

Use of certain prescription meds linked to COVID-19 mortality

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(HealthDay)—A potential COVID-19 survival benefit is suggested in

association with initiation or continuation of an angiotensin-converting enzyme inhibitor (ACE-I), an angiotensin receptor blocker (ARB), or metformin for hospitalized patients, according to a study published in the December issue of *The BMJ*.

Arthur W. Wallace, M.D., Ph.D., from the San Francisco Veterans Affairs Medical Center, and colleagues classified patterns of ACE-I, ARB, beta-blocker, metformin, famotidine, and remdesivir use and captured mortality among 9,532 hospitalized [patients](#) with COVID-19 infection.

The researchers found that discontinuation of an ACE-I was associated with an elevated risk for death (odds ratio, 1.4), while the risk for death was reduced in association with initiating or continuous ACE-I use (odds ratios, 0.3 and 0.6, respectively). Statistically significant associations of similar direction and magnitude were seen with ARB and metformin use. When accounting for preexisting morbidity and propensity score adjustment, results were unchanged.

"Our findings not only support continuation of ACE-I, ARB, and [metformin](#) medication among hospitalized patients with COVID-19, but suggest benefit for initiation in patients with indication for therapy," the authors write. "We also found evidence consistent with benefits for the same strategy in patients with COVID-19 who are not hospitalized."

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

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