

Category : **Infections + antimicrobials**

A245 - Impact of remdesivir in covid-19 patients under non-invasive ventilation in an intermediate care unit

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Introduction:

Covid-19 has generated enormous difficulties globally due to the high number of critically ill patients and uncertainty of the best therapeutic approach, even after 18 months of pandemic and multiple clinical trials. The antiviral remdesivir (RDV) has shown to reduce time to clinical recovery and, in a subgroup with low flow O₂ at time of drug initiation, to reduce mortality by 70% (ACTT-1). Subsequent open-label RCT, Solidarity and Discovery, didn't confirm these findings. In our unit, a strict protocol was used, including a 5-day cycle of 20 mg dexamethasone and start of HFNC/CPAP when increased work of breathing became noticeable, along with prolonged periods of awake prone position. The use of RDV was a point of significant variability, allowing us to compare outcomes. We describe our unit's experience and RDV impact on patients under non-invasive ventilation (NIV).

Methods:

Descriptive retrospective study. Data were collected from 202 Covid-19 patients under NIV at our intermediate care unit between September/2020 and March/2021, through medical records in the electronic clinical file. Categorical data are presented as frequency (percentage) and were compared using χ^2 -test. Continuous variables were compared using Mann-Whitney U test. Statistical significance was set at $p < 0.05$.

Results:

Each group consisted of 101 patients, with the group not submitted to RDV being slightly older (mean age 70.5 vs 63 years), more frail (mean CFS 3.5 vs 2.8) and with higher mean SOFA at admission (4.0 vs 3.2). The RDV group had a lower mortality rate (20.8 vs 52.5%; $p < 0.001$), less NIV failure (20.8 vs 50.5%; $p < 0.001$), shorter duration of ventilation in survivors (7.0 vs 8.5 days; $p = 0.036$) and less need for Intensive Care admission (14.9 vs 23.8%), with favorable impact on mortality (26.6 vs 50%) in this subgroup.

Conclusion:

In our cohort of patients under NIV, RDV use was associated with lower mortality, less need for IMV and shorter duration of ventilation.