Acta Scientific Gastrointestinal Disorders (ISSN: 2582-1091)

Volume 3 Issue 8 August 2020

Guest Editorial

Remdesivir-Gate for COVID-19

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Received: June 27, 2020

Published: July 01, 2020

On the 29th of May, I've explained from a pharmacovigilant point of view why remdesivir is least likely to be considered as a safe treatment for COVID-19 patients and I wish to add some other pieces of evidence not mentioned in that rapid response [1].

Remdesivir, an investigational nucleotide analogue, was unfortunately authorized to be tested for COVID-19 based on few laboratory experiments and reports from some compassionate use and case reports without proper analysis of its safety and efficacy [2].

A full-scale clinical trial of remdesivir used for adult patients admitted to hospital for severe COVID-19 has clearly exposed that remdesivir was stopped early because of adverse events in 18 (12%) patients versus four (5%) patients on placebo. Further, remdesivir was not associated with statistically significant clinical benefits including the time to clinical improvement (hazard ratio 1.23 [95% CI 0.87 - 1.75]). Further, neither a significant mortality difference nor a decrease in viral load over time has been reported as compared to placebo [3].

Keeping in mind that some positive results of remdesivir were doubted, heavily criticized and shown to be incorrect [4]. I totally agree with a Korean perspective that optimism for remdesivir should be avoided for the time being [5] but I wish to add it should be avoided for good soonest for the best interests of our patients.

Conflict of Interests

None.

Funding

None.

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