

Comment to: Intensive support recommendations for critically-ill patients with suspected or confirmed COVID-19 infection

Comentário para:
Recomendações de suporte intensivo para pacientes graves com infecção suspeita ou confirmada pela COVID-19

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Dear Editor,

In this issue of *einstein journal* (São Paulo), Corrêa et al., reported intensive support recommendations for critically-ill patients with suspected or confirmed infection by the new coronavirus (COVID-19).⁽¹⁾ Based on preliminary demonstration of efficacy of chloroquine, the authors suggested the use of hydroxychloroquine in monotherapy or combined with a macrolide (azithromycin or clarithromycin), to treat severe patients with COVID-19, admitted to the intensive care unit (ICU), to inhibit *in vitro* replication of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).⁽²⁾

However, evidence from observational studies^(3,4) involving hospitalized COVID-19 patients demonstrated the use of hydroxychloroquine in monotherapy⁽³⁾ or combined with a macrolide⁽⁴⁾ was not associated with reduced mortality when compared to patients who did not receive such medications (controls). Yet, the use of hydroxychloroquine in monotherapy or combined with a macrolide may be associated with greater incidence of major cardiovascular complications.⁽⁴⁾

Therefore, based on new evidence available, we exclude the recommendation to use hydroxychloroquine in monotherapy or combined with a macrolide for treating inpatients with severe acute respiratory syndrome caused by COVID-19.

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