

# Dexamethasone still beneficial for some inpatients with COVID-19

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Early administration of dexamethasone is associated with significantly

reduced odds of mortality or discharge to hospice for inpatients with COVID-19 receiving supplemental oxygen or mechanical ventilation (MV) and/or extracorporeal membrane oxygenation (ECMO), according to a study published online April 18 in *JAMA Network Open*.

Ahmad Mourad, M.D., from Duke University Medical Center in Durham, North Carolina, and colleagues examined the clinical use of dexamethasone and treatment outcomes for hospitalized [patients](#) with COVID-19 respiratory illness in a retrospective cohort study involving adults hospitalized for at least 48 hours for COVID-19 respiratory illness. A total of 80,699 patients met the [eligibility criteria](#); of these, 16.2, 69.8, 9.4, and 4.6 percent did not require supplemental oxygen within 48 hours of admission, required supplemental oxygen, required noninvasive positive pressure ventilation (NIPPV), and needed MV and/or ECMO, respectively.

The researchers found that early use of dexamethasone was associated with a reduction in a composite outcome of in-hospital mortality or discharge to hospice for patients receiving supplemental oxygen and MV and/or ECMO (adjusted odds ratios, 0.92 and 0.82, respectively) after adjustment by propensity score overlap weighting. However, in the group requiring no [supplemental oxygen](#) and the NIPPV group, all-cause inpatient mortality or discharge to hospice was not lower for patients who received dexamethasone. Greater benefit from dexamethasone use was seen for patients with more comorbidities.

"These results demonstrate that despite the evolution of the COVID-19 pandemic over time, dexamethasone remains beneficial for these hospitalized patients in a clinical practice setting," the authors write.

One author disclosed financial ties to the pharmaceutical industry.

**More information:** Ahmad Mourad et al, Dexamethasone for

Inpatients With COVID-19 in a National Cohort, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.8516](https://doi.org/10.1001/jamanetworkopen.2023.8516)

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