

Updated guidance on treating COVID-19 patients in outpatient settings

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In an updated rapid, living practice points, the American College of Physicians (ACP) summarizes the latest evidence on the use of pharmacologic and biologic treatments of COVID-19 in the outpatient

setting, specifically addressing the dominant severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) omicron variant. The paper is published in *Annals of Internal Medicine*.

As reports reveal a late-summer and fall rise of COVID-19 cases and the continued presence of dis- and misinformation about the transmission, vaccines, and treatments, it's critical to identify evidence-based treatments for COVID-19 that continue to evolve with new data.

Researchers for ACP reviewed two randomized controlled trials and 6 retrospective cohort studies to assess the benefits and harms of 22 different COVID-19 treatments. Treatments supported in the updated guidance include the consideration of molnupiravir or nirmatrelvir-ritonavir to treat symptomatic patients with confirmed mild to moderate COVID-19 in the outpatient setting who are within five days of the onset of symptoms and at a high risk for progressing to [severe disease](#).

The practice points do not support the use of ivermectin or sotrovimab to treat patients with confirmed mild to moderate COVID-19 in the outpatient setting. In addition, there are 18 other treatments for which no eligible studies were identified for the omicron variant. More research is needed about the effectiveness of treatments and if effectiveness varies by patient characteristics, immunity status, symptom duration, and disease severity of COVID-19 in the outpatient setting.

Risk stratification is an important step before deciding the best approach to manage COVID-19 in the outpatient setting. The practice points note that the decision to initiate treatment for COVID-19 in the outpatient setting should be personalized and based on clinical judgment. Best practice is to use an informed decision-making approach with patients regarding potential treatment benefits and harms; patient characteristics (such as [risk factors](#), comorbid conditions, and disease severity); patient preferences, and social determinants of health. Clinicians should review

all medications and potential drug interactions before initiating outpatient [treatment](#) for COVID-19.

ACP's Population Health and Medical Science Committee will maintain these [practice](#) points, as living by monitoring and assessing the impact of new evidence and updating as needed.

More information: Outpatient Treatment of Confirmed COVID-19: Living, Rapid Practice Points From the American College of Physicians (Version 2), *Annals of Internal Medicine* (2023). [DOI: 10.7326/M23-1636](#)

Provided by American College of Physicians

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