

Research strengthens case to treat COVID-19 with metformin, not ivermectin

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Patients with COVID-19 had lower viral loads if treated with metformin, according to new University of Minnesota research that argues for broader use of the cheap anti-diabetes drug and against the controversial



use of ivermectin.

The findings helped connect the dots and explain why metformin in a U-led clinical trial reduced the likelihood of COVID-related hospitalizations or the development of long COVID illness. The amount of virus in patients is often associated with the severity of illnesses and complications, and it was found to be almost fourfold lower in patients in the trial who took metformin vs. non-medicating placebo pills.

The results "could be a tipping point" that convinces doctors to prescribe metformin to treat COVID, said Dr. Carolyn Bramante, the lead U researcher of the drug trial. "But people don't want to be wrong" so she predicted many will wait for results of a larger drug trial called ACTIV-6.

The U study results also showed that metformin users were less likely to see a rebound in 10 days of their viral loads, which also can be a proxy for the development of post-COVID complications, or long COVID.

Researchers of the U-led trial, named COVID-OUT, found no statistically significant evidence of lower viral loads in participants who took ivermectin, an anti-parasitic drug that has been championed by some doctors, politicians and vaccine skeptics. A third drug, fluvoxamine, also showed no benefit.

All three drugs had been identified early in the pandemic as promising targets, but a U computer simulation singled out metformin for its potential to disrupt the life cycle of the coronavirus that causes COVID-19.

Metformin's benefits appeared statistically stronger in unvaccinated participants, but the drug also appeared to work for vaccinated participants. It also reduced viral loads in those infected by the alpha,



delta or omicron coronavirus variants that caused distinct COVID-19 waves over the three years of the pandemic.

COVID has become something of an afterthought in 2024. Hospitalizations related to the infectious disease have plummeted since December, according to Thursday's state update. Signs of the coronavirus in Minnesota wastewater samples were at their lowest since August.

COVID-19 related deaths have declined from 113 in February in Minnesota to 62 in March to 40 so far in April—almost all among senior citizens. Health officials warned that this is still an elevated mortality rate that has just been normalized by the earlier severity of the pandemic.

Long COVID also remains a concern: federal survey data showed that more than 7% of Minnesota adults were dealing with the lingering condition last month.

Federal health officials earlier this year urged people 65 and older at greatest risk of severe COVID to seek additional vaccine boosters. Uptake has been slow; the most recent state data showed only 3% of seniors were up to date on COVID vaccinations since the latest recommendations.

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