

Answer Questions About Using Steroids for COVID-19

You'll hear more about **optimizing corticosteroids for COVID-19**.

Steroids seem to decrease mortality in COVID-19 patients requiring supplemental oxygen...based on one open-label trial.

Now a meta-analysis of 7 randomized trials is helping to confirm this benefit.

Consider these strategies when using steroids for COVID-19.

Continue to give steroids to hospitalized patients requiring supplemental oxygen, mechanical ventilation, or extracorporeal membrane oxygenation (ECMO).

Begin steroids in these patients even if it's soon after symptom onset. Some data suggest steroids don't help if given within the first 7 days of symptoms...but other evidence doesn't confirm this.

Don't start steroids in patients NOT on oxygen. Benefits don't seem to outweigh risks in this case. But continue home oral or inhaled steroids used for chronic conditions (asthma, etc).

Lean toward dexamethasone. It has the most evidence...and the advantage of once-daily dosing.

Or if needed, consider hydrocortisone, methylprednisolone, or prednisone...corticosteroid benefits are likely a class effect.

Stick with a dexamethasone dose of 6 mg/day...despite higher doses of 20 mg/day used in some studies.

There's no proof higher doses work better. Also adverse effects, such as hyperglycemia, are often dose-related.

Continue steroids for 7 to 10 days...or until discharge, if that's sooner.

See our chart, *Treatments of Interest for COVID-19*, for more on IV and PO steroid dosing...and other therapies.

Key References:

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-N Engl J Med Published online Jul 17, 2020; doi:10.1056/NEJMoa2021436

-www.who.int/publications/i/item/WHO-2019-nCoV-Corticosteroids-2020.1 (10-23-20)

-www.idsociety.org/practice-guideline/covid-19-guideline-treatment-and-management (10-23-20)

-www.covid19treatmentguidelines.nih.gov/ (10-23-20)

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