

A COVID19 gyógyszeres kezelése 2021-ben az evidenciák tükrében: Biztos? Talán? Biztosan nem!

Szakmány Tamás



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Biztos?



The effect of corticosteroids on mortality of patients with influenza pneumonia: a systematic review and meta-analysis

[Yue-Nan Ni](#), [Guo Chen](#), [Jiankui Sun](#), [Bin-Miao Liang](#)  & [Zong-An Liang](#)

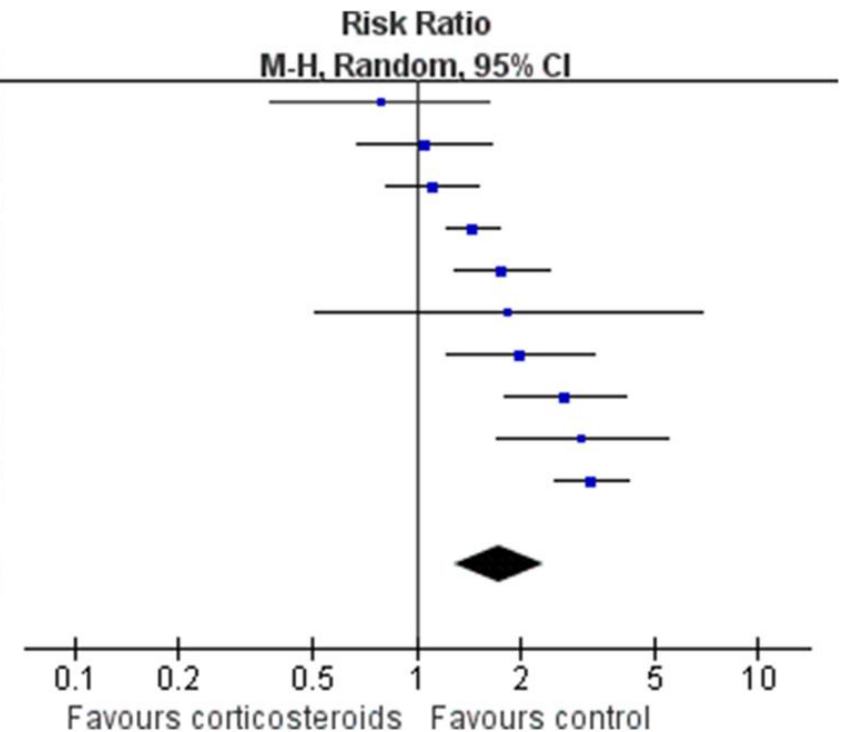
Critical Care 23, Article number: 99 (2019) | [Cite this article](#)

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Study or Subgroup	Corticosteroids		Control		Weight	Risk Ratio
	Events	Total	Events	Total		M-H, Random, 95% CI
Perez-Padilla 2009	4	7	8	11	7.4%	0.79 [0.38, 1.64]
Diaz 2012	25	136	41	236	10.3%	1.06 [0.67, 1.66]
Rios 2011	38	75	47	103	11.8%	1.11 [0.82, 1.51]
Moreno 2018	166	604	234	1242	12.9%	1.46 [1.23, 1.74]
Lee 2014	50	264	87	817	11.7%	1.78 [1.29, 2.45]
Viasus 2011	3	37	7	160	3.7%	1.85 [0.50, 6.83]
Brun-Buisson 2011	28	83	21	125	9.9%	2.01 [1.23, 3.29]
Jung 2011	54	99	24	120	10.9%	2.73 [1.83, 4.07]
Cao 2016	81	204	11	84	9.0%	3.03 [1.70, 5.40]
Li 2017	232	1055	74	1086	12.4%	3.23 [2.52, 4.13]
Total (95% CI)		2564		3984	100.0%	1.75 [1.30, 2.36]
Total events	681		554			

Heterogeneity: $\tau^2 = 0.17$; $\chi^2 = 55.99$, $df = 9$ ($P < 0.00001$); $I^2 = 84\%$

Test for overall effect: $Z = 3.71$ ($P = 0.0002$)

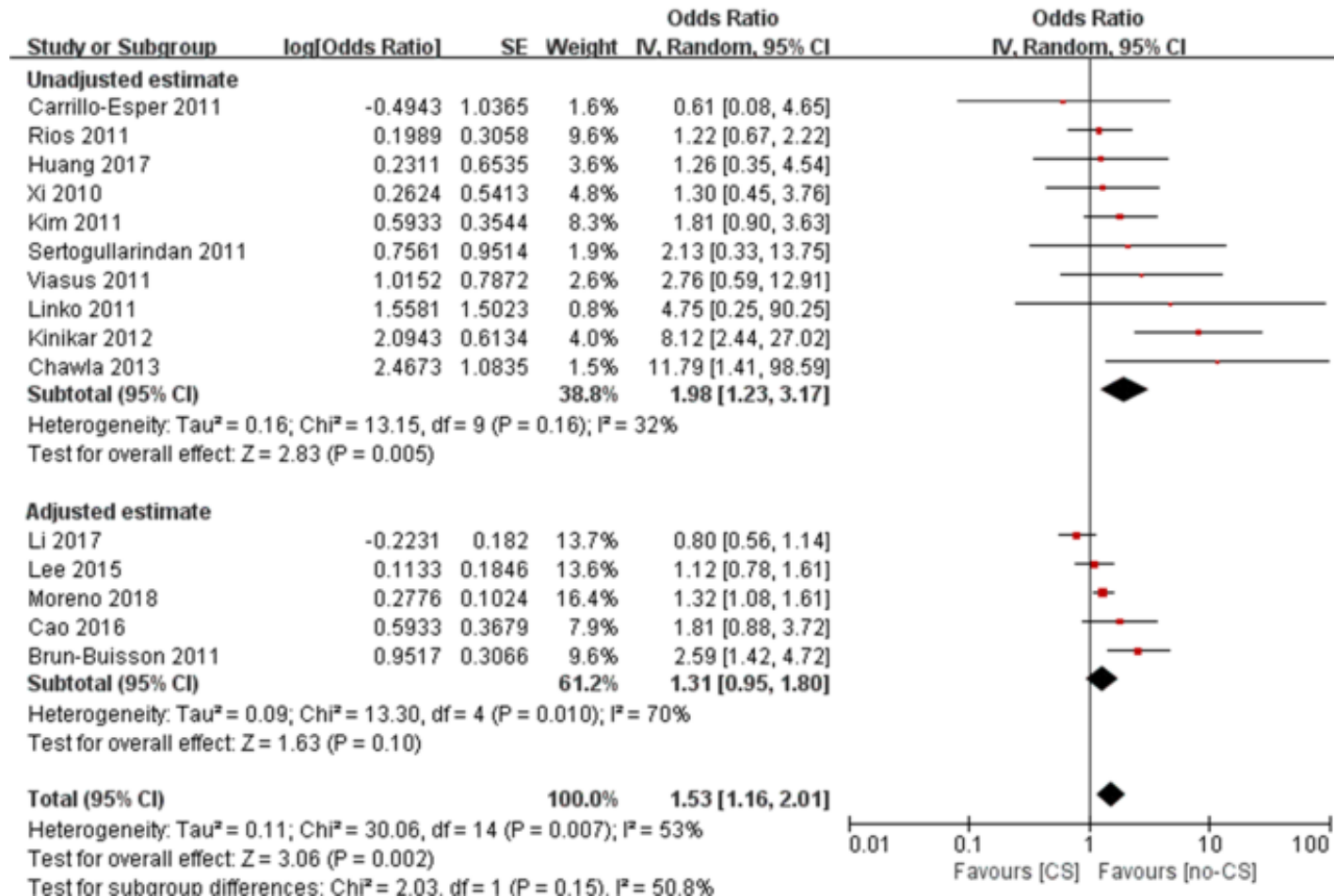


Use of corticosteroids in influenza-associated acute respiratory distress syndrome and severe pneumonia: a systemic review and meta-analysis

Yuqing Zhou, Xiaofang Fu, Xiaoxiao Liu, Chenyang Huang, Guo Tian, Cheng Ding, Jie Wu, Lei Lan & Shigui Yang 

Scientific Reports 10, Article number: 3044 (2020) | [Cite this article](#)

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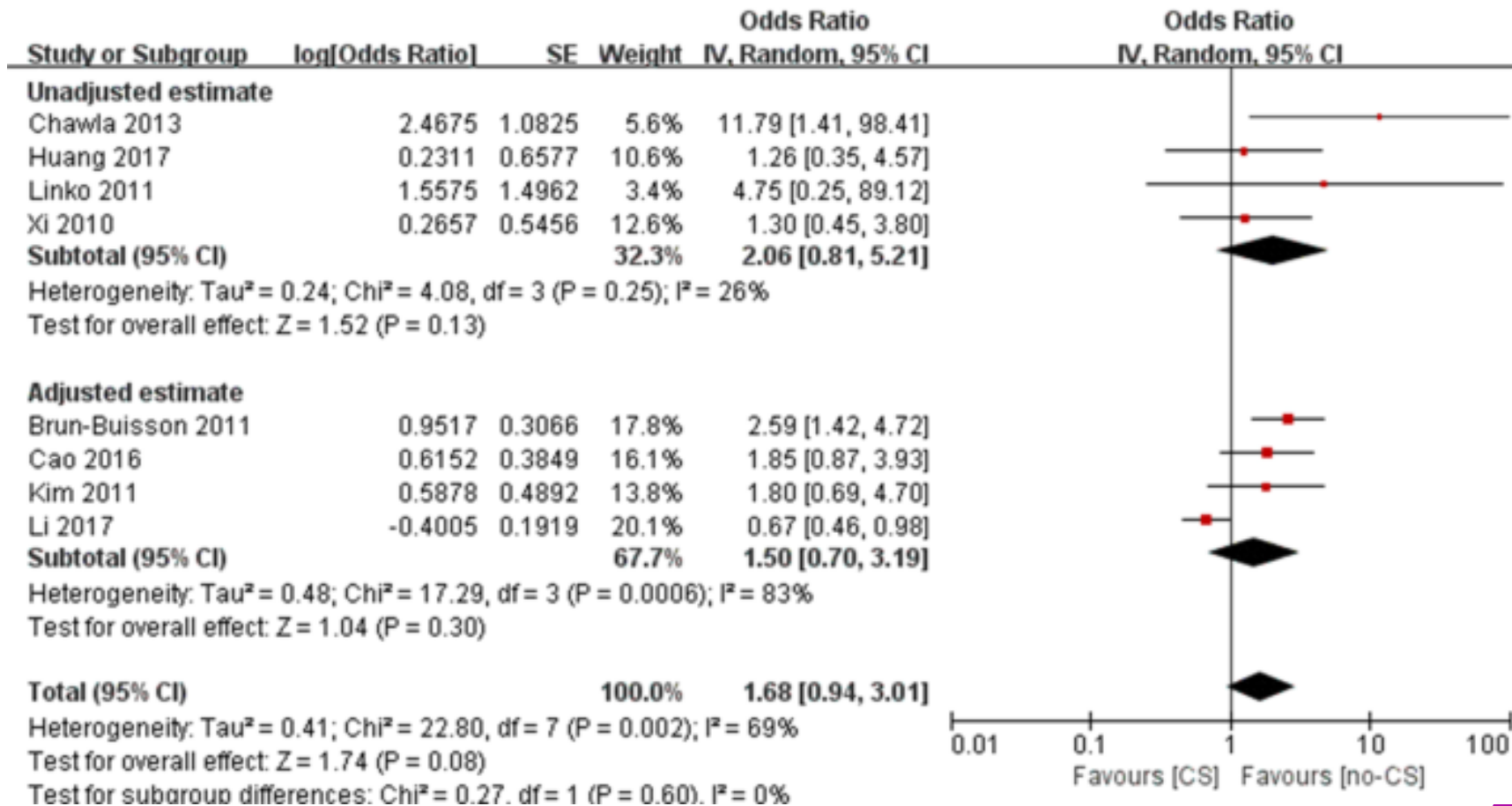


Use of corticosteroids in influenza-associated acute respiratory distress syndrome and severe pneumonia: a systemic review and meta-analysis

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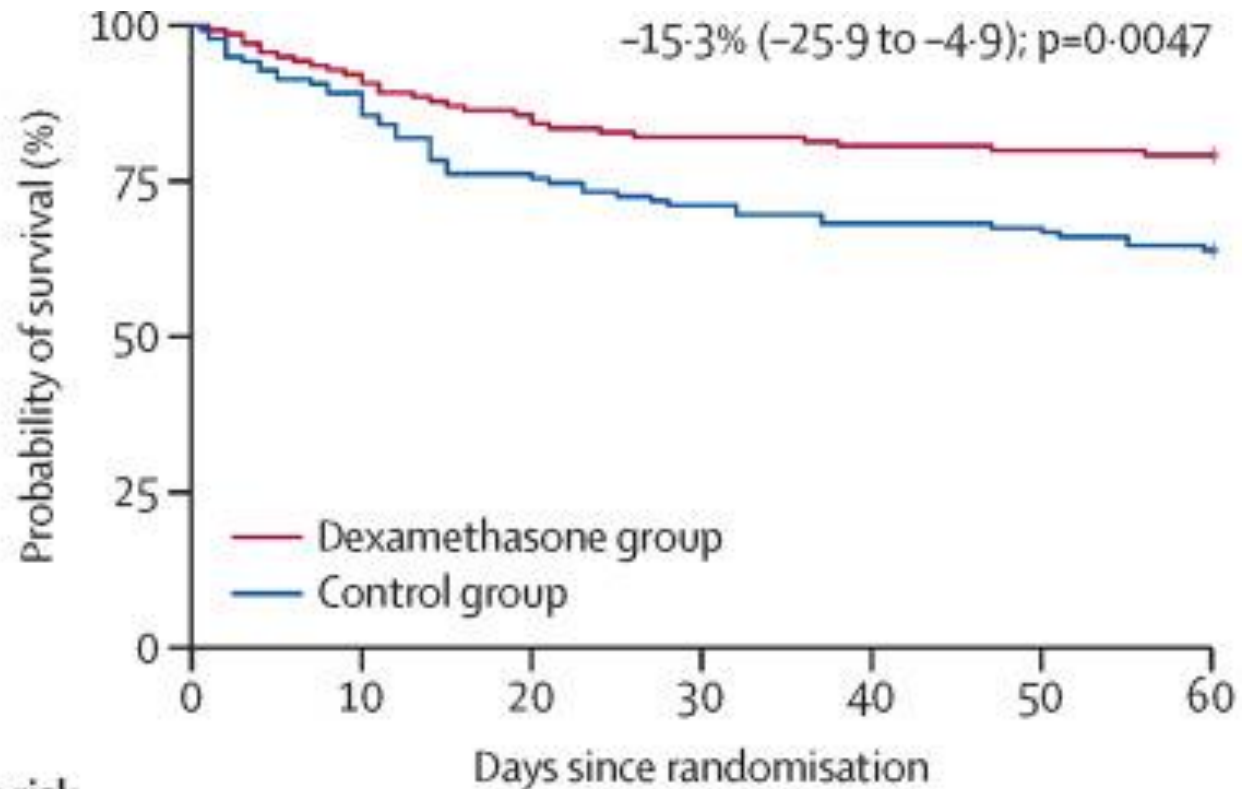
Articles

Dexamethasone treatment for the acute respiratory distress syndrome: a multicentre, randomised controlled trial

Jesús Villar MD^{a, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Carlos Ferrando MD^{a, b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Domingo Martínez MD^{f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Alfonso Ambrós MD^{b, c, d, e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Tomás Muñoz MD^{h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Juan A Soler MD^{f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Gerardo Aguilar MD^{e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Francisco Alba MD^{i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Elena González-Higueras MD^{j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Luís A Conesa MD^{f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Carmen Martín-Rodríguez MD^{g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Francisco J Díaz-Domínguez MD^{k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Pablo Serna-Grande MD^{h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Rosana Rivas MD^{l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, José Ferreres MD^{m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Javier Belda MD^{e, f, g, h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Lucía Capilla MD^{h, i, j, k, l, m, n, o, p, q, r, s, t, u, v, w, x, y, z}, Alec Tallet MD^{p, q, r, s, t, u, v, w, x, y, z} ... Jesús Villar

Procedures

Patients assigned to the dexamethasone group received the first dose immediately after being randomly assigned (no later than 30 h after ARDS onset). Patients in the dexamethasone group received an intravenous dose of 20 mg once daily from day 1 to day 5, which was reduced to 10 mg once daily from day 6 to day 10. We selected these doses and time of treatment by quadrupling the dose by Meijvis and colleagues¹⁰ the first 5 days and then doubling the dose used by Meijvis and colleagues¹⁰ because patients in our trial were sicker than the patients in the

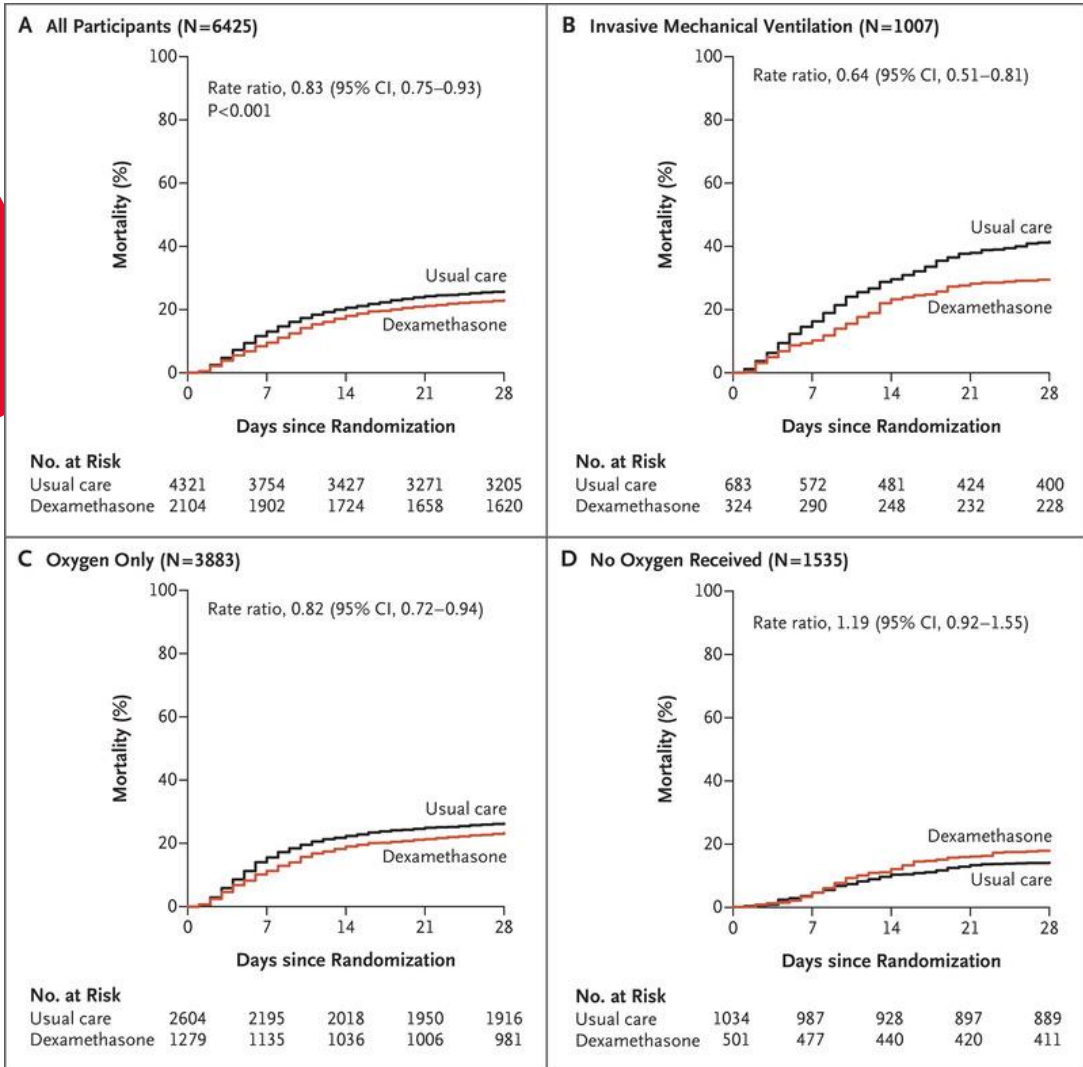


Number at risk

Dexamethasone	139	128	119	114	112	111	110
Control	138	123	105	98	94	93	88

RECOVERY

Randomised Evaluation of COVID-19 Therapy



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Editor's Note: A preliminary version of this article was published on July 17, 2020, at NEJM.org.

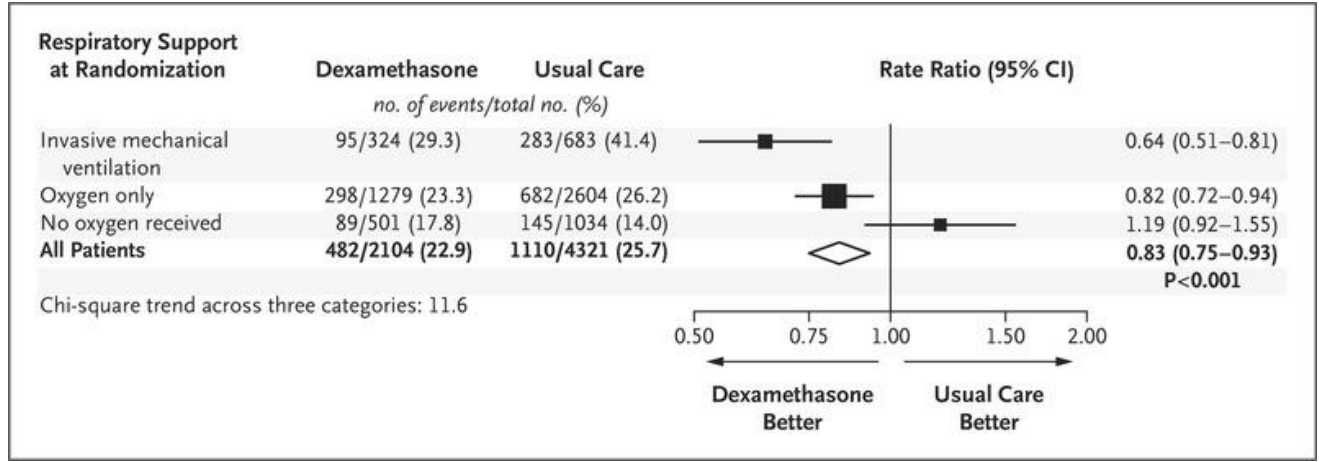
ORIGINAL ARTICLE

Dexamethasone in Hospitalized Patients with Covid-19

The RECOVERY Collaborative Group*

Article Figures/Media Metrics February 25, 2021
N Engl J Med 2021; 384:693-704
DOI: 10.1056/NEJMoa2021436

40 References 769 Citing Articles 8 Comments



September 2, 2020

Association Between Administration of Systemic Corticosteroids and Mortality Among Critically Ill Patients With COVID-19

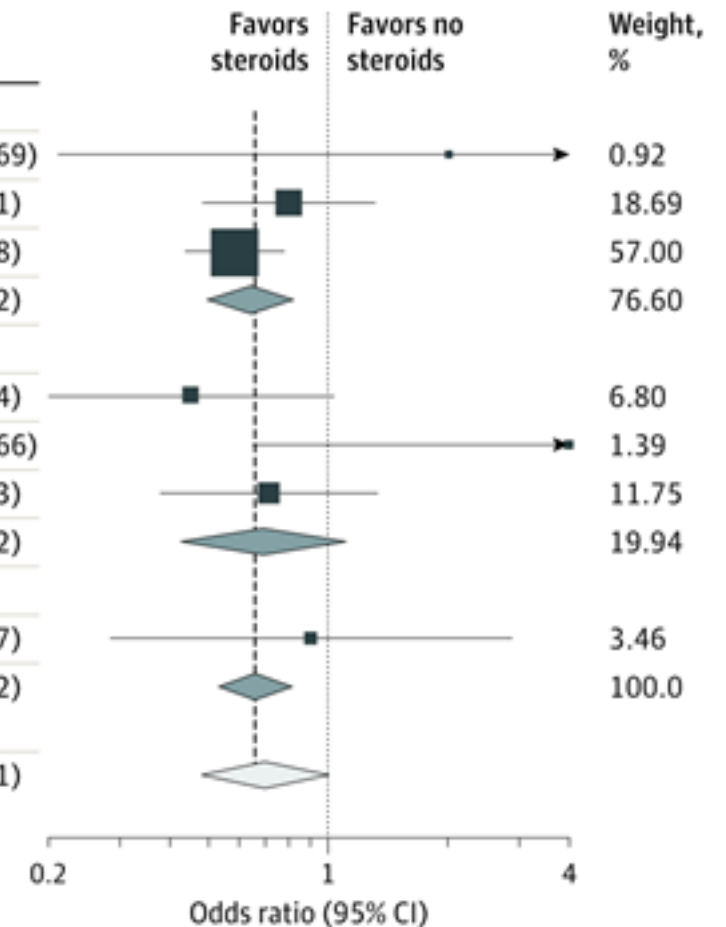
A Meta-analysis

The WHO Rapid Evidence Appraisal for COVID-19 Therapies (REACT) Working Group

Article Information

JAMA. 2020;324(13):1330-1341. doi:10.1001/jama.2020.17023

Drug and trial	ClinicalTrials.gov identifier	Initial dose and administration	No. of deaths/total No. of patients		Odds ratio (95% CI)	Favors steroids	Favors no steroids	Weight, %
			Steroids	No steroids				
Dexamethasone								
DEXA-COVID 19	NCT04325061	High: 20 mg/d intravenously	2/7	2/12	2.00 (0.21-18.69)			0.92
CoDEX	NCT04327401	High: 20 mg/d intravenously	69/128	76/128	0.80 (0.49-1.31)			18.69
RECOVERY	NCT04381936	Low: 6 mg/d orally or intravenously	95/324	283/683	0.59 (0.44-0.78)			57.00
Subgroup fixed effect			166/459	361/823	0.64 (0.50-0.82)			76.60
Hydrocortisone								
CAPE COVID	NCT02517489	Low: 200 mg/d intravenously	11/75	20/73	0.46 (0.20-1.04)			6.80
COVID STEROID	NCT04348305	Low: 200 mg/d intravenously	6/15	2/14	4.00 (0.65-24.66)			1.39
REMAP-CAP	NCT02735707	Low: 50 mg every 6 h intravenously	26/105	29/92	0.71 (0.38-1.33)			11.75
Subgroup fixed effect			43/195	51/179	0.69 (0.43-1.12)			19.94
Methylprednisolone								
Steroids-SARI	NCT04244591	High: 40 mg every 12 h intravenously	13/24	13/23	0.91 (0.29-2.87)			3.46
Overall (fixed effect)			222/678	425/1025	0.66 (0.53-0.82)			100.0
$P = .31$ for heterogeneity; $I^2 = 15.6\%$								
Overall (random effects ^a)			222/678	425/1025	0.70 (0.48-1.01)			

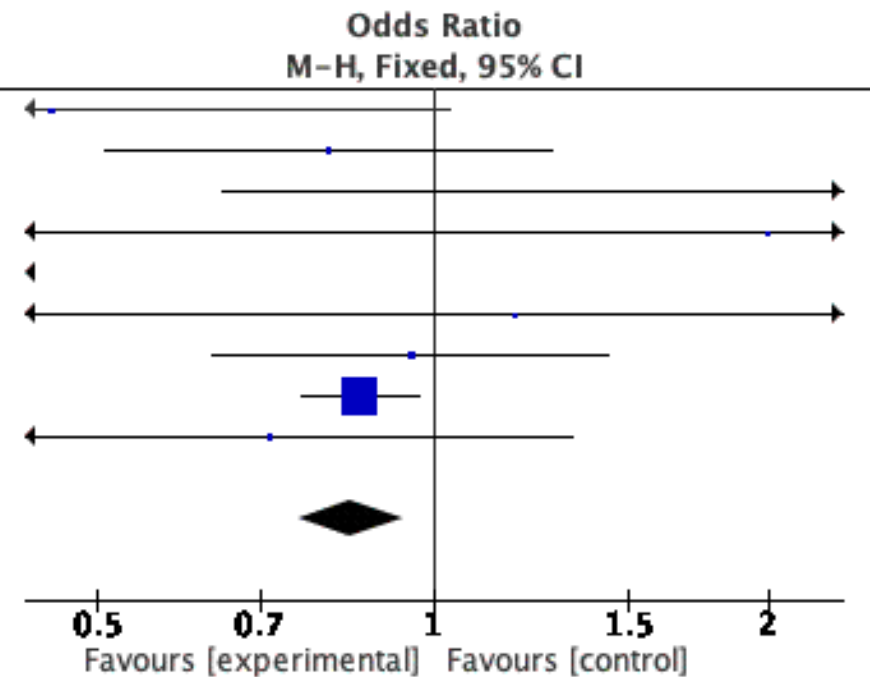


Biztos!?

NNT: 8-29

Study or Subgroup	Corticosteroids		Control		Weight	Odds Ratio M-H, Fixed, 95% CI
	Events	Total	Events	Total		
CAPE COVID	11	75	20	73	2.4%	0.46 [0.20, 1.04]
CoDEX	85	151	91	148	5.7%	0.81 [0.51, 1.28]
COVID STEROID	6	15	2	14	0.2%	4.00 [0.65, 24.66]
DEXA-COVID 19	2	7	2	12	0.1%	2.00 [0.21, 18.69]
Edalatfard et al.	2	34	12	28	1.7%	0.08 [0.02, 0.42]
Jamaati et al	16	25	15	25	0.8%	1.19 [0.38, 3.72]
METCOVID	72	194	76	199	6.7%	0.96 [0.64, 1.44]
RECOVERY 2020	482	2104	1110	4321	79.1%	0.86 [0.76, 0.97]
REMAP-CAP	26	105	29	92	3.3%	0.71 [0.38, 1.33]
Total (95% CI)		2710		4912	100.0%	0.84 [0.76, 0.94]

Total events 702 1357
 Heterogeneity: $\text{Chi}^2 = 14.55$, $\text{df} = 8$ ($P = 0.07$); $I^2 = 45\%$
 Test for overall effect: $Z = 3.03$ ($P = 0.002$)



Biztos!?

Alacsony dózisú szteroid:

100mg hidrokortizon 3x VAGY

NNT: 8-29

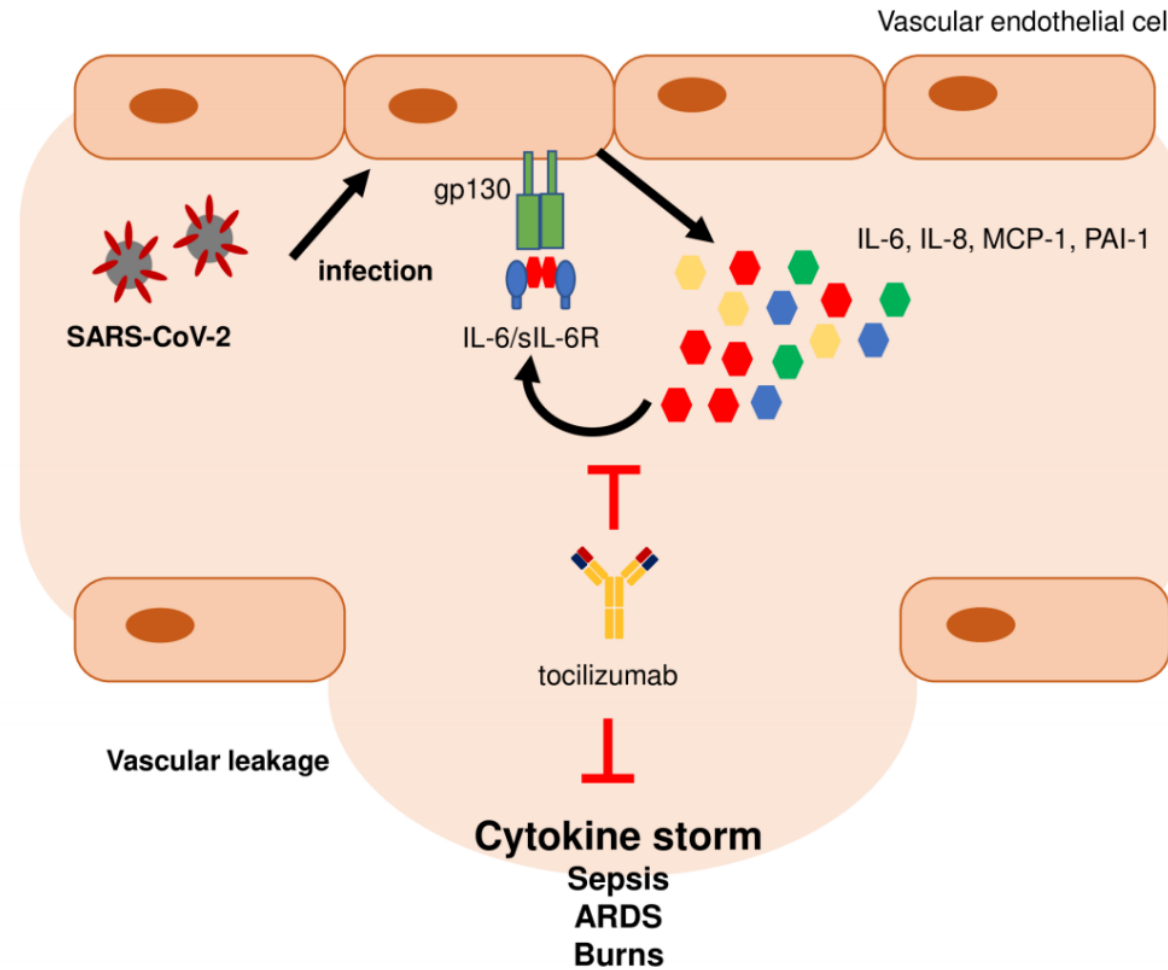
6mg dexametazon 1x, 10 napig: Biztos!

Egyéb dózisok, egyéb hosszúságú terápiák,
további szteroid adása a későbbi fázisban:

Talán?????



Talán?



REMAP-CAP

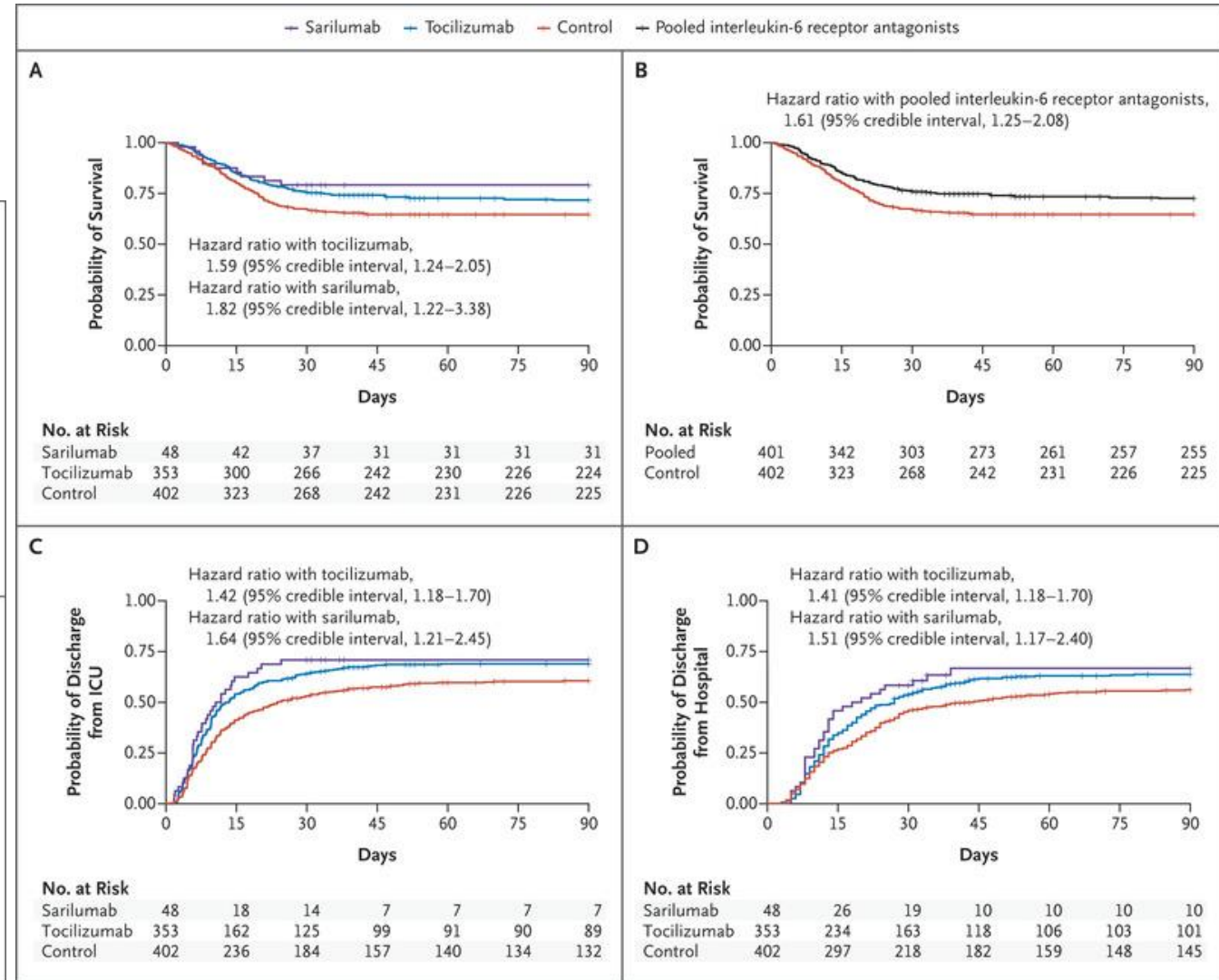
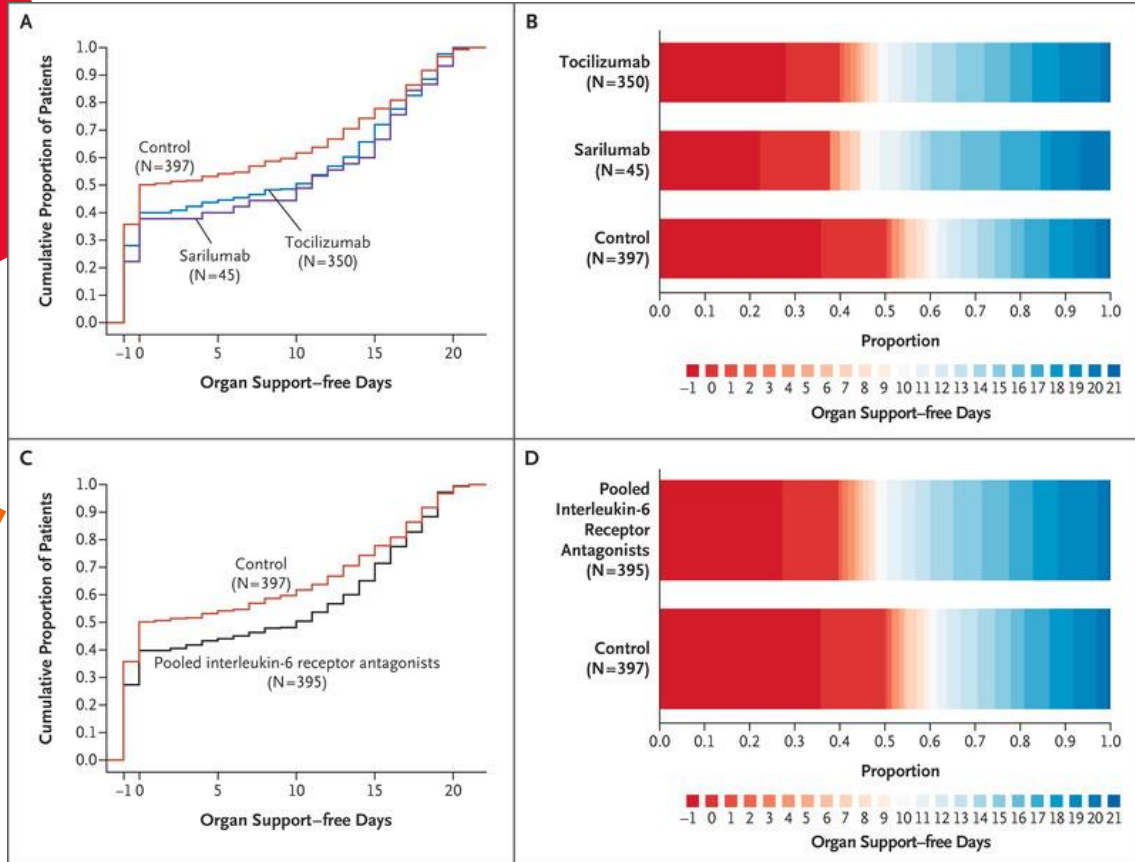
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ORIGINAL ARTICLE
Interleukin-6 Receptor Antagonists in Critically Ill Patients with Covid-19

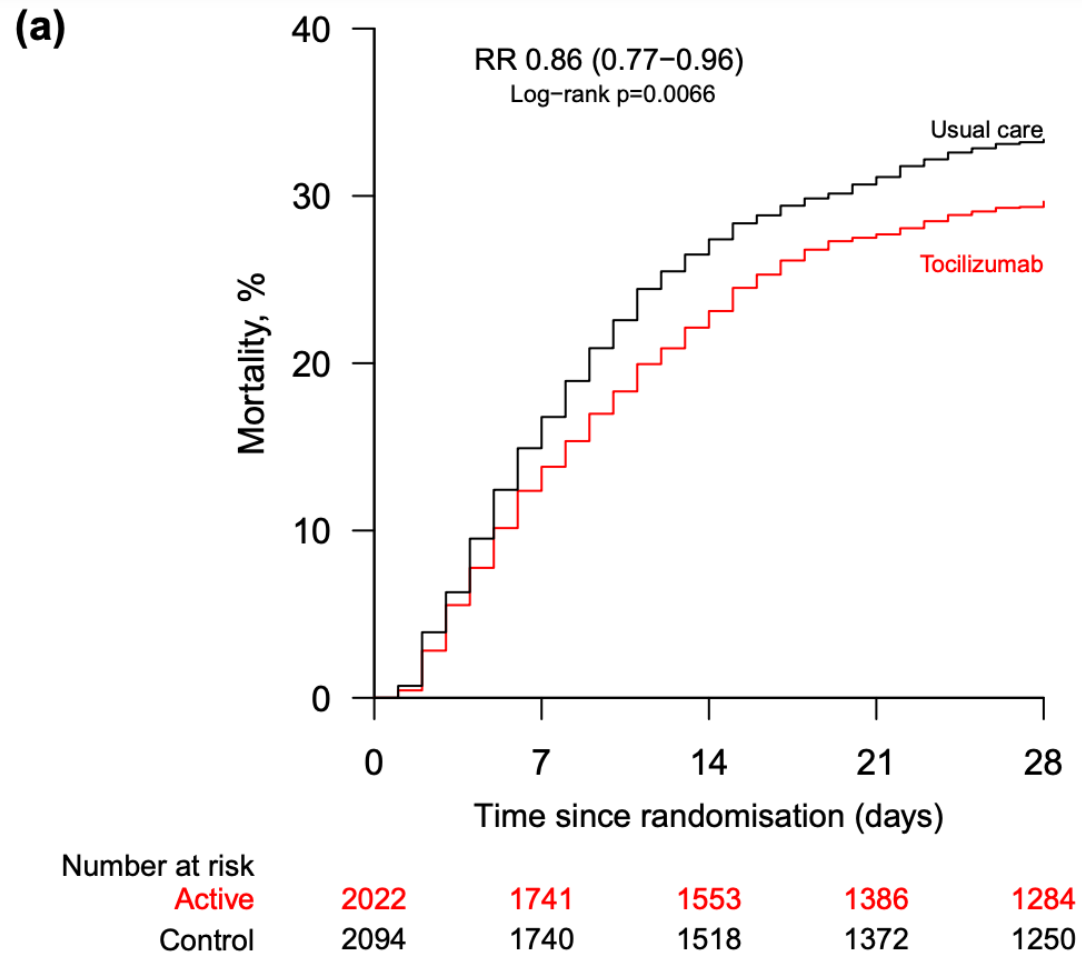
The REMAP-CAP Investigators*

February 25, 2021
DOI: 10.1056/NEJMoa2100433

26 References 1 Citing Article

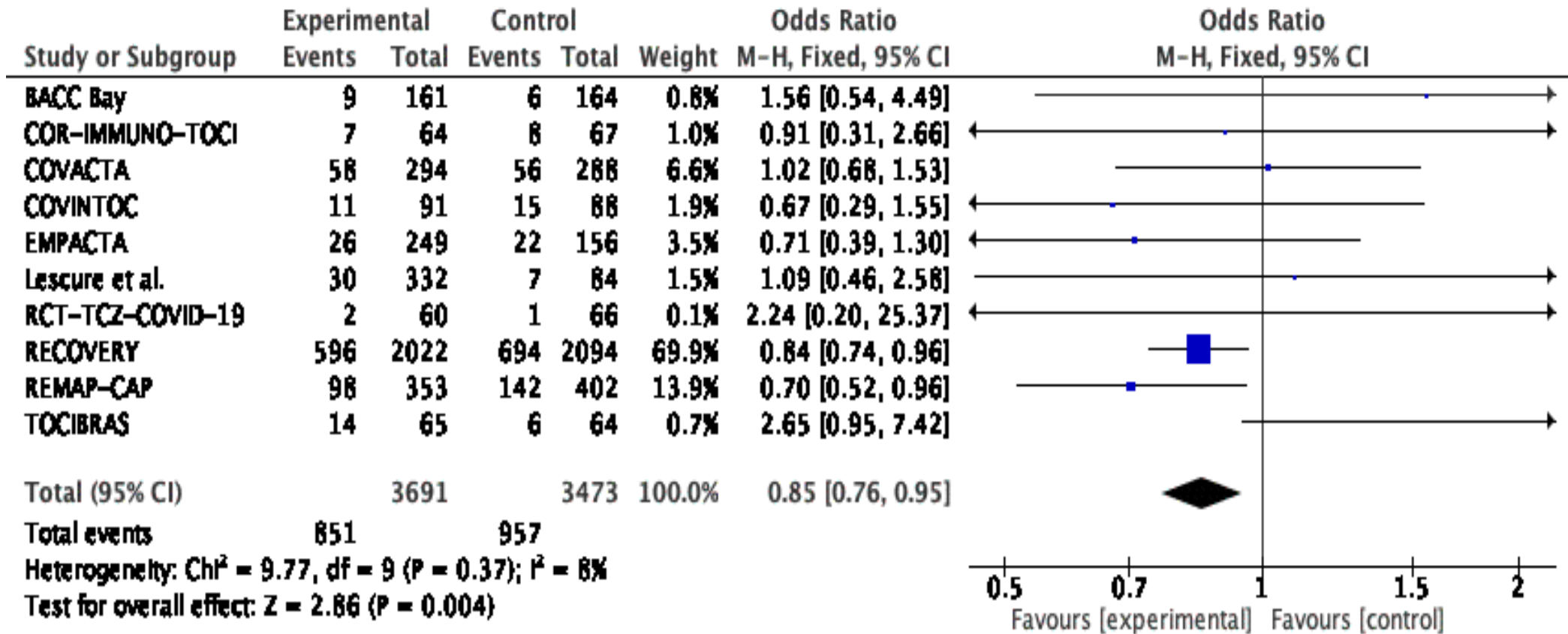


RECOVERY



NNT ~ 20

Talán?



Talán?

Aspirin?

Biztosan nem!

Hydroxychloroquin

Lopinavir-ritonavir

Azitromicin

Convalescent plazma

Terápiás antikoaguláció

(az ITÓ-n)

Colchicine



Ha nem tudod a választ, ne csak írd
a gyógyszereket...

Randomizálj, hogy mindenki
tanulhasson belőle!