Abstract 541

IDENTIFICATION OF BASELINE PHARMACOLOGICAL TREATMENTS ASSOCIATED WITH COMPLICATIONS DUE TO COVID-19

Type: Abstract Submission

Topic: 1. Clinical topics / 1.9 COVID-19

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Abstract Body

Objectives: To identify previous treatments as a protective factor against complications, death and/or hospitalization due to COVID-19 .

Methods: Cross-sectional study. A total of 3856 subjects diagnosed with COVID-19 on cronic treatment were selected in both Primary Care and Hospital Care in Castilla y León, using a database from CyL Government since March 1, 2020 to June 1, 2020. Average age 63.78 years(SD 20.45); 1725(44.7%)men, 2131(55.3%)women, 2571(66.7%)positive covid test. We have registred the chronic medication before COVID-19 diagnostic and the complication of COVID disease.

Results: Of the 3856 subjects, 3357(87.1%) were diagnosed with COVID-19 dissease and 499(12.9%) with pneumonia. 1058(27.4%) were admitted to the hospital, 48(1.2%) to the ICU and 400(10.4%) died. They were taking ACEI/ARB-2(14.3%), statins(11.2%), pentoxifylline(0.5%), amlodipine(2.8%), metformin(5.2%), ASA(6.5%) and vitaminD-calcium(2.9%). We have found that consumption of ACEI/ARB-2(OR=2.10) and amlodipine(OR=1.75) maintains positive associations with income hospitable and statins(OR=0.69) or vitaminD-calcium(OR=0.61) have a negative association. For admission to the ICU, a positive association has been seen with consumption of ACEI/ARB-2(OR=1.97). Finally, consumption of pentoxifylline(OR=3.67) is associated with an increase in mortality. While consumption of ASA(OR=0.65) and vitaminD-calcium(OR=0.39) is associated with a decrease in mortality.

Conclusion: We found that hospital/UVI admissions and mortality are associated with older age, being male and having a positive diagnostic test. In addition, the risk of hospital admission increases with consumption of ACEI and amlodipine and decreases with consumption of statins and vitaminD-calcium. Admission to the ICU is associate with consumption of ACEI. Finally, mortality from COVID is associated with consumption of pentoxifylline and consumption of ASA and vitaminD-calcium is associate to lower risk.

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