

Letters to the Editor

QUM and COVID-19 in young adults

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I read the editorial on COVID-19 and the quality use of medicines¹ with great interest and found it very balanced and rational. I liked the approach of the editorial.

I have a question – can COVID-19 treatment be left to antipyretic and other symptomatic treatment for young adults with no comorbidities and taking other precautions such as isolation? Are there any studies reported? Is experimental prescribing with hydroxychloroquine, antivirals and antibiotics absolutely necessary? In the early phase of the pandemic, many patients with mild disease might have self-treated or were medically treated as if they had flu and came out of it in 4–5 days without knowing that it was COVID. Their immune system must have worked well.

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Darren Roberts and Alexandra Bennett, the authors of the editorial, comment:

These questions are important, but the harms and benefits of these treatments for COVID-19 in this age group are poorly defined.

It is increasingly clear that the natural history of COVID-19 reflects risk factors whereby younger age and fewer comorbidities are favourable.^{1–3} For example, despite a high number of cases of adults under 50 years of age in Australia, only 7% were hospitalised and 0.03% died.⁴ In India, mortality has been reported as 0.4% in those under 40 years of age.⁵

Randomised controlled trials are needed to quantify the efficacy of antiviral treatments for reducing COVID-19 disease progression.⁶ To our knowledge there are no trials in young adults with mild disease. However, death and other adverse effects to antivirals in COVID-19 have been reported, but mostly in patients with severe disease so the observation

may be confounded by indication.⁷ Therefore, more data are required to confirm the safety and efficacy of antivirals in lower severity COVID-19. In Australia, the use of antiviral treatments outside a clinical trial is not recommended⁸ and we support this.

It seems reasonable to assume that general health advice for other mild infections, as described by Manjiri Gharat, also apply in COVID-19. We are not aware of data supporting a benefit of antipyretics in COVID-19. However, some authors have questioned their safety in COVID-19 including paracetamol-associated acute hepatitis⁹ and non-steroidal anti-inflammatory drug-associated systemic infection.¹⁰ These risks appear theoretical so are insufficient to advise against the use of antipyretics, but more data are required.

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