COVID-19 and ACEi/ARBs

In recent days, a theoretical concern has been raised suggesting that ACE inhibitors and ARBs may increase the risk of infection and severity of COVID-19 infection by increasing cell expression of ACE2 enzyme, which is targeted by the COVID-19 virus. (1) However, clinical evidence to support this claim is lacking. At this time, both Hypertension Canada and the European Society of Cardiology recommend continuing with current blood pressure treatment regimens. (2,3)

References:

COVID-19 and NSAIDs

As anti-inflammatory agents, it has been suggested that NSAIDs may weaken immunological response. (1) Some has therefore suggested that perhaps NSAIDs may be associated with COVID-19 infections as well. However, clinical evidence is lacking. In France, authorities have advised taking acetaminophen instead of over-the-counter NSAIDs if appropriate. (2) This is consistent with the general recommended approach to try acetaminophen for fever and aches first, and then resort to NSAIDs if acetaminophen alone is inadequate or contraindicated otherwise. (3)

References:

Abbreviations: ACE = angiotensin converting enzyme, ACE2 = angiotensin converting enzyme 2, ACEi = angiotensin converting enzyme inhibitors, ARBs = angiotensin receptor blockers, COVID-19 = coronavirus disease 2019