

Common heartburn drugs may be tied to higher COVID risk

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(HealthDay)—Popular heartburn medications such as Prilosec

(omeprazole) and Nexium (esomeprazole) may inadvertently up your chances of catching COVID-19, new research suggests.

An online survey of more than 53,000 Americans, all with a history of acid reflux, heartburn or GERD ([gastroesophageal reflux disease](#)) found that many took a proton pump inhibitor (PPI) to lower stomach acid levels.

Here's the bad news: More than 6% of the respondents also said they had tested positive for COVID. So the study team compared COVID diagnoses with medication habits.

The result: Those taking a PPI once a day saw their risk for contracting COVID double. Those taking a PPI twice a day saw their COVID infection risk nearly quadruple.

"PPI are very effective medicines for what they do, which is block acid in the stomach," explained study author Dr. Christopher Almario. He's an assistant professor of medicine at Cedars-Sinai Medical Center in Los Angeles.

"But there's a reason we have acid in the stomach—to digest food and to kill any bacteria we may ingest," Almario added.

Prior research has already linked PPI-triggered drops in stomach acid levels to an increased risk for gut infections, traveler's diarrhea and food poisoning. "That's been shown time and time again," Almario said.

Recent research also suggests that the coronavirus sheds in saliva, allowing it to be ingested into the stomach. And "in a significant number of patients, COVID does appear to affect the GI [gastrointestinal] system," he noted.

In that light, Almario and his colleagues decided to launch their survey. The results suggest a link between PPI use and a spike in COVID risk, but they do not prove that one causes the other.

There was a twist, however: Higher COVID risk was *not* seen among patients taking an alternative class of heartburn meds known as histamine-2 receptor antagonists (H2RAs). These include Pepcid (famotidine), Axid (nizatidine) and Tagamet (cimetidine).

This could have to do with the fact that "H2-blockers are for mild acid reflux symptoms," Almario noted. "They don't suppress acid as long or as strong as PPI." Also, a small new study published in the June 4 issue of *Gut* suggests that H2-blockers may actually help to relieve symptoms among those patients who do develop COVID.

So what should heartburn patients do?

The researchers stressed that more study is needed to confirm the survey findings. Meanwhile, Almario cautioned against altering drug regimens just to reduce COVID risk "because the main way to really prevent COVID is to follow good public health guidance. Which means hand washing, mask wearing and social distancing," he said.

"So yes, H2-blockers are certainly an alternative option for those with relatively mild [acid](#) reflux symptoms," said Almario. "But we're not telling people to stop their PPI immediately. I prescribe them all the time when there's a good reason to do so, and it can improve a patient's quality of life. But if it's not, then perhaps this is an opportunity to take them off the medicine, or to reduce the amount taken."

In fact, more is not always more when it comes to PPIs, Almario noted. "There's a fair amount of literature that shows that twice daily doesn't really give you much more bang for your buck than once daily. The

higher dose can be effective in some people, but for the majority there's not much increased benefit there. So we should aim, as I do, to use the lowest effective dose possible."

That thought was seconded by Dr. Andrew Chan, a spokesperson for the American Gastroenterological Association.

"In general, I do agree that individuals should take the lowest possible doses of medications such as PPI," said Chan, a professor of medicine at Harvard Medical School and vice chair of education and gastroenterology at Massachusetts General Hospital in Boston.

"However, some patients need to take their PPI twice a day to gain control of their symptoms. So it is important for each individual to weigh the risks and benefits of once-a-day versus twice-a-day dosing," he said.

As for a possible link between PPIs and COVID infection risk, Chan expressed little surprise. But he advised taking a wait-and-see approach.

"Based on the studies so far," said Chan, "it is definitely premature to recommend discontinuing or starting these medications in response to the pandemic."

Almario and his colleagues published their findings online July 7 in *The American Journal of Gastroenterology*.

More information: There's more on COVID risk at the [U.S. Centers for Disease Control and Prevention](#).

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