Fluticasone furoate does not cut time to COVID-19 symptom resolution: Study

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For outpatients with mild-to-moderate COVID-19, inhaled fluticasone

furoate does not shorten time to symptom resolution, according to a study published in the Sept. 21 issue of the *New England Journal of Medicine*.

David R. Boulware, M.D., M.P.H., from the University of Minnesota in Minneapolis, and colleagues examined the effectiveness of inhaled glucocorticoids in shortening the time to symptom resolution or prevention of hospitalization or death among outpatients with mild-to-moderate COVID-19. Nonhospitalized adults aged 30 years or older with at least two symptoms of acute infection that had been present for no more than seven days before enrollment were randomly assigned to inhaled fluticasone furoate (200 µg once daily for 14 days) or placebo (656 and 621, respectively).

The researchers observed no evidence for fluticasone furoate resulting in a shorter time to recovery compared with placebo (hazard ratio, 1.01; 95% credible interval, 0.91 to 1.12; posterior probability of benefit, 0.56). Overall, 3.7 and 2.1% of patients in the fluticasone furoate and placebo groups, respectively, had urgent care or emergency department visits or were hospitalized (hazard ratio, 1.9; 95% credible interval, 0.8 to 3.5). In each group, three participants were hospitalized; there were no deaths reported. In both groups, adverse events were uncommon.

"Our trial did not identify a clinically relevant effect associated with inhaled fluticasone furoate at a daily dose of 200 µg for 14 days as outpatient treatment for COVID-19 when delivered directly to the participant along with written instructions for use of the inhaler," the authors write.

More information: David R. Boulware et al, Inhaled Fluticasone Furoate for Outpatient Treatment of Covid-19, *New England Journal of Medicine* (2023). DOI: 10.1056/NEJMoa2209421