Study compares baricitinib to dexamethasone for COVID-19

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For hospitalized patients with COVID-19 requiring supplemental

oxygen, baricitinib plus remdesivir and dexamethasone plus remdesivir result in similar mechanical ventilation-free survival by day 29, but adverse events occur more frequently with dexamethasone, according to a study published online May 23 in *The Lancet Respiratory Medicine.*

Cameron R. Wolfe, M.B.B.S., from Duke University in Durham, North Carolina, and colleagues conducted a randomized study enrolling 1,010 hospitalized adults with COVID-19 who required supplemental oxygen by low-flow, high-flow, or noninvasive mechanical ventilation modalities. Participants were randomly assigned to receive either baricitinib plus remdesivir plus placebo (516 patients) or dexamethasone plus remdesivir plus placebo (494 patients).

The researchers found that mechanical ventilation-free survival by day 29 was similar between the groups (87.0 percent in the baricitinib group and 87.6 percent in the dexamethasone group). The odds ratio for improved status in the dexamethasone group versus baricitinib group was 1.01 (95 percent confidence interval, 0.80 to 1.27). At least one adverse event occurred in 30 and 37 percent of patients in the baricitinib and dexamethasone groups, respectively. Overall, 4 and 10 percent of patients in the baricitinib and dexamethasone groups, respectively, had at least one treatment-related adverse event.

"Dexamethasone was associated with significantly more adverse events, treatment-related adverse events, and severe or life-threatening adverse events," a coauthor said in a statement. "A more individually tailored choice of immunomodulation now appears possible, where side-effect profile, ease of administration, cost, and patient comorbidities can all be considered."

More information: Abstract/Full Text