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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.