Response to: ‘Correspondence on ‘Clinical course of coronavirus disease 2019 (COVID-19) in a series of 17 patients with systemic lupus under long-term treatment with hydroxychloroquine’ by Nikpour et al

We thank Nikpour et al for their interest in our study reporting on the course of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) disease 2019 (COVID-19) in a case series of 17 patients with systemic lupus erythematosus (SLE) under long-term treatment with hydroxychloroquine (HCQ). 1 2 As mentioned in our study, we did not intend to analyse the incidence rate and the severity of COVID-19 in SLE because we are aware that our cohort most likely over-represents the most symptomatic and severe cases, resulting from a selection bias. Our conclusion was rather that patients with SLE treated with HCQ are not universally protected from COVID-19, a finding recently confirmed in another observational study in which data collected through the COVID-19 Global Rheumatology Alliance registry were analysed. 3

We agree with Nikpour et al that it is next to impossible to identify the denominator of patients with SLE treated with HCQ who are at risk of infection with SARS-CoV-2, apart from the difficulty to assign relevant control subjects, and that, for these reasons alone, one should be careful in the interpretation of the data as to the preventive effects of HCQ against SARS-CoV-2 infection.

Moreover, we also agree with Nikpour et al that the increased prevalence of comorbidities in the SLE population could lower the putative protective effect of HCQ against COVID-19 and that a protective effect of HCQ against viral infection cannot be ruled out based on the results from our observations alone.

However, there is no evidence as yet that HCQ has any preventive or curative efficacy on SARS-CoV-2 except in vitro experimental settings and in a few clinical studies marked by numerous methodological flaws. 4 5 Conversely, several recent observational studies 6–8 and a multicentre, randomised controlled trial 9 have shown that administering HCQ to patients hospitalised for COVID-19 was associated with neither a lowered nor an increased risk of death, 7 death or intubation, 8 survival without transfer to an intensive care unit, 8 alleviation of symptoms or negative conversion. 9 Together, these studies do not support the notion of a therapeutic effect of HCQ in both mild to moderate and severe forms of COVID-19. HCQ is also under investigation in several clinical trials for viral efficacy, we believe, like Favalli et al, that physical distancing and the adoption of strict rules for the prevention of contagion are the key elements of COVID-19 prophylaxis in patients with SLE, especially for those suffering from comorbidities and/or treated with immunosuppressants. 10

Alexis Mathian, Zahir Amoura
Sorbonne Université, Assistance Publique–Hôpitaux de Paris, Groupement Hospitalier Pitié–Salpêtrière, French National Referral Center for Systemic Lupus Erythematosus, Antiphospholipid Antibody Syndrome and Other Autoimmune Disorders, Service de Médecine Interne 2, Institut E3M, Inserm UMR5, Centre d’Immunologie et des Maladies Infectieuses (CIMI-Paris), Paris, France

Correspondence to Dr Alexis Mathian, Internal Medicine, University Hospital Pitié Salpêtrière, Paris 75651, France; alexis.mathian@aphp.fr

Handling editor Josef S Smolen

Contributors AM and ZA wrote the manuscript.

Funding The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

Competing interests None declared.

Patient and public involvement Patients and/or the public were not involved in the design, conduct, reporting or dissemination plans of this research.

Patient consent for publication Not required.

Provenance and peer review Commissioned; internally peer reviewed.

Acknowledgements

This article is made freely available for use in accordance with BMJ’s website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

© Author(s) (or their employer(s)) 2021. No commercial re-use. See rights and permissions. Published by BMJ.

To cite Mathian A, Amoura Z. Ann Rheum Dis 2021;80:e34.

Received 17 May 2020
Accepted 18 May 2020
Published Online First 29 May 2020

https://doi.org/10.1136/annrheumdis-2021-217827

Ann Rheum Dis 2021;80:e34. doi:10.1136/annrheumdis-2021-217875

ORCID iD Alexis Mathian http://orcid.org/0000-0002-7653-6528

REFERENCES


Correspondence response


