

Patients who contract COVID-19 should continue ACE-i and ARB treatment, unless otherwise advised by physician

17 March 2020

As the global impact of COVID-19 rises, the scientific community continues to evaluate the clinical impact and health care needs of patients with cardiovascular disease, who are at increased risk for serious complications with COVID-19. Together, the American Heart Association (AHA), the Heart Failure Society of America (HFSA) and the American College of Cardiology (ACC) jointly published this new statement, "HFSA/ACC/AHA statement addresses concerns re: using RAAS antagonists in COVID-19," today to dispel misinformation circulating about the use of ACE-i and ARB medications among patients with COVID-19.

The AHA, the HFSA and the ACC recommend continuation of angiotensin converting enzyme inhibitors (ACE-i) or angiotensin receptor blocker (ARB) medications for all patients already prescribed for indications such as [heart failure](#), hypertension or [ischemic heart disease](#). Cardiovascular [disease](#) patients who are diagnosed with COVID-19 should be fully evaluated before adding or removing any treatments, and any changes to their treatment should be based on the latest scientific evidence and shared-decision making with their physician and health care team.

"We understand the concern—as it has become clear that people with [cardiovascular disease](#) are at much higher risk of serious complications including death from COVID-19. However, we have reviewed the latest research—the evidence does not confirm the need to discontinue ACE-i or ARBs, and we strongly recommend all physicians to consider the individual needs of each patient before making any changes to ACE-i or ARB treatment regimens," said Robert A. Harrington, M.D., FAHA, president of the American Heart Association, Arthur L. Bloomfield Professor of

Medicine and chair of the department of medicine at Stanford University.

"While the primary symptoms of COVID-19 include respiratory symptoms, the latest evidence demonstrates some patients with COVID-19 may also have severe cardiovascular damage. We must ensure we fully evaluate and treat patients with cardiovascular disease," continued Biykem Bozkurt, M.D., Ph.D., HFSA president, professor of cardiology, the Mary and Gordon Cain Chair of Medicine in the Winters Center for Heart Failure Research and the W.A. "Tex" and Deborah Moncrief Chair in Cardiology at Baylor College of Medicine in Houston.

"The continued highest standard of care for cardiovascular disease patients diagnosed with COVID-19 is our top priority, but there are no experimental or clinical data demonstrating beneficial or adverse outcomes among COVID-19 patients using ACE-i or ARB medications. We urge urgent, additional research that can guide us to optimal care for the millions of people worldwide with cardiovascular disease and who may contract COVID-19. These recommendations will be adjusted as needed to correspond with the latest research," concluded Richard J. Kovacs, M.D., president of the American College of Cardiology and Q.E. and Sally Russell Professor of Cardiology at Indiana University School of Medicine.

Provided by American Heart Association

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