Potential effect of natural and anabolizan steroids in elderly patient with COVID-19



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Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2 or COVID-2019) is a novel emerging global health threatening pathogen, originating from Wuhan, China in December 2019 [1]. Understanding immunopathogenesis of COVID-19 is very important, not only in the management of complications, but also developing efficient treatment regimens. Why elderly adults with COVID-19 have poor treatment response and greater mortality than younger individuals? [2].

IL-6 is known to be potent mediator of inflammatory processes of elderly named Alzheimer disease. Improvement of dementia with cytotoxic treatment was reported in a case of Alzheimer disease. It has also been shown that decreased estrogen and testosterone level in elderly patient is unable to downregulate IL-6 gene expression [3–5]. Also, estrogen result in decrease pro-inflammatory cytokine IFN, IL-2, IL-6 TNF a production, and increased anti- inflammatory cytokine IL-4 and IL-5 production [6].

On the other hand, a variety of potantial anti-inflammatory agents are currently investigating in COVID-19. One of them is hydroxychloroquine via to inhibit immune response to the COVID-19 [1,7]. It inhibits the production of TNF, IFN $\alpha$ , IL-6 and natural killer cell [8–10]. Moreover, co-medication of selective estrogen receptor modulatory with hydroxychloroquine is associated with eye toxicity due to synergistic inhibition of lysosomal enzymes [11].

Taken all together, it may be suggested that endogenous pro-inflamatory modulation agent (estrogen and testesteron) may be effective in management of elderly COVID-19 by decreasing pro-inflammatory cytokine. Also, doping administration of anabolizan steroids may slow progression of elderly COVID-19 with the effects mentioned above.

#### **Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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We hereby declare that all authors have made a substantial

contribution to the information submitted for publication; all have read and approved the final manuscript and the manuscript or portionsthereof are not under consideration by another journal. Also, we have no conflict of interest to report.

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