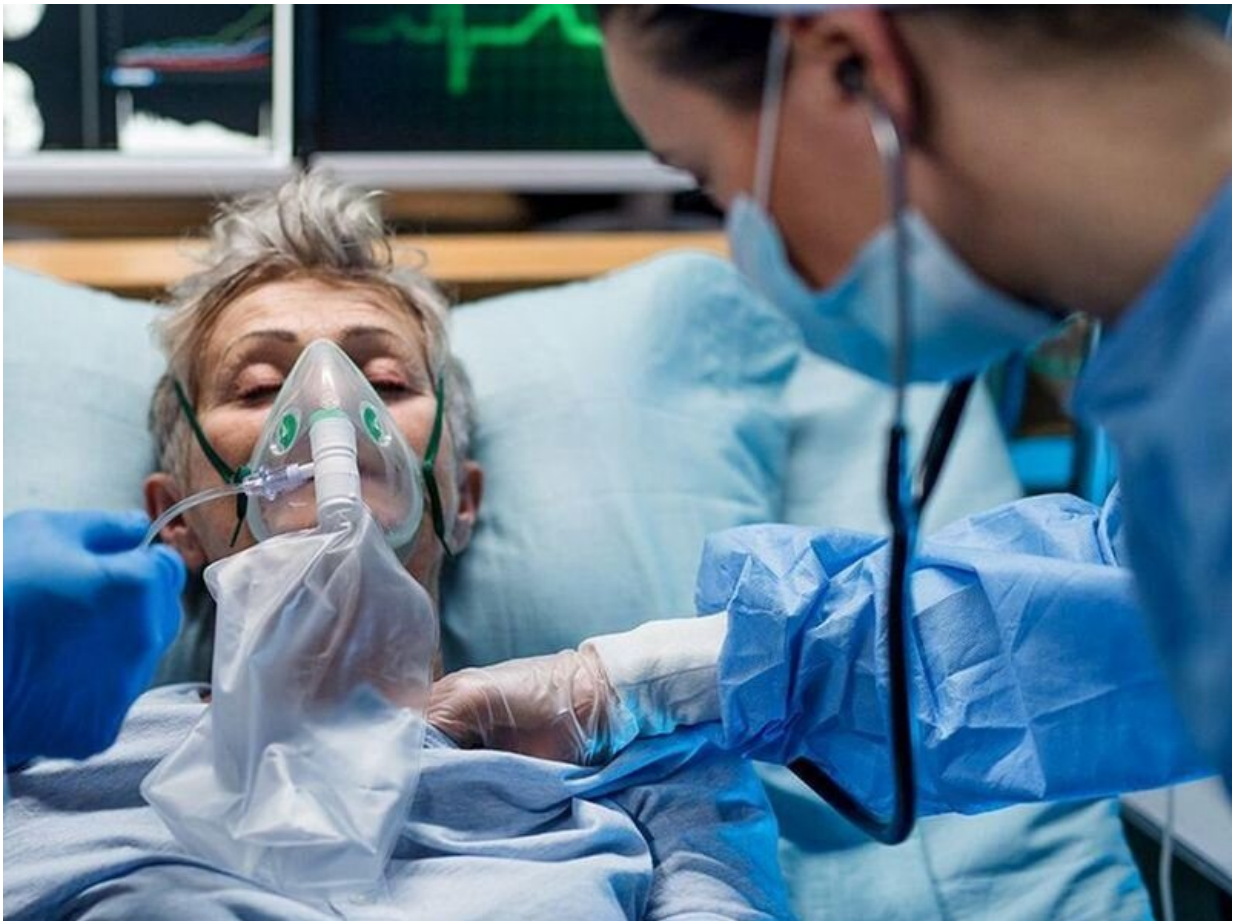


Higher dose of steroid does not improve outcomes in severe COVID-19

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(HealthDay)—The number of days alive without life support at day 28

did not differ among adults with COVID-19 and severe hypoxemia receiving dexamethasone 12 mg/day versus dexamethasone 6 mg/day administered intravenously for up to 10 days, according to a study published online Oct. 21 in the *Journal of the American Medical Association*.

Marie W. Munch, M.D., and colleagues from the COVID STEROID 2 Trial Group, compared the effects of 12 mg/day versus 6 mg/day of [dexamethasone](#) in patients with COVID-19 and severe hypoxemia. The analysis included patients (491 at 12 mg of dexamethasone and 480 at 6 mg) with confirmed COVID-19 requiring at least 10 L/min of oxygen or [mechanical ventilation](#) being treated at 26 hospitals in Europe and India from August 2020 to May 2021.

The researchers found that the median number of days alive without [life support](#) was 22.0 days in the group receiving 12 mg of dexamethasone versus 20.5 days in the group receiving 6 mg of dexamethasone (adjusted mean difference, 1.3 days). At 28 days, mortality was 27.1 and 32.3 percent, respectively (adjusted relative risk, 0.86; 99 percent confidence interval [CI], 0.68 to 1.08). At 90 days, mortality was 32.0 and 37.7 percent, respectively (adjusted relative risk, 0.87; 99 percent CI, 0.70 to 1.07). In the high-dose group, serious adverse reactions, including [septic shock](#) and invasive fungal infections, occurred in 11.3 percent compared with 13.4 percent in the low-dose group (adjusted relative risk, 0.83; 99 percent CI, 0.54 to 1.29).

"The results are supportive of improved outcomes with 12 mg/d of dexamethasone, but not definitive, and do not satisfy the usual criteria to support change in practice," write the authors of an accompanying editorial.

Several authors disclosed financial ties to the pharmaceutical industry.

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