

Guideline issued for nonsevere, severe COVID-19 therapy

6 May 2020



hydroxychloroquine, interferon- α , and interferon- β are not suggested. All these recommendations are weak.

"The enormity of the adverse health consequences of COVID-19 has understandably left clinicians and [patients](#) eager for interventions that can decrease progression, prevent mortality, and speed recovery," the authors write. "This eagerness has perhaps contributed to overly sanguine assessments from experts, [regulatory authorities](#), and prominent politicians regarding the potential benefits of treatments, with underappreciation of potential harms."

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

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(HealthDay)—In an evidence-based guideline developed by an international team of physicians, pharmacists, researchers, and patients, published online April 29 in *CMAJ*, the journal of the Canadian Medical Association, recommendations are presented for the treatment of COVID-19.

Zhikang Ye, Ph.D., from McMaster University in Hamilton, Ontario, Canada, and colleagues developed evidence-based guidelines and recommendations for treating patients with nonsevere and severe COVID-19.

The authors suggest use of corticosteroids for patients with severe COVID-19 and [acute respiratory distress syndrome](#) (ARDS); this recommendation was based on indirect evidence. For patients with severe COVID-19 without ARDS, corticosteroids are not suggested. Convalescent plasma is not suggested for patients with severe COVID-19. For patients with nonsevere COVID-19 and for those with severe COVID-19, ribavirin, umifenovir, favipiravir, lopinavir-ritonavir,

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