Clinicians treating COVID-19 say don't rush to try novel therapies

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Intensivists caution against novel therapies in lieu of traditional critical care principles. Credit: ATS

Intensivists caution against the use of premature novel therapies in lieu of traditional critical care principles in patients with COVID-19 in a

recent correspondence letter in the *American Journal of Respiratory Cell and Molecular Biology*.

In "A Call for Rational Intensive Care in the Era of COVID-19," Benjamin Singer, MD, Assistant Professor of Medicine and Biochemistry & Molecular Genetics, Division of Pulmonary and Critical Care Medicine, Department of Medicine, at Northwestern University Feinberg School of Medicine, and co-authors write that "the intensive care unit is already optimized for the care of COVID-19 patients and that departures from standard of care require evidence..."

The COVID-19 pandemic is unprecedented, resulting in a surge of critically ill patients that have tested the resources of medical centers around the country. The overwhelming patient demand and dwindling resources combined to trigger a cascade of emotions, stress, and fatigue. As hospital staff mobilize to meet the growing demand of COVID-19 patients, some clinicians are making note of a pattern that has emerged where proven interventions are neglected or even rejected.

Dr. Singer, who is also associate editor of the *American Journal of Respiratory Cell and Molecular Biology*, argues that this is not the time to abandon reason. Instead, he calls for "a rational approach to translating science to the bedside as we care for patients with severe COVID-19. We want to come out of the COVID-19 pandemic knowing what works and what doesn't work for severe viral pneumonia patients."

He added that physicians continuously learn from their patients by making observations and so far what they've learned is that the most effective treatment for COVID-19 patients is supportive therapy. Until there are clinical trials that offer clear direction on a different treatment approach, state-of-the-art supportive care is the best option.

"Off-label and off-study use of novel or repurposed therapeutics

prevents potential benefits or harms from being clearly defined and puts some of our most vulnerable people at risk," cautioned Dr. Singer.

More information: Benjamin D Singer et al. A Call for Rational Intensive Care in the Era of COVID-19. *American Journal of Respiratory Cell and Molecular Biology* 2020. doi.org/10.1165/rcmb.2020-0151LE

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