

# COVID-19 Evidence Bulletin 5<sup>th</sup> November 2020

Details of new guidance and evidence relating to the response to COVID-19. Please check SaTH, NHS and Government guidance in conjunction with these resources where necessary.

## Cardiovascular Care

**Angiotensin-converting enzyme inhibitors and angiotensin-receptor blockers and the risk of COVID-19 infection or severe disease: Systematic review and meta-analysis** [Caldeira D. *IJC Heart & Vasculature*] [ACEi/ARB exposure does not seem to increase the risk of having the SARS-CoV-2 infection or developing severe stages of the disease including mortality. The potential benefits observed in mortality of hypertensive patients reassure safety, but robust studies are required to increase the confidence in the results.]

Available [here](#)

## Clinical Features

**Coronavirus disease 2019 (COVID-19): Clinical features** [evidence summary from UpToDate]

Available [here](#). Last updated 28<sup>th</sup> October

## Convalescent Plasma

**Convalescent plasma in the management of moderate covid-19 in adults in India: open label phase II multicentre randomised controlled trial (PLACID Trial)** [Agarwal A. *BMJ*]

[Convalescent plasma was not associated with a reduction in progression to severe covid-19 or all cause mortality. This trial has high generalisability and approximates convalescent plasma use in real life settings with limited laboratory capacity. A priori measurement of neutralising antibody titres in donors and participants might further clarify the role of convalescent plasma in the management of covid-19.]

Available [here](#)

## Cystic Fibrosis

**COVID-19 rapid guideline: cystic fibrosis** [NICE].

[The purpose of this guideline is to maximise the safety of patients with cystic fibrosis and make the best use of NHS resources, while protecting staff from infection. On 7 October 2020, NICE withdrew our recommendations on reducing or deprioritising cystic fibrosis registry data entry, limiting transplant services and deferring transition to adult services because these emergency measures are no longer needed.]

Available [here](#)

## Diagnosis

**Coronavirus disease 2019 (COVID-19): Diagnosis** [evidence summary from UpToDate]  
Available [here](#). Last updated 30<sup>th</sup> October.

## Drug Therapy

**Anticoagulation outcomes in hospitalized Covid-19 patients: A systematic review and meta-analysis of case-control and cohort studies** [Kamel AM. *Reviews in Medical Virology*]

[Findings support the association of AC with mortality in Covid-19 patients. The results, synthesized from mostly low-quality studies, show that prophylactic and therapeutic AC might reduce mortality in Covid-19 patients. Findings suggest that therapeutic doses might be associated with better survival compared to prophylactic doses.]

Available [here](#)

**Cytokine elevation in severe and critical COVID-19: a rapid systematic review, meta-analysis, and comparison with other inflammatory syndromes** [Leisman DE. *The Lancet Respiratory Medicine*]

[The description of a so-called cytokine storm in patients with COVID-19 has prompted consideration of anti-cytokine therapies, particularly interleukin-6 antagonists. However, direct systematic comparisons of COVID-19 with other critical illnesses associated with elevated cytokine concentrations have not been reported. Our findings question the role of a cytokine storm in COVID-19-induced organ dysfunction.]

Available [here](#)

**Efficacy of Tocilizumab in Patients Hospitalized with Covid-19** [Stone, JH. *New England Journal of Medicine*]

[Tocilizumab was not effective for preventing intubation or death in moderately ill hospitalized patients with Covid-19. Some benefit or harm cannot be ruled out, however, because the confidence intervals for efficacy comparisons were wide.]

Available [here](#)

**Remdesivir for Adults With COVID-19 : A Living Systematic Review for an American College of Physicians Practice Points** [Wilt TJ. *Annals of Internal Medicine*]

[In hospitalized adults with COVID-19, remdesivir probably improves recovery and reduces serious adverse events and may reduce mortality and time to clinical improvement. For adults not receiving mechanical ventilation or extracorporeal membrane oxygenation, a 5-day course of remdesivir may provide similar benefits to and fewer harms than a 10-day course.]

Available [here](#)

**Are the steroids a blanket solution for COVID-19? A systematic review and meta-analysis** [Sarkar S. *Journal of Medical Virology*]

[Review (12 studies, n=15,754) states, in spite of some potential promising benefits, steroid therapy does not seem to reduce risk of mortality, duration of hospital stays or the period of viral shedding; and further studies are needed to confirm impact of steroids in COVID-19.]

Available [here](#)

## **Chloroquine and Hydroxychloroquine for the Treatment of COVID-19: a Systematic Review and Meta-analysis** [Elavarasi A. *Journal of General Internal Medicine*]

[The available evidence suggests that CQ or HCQ does not improve clinical outcomes in COVID-19. Well-designed randomized trials are required for assessing the efficacy and safety of HCQ and CQ for COVID-19.]

Available [here](#)

## **Intensive and Critical Care**

### **Clinical guide for the management of critical care for adults with COVID-19 during the Coronavirus pandemic** [ICM Anaesthesia COVID-19]

[This clinical guidance provides contemporary information for practising clinicians caring for critically ill adult patients with COVID-19. Whilst many of these patients will be cared for on intensive care units, some patients receiving continuous positive airways pressure (CPAP) and/or non-invasive ventilation (NIV) may be cared for on specialist respiratory wards. Version 4 updates the previous FICM and ICS guideline published in June 2020.]

Available [here](#). Last updated 28<sup>th</sup> October.

## **Neurology**

### **Brain and nerve complications are more common than expected in younger patients with severe COVID-19** [NIHR Evidence]

[NIHR Alert. People aged under 60 who are hospitalised with COVID-19 are more likely than expected to experience severe psychiatric symptoms. Research found that altered mental states such as psychosis are being reported in these younger patients. It confirmed that strokes and other neurological symptoms are common in severe COVID-19.]

Available [here](#)

## **Obstetrics and Gynaecology**

### **Advice for pregnant members of the anaesthesia and intensive care workforce during the COVID-19 pandemic** [Royal College of Obstetricians and Gynaecologists]

Available [here](#)

## **Occupational Therapy**

### **The impact of the COVID-19 pandemic on occupational therapy in the United Kingdom: Survey report.**

[Royal College of Occupational Therapists]

[98% of participants shared that the pandemic impacted their role, responsibilities and duties with a third redeployed to a different team. 60% were providing an alternative method of occupational therapy service delivery, such as remote delivery. The survey responses revealed that the impact of COVID-19 on occupational therapy has been profound and varied.]

Available [here](#)

## Prognosis

**A meta-analysis of SARS-CoV-2 patients identifies the combinatorial significance of D-dimer, C-reactive protein, lymphocyte, and neutrophil values as a predictor of disease severity** [Singh K. *International Journal of Laboratory Hematology*]

[Using the generated equations, the outcomes of COVID-19 patients can be predicted using commonly obtained clinical laboratory data. These predictive equations may inform future studies evaluating the long-term follow-up of COVID-19 patients.]

Available [here](#)

**Living risk prediction algorithm (QCOVID) for risk of hospital admission and mortality from coronavirus 19 in adults: national derivation and validation cohort study** [Clift AK. *BMJ*].

[The QCOVID population based risk algorithm performed well, showing very high levels of discrimination for deaths and hospital admissions due to covid-19. Absolute risks presented will change over time in line with the prevailing SARS-COV-2 infection rate and the extent of social distancing measures in place, so should be interpreted with caution. The model can be recalibrated for different time periods and has the potential to be dynamically updated as the pandemic evolves.]

Available [here](#)

## Service Transformation

**How can we learn from changes in practice under COVID-19? A guide for health and care teams to learn from innovations during the pandemic** [Analytical Collaboration for Covid-19]

[This guide has been developed to help health and social care teams and their leaders learn from service changes put in place or accelerated during the COVID-19 response. Includes useful tools and resources eg learning frameworks, knowledge mobilisation, sharing learning, evaluation.]

Available [here](#)

**Spotlight on: Digital transformation in response to COVID-19** [NHS Providers]

[As part of wider efforts responding to the coronavirus pandemic, NHS trusts have accelerated the adoption of digital across health and care services. The impact of these changes is clear: new, digital ways of working have allowed staff to continue the delivery of safe, effective and timely care during the crisis. This briefing showcases some of these innovations in the acute, specialist, mental health, ambulance and community sectors]

Available [here](#)

**Covid-19 reponse: Innovative solutions for the future of the NHS** [NHS Innovation Accelerator]

[The NHS Innovation Accelerator supports evidence-based, high impact innovations that meet the current pressing needs of the health and social care system, such as those laid out in Simon Stevens' third COVID-19 response letter. Themes include Digital transformation, Health inequalities & prevention, Managing the backlog, Mental health, Reducing hospital admissions, Self-management, Virtual care, and Workforce support]

Available [here](#)

## Urology

**A framework for re-establishing and developing urology services in the COVID-19 era** [Getting it Right First Time]

[Getting It Right First Time (GIRFT) has published a framework document, aimed at clinicians and managers in NHS trusts, describing the scope of work needed to build high quality and robust urology services for the COVID-19 era.]

Available [here](#)

## KnowledgeShare Evidence Alerts

KnowledgeShare contains many updates on COVID-19 that can be accessed from the [KnowledgeShare website](#) without a password. If you'd like to receive these by email (along with updates on any other topics of interest) please complete the [form](#).

## About this bulletin

The COVID-19 Evidence Bulletin is prepared by Shrewsbury and Telford Health Libraries. Links to the full-text of items listed is provided where available, but if you need copies of any items where no full-text is available, please request them the [Article Request](#) form. Some items require an [NHS OpenAthens](#) account.

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