

Comments on “Preventive home therapy for symptomatic patients affected by COVID-19 and followed by teleconsultations” by D’Amato *et al.*

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Dear Editor,

We have read with interest the letter from D'Amato *et al.* entitled "Preventive home therapy for symptomatic patients affected by COVID-19 and followed by teleconsultations" [1], that aimed to demonstrate the usefulness of early use of prednisone and low molecular weight heparin (LMWH), in all patients with domiciliary SARS-CoV-2 infection, as a therapeutic strategy to reduce the risk of hospital admission. We are honestly surprised to read in your journal that you have accepted for publication such findings from a study that uses a therapeutic strategy which has not been approved by regulatory organisms and reports no evidence of approval from any local Ethical Committee. Indeed, these data refer to quarantined patients with mild symptoms with no indication to hospital admission by definition. To be more specific, none of the patients received neither physical medical examination, nor underwent any radiological confirmation of a possible disease progression with lung involvement. Finally, methodological weakness in study design (lack of control group with patients treated with symptomatic drugs only) precludes any firm conclusion among that we have read through the manuscript.

The letter content was echoed by a regional newspaper [2] and, as expected, immediately raised confusion and misunderstanding in the general public, mainly deriving from the discrepancies between what authors stated and what the medical communities advise nationwide. In fact, medical community (General Practitioners and even more specialists) are all following statements/guidelines that suggest the use of steroids only in patients with evidence of pneumonia with respiratory insufficiency [3-7], and LMWH in bed-bound patients with significant cardiovascular and metabolic comorbidities [8-12].

This also implicitly asserts the absolute need of a careful objective clinical evaluation to prevent any potentially dangerous misuse or overuse of medications.

We believe that in the pandemic era with several sources with misleading information, a scientific journal should not agree in helping confusion.

We hope that authors would be able to specify their beliefs to eventually favor a better understanding by the non-specialized press and social media.

References

1. D'Amato G, Acanfora L, Delli Paoli L, D'Amato M. Preventive home therapy for symptomatic patients affected by COVID-19 and followed by teleconsultations. *Multidisc Respir Med* 2021;16:748.
2. Pirro M. Covid, svolta con la terapia napoletana: «Medicinali subito e nessun decesso». Available from: https://www.ilmattino.it/primopiano/sanita/coronavirus_terapia_napoletana-5726333.html
3. Horby P, Lim WS, Emberson JR, et al. Dexamethasone in hospitalized patients with Covid-19 - Preliminary report. *Epub* 2020 Jul 17. *N Engl J Med* 2021;384:693-704.
4. Yang Z, Liu J, Zhou Y, et al. The effect of corticosteroid treatment on patients with coronavirus infection: a systematic review and meta-analysis. *J Infect* 2020;81:e13-e20.
5. Li H, Chen C, Hu F, et al. Impact of corticosteroid therapy on outcomes of persons with SARS-CoV-2, SARS-CoV, or MERS-CoV infection: a systematic review and meta-analysis. *Leukemia* 2020;34:1503-11.
6. Monedero P, Gea A, Castro P, Candela-Toha AM, Hernández-Sanz ML, Arruti E, et al. Early corticosteroids are associated with lower mortality in critically ill patients with COVID-19: a cohort study. *Crit Care* 2021;25:2.
7. Theoharides TC, Conti P. Dexamethasone for COVID-19? Not so fast. *J Biol Regul Homeost Agents* 2020;34:1241-3.
8. Khider L, Soudet S, Laneelle D, et al. Proposal of the French Society of Vascular Medicine for the prevention, diagnosis and treatment of venous thromboembolic disease in outpatients with COVID-19. *J Med Vasc* 2020;45:210-3.
9. Abdel-Maboud M, Menshawy A, Elgebaly A, Bahbah EI, El Ashal G, Negida A. Should we consider heparin prophylaxis in COVID-19 patients? a systematic review and meta-analysis. *J Thromb Thrombolysis* 2020. Online Ahead of Print.
10. National Institutes of Health. COVID-19 Treatment Guidelines. Antithrombotic Therapy in Patients with COVID-19. Last Updated: December 17, 2020. Available from: <https://www.covid19treatmentguidelines.nih.gov/adjunctive-therapy/antithrombotic-therapy/>
11. Bikdeli B, Madhavan MV, Jimenez D, Chuich T, Dreyfus I, Driggin E, et al. COVID-19 and thrombotic or thromboembolic disease: Implications for prevention, antithrombotic therapy, and follow-up: JACC state-of-the-art review. *J Am Coll Cardiol* 2020;75:2950-73.
12. Italian Medicines Agency (AIFA). Low molecular weight heparins in the treatment of adult patients with COVID-19. Update: 24 November 2020. Available from: https://www.aifa.gov.it/documents/20142/1267737/Low-molecular-weight-heparins_EN_24.11.2020.pdf/fc92d837-e27a-17af-18db-9a8635fb19d5

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