

Put Inhaled and Oral COVID-19 Treatments in Perspective

You'll be asked **whether OUTpatients with COVID-19 should be treated with inhaled corticosteroids, colchicine, or fluvoxamine.**

Inhaled steroids and oral colchicine are getting buzz for their anti-inflammatory effects...and fluvoxamine may regulate cytokines.

But emphasize that it's too soon to recommend any of these meds or other oral "cocktails" to treat COVID-19. Overall data are limited...and some studies aren't peer-reviewed or published yet.

Help put the latest preliminary evidence in perspective.

You'll hear that inhaled budesonide may reduce urgent care visits or hospitalizations in outpatients with COVID-19...or taking colchicine for a month may reduce hospitalizations in high-risk COVID-19 outpatients.

But point out that so far inhaled budesonide has just one small, open-label trial. A recent colchicine trial is large, but flawed...and an INpatient colchicine trial shows NO mortality benefit.

Highlight other downsides. For instance, some clinicians may order *Pulmicort Flexhaler* 180 mcg, 4 or 5 puffs BID until symptoms improve. But this costs about \$260/inhaler...and may not be practical.

With colchicine, caution that GI side effects are common...it has many interactions (statins, etc)...and generics cost about \$80/month.

Fluvoxamine is a similar story. Patients are hearing it may reduce "clinical deterioration"...shortness of breath and a decrease in oxygen saturation...in outpatients with COVID-19.

But educate that these are small studies...and use high fluvoxamine doses of up to 100 mg TID for 15 days, which may lead to side effects (GI, CNS, etc) or interactions.

Keep in mind, inappropriate med use can also cause shortages.

Remind patients to think of hydroxychloroquine as a cautionary tale that preliminary evidence doesn't always pan out.

Access our chart, *Treatments of Interest for COVID-19*, to answer questions about ivermectin, statins, and other meds and supplements.

Key References:

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