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By Derek Lowe



in

CARDIOVASCULAR DISEASE

The Latest Hydroxychloroquine Data, As of April 11

By Derek Lowe | 11 April, 2020

We have new data on hydroxychloroquine therapy to discuss. The numbers will not clear anything up.

First off is an abstract from the Marseilles IHU group of Dr. Didier Raoult. It presents 1061 patients treated for at least 3 days with their hydroxychloroquine/azithromycin combination, with followup of at least 9 days. It includes the statement “98% of patients cured so far” and says also “No cardiac toxicity was observed”, and also says that mortality figures were improved in these patients as compared with others receiving standard-of-care without such treatment. The other release is **a data table** on these patients (there is no full manuscript as of yet). It does not include any sort of control group, nor (as far as I can see) does it even have a comparison in it to those other patients mentioned in the abstract. Let's hold on to these thoughts as we discuss the next data.

Here is a preprint from a large multinational collaboration presenting data obtained from health care systems (claims data or electronic medical records) in Germany, Japan, Netherlands, Spain, UK, and the USA. It (1) compares the safety of hydroxychloroquine in rheumatoid arthritis patients (956, versus those patients (310,350 of them) taking another common RA drug, **sulfasalazine**, (2) compares the safety of the combination of hydroxychloroquine and azithromycin taken together (in 323,122 patients) versus the combination of hydroxychloroquine and another common antibiotic, amoxicillin (in 351,956 patients). Nothing like digging through the big health databases, is there?

The good news is that the HCQ/sulfasalazine comparison does not show any real differences in adverse events over one-month courses of treatment. I should note that sulfasalazine is not the most side-effect-free medication in the whole pharmacopeia, but it has not been associated with (for example) QT prolongation, which is one of the things you worry about with hydroxychloroquine. The paper concludes that short-term HCQ monotherapy does appear to be safe, but notes that long-term HCQ dosing is indeed tied to increased cardiovascular mortality.

The trouble comes in with the azithromycin combination. Like many antibiotics

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