

****INFORMATION CORRECT AS OF 18th MARCH 2020****

Message for clinical staff: Non-steroidal anti-inflammatory drugs (NSAIDs), angiotensin-converting enzyme inhibitors (ACEi) and angiotensin receptor blockers (ARB) in relation to COVID-19 infection

NSAIDs

There has been concern about the use of NSAIDs in relation to COVID-19 following a statement by the French Health Minister (a clinician) advising against the use of ibuprofen. This statement was based on provisional information reported from French care settings which UK authorities have not seen and is, to date, unpublished. There is no current literature on the impact of NSAIDs use in COVID-19.

There appears to be some evidence for SARS 1 that there may be an adverse impact on pneumonia. There is also some literature suggesting NSAIDs may increase complications from simple acute respiratory infections or slow recovery. However the evidence is not conclusive overall.

There appears to be no evidence that NSAIDs increase the chance of acquiring COVID-19. In view of the current lack of clarity the Committee of Human Medicines (an advisory body of MHRA) and NICE have been asked to review the evidence. It is therefore suggested that, in the interim, for patients, who have confirmed COVID-19 or believe they have COVID-19, that they use paracetamol in preference to NSAIDs.

Those currently on NSAIDs for other medical reasons (e.g. arthritis) should not stop them.

This information is taken directly from a statement released on 18th March 2020 by the NHS England Medical Director. This position will be kept under constant review and Southend and Castle Point & Rochford CCGs will update communications to GP practices accordingly.

ACEi and ARB

There has been concern about the use of ACEi and ARB in relation to COVID-19. It has been suggested that treatment with ACEi or ARB increases the risk of COVID-19 infection.

There is no sound scientific basis or evidence to support that either of these classes of drugs increase the risk of an individual contracting COVID-19 infection. In addition, there is no evidence to support the assertion that treatment with ACEi or ARB could predispose individuals to adverse outcomes should they become infected with COVID-19.

There is a UK-wide position on this from two relevant professional organisations, [British Cardiovascular Society](#) and [European Society of Cardiology](#). They state that **patients should continue treatment with ACEi/ARB unless specifically advised to stop by their medical team because there is no clinical or scientific evidence to suggest that treatment with ACEi or ARB should be discontinued because of the COVID-19 infection.**

This information is taken directly from statements released by European Society of Cardiology on 13th March 2020 and by British Cardiovascular Society on 16th March 2020. This position will be kept under constant review and Southend and Castle Point & Rochford CCGs will update communications to GP practices accordingly.

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