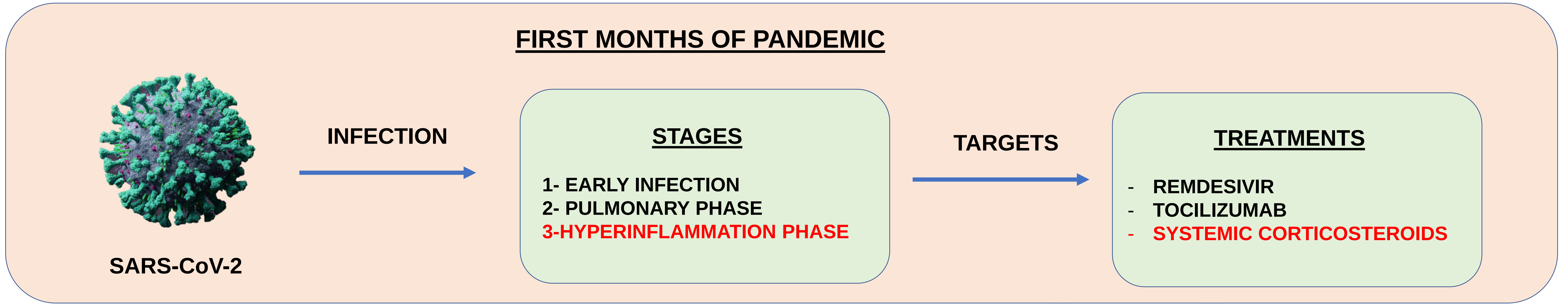


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BACKGROUND



OBJECTIVES

- Describe the experience of use of systemic corticosteroids in SARS-CoV-2 infection treatment between March-May 2020
- Describe the characteristics of the treated population

ROUTINE CLINICAL PRACTICE

MATERIAL AND METHODS

RETROSPECTIVE OBSERVATIONAL STUDY

PATIENTS WITH CONFIRMED SARS-CoV-2 INFECTION

MARCH-MAY 2020

VARIABLES COLLECTED (obtained from the electronic medical record programs)

- Sex
- Age
- Date of admission and hospital discharge
- Comorbidities: respiratory pathology, arterial hypertension (AHT), diabetes mellitus (DM)
- Concomitant treatment: remdesivir and/or tocilizumab

- Stay in intensive care unit (ICU) and/or hospital ward
- Type of corticosteroid administered
- Dose of corticosteroid
- Corticosteroid treatment duration
- Length of hospital stay

RESULTS

TOTAL: 102 PATIENTS

SEX: 66% MEN

AGE: 63 ± 16 YEARS

		TOTAL PATIENTS	CORTICOSTEROID TREATMENT (%)
COMORBIDITIES	Respiratory pathology	8	63
	AHT	44	41
	DM	30	30
CONCOMITANT TREATMENT	Remdesivir	3	33
	Tocilizumab	55	40
HOSPITALIZATION STAY	ICU	18	39
	Ward	84	27

	CORTICOSTEROID TREATMENT	MEAN DAILY DOSE (MG)	MEAN TREATMENT DURATION (DAYS)
ICU	Methylprednisolone	112	5,8
	Prednisone	12	5,8
Ward	Methylprednisolone	122	4,5
	Prednisone	18	1,7

	CORTICOSTEROID TREATMENT	MEAN HOSPITAL STAY (DAYS)
ICU	YES	39,3
	NO	26,3
Ward	YES	20,5
	NO	10,8

CONCLUSIONS

- Patients with corticosteroid treatment required longer hospital stays, being higher in ICU patients
- Methylprednisolone dose was similar in ICU and ward. Treatment duration was longer in ICU
- A high percentage of patients with comorbidities and treatment with remdesivir and/or tocilizumab required subsequent corticosteroid treatment