

# Repurposing rheumatology drugs for COVID-19

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COVID-19 is the disease caused by infection with the SARS-CoV-2 virus. Since it emerged at the end of 2019, this virus has caused a global pandemic. COVID-19 can be mild, or even without symptoms at all. But it can also cause severe disease, leading to respiratory problems, organ failure, and death. Research on the immune mechanisms involved in people with severe COVID-19 has shown that they have widespread inflammation. Early on in the pandemic, several immunomodulatory anti-inflammatory treatments commonly used in people with rheumatic and musculoskeletal diseases (RMDs) were proposed as possible options for people with severe COVID-19.

Rheumatologists are familiar with the everyday use of immunomodulatory drugs. These are designed to treat the inflammation caused by [autoimmune diseases](#) such as rheumatoid arthritis. A EULAR taskforce was set up to develop a set of new points to consider to give guidance and advice on the best way to use these medicines to treat COVID-19. The taskforce included rheumatologists, immunologists, hematologists,

pediatricians, patients and other health professionals. They looked at the published evidence on the use of immunomodulatory therapies to treat severe COVID-19.

In total, there are two overarching principles and 14 points to consider. The principles stress that the picture of SARS-CoV-2 infection can be very different in different people. Infections range from asymptomatic or mild disease to severe or fatal. People with COVID-19 may need different treatment approaches, including antiviral medicines, oxygen therapy, anticoagulation and/or immunomodulatory treatment at different stages of the disease. The 14 points to consider are split into two categories: pathophysiology, and immunomodulatory therapy. Pathophysiology is about the disease itself. Immunomodulatory [therapy](#) is about how we might use existing medicines from the field of rheumatology to treat severe COVID-19. These give specific advice about which treatments to use at what stages of the disease. The picture is changing very quickly, which means there are some areas of uncertainty. EULAR intends to update very soon the advice in response to increasing knowledge and evidence both about the disease and new available trials with targeted anti-inflammatory drugs.

These findings do not apply to people living with RMDs who are taking immunomodulatory treatments for their rheumatic [disease](#). Separate recommendations are available for the management of people with RMDs in the context of the pandemic.

**More information:** EULAR points to consider on pathophysiology and use of immunomodulatory therapies in COVID-19. *Annals of the Rheumatic Diseases*, [ard.bmj.com/content/80/6/698](https://ard.bmj.com/content/80/6/698)

Provided by EULAR

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