

Losartan does not reduce lung injury in hospitalized COVID-19 patients

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Administration of losartan to hospitalized patients with COVID-19 and

acute lung injury is not efficacious for reducing lung injury, according to a study published online March 16 in *JAMA Network Open*.

Michael A. Puskarich, M.D., from the University of Minnesota in Minneapolis, and colleagues examined the efficacy of losartan for reducing [lung injury](#) in hospitalized [patients](#) with COVID-19 in a blinded, placebo-controlled trial conducted at 13 U.S. hospitals. Two hundred five hospitalized patients with COVID-19 and a respiratory sequential organ failure assessment score of at least 1 and not already using a renin-angiotensin-aldosterone system (RAAS) inhibitor were randomly assigned to either losartan or placebo (101 and 104 participants, respectively).

The researchers found that losartan did not significantly affect the imputed arterial partial pressure of oxygen to fraction of inspired oxygen ratio at seven days compared with placebo (difference, -24.8 ; 95 percent confidence interval, -55.6 to 6.1 ; $P = 0.12$). Losartan did not improve any secondary outcomes compared with placebo, and resulted in fewer vasopressor-free days than [placebo](#) (median, 9.4 versus 8.7).

"The results of this study do not support the hypothesis that losartan effectively mitigates viral-induced [acute lung injury](#) in COVID-19, with uncertain implications for other, potentially more potent, agents that target the RAAS," the authors write. "This study further contributes to the literature in this field."

More information: [Abstract/Full Text](#)

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