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LETTER

Profiles of Independent-Comorbidity Groups in Senior COVID-19 Patients Reveal Low Fatality Associated with Standard Care and Low-Dose Hydroxychloroquine over Antivirals [Letter]

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Dear editor

We have read the paper by Kamaleldin B Said et al on Profiles of Independent-Comorbidity Groups in Senior Covid-19 Patients Reveal Low Fatality Associated with Standard Care and Low-Dose Hydroxychloroquine over Antivirals.[1] We congratulate the authors for providing the latest information regarding the relationship between comorbid factors and the therapy given to the case-fatality rate (CFR) of Covid-19 patients. This research will give us an overview regarding the best therapeutic options that are appropriate for Covid-19 patients.

The study conducted by Kamaleldin B Said et al aims to examine the relationship between CFR in the comorbid patient group with Covid-19 after treatment with HCQ, favipiravir, and dexamethasone, both alone and in combination, and the diabetes comorbid group showed twice as many deaths compared to others, for treatment standard with Hcq alone and in combination is superior to administration of favipiravir or Dex.[1] However, several studies have shown that favipiravir has superior safety regarding toxicity in comorbid Covid-19 patients suffering from heart disease.[2] As additional information, several preclinical studies have shown that HCQ can inhibit viral replication and prevent Covid-19, but there is still a lack of evidence to support its prophylactic efficacy against SARS-CoV-2 infection.[3]

The study conducted by Kamaleldin B et al used a retrospective cross-sectional method using PCR-positive inpatient samples confirmed for SARS-CoV-2 and no other co-infection or underlying disorder other than co-morbidities,[1] but we recommend that investigators did not take samples of patients taking drugs contraindicated with HCQ, favipiravir, and dexamethasone, patients who had allergic reactions to any of the drugs used and patients who had an inability to take oral antiviral drugs such as pregnant or lactating women.[4] Some data also shows that there are no life-threatening safety issues with the use of the HCQ combination for the treatment of Covid-19 even though data from clinical trials regarding the safety of the HCQ combination treatment is well tolerated.[4]

In conclusion, we agree that there is a correlation of comorbidities in Covid-19 patients where diabetes is the highest comorbidity and the relationship with CFR is very significant,[1] but close monitoring must be carried out, especially in patients with underlying diseases such as kidney or heart disease.[3] In addition, standard therapy is recommended for the category of patients who are not severe and for groups with severe symptoms, it is recommended that antiviral combination therapy such as HCQ + ribavirin have a role in increasing clinical recovery in patients with Covid-19 and reducing the period of morbidity.[4]

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Disclosure

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