

Covid-19 Pandemic: Dangers of discontinuing treatment without medical advice

Press release from the National Academy of Medicine

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In a context of fear, uncertainty or rumour, many patients with cardiovascular or inflammatory diseases consider discontinuing their treatment. These include, for example, patients taking:

- low-dose aspirin to prevent the risk of thrombosis. At this dose, aspirin has no anti-inflammatory effect. In the context of Covid-19 infection, there is therefore no medical reason to discontinue this treatment;

- converting enzyme inhibitors (ACE inhibitors) or Angiotensin II receptor antagonists commonly known as sartans. It is true that Sars-CoV-2, the agent of Covid-19, penetrates the lung cells through receptors close to those on which these drugs bind and that high blood pressure has been identified as a serious factor in infected patients. However, early published studies indicate that the severity of the infection is not increased when these treatments are used;

- non-steroidal anti-inflammatory drugs (NSAIDs), which have the reputation of promoting or aggravate certain infections. In the treatment of fever due to Covid-19, their use is formally discouraged, in favour of paracetamol which is equally effective and does not interact with infectious phenomena. On the other hand, in patients with chronic inflammatory rheumatism, NSAIDs may be indispensable.

The National Academy of Medicine recommends not to interrupt long-term treatments prescribed for a disease of the cardiovascular system or for an inflammatory rheumatism. In particular, consultation with the treating physician or specialist is necessary before considering any changes when a patient is being treated with one of these drugs on a regular basis:

1. aspirin, at the dose used in cardiovascular pathology, must not be interrupted at the risk of an acute cardiovascular complication (in particular, recurrence of myocardial infarction or cerebral infarction);

2. ACE inhibitors and sartans should be maintained in patients receiving these drugs, regardless of the reason for prescribing them, as current scientific evidence does not justify favouring one or the other;

3. NSAIDs should not be discontinued in patients with chronic inflammatory rheumatism, except in the event of the occurrence of an infectious syndrome on the advice of the treating physician. Similarly, abrupt discontinuation of a cortisone drug taken over a long period of time may have particularly deleterious consequences.

The National Academy of Medicine reminds that it is not necessary, in the present circumstances, to treat pain or fever with an NSAID: paracetamol should be preferred, in daily dosages not to exceed 3 grams per 24 hours for adults.