

COVID treatments: which ones work and which ones should no longer be used

There are therapies with a strong or conditional recommendation according to the WHO expert group. The prestigious journal The New England of Medicine warned that drugs that are not effective are still used

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Since 2020, 5,398 clinical trials have been registered to evaluate interventions for patients with COVID-19 (Getty)

More than 600 million people have been diagnosed with COVID-19 worldwide since the start of the pandemic, and more than 6.4 million have lost their lives. As never before in the history of humanity, **effective and safe vaccines have been developed in a very short time, which have already been applied to 64% of the population** if the primary scheme is considered, and treatments that can counteract the infection, especially in patients more serious or with a higher risk of suffering complications (although there is still a lack of equity in access).

From 2020 to now, 5,398 clinical trials have been registered on different drugs that evaluated their efficacy and safety individually or in combination with others for COVID-19.

There is a **group of experts from the World Health Organization (WHO)** that has been monitoring and reviewing the results of the studies and is updating the so-called "**living guide**" that serves as a guide for health authorities and health personnel. **They make it clear which drugs should be indicated and which ones should be avoided so as not to cause harm to patients or because they do not provide benefits to treat COVID-19.**



A guide by WHO experts makes it clear which drugs should be indicated and which interventions should be avoided to avoid harm to patients (Getty)

A few days ago, the prestigious magazine [The New England Journal of Medicine](#) also published a wake-up call for the medical sector and for patients and their families.

“In the practice of evidence-based medicine, physicians use the best currently available evidence of safety and efficacy to make decisions about treatment options for their patients. **During the COVID-19 pandemic, some of the early treatment trials were rushed, leading to studies that were poorly conducted or with insufficient numbers of patients,**” noted an editorial by Dr. Salim Abdool Karim, of the School of Public Health of the Columbia University, and Nikita Devnarain.

Although initial evidence of the efficacy of certain Covid-19 treatments could not be replicated, some drugs were already in widespread use by the time the results of more studies showing that they do not work were ready. The experts warned that “some doctors have been reluctant to switch to proven alternatives. **Ivermectin and fluvoxamine, in particular, continue to be widely prescribed, despite mounting evidence that both treatments at acceptable doses are not effective for COVID-19**”.

They also pointed out that prescribing ineffective treatments is not a neutral or harmless option. When the patient is given a drug without efficacy or safety, he is being denied the possibility of receiving adequate treatment.



The efficacy of casirivimab-imdevimab has been warned to be limited when people are exposed to the Omicron variant of the coronavirus (REUTERS/Denis Balibouse/File)

In addition, **“this prescription can cause side effects without any therapeutic benefit and a shortage of medicines for patients who need them for other diseases. Therefore, it is important to have reliable evidence of lack of efficacy and for journals to publish such studies.** It is also important that multiple rigorous randomized controlled trials be conducted to provide unequivocal evidence on the efficacy of new treatments, as experience from COVID-19 has shown,” they wrote.

Today the eleventh version of [the WHO guide](#) provides **a strong recommendation to indicate systemic corticosteroid drugs, such as dexamethasone, in seriously ill or critical patients; interleukin-6 receptor blockers (such as tocilizumab or sarilumab), in combination with corticosteroids; and baricitinib as an alternative to IL-6 receptor blockers, in combination with corticosteroids.**

The guide also issued a **conditional recommendation** for the drug **casirivimab-imdevimab** for severe or critically ill patients with seronegative status, when rapid viral genotyping is available and coronavirus infection is confirmed. Nevertheless, **The efficacy of casirivimab-imdevimab was noted to be limited when people are exposed to [Omicron variant of the coronavirus, which predominates in the world today.](#)**



For patients with COVID-19 who are not in serious condition, but are at higher risk of hospitalization, there is a strong recommendation to indicate nirmatrelvir-ritonavir (Archive)

Meanwhile, for patients with COVID-19 who **are not in serious condition** , but are at higher risk of hospitalization, **there is a strong recommendation to indicate nirmatrelvir-ritonavir (known by its trademark Paxlovid), which comes in tablets.** They block a natural substance in the body to stop the spread of the coronavirus.

Meanwhile, for this group of patients at high risk of requiring hospitalization, conditional recommendations were given to indicate the drugs **molnupiravir, sotrovimab; casirivimab-imdevimab (when rapid testing is available and infection is confirmed) and remdesivir.**

Clarified that in patients with non-severe COVID-19, systemic corticosteroids and recovered plasma should not be used. **In patients with low risk of hospitalization, nirmatrelvir-ritonavir should not be indicated. In patients with severe and critical COVID-19, convalescent plasma is not recommended.**

Ruxolitinib and tofacitinib, hydroxychloroquine, and lopinavir-ritonavir are also not recommended. **The experts gave a strong recommendation against using ivermectin, except in the context of a clinical trial. Recently, the results of clinical trials of two other drugs became available, and they were found to be useless for COVID-19. One of them is fluvoxamine, which was used to treat depression.** “We do not recommend using fluvoxamine in patients without severe disease, except in the context of a clinical trial.” They also discouraged the use of colchicine in non-critical patients.



Plasma from recovered patients turned out to have no significant effect for treating COVID-19 (REUTERS/Francois Lenoir)

One of the experts who participated in the production of the evidence-based recommendations, **Ariel Izcovich, a clinician and consultant to the Pan American Health Organization (PAHO)** , told **Infobae** : "Since the start of the pandemic, there has been a large number of interventions that were evaluated in a large number of clinical studies. **But most of the trials were poorly executed. That was a huge waste of effort. So far only a few interventions have shown efficacy.**

In addition, Dr. Izcovich commented that **many drugs were used without sufficient proof of efficacy. “For example, in Argentina, convalescent plasma and hyperimmune equine serum were prescribed to a large number of people, without solid evidence of efficacy. Plasma turned out to have no significant effect while the efficacy of equine serum remains uncertain ,”** he explained.



In severely ill patients, today, based on the evidence, steroid drugs, tocilizumab, and baricitinib are recommended (Gettyimages)

In severe patients - Izcovich pointed out - today, based on the evidence, [steroid drugs, tocilizumab, and baricitinib are recommended.](#) In mild patients, treatments with the antivirals molnupiravir, Paxlovid, and Remdesivir are recommended.

Antivirals slow progression to severe disease. “But today if people have received the vaccines, including boosters, the risk of developing a serious condition is so low that those who benefit from the drugs are very few. Therefore, you have to select them very well, because these drugs have a high cost , ”said Izcovich in the dialogue with Infobae. In the case of monoclonal drugs, their efficacy depends on the variant of the circulating virus. He remarked: “You have to evaluate the variant of the prevalent coronavirus before deciding to implement a monoclonal. They are also expensive.”