



FACT SHEET 2

What to tell patients about taking their routine medicines during COVID-19

These are stressful times for many people, especially for people with chronic illnesses, who are older or who are immunocompromised (see Fact Sheet 1). Many patients will be aware of social media and news stories about associations between some medicines and different health outcomes in the context of COVID-19. They will be concerned as to whether they should continue taking their medicines.

Research on interactions between specific medicines and COVID-19 is ongoing. Current guidance is based on observational data and theories; there is no clinical trial evidence to date.¹ The following recommendations are derived from professional societies who have examined the current evidence to answer some commonly asked questions about medicines use in the context of COVID-19.

➤ **Angiotensin converting enzyme (ACE) inhibitors or angiotensin receptor blockers (ARBs)**

There is currently no clinical evidence of harmful effects of ACE inhibitors or ARBs in the context of COVID-19, nor is there evidence to support stopping them because of COVID-19.^{1,2} There are studies in animals that suggest these medicines may be protective against serious lung complications in patients with COVID-19, but to date there are no data in humans.¹

What to tell your patients taking an ACE inhibitor or an ARB

Patients routinely taking an ACE inhibitor or an ARB for the treatment of hypertension, heart failure or cardiovascular disease should continue to do so as prescribed, unless otherwise advised by you or their specialist.¹⁻³

➤ **Ibuprofen**

To date, there is no clinical evidence to support a link between taking ibuprofen during COVID-19 and more severe outcomes if patients become infected.^{4,5}

What to tell your patients taking ibuprofen

Patients taking ibuprofen for short-term pain relief or for the management of a chronic condition should continue to do so as prescribed, unless otherwise advised by you or their specialist.^{4,5} Patients should be encouraged to first talk with you before purchasing ibuprofen or other non-steroidal anti-inflammatory drugs (NSAIDs) over the counter.⁴

➤ **Medicines with immunosuppressive properties, including disease modifying agents**

If managing patients with suspected mild COVID-19, do not change the dose or stop long-term immunosuppressive medicines, including high-dose corticosteroids, chemotherapy, biologics, or disease-modifying anti-rheumatic drugs (DMARDs).⁶

For patients with asthma or chronic obstructive pulmonary disease (COPD) requiring systemic corticosteroids for a severe flare-up, ensure the flare-up is due to the pre-existing lung disease and not COVID-19.⁷

There are no medicines that have been approved by the Therapeutic Goods Administration (TGA) for the treatment of COVID-19; the TGA strongly discourages the use of hydroxychloroquine outside its current indications at this time.⁴ To limit the use of hydroxychloroquine to currently approved indications, restrictions have been placed on who can initiate therapy; from 24 March 2020 GPs can only prescribe repeats for hydroxychloroquine to patients in whom it was initiated by a specialist before this date.⁴

What to tell your patients taking medicines with immunosuppressive properties

Patients who are well with no fever or signs of infection and routinely take any of the following medicines, should continue to do so as prescribed, unless otherwise advised by you or their specialist:^{5,6,8}

- Steroids: prednisolone or prednisone^{5,6,8}

- DMARDs: methotrexate, hydroxychloroquine, leflunomide, sulfasalazine, azathioprine or mycophenolate^{5,6,8}
- Biologics (bDMARDs): adalimumab, etanercept, golimumab, abatacept, certolizumab, tocilizumab, infliximab, or targeted DMARDs (tsDMARDs), for example, baricitinib or tofacitinib^{5,6,8}

Patients taking these medicines who have signs of a fever, sore throat, shortness of breath or cough should call you at the first sign of symptoms and inform you of the medicines they take. Patients who are acutely unwell, such as having difficulty breathing, should call 000 for an ambulance, and inform paramedic staff of the medicines they take.^{6,8}

Patients routinely taking hydroxychloroquine in line with a

currently approved indication, should continue to do so, unless otherwise advised by you or their specialist.⁴ The Federal Government is taking measures to ensure a continued supply of hydroxychloroquine is maintained.⁴

Patients with asthma or COPD should continue taking their medicines as prescribed, including inhaled or oral corticosteroids to manage severe flare-ups, have an adequate supply of medicines and an up-to-date written action plan.^{7,9}

Nebulisers should NOT be used to administer inhaled medicines during this time if possible; they generate aerosols that can spread infectious droplets for several meters.^{6,7} To reduce the risk of spreading viral infections, all patients, including residents

in aged care facilities, should use a pressurised metered-dose puffer and spacer with a tightly fitting face mask, if required, to administer inhaled medicines.^{6,7}

To ensure patients receive up-to-date, objective and trustworthy information, tell them to go to: www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert

Or to download the coronavirus Australia app on the App Store or Google Play at: www.health.gov.au/resources/apps-and-tools/coronavirus-australia-app

For patients experiencing distress and wanting to talk with someone, Open Arms is available 24/7 and can be contacted by phoning 1800 011 046 or at: www.openarms.gov.au/



References

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