

Hydroxychloroquine seems not to cut ventilator use in COVID-19

23 April 2020



percent confidence interval [CI], 1.10 to 6.17; $P = 0.03$), but not in the HC+AZ group (aHR, 1.14; 95 percent CI, 0.56 to 2.32; $P = 0.72$) compared with the no HC group. Compared with the no HC group, the risk for ventilation was similar in the HC group (aHR, 1.43; 95 percent CI, 0.53 to 3.79; $P = 0.48$) and in the HC+AZ group (aHR, 0.43; 95 percent CI, 0.16 to 1.12; $P = 0.09$).

"The findings from this retrospective study suggest caution in using hydroxychloroquine in hospitalized COVID-19 [patients](#), particularly when not combined with azithromycin," the authors write.

Several authors disclosed financial ties to the [pharmaceutical industry](#).

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There is no evidence that use of hydroxychloroquine alone (HC) or with azithromycin (HC+AZ) reduces the risks for mechanical ventilation or death from any cause in patients hospitalized with COVID-19, according to a study that has not yet been peer reviewed and was posted online April 21 at medRxiv.org.

Joseph Magagnoli, from the Columbia VA Health Care System in South Carolina, and colleagues performed a retrospective analysis of data from 368 patients hospitalized with confirmed severe acute respiratory syndrome coronavirus 2 infection: 97 treated with HC, 113 with HC+AZ, and 158 with no HC.

The researchers found that the rates of death were 27.8, 22.1, and 11.4 percent, respectively, in the HC, HC+AZ, and no HC groups. The rates of ventilation were 13.3, 6.9, and 14.1 percent in the HC, HC+AZ, and no HC groups, respectively. The risk for death from any cause was higher in the HC group (adjusted hazard ratio [aHR], 2.61; 95

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APA citation: Hydroxychloroquine seems not to cut ventilator use in COVID-19 (2020, April 23) retrieved 24 April 2021 from <https://medicalxpress.com/news/2020-04-hydroxychloroquine-ventilator-covid-.html>

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