

Early steroid use does not cut hospital stay for non-MIS-C COVID-19

October 12 2022



Early use of steroids seems not to reduce hospital length of stay (LOS)

for non-multisystem inflammatory syndrome in children (MIS-C) COVID-19 in children, according to a study published online Oct. 3 in *JAMA Pediatrics*.

Sandeep Tripathi, M.D., from the Children's Hospital of Illinois in Peoria, and colleagues examined whether use of steroids within two days of admission for non-MIS-C COVID-19 in [children](#) is associated with hospital LOS in a cohort study. Data were provided by 58 hospitals in seven countries from March 2020 through September 2021; 1,163 patients met the inclusion criteria.

The researchers found that 15.8 percent of the study population received steroids within two days of admission and 84.2 percent did not. Overall, 56.5 percent of the patients required respiratory support during hospitalization. In the steroids group, patients were older, with greater severity of illness overall; a greater proportion required respiratory and vasoactive support. Early steroid treatment was not significantly associated with [hospital](#) LOS on multivariable linear regression adjusted for multiple confounding variables (exponentiated coefficient, 0.94; 95 percent confidence interval, 0.81 to 1.09; $P = 0.42$). No significant association was seen between [steroids](#) and LOS in separate analyses for patients with an LOS of two days or longer, those receiving respiratory support at admission, and propensity score-matched patients.

"The definitive determination of the potential benefit or harm from early steroid therapy for children with COVID-19 cannot be made from retrospective data," the authors write.

Several authors disclosed financial ties to pharmaceutical and medical technology companies, including Janssen Research & Development, which partially funded the study.

More information: Sandeep Tripathi et al, Association of Early

Steroid Administration With Outcomes of Children Hospitalized for COVID-19 Without Multisystem Inflammatory Syndrome in Children, *JAMA Pediatrics* (2022). [DOI: 10.1001/jamapediatrics.2022.3611](https://doi.org/10.1001/jamapediatrics.2022.3611)

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