



BASK statement on Corticosteroids and Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) in the Covid-19 crisis.

Background

The current Covid-19 crisis has raised many unique challenges. We are aware that there have been numerous messages about the safety of both intra-articular steroid injections and NSAIDs and mixed messages, with uncertainty in the community about the meaning of these.

New evidence continues to emerge about best management in Covid-19 cases and we are unable to advise on these issues. For clarity we have therefore focused these recommendations on issues of direct relevance to the work of BASK.

We will try and communicate these responsibly with our membership. Clearly this is an evolving situation and both new evidence and unsubstantiated rumours are emerging regularly, we will try and keep this updated on our website:

<https://baskonline.com/professional/>

If you would like to bring new evidence to us to consider on these pages, please email admin@baskonline.com

Corticosteroids

There have been a number of recent reports advising against the use of corticosteroids in the management of 2019-nCoV lung injury, including WHO guidance (ref WHO, Russell 2020), which is based upon evidence of poor outcomes in previous outbreaks of viral severe lung injury. This has also raised concerns about the use of corticosteroids to manage musculo-skeletal problems.

The Faculty of Pain Medicine at the Royal College of Anaesthetists has released a recent statement advising caution in the use of intra-articular corticosteroids for musculoskeletal pain.(1) Clearly there is no direct evidence in Covid-19 as yet, but there is sufficient evidence to suggest they should be used with caution, or not used at all.

Intra-articular steroids do result in systemic absorption and adrenal suppression can occur for a number of weeks after injection.(2, 3) The potential impact of this is unknown, both in people with latent viral infection or in those who become subsequently infected. An increased risk of developing influenza (RR 1.5) after intra-articular steroid injection has been observed in a single retrospective study reported in 2018, which raises concerns but could also be confounded by other, unmeasured factors (such as NSAID use, risk factors for disease etc.).(4)

There are a range of effective treatments for non-operative management of patients with osteoarthritis, many of which are lower risk given current information and evidence, and we recommend exploring alternative options, where they are available.(5)

The use of systemic corticosteroids in those with inflammatory conditions is beyond the scope of our ability to produce guidelines and needs to be discussed with rheumatologists and risk assessed at an individual level.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Concerns about the use of Non-Steroidal Anti-Inflammatory Drugs have also been raised in the current crisis. It appears this issue has been particularly raised in France, last week the French Health Minister advised against using NSAIDs for the illness. There are reports of unpublished data but this is not available as yet.

There have been multiple case reports passing through social media but many of these have been subsequently denied by hospitals involved; such messages on social media, whilst well-meaning, may not be reliable.

A message from Stephen Powis, NHS England Medical director, was released on 17th March.(6) An excerpt from this is helpful:

“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 Commission on 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.”

Our literature searches support these views.

Summary

Many patients will continue to suffer from musculoskeletal pathology during this crisis, and concerns have been raised about some of our most effective non-surgical options.

We should risk assess every patient individually, and make decisions in light of each individual risk-benefit discussion with patients; guidelines cannot cover all eventualities.

We encourage our members to follow government advice and protect both their own health and that of their patients, whilst giving the best care possible. We will continue to monitor advice and guidelines and will communicate those where we can to help your clinical practice in these challenging times.

Best wishes,

The BASK executive (22nd March 2020)

References

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