

Continued dexamethasone at discharge not tied to better COVID-19 outcomes

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For individuals hospitalized with COVID-19, continuing treatment with

dexamethasone at discharge is not associated with a reduction in 14-day all-cause readmission or mortality, according to a study published online March 8 in *JAMA Network Open*.

Cheng-Wei Huang, M.D., from the Kaiser Permanente Los Angeles Medical Center, and colleagues examined whether continuing dexamethasone treatment at discharge is associated with reduced all-cause readmissions or mortality among 1,164 adults (median age, 55 years) who received less than 10 days of dexamethasone until discharge during hospitalization for COVID-19.

The researchers found that 59.5% of the patients continued dexamethasone at discharge. Propensity score and inverse probability of treatment weighting were used to create a balanced cohort. The adjusted odds ratio was 0.87 (95% confidence interval, 0.58 to 1.30) for readmissions or [mortality](#) within 14 days for patients who continued versus did not continue dexamethasone therapy at discharge. In a sensitivity analysis that restricted the treatment group to those who received exactly 10 days of dexamethasone, similar results were produced. The results were also similar in subgroup analyses stratified by duration of dexamethasone treatment as an inpatient, oxygen requirement at discharge, and disease duration at discharge.

"Our findings suggest that [dexamethasone](#), short of other indications, should not be routinely prescribed beyond discharge for treatment in patients with COVID-19," the authors write.

More information: Cheng-Wei Huang et al, Association Between Dexamethasone Treatment After Hospital Discharge for Patients With COVID-19 Infection and Rates of Hospital Readmission and Mortality, *JAMA Network Open* (2022). [DOI: 10.1001/jamanetworkopen.2022.1455](#)

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