

Greater disability tied to worse COVID-19 severity in MS patients

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disability and [older age](#) were independently associated with elevated odds of all clinical severity levels compared with those not hospitalized (being nonambulatory: odds ratios: 2.8, 3.5, and 25.4 for hospitalization only, intensive care unit/required ventilator support, and death, respectively; age [every 10 years]: odds ratios, 1.3, 1.3, and 1.8, for hospitalization only, [intensive care unit](#)/required ventilator support, and death, respectively).

"Knowledge of these risk factors may enable clinicians caring for [patients](#) with MS to improve monitoring and treatment of COVID-19," the authors write.

Several authors disclosed financial ties to the biopharmaceutical industry.

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

(HealthDay)—Ambulatory disability and older age are associated with worse clinical severity of COVID-19, including death, among patients with multiple sclerosis (MS), according to a study published online March 19 in *JAMA Neurology*.

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Amber Salter, Ph.D., from the Washington University School of Medicine in St. Louis, and colleagues examined outcomes and [risk factors](#) associated with COVID-19 clinical severity in a cohort of 1,626 patients with MS. Patients were assessed after a minimum of seven days from initial symptom onset and after sufficient time had passed to observe the COVID-19 disease course through resolution of acute illness or death. Clinical outcome was classified with four levels of severity: not hospitalized, hospitalization only, admission to intensive care unit/required ventilator support, and death.

The researchers found that the overall mortality rate was 3.3 percent in the cohort. After adjustment for other risk factors, both ambulatory

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