

Nirmatrelvir–ritonavir not effective for reducing most post-COVID-19 conditions: Study

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A trial emulation study of veterans with COVID-19 has found that the use of the antiviral nirmatrelvir–ritonavir was not effective for reducing

the risk for many post-COVID-19 conditions, including cardiac, pulmonary, renal, gastrointestinal, neurologic, mental health, musculoskeletal, or endocrine symptoms. Nirmatrelvir–ritonavir was associated only with a reduced risk for combined thromboembolic events. [The study](#) is published in *Annals of Internal Medicine*.

A study from the Centers for Disease Control and Prevention suggested that 1 in 5 COVID-19 survivors aged 18 to 64 years and 1 in 4 survivors aged 65 years or older experienced an incident condition that was potentially attributable to previous COVID-19 infection.

Nirmatrelvir–ritonavir is often recommended to nonhospitalized persons with symptomatic COVID-19 who are at high risk for severe COVID-19. However, its ability to reduce risk for post-COVID-19 conditions is unknown.

Researchers from the Veterans Administration Puget Sound Healthcare System evaluated 9,593 nonhospitalized patients treated with nirmatrelvir-ritonavir and their matched untreated cohorts for 31 PCCs to measure the effectiveness of outpatient treatment of COVID-19 with nirmatrelvir–ritonavir in preventing PCCs.

No differences were observed between the two groups except for a lower combined risk for venous thromboembolism and [pulmonary embolism](#). According to the authors, their results suggest that considerations about PCCs may not be an important factor in COVID-19 treatment decisions.

More information: *Annals of Internal Medicine* (2023).
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