

ACEIs/ARBs not linked to severity or mortality of COVID-19

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(HealthDay)—For patients with hypertension hospitalized with

COVID-19 infections, angiotensin-converting enzyme inhibitors (ACEIs)/angiotensin receptor blockers (ARBs) are not associated with the severity or mortality of COVID-19, according to a brief report published online April 23 in *JAMA Cardiology*.

Juyi Li, M.D., from The Central Hospital of Wuhan and the Huazhong University of Science and Technology in China, and colleagues conducted a retrospective single-center case series of 1,178 hospitalized patients with COVID-19 infections from Jan. 15 to March 15, 2020, to examine the association between ACEIs/ARBs and severity of illness and mortality in patients with hypertension.

The researchers found that the overall in-hospital mortality was 11.0 percent in the cohort. There were 362 patients with hypertension (30.7 percent of the total cohort), of whom 31.8 percent were taking ACEIs/ARBs. In patients with hypertension, the in-hospital mortality was 21.3 percent. There was no difference noted in the percentage of patients with hypertension taking ACEIs/ARBs between those with severe and nonsevere infections (32.9 versus 30.7 percent) or between nonsurvivors and survivors (27.3 versus 33.0 percent). When data were analyzed for [patients](#) taking ACEIs and those taking ARBs, the findings were similar.

"These [data](#) support current guidelines and societal recommendations for treating hypertension during the COVID-19 pandemic," the authors write.

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

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