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Health & Insurance

DCs, clinical experts echo similar views in support of HCQ as COVID 19 drug with clarification of no cardiotoxicity in RA patients

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With hydroxychloroquine (HCQ) being preferred as the first line of treatment for COVID-19 patients and state drug controllers ensuring its adequate availability in the wake of rising COVID-19 cases, drug authorities and clinical experts have clarified that HCQ has been recommended in preventing cardiovascular events in patients with rheumatoid arthritis (RA) and lupus.

Patients with RA and lupus are often prone to a higher risk of heart attacks and strokes in COVID-19 scenario. “Since today HCQ is a widely prescribed drug for RA, Lupus and COVID-19 patients, Maharashtra Food and Drug Administration (FDA) is monitoring its availability which today stands at 39,60,662 HCQ tablets in the state,” according to a senior FDA official associated with the development.

Among all the drugs that have the potential to be repurposed for possible use to combat COVID-19, the most talked about is HCQ---a drug that is used in the treatment of RA and is considered better than its older version chloroquine used in the treatment of malaria and COVID-19. “HCQ is known to prevent clotting of the blood, lowers or affects the cholesterol metabolism and also has some effect on controlling blood sugar. Over the recent months, HCQ has been used as a prophylactic medicine and in the treatment of COVID-19 infections. There have been some reports of the drug causing irregular heartbeats (conduction defects) and even death. However, there is no conclusive evidence to support that the fatalities were due to the use of HCQ alone. We normally do not prescribe HCQ in patients with severe degrees of conduction defects or cardiac arrhythmias as overdose or a very high dose of the drug may cause complications,” clarified Dr K M Mahendranath, senior consultant rheumatologist, Samarpan Arthritis and Rheumatology Centre, Bengaluru.

Treatment protocols which have proved to be efficacious is the HCQ+zinc+azithromycin and omega 3 fatty acids combination, according to experts for prevention and management of COVID-19.

“As a rheumatologist practicing for nearly 40 years, I have treated over 2 lakh patients with RA. A large number of them are treated with HCQ along with other Disease Modifying Anti-Rheumatic Drugs (DMARDs). Apart from RA, HCQ is also used to treat other rheumatic diseases such as systemic lupus erythematosus or SLE (lupus) and childhood arthritis. I have used HCQ for over 2 decades with very few and mild adverse reactions in patients,” Dr Mahendranath elaborated.

The common adverse effects in patients on HCQ include itching, rashes and pigmentation (darkening of the skin in areas exposed to the sun). Very rarely, it can cause retinal toxicity affecting the vision, in which case, the medicine needs to be discontinued. However, none of the above reactions have been seen to be life-threatening.

“In rheumatic diseases, the dose of HCQ normally used is 200 mg to 400 mg, which is considered safe. The drug has much more beneficial effects on the cardiovascular system than toxicity. Millions of people have been using the drug for decades without any serious adverse events. At this time, patients should continue to take HCQ as prescribed by their doctors and should not stop the drug abruptly,” experts have suggested.

"Though WHO has shown doubts on the HCQ but medical practitioners have full faith on working of HCQ on COVID-19 patients. I totally understand that there are complications of HCQ like cardiac arrhythmia, gastrointestinal, vomiting and diarrhea among others but there are ways to neutralize these effects. These side effects can easily be overcome by omega 3 fatty acid and zinc. Omega 3 fatty acid is an anti-inflammatory drug. When coronavirus enters in the body it causes inflammation. Zinc inhibits RNA dependent polymerase enzymes. Azithromycin is the drug of choice for respiratory infection and is also anti-inflammatory. So this combination which includes HCQ+azithromycin+zinc and omega 3 fatty acid is the best combination of treatment,” suggested pharma consultant Dr Sanjay Agrawal.

Adding to this another pharmaceutical expert Anshu Yadav explained, “As zinc deficiency is frequent in older adults and patients suffering from cardiovascular disease, chronic pulmonary disease or diabetes, these drugs combined with zinc supplements can prove more effective in reducing COVID-19 morbidity and mortality than chloroquine or hydroxychloroquine individually. Therefore, these anti-malarial drugs in combination with zinc should be considered for COVID-19 clinical trials.

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