**Alert No: Date: 18th March 2020**

**Novel Coronavirus:   
Use of Anti-inflammatory Medications and ACE-I or ARBs**

The NHS England Medical Director Professor Stephen Powis has release the below statement:

There has been concern about the use of non-steroidal anti-inflammatory medications (NSAIDs) in relation to Covid-19 following a statement by the French Health Minister (a clinician) advising against the use of ibuprofen.

This statement was based on provisional information reported from French care settings which UK authorities have not seen and is, to date, unpublished. **There is no current literature on the impact of NSAIDs use in Covid-19**.

There appears to be some evidence for SARS 1 that there may be an adverse impact on pneumonia. **There is also some literature suggesting NSAIDs may increase complications from simple acute respiratory infections or slow recovery. However, the evidence is not conclusive overall.**

**There appears to be no evidence that NSAIDs increase the chance of acquiring Covid-19**. In view of the current lack of clarity the Committee of Human Medicines (an advisory body of MHRA) and NICE have been asked to review the evidence. It is therefore suggested that, in the interim, for patients, who have confirmed Covid-19 or believe they have Covid-19, that they use paracetamol in preference to NSAIDs.

**Those currently on NSAIDs for other medical reasons (e.g. arthritis) should not stop them.**

This position will be kept under constant review.

**The British Cardiovascular Society (BCS) together with the British Society for Heart Failure (BSH)** released a joint statement today with regards to the treatment of patients with ACEi or ARB in relation to COVID-19.

The statement, signed by Dr Simon Williams, Chair of the BSH and Prof Simon Ray, President of the BCS, spoke on the extent of discussion both in the press and on social media regarding *'the possibility that treatment with ACEi or ARB could predispose individuals to adverse outcomes should they become infected with COVID-19.'*

It advised that the view of the BCS and the BSH is that;

*'there is no evidence to support this assertion and that both organisations share the view of the European Society of Hypertension and the Renal Association that patients should continue treatment with ACEi and ARB unless specifically advised to stop by their medical team.'*

**Both Societies recommend that patients taking these drugs and presenting unwell with suspected or known COVID-19 infection should be assessed on an individual basis and their medication managed according to established guidance as found in** [Heart 2019;105:904-10.](https://heart.bmj.com/content/105/12/904)

**Further information:**

Renal Association UK Position statements on:

[COVID-19 and ACE Inhibitor/Angiotensin Receptor Blocker use](https://renal.org/covid-19/renal-association-uk-position-statement-covid-19-ace-inhibitorangiotensin-receptor-blocker-use)   
[For patients: novel corona virus infection and the use of blood pressure medications](https://renal.org/covid-19/renal-association-uk-position-statement-patients-novel-corona-virus-infection-use-blood-pressure-medications)

ESC Council on Hypertension (ECH)/ ESH position on:  
[Hypertension on ACE-Inhibitors and Angiotensin Receptor Blockers](https://www.escardio.org/Councils/Council-on-Hypertension-(CHT)/News/position-statement-of-the-esc-council-on-hypertension-on-ace-inhibitors-and-ang)

[Read the full BCS & BSH statement here](https://mailchi.mp/bcs/bcs-newswire-795910)