

Inflammatory drug could prevent severe complications from COVID-19

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The COLCORONA clinical study into using the inexpensive anti-inflammatory drug colchicine to treat COVID-19 was published today in the British journal *The Lancet Respiratory Medicine*, four months after the presentation of preliminary results to journalists.

Led by Dr. Jean-Claude Tardif, director of the Montreal Heart Institute (MHI) Research Centre and a professor in the Faculty of Medicine of Université de Montréal, the study was designed to determine whether colchicine, commonly used in cardiology, could prevent the risk of severe complications from COVID-19.

At a news conference last January, the MHI announced clinically convincing results on the efficacy of colchicine to treat COVID-19, but at the time they were not submitted to peer review via publication in a [scientific journal](#).

These results were judged not to be statistically significant by Quebec's Institut national d'excellence en santé et en services sociaux (INESSS); its scientists determined more research

was needed before they could recommend the widespread use of colchicine for COVID-19.

In their report, the INESSS experts mentioned a potential revision of their position in the light of further information, particularly if the study were eventually published in a peer-reviewed journal, as is now the case.

We asked Dr. Tardif to comment.



Dr. Jean-Claude Tardif, director of the Montreal Heart Institute (MHI) Research Centre. Credit: University of Montreal

How do you view the study being published in *The Lancet Respiratory Medicine*, a peer-reviewed journal ranked as number one in critical care and respiratory medicine?

As it's a Lancet journal, I think it will put things in perspective and validate what we've known all along: that colchicine prevents severe complications by about 25 percent in patients at home who have been diagnosed with COVID-19 through a PCR (polymerase chain reaction) test, and who have factors that put them at risk of hospitalization or death. We are talking about patients who are at least 40 years old and who are either obese, diabetic, have respiratory or cardiovascular disease, high blood pressure, and the like.

Now that the study has been published, do you think that the INESSS—and also the Collège des médecins and the Ordre des pharmaciens du Québec—will reconsider their negative position?

I can't speak on behalf of the INESSS. I know that there has unfortunately been a misunderstanding; the Ordre des pharmaciens and the Collège des médecins have never said they do not prescribe colchicine. There was one sentence that was very badly interpreted: do not prescribe colchicine for prevention. Of course not! Colchicine should never be given before the diagnosis has been made. Colchicine is not an antiviral, it is a drug that prevents the inflammatory storm. What reassures me, however, is that prescriptions for colchicine have increased in the last year. I am also reassured that a major peer-reviewed journal has accepted the study with great enthusiasm. Also, the British Columbia COVID-19 Therapeutics Committee has just incorporated colchicine into the province's public-health guidelines.

What do you think will be the tangible impact of this release? Do you think colchicine will be prescribed more?

We have shown that reducing the inflammatory storm early in the course of COVID-19, before complications arise, is beneficial. Colchicine should be considered in patients at risk of complications! [In January 2021] the study's safety

committee—which includes researchers from Harvard University, a former dean of medicine and a leading microbiologist-infectiologist—agreed unanimously that colchicine should be given immediately. Moreover, colchicine is an interesting solution for countries where access to a COVID-19 vaccine is more difficult. There could be large-scale use in India, for example, where the situation is much more problematic.

Recently, a large British study called RECOVERY concluded that colchicine does not reduce mortality, length of hospital stay or the need for mechanical ventilation. Your reaction?

Let's recall some facts: RECOVERY targeted hospitalized patients, 95 percent of whom were receiving steroids—specifically, dexamethasone. In a clinical setting, however, colchicine and steroids are almost never combined; either one or the other is administered. Secondly, it makes more sense to prevent the inflammatory storm in non-hospitalised patients with colchicine than to try to reduce it once it has set in. This is why we conducted the COLCORONA study in non-hospitalised patients confined to home. The results of the COLCORONA study are therefore not affected by those of RECOVERY.

More information: Jean-Claude Tardif et al, Colchicine for community-treated patients with COVID-19 (COLCORONA): a phase 3, randomised, double-blinded, adaptive, placebo-controlled, multicentre trial, *The Lancet Respiratory Medicine* (2021). DOI: [10.1016/S2213-2600\(21\)00222-8](https://doi.org/10.1016/S2213-2600(21)00222-8)

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