More advice on the use of ibuprofen for COVID-19


Key learning points
- The UK Commission on Human Medicines (CHM) has reviewed the safety of using ibuprofen in people with COVID-19.
- The CHM found insufficient evidence to establish a link between use of ibuprofen and worsening of COVID-19.
- The CHM has advised that patients can take paracetamol or ibuprofen for symptoms of COVID-19.

The UK Commission on Human Medicines has concluded that there is insufficient evidence to establish a link between use of ibuprofen, or other NSAIDs, and susceptibility to contracting COVID-19 or the worsening of its symptoms.¹

Safety alert details
In March, the Medical Director for NHS England recommended that patients who have confirmed COVID-19 or believe that they have COVID-19 should use paracetamol in preference to NSAIDs for relief of symptoms caused by the disease.² Given concerns over the lack of clarity over the effect of ibuprofen in people with COVID-19, the CHM (an advisory body of Medicines and Healthcare products Regulatory Agency [MHRA]) was asked to review the evidence. The CHM’s Expert Working Group on COVID-19 concluded that there is currently insufficient evidence to establish a link between use of ibuprofen, or other NSAIDs, and contracting or worsening of COVID-19.³ A joint letter issued by the MHRA, NHS England and NHS Improvement, and the National Institute for Health and Care Excellence (NICE) has advised that patients can take paracetamol or ibuprofen when self-medicating for symptoms of COVID-19 such as fever and headache.⁴ The letter notes that, when prescribing ibuprofen, healthcare professionals should take into account an individual’s risk factors (eg, history of cardiovascular and gastrointestinal disease and renal impairment) and that the lowest effective dose of ibuprofen should be used for the shortest duration necessary to control symptoms.

Context
The advice from the CHM follows a statement issued by the European Medicines Agency in March, which noted that there is currently no scientific evidence establishing a link between ibuprofen and worsening of COVID-19.⁵ A NICE rapid review found no evidence to determine if there is increased risk of developing COVID-19 due to acute use of NSAIDs, or if acute use of NSAIDs can lead to an increased risk of developing more severe symptoms of COVID-19.⁶ NICE concluded that policy decisions on whether to use NSAIDs for treating symptoms of COVID-19 will need to take into account data extrapolated from studies involving the use of NSAIDs for other acute respiratory tract infections, together with pharmacoepidemiological studies. NHS England’s policy statement on the use of NSAIDs in people with, or at risk of, COVID-19 states that although anti-inflammatory effects of NSAIDs reduce acute symptoms (such as fever), they may either have no effect on, or worsen, long-term outcomes, possibly by masking symptoms of worsening acute respiratory tract infection.⁷ It concluded that “all treatment options should be considered and selected based on the greatest benefit compared with potential harms.” There is still no clear evidence that acute use of ibuprofen to treat symptoms suggestive of COVID-19 increases the risk of developing the disease or worsens the severity of the disease. However, if treatment for symptoms of coronavirus is required, paracetamol is likely to be a safer choice for most people as it has fewer adverse effects than ibuprofen.⁸

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