Key Points

- There is no clinical or scientific evidence to suggest ACES/ARBS increase risk or severity of infection.
- There is no clear evidence that NSAIDS worsen prognosis. Acetaminophen may be used as an alternative for management of flu-like symptoms.
- Current evidence does not support prophylactic discontinuation of steroids in asthma patients.
- The decision to continue use of immunosuppressive agents should be made on a case-by-case basis.

COVID-19 & Commonly Prescribed Drugs

ACEs & ARBs

Recent editorials have suggested ACES/ARBS may theoretically increase susceptibility to COVID-19 infections. This is based on the notion that ARBs, and to a lesser degree, ACES, increase levels of ACE-2 receptors. The authors hypothesize that an increase in ACE-2 receptors, which is believed to be the entry point of the COVID-19 virus, may lead to a worse prognosis. This theory overlooks the established impact of underlying cardiovascular conditions on disease severity.

Cardiovascular disease is an established risk factor for complications secondary to COVID-19 infections. However, there is no clinical or scientific evidence to show ACES/ARBS independently increase risk among patients with cardiovascular disease. In response to these concerns, multiple professional societies, including the ACP, have issued statements advising against discontinuing ACES/ARBS due to the lack of evidence supporting a differential risk of infection with these agents.

NSAIDS

Tweeted recommendations from France’s Health Minister have raised concerns that NSAID use may worsen COVID-19 infections. The recommendation to avoid NSAID use in COVID-19 patients is based on observational reports of ICU patients in France as well as the potential for NSAIDS to increase ACE-2 receptors.

There is little known about the patients included in this report. It remains unclear if NSAID-induced AKI contributed to poor outcomes. The dose and chronicity of NSAID use among this population is also unspecified. At present, there is no clear evidence to support the notion that NSAIDS worsen outcomes in COVID-19 patients. Nevertheless, acetaminophen lacks the GI and renal concerns associated with NSAIDS and remains an alternative for patients experiencing flu-like symptoms.

Steroids

Current evidence and society recommendations do not support prophylactically discontinuing steroids in patients with asthma. Steroids should not be used for treatment of suspected COVID-19 infections without reactive airway diseases.

Continuation of oral steroids and other immunosuppressive agents should be evaluated on a case-by-case basis.