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Hydroxychloroquine, should we be taking it to prevent severe COVID-19 symptoms?

We learnt last week that President Trump was an advocate for taking hydroxychloroquine as a prophylaxis to prevent serious COVID-19 symptoms.

This has been discussed in previous news items on this website, but this is a good opportunity to review the evidence.

Professor Mandeep Mehra published an article in the Lancet May 22, 2020, which was a multinational registry analysis of the use of hydroxychloroquine or chloroquine with or without a macrolide for the treatment of COVID-19 disease. This review comprised data from 671 hospitals in six continents. It included patients hospitalised between December 20, 2019 and April 14, 2020, with a positive laboratory finding for the SARS-CoV-2 virus. This resulted in the review of 96,032 patients; 10,698 patients died in hospital.

After controlling for multiple confounding factors such as age, sex, race, ethnicity, body mass index, underlying cardiovascular disease, diabetes, underlying lung disease, smoking, immunosuppression and baseline disease severity, they were unable to confirm a benefit of hydroxychloroquine or chloroquine when used alone with or without a macrolide in the hospital setting for COVID-19.

In fact, each of these drug regimes were associated with a decrease in hospital survival and an increased frequency of ventricular arrhythmia when used for the treatment of COVID-19. This is, however, a study which looked at hospital outcomes.

Interestingly, a Chinese study published last week in the British Medical Journal also found that the antimalarial drugs did not clear the virus more quickly in patients with mainly mild to moderate COVID-19 when compared to those receiving standard care. It also raised concerns about adverse effects. There were, however, hospital patients and on day 28 tests showed that there was a similar rate of COVID-19 in both groups.

The London General Practice

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