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HOSPITALIZATION AND MORTALITY RATE RELATED TO COVID-19 IN PATIENTS WITH RHEUMATIC DISEASES ON CHRONIC USE OF HYDROXYCHLOROQUINE: 16-WEEK PRELIMINARY DATA FROM THE MARIO PINOTTI STUDY

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BACKGROUND

Although several randomized clinical trials have demonstrated no evidence of using hydroxychloroquine (HCQ) to manage patients with coronavirus disease 2019 (COVID-19), including mild, moderate and severe forms, as well as pre- and postexposure, there are still controversies regarding to patients who use it chronically, such as those with rheumatic diseases (RD). The aim of this work was to compare the incidence of hospitalization and the mortality rate related to suggestive COVID-19 between RD patients on HCQ and their household during 16-week follow-up.

MATERIALS AND METHODS

Adult RD patients on HCQ for at least 30 days prior to baseline were compared with adult's household cohabitants (no RD and not using antimalarials). Information regarding epidemiological, clinical data, COVID-19 symptoms, and hospitalizations were collected through every other week phone calls performed by physicians and medical students. The data were recorded on a specific web-based platform. All participants who completed the last study visit (from baseline to V6; during 16 weeks) were included in this analysis. A significant p-value was set as < 0.05.

RESULTS

Considering a total of 9,589 participants included at baseline, 5,574 (58.1%) of them completed the V6, of whom 3,473 RD patients. The clinical and epidemiological characterization at baseline were presented in other submission. Symptoms

suggestive of COVID-19 were self-reported by 24.2% of RD patients and 11.9% of household cohabitants ($p < 0.01$). There was no significant difference regarding hospitalization rate between RD patients and household cohabitants who had suggestive symptoms of COVID-19 ($n = 26$ [1.9%] vs. $n = 13$ [1.5%]; $p = 0.62$, respectively). Similarly, there was no significant difference concerning death reports ($n = 1$ [0.03%] vs. $n = 5$ [0.16%], respectively). Among the RD patients, 5 (0.4%) required more than one hospitalization, while only 1 (0.1%) in the control group.

CONCLUSION

Our data showed patients with RD on HCQ had similar incidence of hospitalization and death rate when compared to the group sharing the same epidemiological pattern during the community viral transmission in Brazil.

TRIAL REGISTRATION

The project, which is currently in the data collection phase, was approved by the Brazilian Committee of Ethics in Human Research – CONEP (CAAE 30246120.3.1001.5505) and registered at the Brazilian Registry of Clinical Trials (ReBEC; number RBR – 9KTWX6).