

Dehydroepiandrosterone (DHEA): hypes and hopes.

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From Abstract:

Dehydroepiandrosterone (DHEA) and its sulfated form dehydroepiandrosterone sulfate (DHEAS) are the most abundant circulating steroid hormones in humans. Their low levels have been associated with age-related involuntary changes, including reduced lifespan.

DHEA exerts an immunomodulatory action, increasing the number of monocytes, T cells expressing T-cell receptor gamma/delta (TCR $\gamma\delta$) and natural killer (NK) cells. It improves physical and psychological well-being, muscle strength and bone density, and reduces body fat and age-related skin atrophy stimulating procollagen/sebum production. In adrenal insufficiency, DHEA restores DHEA/DHEAS and androstenedione levels, reduces total cholesterol, improves well-being, sexual satisfaction, and insulin sensitivity, and prevents loss of bone mineral density.

DHEA modulates cardiovascular signaling pathways and exerts an anti-inflammatory, vasorelaxant and anti-remodeling effect. Its low levels correlate with increased cardiovascular disease and all-cause mortality. DHEA/DHEAS appear protective in asthma and allergy.

Low levels of DHEAS accompany adrenal suppression.

In women, DHEA improves sexual satisfaction, fertility, and age-related vaginal atrophy.

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