

# Common psychiatric drugs appear to reduce effect of COVID-19

December 15 2022

---



Credit: Pixabay/CC0 Public Domain

A new meta-analysis shows that psychiatric medications can give some protection against COVID-19, with the common antidepressant fluvoxamine showing the strongest effect. Patients taking fluvoxamine

showed reduced symptoms, with the analysis indicating that mortality was around 15% lower than in those not taking fluvoxamine.

The analysis considered 30 [clinical studies](#), including 145,000 patients. The resulting paper, "Psychotropic drug repurposing for COVID-19: A Systematic Review and Meta-Analysis," will be published in the January 2023 edition of the journal *European Neuropsychopharmacology*.

Here is a brief interview between the ECNP Press Officer, Tom Parkhill, and the lead author, Dr. Giovanna Fico (University of Barcelona):

### **TP: What are the main findings of this paper?**

GF: We found that [fluvoxamine](#) may reduce the risk of severe COVID-19 outcomes and might be a good candidate for drug repurposing in COVID-19, while the increased risk for severe COVID-19 with antipsychotics is not absolute and depends on individual cases

### **TP: Do you think this should change clinical practice?**

GF: Evidence on the efficacy of antidepressants for the treatment of COVID-19 is still scarce, so we cannot conclude that clinicians should start antidepressants in patients with COVID-19 infection. However, patients already on treatment with antidepressants who get infected with COVID-19, should not discontinue this treatment. There are a couple of reasons for this. First, patients with [depressive disorder](#) who discontinue antidepressants have a [higher risk of having another depressive episode](#). Second, we know that antidepressants can be prescribed safely in patients with COVID-19. We believe it is possible that antidepressants can reduce mortality in patients with COVID-19, but the evidence is still

weak.

**TP: The paper states 'Fluvoxamine was associated with a reduced risk of mortality for COVID-19 (OR=0.15; CI 0.02–0.95).' Can you tell me how this might compare to other drugs being investigated for COVID?**

GF: Many other drugs were studied as associated with a reduction in COVID-19 mortality: metformin (aRR, 0.33; 95% CI, 0.25–0.43), colchicine, angiotensin-converting-enzyme inhibitors (ACEi), angiotensin II [receptor blockers](#), statins, vitamin D, antihistamines, alpha-blockers, anti-androgens, and nonsteroidal anti-inflammatory drugs (aRR, 0.69; 95% CI, 0.61–0.78), apixaban (hazard ratio, 0.42; 95% CI, 0.363 to 0.48; corrected CI, 0.336 to 0.52) and aspirin (hazard ratio, 0.72; 95% CI, 0.60 to 0.87; corrected CI, 0.54 to 96), among others. In our meta-analysis fluvoxamine showed a low-moderate effect on the reduction of mortality for COVID-19.

**TP: I think the issue is that people who are already taking fluvoxamine should continue taking it, but what about those who don't have a psychiatric condition? Should severely at risk people be taking it?**

GF: Several [randomized clinical trials](#) on fluvoxamine as COVID-19 treatment have been conducted (also after the publication of our [meta-analysis](#)). The [last published paper](#) on RCT on the topic stated, "Based on our reanalysis, it appears fluvoxamine is associated with a statistically significant decrease in the risk of hospitalization when given to COVID-19 outpatients." Still, I believe, we have too little evidence to make clinical recommendations to start fluvoxamine in patients at risk

for severe COVID-19.

**More information:** Giovanna Fico et al, Psychotropic drug repurposing for COVID-19: A Systematic Review and Meta-Analysis, *European Neuropsychopharmacology* (2022). [DOI: 10.1016/j.euroneuro.2022.10.004](https://doi.org/10.1016/j.euroneuro.2022.10.004)

Provided by European College of Neuropsychopharmacology

Citation: Common psychiatric drugs appear to reduce effect of COVID-19 (2022, December 15) retrieved 10 May 2024 from <https://medicalxpress.com/news/2022-12-common-psychiatric-drugs-effect-covid-.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.