

Adding high-dose chloroquine not advised for severe COVID-19

April 28 2020



(HealthDay)—High-dosage chloroquine diphosphate (CQ) has potential

safety hazards when used as adjunctive therapy for patients hospitalized with severe COVID-19, according to a study published online April 24 in *JAMA Network Open*.

Mayla Gabriela Silva Borba, M.D., from the Fundação de Medicina Tropical Dr Heitor Vieira Dourado in Brazil, and colleagues examined the safety and efficacy of two CQ dosages in a phase IIb clinical trial involving 81 [adult patients](#) hospitalized with severe acute respiratory syndrome [coronavirus](#) 2 (SARS-CoV-2). Patients were allocated to receive high- or low-dosage CQ (600 mg twice daily for 10 days or 450 mg twice daily on day 1 and once daily for four days). All patients received azithromycin, and most also received oseltamivir.

The high-dosage group included more patients of older age (54.7 versus 47.4 years) and more heart disease (17.9 versus 0 percent). The researchers found that viral DNA was detected in 77.5 and 75.6 percent of 40 and 41 patients in the low- and high-dosage groups, respectively. Lethality until day 13 was 39 and 15 percent in the high- and low-dosage groups, respectively. Compared with the low-dosage group, the high-dosage group had more instances of a QTc interval greater than 500 ms (18.9 versus 11.1 percent).

"One can only conclude from this trial that high-dose chloroquine (and by close association, hydroxychloroquine) in combination and azithromycin and possibly oseltamivir, is potentially associated with increased mortality among [patients](#) with severe, suspected COVID-19," write the authors of an accompanying editorial.

More information: [Abstract/Full Text Editorial](#)

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Citation: Adding high-dose chloroquine not advised for severe COVID-19 (2020, April 28)
retrieved 5 May 2024 from

<https://medicalxpress.com/news/2020-04-adding-high-dose-chloroquine-severe-covid-.html>

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