

SESIÓN BIBLIOGRÁFICA

21 DE FEBRERO DE 2020

Annals of Internal Medicine

ORIGINAL RESEARCH

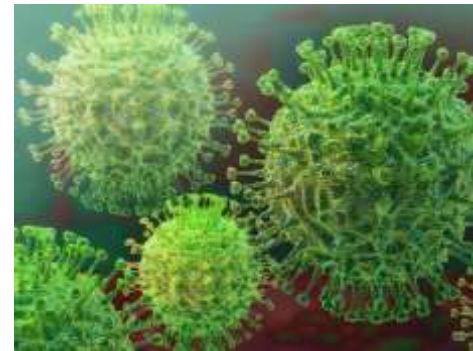
Assessing the Risk for Gout With Sodium-Glucose Cotransporter-2
Inhibitors in Patients With Type 2 Diabetes

Annals of Internal Medicine

ORIGINAL RESEARCH

Rivaroxaban Versus Vitamin K Antagonist in Antiphospholipid
Syndrome

Cristina Ferrero Sanz
Adjunto de Medicina Interna
CAULE



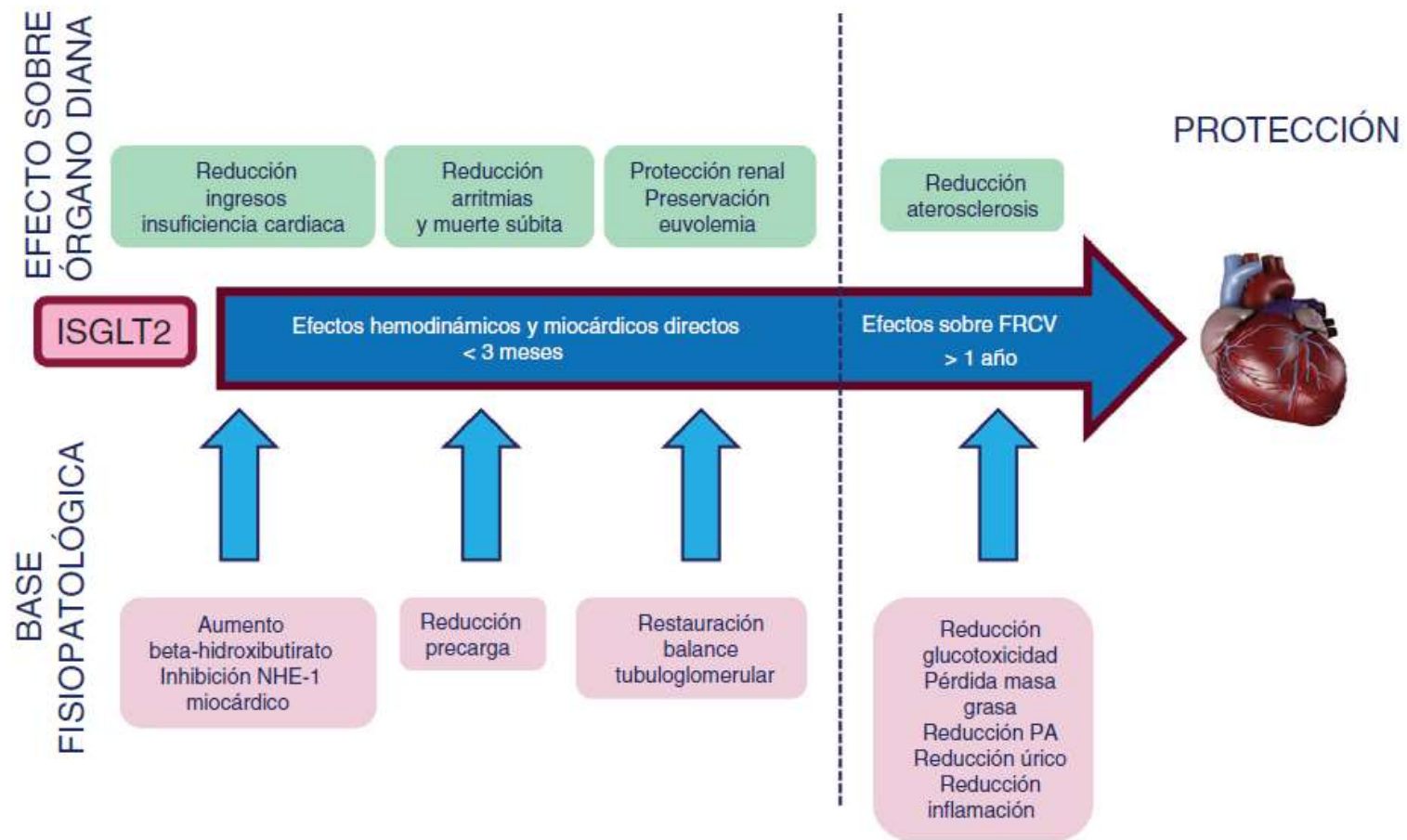
Annals of Internal Medicine

ORIGINAL RESEARCH

Assessing the Risk for Gout With Sodium-Glucose Cotransporter-2 Inhibitors in Patients With Type 2 Diabetes

A Population-Based Cohort Study

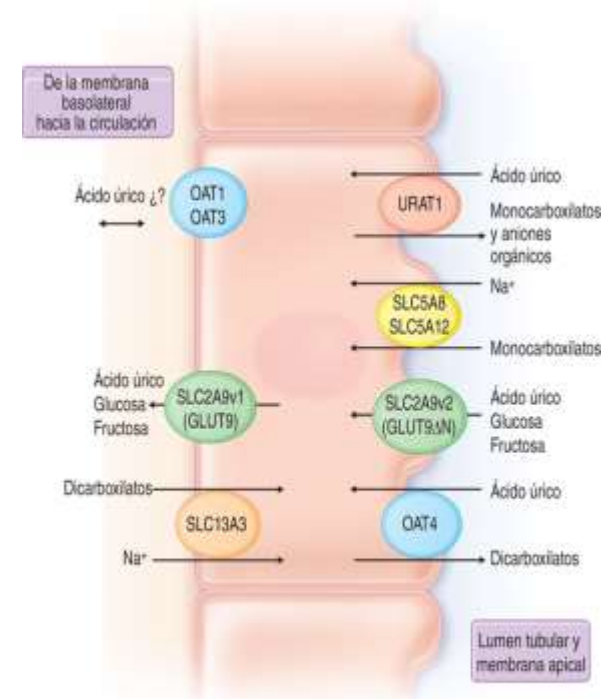
Michael Fralick, MD, PhD, SM; Sarah K. Chen, MD, MPH; Elisabetta Patorno, MD, DrPH; and Seouyoung C. Kim, MD, ScD, MSCE



Hipertens Riesgo Vasc. 2019;36(3):145---161

INTRODUCCIÓN

- Pacientes con gota: riesgo de un 30% mayor de desarrollar enfermedad cardiovascular y aumenta la tasa de mortalidad por todas las causas.
- Alopurinol y Febuxostat disminuyen el riesgo de crisis gotosa → nuevos fármacos.
- Inhibidores de SGLT2 inducen glucosuria y reducen la uricemia.
- Su efecto sobre la reducción del riesgo de gota es desconocido.



Fuente: Dennis L. Kasper, Anthony S. Fauci, Stephen L. Hauser, Dan L. Longo, J. Larry Jameson, Joseph Loscalzo: Harrison. Principios de Medicina Interna, 19e: www.accessmedicine.com. Derechos © McGraw-Hill Education. Derechos Reservados.

MATERIAL Y MÉTODOS

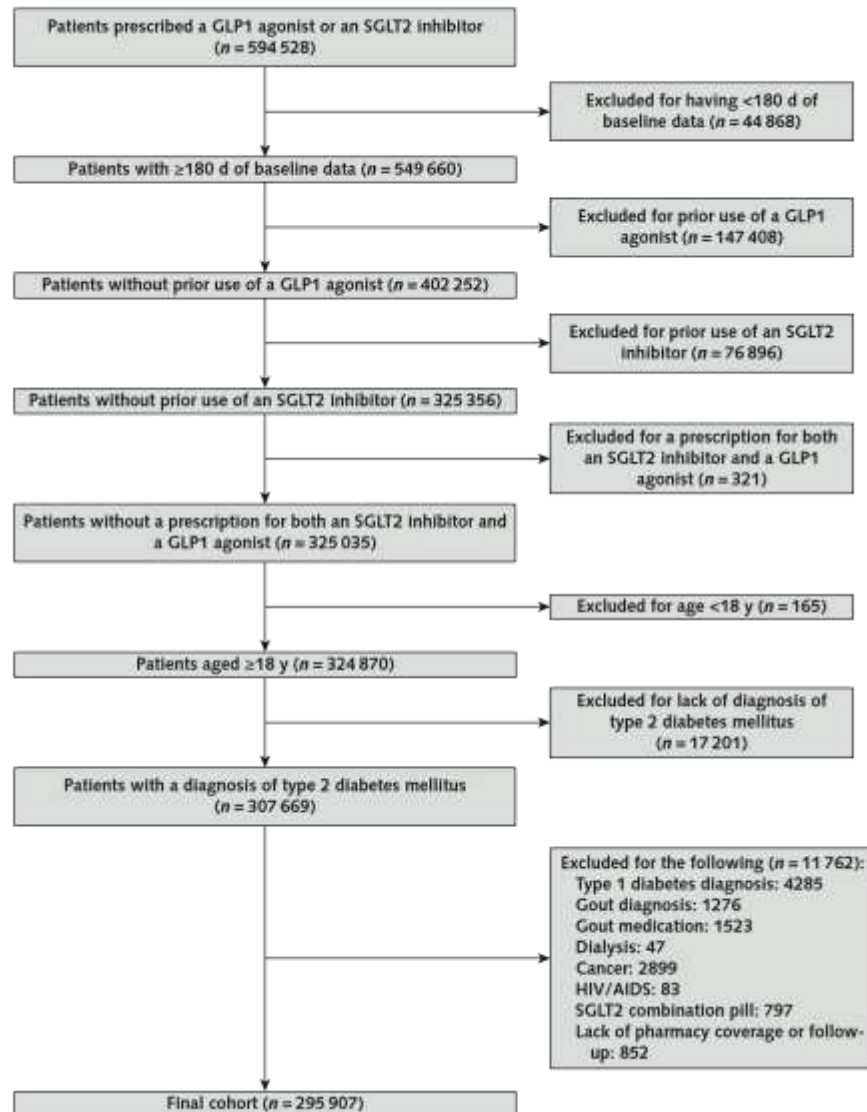
- Estudio de cohorte observacional prospectivo
- OBJETIVO PRIMARIO: Comparación del riesgo de gota entre adultos con DM2 en tratamiento con iSGLT2 y agonistas GLP1.
- Base de datos: IBM MarketScan.
- Criterios de inclusión:
 - Pacientes con DM2 con nueva prescripción de iSGLT2 y agonistas GLP1 entre 29 de marzo de 2013 y 31 de diciembre de 2017.
- Criterios de exclusión:
 - VIH
 - ERC terminal
 - Cáncer
 - DM tipo 1
 - Gota
 - Tratamiento antigotoso
 - Falta de cobertura terapéutica

Figure 1. Cohort entry.

MATERIAL Y MÉTODOS

≥ 18 años: 324.870

Cohorte final: 295.907



Gout medications include allopurinol, febuxostat, pegloticase, probenecid, and colchicine. GLP1 = glucagon-like peptide-1; SGLT2 = sodium-

MATERIAL Y MÉTODOS

COVARIABLES:

- Comorbilidades
- Grado de severidad de la diabetes (HbA1c y lesión de órgano diana)
- Factores de riesgo de gota (ERC y uso de diuréticos)
- Hospitalización, consultas o visita a urgencias reciente
- Tratamiento antidiabético
- Otros tratamientos crónicos

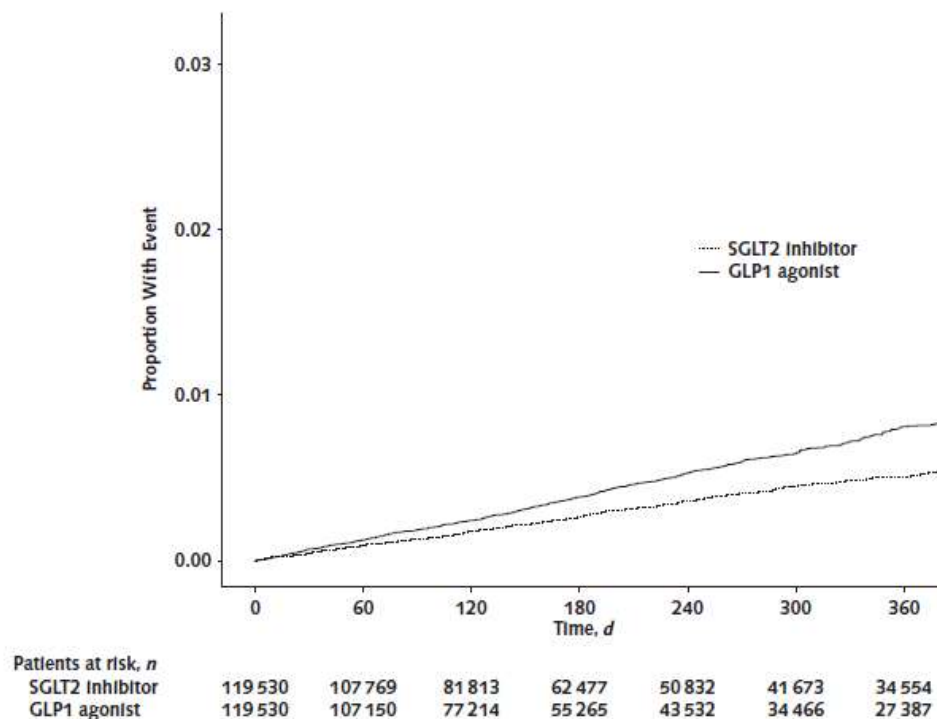
RESULTADOS

Table 1. Baseline Characteristics Before and After 1:1 Propensity Score Matching

Characteristic	Before Matching			After Matching		
	GLP1 Agonist	SGLT2 Inhibitor	Standardized Difference*	GLP1 Agonist	SGLT2 Inhibitor	Standardized Difference*
Patients, n	Mujeres	151 949	–	119 530	119 530	–
Female, n (%)		68 331 (45.0)	0.21	Mujeres 52% Edad media 54 años HbA1c 8.6% Creat basal 0.89 mg/dl		0.01
Mean age (SD), y		54.04 (10.29)	0.058			0.002
Mean hemoglobin A _{1c} level (SD), %†		8.6 (1.9)	0.038			0.048
Mean creatinine level (SD), mg/dL‡		0.91 (0.29)	0.063			0.088
Comorbid conditions, n (%)						
Diabetic retinopathy	6917 (4.8)	6667 (4.4)	0.02	5437 (4.5)	5309 (4.4)	0.005
Diabetic neuropathy	17 937 (12.5)	16 060 (10.6)	0.059	13 674 (11.4)	13 602 (11.4)	0.002
Diabetic nephropathy	9501 (6.6)	6751 (4.4)	0.095	6190 (5.2)	6024 (5.0)	0.006
Cerebral vascular disease	1885 (1.3)	1763 (1.2)	0.014	1473 (1.2)	1440 (1.2)	0.003
Coronary artery disease	13 886 (9.6)	14 234 (9.4)	0.009	11 092 (9.3)	11 077 (9.3)	0
Hypertension	96 972 (67.4)	104 368 (68.7)	0.028	80 946 (67.7)	80 862 (67.6)	0.002
Dyslipidemia	94 285 (65.5)	104 955 (69.1)	0.076	80 005 (66.9)	79 826 (66.8)	0.003
Smoking	6837 (4.7)	7164 (4.7)	0.002	2/3 HTA		0
Heart failure	3672 (2.6)	2903 (1.9)	0.043			0.004
Obstructive sleep apnea		15 324 (10.1)	0.117	14 194 (11.9)	13 979 (11.7)	0.006
Obesity or overweight	Obesidad ERC	35 052 (23.1)	0.16	31 609 (26.4)	31 579 (26.4)	0.001
Chronic kidney disease		1743 (1.1)	0.137	1961 (1.6)	1732 (1.4)	0.016
Diabetes medications, n (%)						
Metformin	92 918 (64.5)	iDPP4	0.086	75 495 (63.2)	75 900 (63.5)	0.007
Sulfonylurea	43 982 (30.6)		0.063	37 926 (31.7)	38 062 (31.8)	0.002
DPP4 inhibitor		31 776 (20.9)	0.148	25% Insulina		0.002
Insulin	Insulina	31 980 (21.0)	0.211			0.003
Other medications, n (%)						
Statin	84 283 (58.5)	91 302 (60.1)	0.031	70 436 (58.9)	70 350 (58.9)	0.001
Diuretic	28 170 (19.6)	23 017 (15.1)	0.117	20 509 (17.2)	20 455 (17.1)	0.001
Oral steroid	15 453 (10.7)	14 283 (9.4)	0.044	12 012 (10.0)	12 053 (10.1)	0.001
Anti-inflammatory medication§	28 291 (19.7)	28 078 (18.5)	0.03	22 967 (19.2)	22 988 (19.2)	0
Health care use, n (%)						
Endocrinologist visit	32 205 (22.4)	Menor control EyN	0.149	22 690 (19.0)	22 636 (18.9)	0.001
General practitioner visit	119 821 (83.2)		0.032	100 022 (83.7)	99 961 (83.6)	0.001
Emergency department visit	20 127 (14.0)		0.066	15 382 (12.9)	15 388 (12.9)	0
Colonoscopy	6195 (4.3)	6576 (4.3)	0.001	5158 (4.3)	5176 (4.3)	0.001
Pneumococcal vaccination	4746 (3.3)	4511 (3.0)	0.019	3749 (3.1)	3730 (3.1)	0.001

RESULTADOS

Figure 2. Kaplan-Meier curve for propensity score-matched rate of gout.



GLP1 = glucagon-like peptide-1; SGLT2 = sodium-glucose cotransporter-2.

RESULTADOS

Table 2. Gout Rates Before and After 1:1 Propensity Score Matching

Value	Before Matching		After Matching	
	GLP1 Agonist	SGLT2 Inhibitor	GLP1 Agonist	SGLT2 Inhibitor
Patients, <i>n</i>	143 958	151 949	119 530	119 530
Person-years, <i>n</i>	102 142	128 818	85 646	98 924
Events, <i>n</i>	836	636	665	486
Rate per 1000 person-years	8.18	4.94	7.76	4.91
Rate difference per 1000 person-years (95% CI)	Reference	-3.25 (-3.92 to -2.57)	Reference	-2.85 (-3.59 to -2.12)
HR (95% CI)	Reference	0.61 (0.55 to 0.67)	Reference	0.64 (0.57 to 0.72)

	Sensitivity analysis using a DPP4 inhibitor as the comparator			
	DPP4 Inhibitor	SGLT2 Inhibitor	DPP4 Inhibitor	SGLT2 Inhibitor
Patients, <i>n</i>	175 823	128 242	97 442	97 442
Person-years, <i>n</i>	142 676	109 269	75 264	80 901
Events, <i>n</i>	1413	557	608	433
Rate per 1000 person-years	9.90	5.10	8.08	5.35
Rate difference per 1000 person-years (95% CI)	Reference	-4.81 (-5.47 to -4.14)	Reference	-2.73 (-3.54 to -1.91)
HR (95% CI)	Reference	0.52 (0.47 to 0.57)	Reference	0.66 (0.58 to 0.75)

DPP4 = dipeptidyl peptidase-4; GLP1 = glucagon-like peptide-1; HR = hazard ratio; SGLT2 = sodium-glucose cotransporter-2.

HOSPITALIZACIONES POR IC:

iSGLT2 → **169** (1.7/1000 personas-año)

Vs

agonistas GLP1 → **231** (2.7/1000 personas-año)

CONCLUSIONES

1. Menor tasa de incidencia de gota en los pacientes tratados de inicio con iSGLT2 en comparación con aquellos con agonistas GLP1.
2. Resultados similares al comparar los iSGLT2 con iDPP4.
3. RRR del 40% y RAB 3/1000 personas-año.

LIMITACIONES

- Pacientes incluidos con edad media baja
- Excluye pacientes con hiperuricemia/gota
- Desconocemos niveles basales de ácido úrico
- El mecanismo de acción uricosúrico aún no establecido
- No datos sobre FR de gota: alcohol, IMC, dieta rica en purinas
- Función renal normal
- El seguimiento fue mayor en aquellos con iSGLT2
- Efectos secundarios de los iSGLT2
- Coste iSGLT2

Annals of Internal Medicine

ORIGINAL RESEARCH

Rivaroxaban Versus Vitamin K Antagonist in Antiphospholipid Syndrome

A Randomized Noninferiority Trial

Josep Ordi-Ros, MD, PhD; Luis Sáez-Comet, MD, PhD; Mercedes Pérez-Conesa, MD; Xavier Vidal, MD, PhD; Antoni Riera-Mestre, MD, PhD; Antoni Castro-Salomó, MD, PhD; Jordi Cuquet-Pedragosa, MD; Vera Ortiz-Santamaria, MD; Montserrat Mauri-Plana, MD, PhD; Cristina Solé, PhD; and Josefina Cortés-Hernández, MD, PhD

INTRODUCCIÓN

Antagonistas de vitamina K: de elección en la prevención secundaria de trombosis

Riesgo anual de trombosis recurrente 2-5%

Ensayo de no inferioridad Rivaroxaban Vs antagonistas de vitamina K

MATERIAL Y MÉTODOS

- Ensayo clínico de no inferioridad fase III, multicéntrico, randomizado, abierto.
- 6 hospitales universitarios españoles.
- Reclutamiento de pacientes: de marzo de 2013 a diciembre de 2014.
- Fin seguimiento: diciembre de 2017.
- Coordinación y análisis de los datos en Hospital Vall d'Hebron.

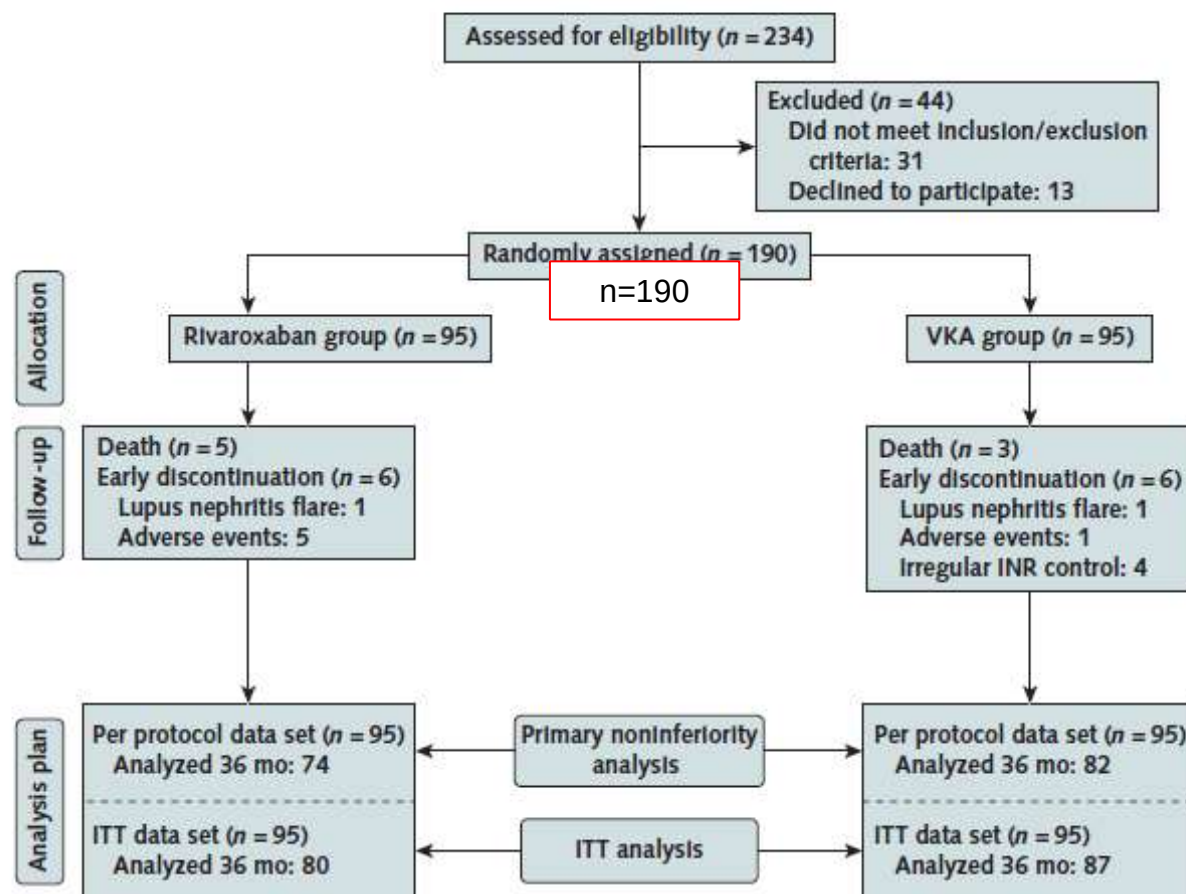
MATERIAL Y MÉTODOS

CRITERIOS DE INCLUSIÓN	CRITERIOS DE EXCLUSIÓN
- Tromboembolismo venoso o arterial + - Anticuerpos antifosfolípido positivos en dos determinaciones separadas en al menos tres meses	- Diátesis hemorrágica (<50.000plq) - HIC, ictus, sangrado GI en los últimos 3 meses - Embarazo ó lactancia FG<30ml/min - Cirrosis hepatica Child–Pugh clase B or C - Falta de adherencia a warfarina - Inductores citocromo P450

	OJETIVOS EFICACIA	OBJETIVOS SEGURIDAD
PRIMARIO	Eventos trombóticos	Episodio de sangrado mayor
SECUNDARIO	Tiempo hasta el evento trombótico Tipo de trombosis Muertes cardiovasculares Biomarcadores (dímero D, FVW...)	Otros efectos adversos Sangrados menores

RESULTADOS

Figure 1. Study flow diagram.



INR = international normalized ratio; ITT = intention-to-treat; VKA = vitamin K antagonist.

RESULTADOS

Table 1. Characteristics of the Study Sample at Baseline

Characteristic	Rivaroxaban Group (n = 95)	VKA Group (n = 95)
Female sex, n (%)	61 (64.2)	60 (63.2)
Median age (IQR), y	47 (40-55)	51 (38-63)
Mean BMI (SD), kg/m²	28 (5.1)	29 (6.0)
Median duration of APS (IQR), y	7 (4-15)	6 (4-12)
APS category, n (%)		
Primary	64 (67.4)	68 (71.6)
Secondary	31 (32.6)	27 (28.4)
Clinical criteria for initial anticoagulation, n (%)		
Venous thrombosis	69 (72.6)	70 (73.7)
Arterial thrombosis	37 (38.9)	34 (35.8)
Both arterial and venous thrombosis	11 (11.6)	9 (9.5)
Obstetric medical history, n (%)	17 (17.9)	13 (13.7)
Recurrent thrombosis, n (%)	12 (12.6)	16 (16.8)
Other APS nonthrombotic manifestations, n (%)		
Valvular heart disease*	23 (24.2)	22 (23.2)
Renal thrombotic microangiopathy	6 (6.3)	9 (9.5)
Livedo reticularis†	37 (38.9)	26 (27.4)
Migraine†	33 (34.7)	21 (22.1)

RESULTADOS

Table 1. Characteristics of the Study Sample at Baseline

Characteristic	Rivaroxaban Group (n = 95)	VKA Group (n = 95)
Laboratory profile at inclusion, n (%)		
Lupus anticoagulant	93 (97.9)	90 (94.7)
Lupus anticoagulant alone	37 (38.9)	30 (31.6)
IgG/IgM antibodies		
aCL	62 (65.3)	65 (68.4)
Anti- β_2 GPI	60 (63.2)	62 (65.3)
Anti-aPS/PT	31 (32.6)	33 (34.7)
Mean aCL/β_2GPI antibody level (SD)		
IgG aCL, GPL units	190.2 (6.5)	181.8 (275.5)
IgM aCL, MPL units	21.8 (30.4)	16.5 (20.3)
IgG anti- β_2 GPI, GPL units	141.4 (241.9)	137.4 (262.8)
IgM anti- β_2 GPI, MPL units	24.8 (31.9)	19.1 (31.6)
Lupus anticoagulant and IgG aCL and IgG anti-β_2GPI antibodies, n (%)	58 (61.1)	57 (60.0)
GAPSS risk for thrombosis‡		
Mean score (SD)	13.8 (2.7)	13.5 (2.7)
Score, n (%)		
<10	10 (10.5)	10 (10.5)
10 to <15	63 (66.3)	68 (71.6)
≥15	22 (23.2)	17 (17.9)
Aspirin use, n (%)	13 (13.7)	11 (11.6)
Rivaroxaban dose, n (%)		
20 mg once daily	90 (94.7)	NA
15 mg once daily§	5 (5.2)	NA
Coexisting cardiovascular risk factors, n (%)		
Smoking	28 (29.5)	38 (40.0)
Dyslipidemia	40 (42.1)	34 (35.8)
Diabetes mellitus	8 (8.4)	4 (4.2)
Hypertension	39 (41.1)	38 (40.0)
Mean biomarker levels		
D-dimer (SD), nmol/L	0.72 (0.76)	0.49 (0.45)
von Willebrand factor (SD), ng/mL	7221.3 (7458.9)	6381.7 (3381.9)
PF4 (SD), ng/mL	475.4 (237.1)	468.9 (4123)

Table 2. Efficacy End Points of Recurrent Thrombotic Events*

Study Population	Events, n (%)		Risk Ratio (95% CI)	P Value	Hazard Ratio (95% CI)‡	P Value
	Rivaroxaban Group (n = 95)	VKA Group (n = 95)†				
Per protocol, as treated						
All events	11 (11.6)	6 (6.3)	1.83 (0.71-4.76)	0.21	1.94 (0.72-5.24)	0.190
Arterial events§	10 (10.5)	3 (3.2)	3.33 (0.95-11.73)	0.060	3.52 (0.97-12.79)	0.060
Venous events§	2 (2.1)	3 (3.2)	0.67 (0.11-3.90)	0.65	0.70 (0.12-4.21)	0.70
Stroke	9 (9.5)	0 (0)	19.00 (1.12-321.9)	<0.001	19.97 (1.00-400.0)	0.050
Intention to treat						
All events	12 (12.6)	6 (6.3)	2.00 (0.78-5.11)	0.150	2.10 (0.79-5.59)	0.140
Arterial events	11 (11.6)	3 (3.2)	3.67 (1.06-12.73)	0.040	3.84 (1.07-13.76)	0.040
Venous events	2 (2.1)	3 (3.2)	0.67 (0.11-3.90)	0.65	0.70 (0.12-4.18)	0.69
Stroke	10 (10.5)	0 (0)	21.00 (1.25-353.3)	0.001	20.01 (1.12-431.8)	0.040

- Solo un SAF catastrófico
- Adherencia al Rivaroxaban del 97%
- INR fuera del rango terapéutico en un 56% de los casos
- 4 eventos trombóticos con INR por debajo de objetivo
- Total de fallecimientos 8

Table 3. Safety End Points of Bleeding Events*

Variable	Events, n (%)		Risk Ratio (95% CI)	P Value	Hazard Ratio (95% CI)†	P Value
	Rivaroxaban Group (n = 95)	VKA Group (n = 95)				
Major bleeding						
Any	6 (6.3)	7 (7.4)	0.86 (0.30-2.46)	0.77	0.88 (0.30-2.63)	0.82
Decrease in hemoglobin level >2 g/dL	6 (6.3)	5 (5.3)	1.20 (0.38-3.80)	0.76	1.03 (0.30-3.54)	0.97
Transfusion	5 (5.3)	5 (5.3)	1.00 (0.30-3.34)	1.00	1.03 (0.30-3.57)	0.96
Critical bleeding‡	0	4 (4.2)	0.00 (0.00-1.51)	0.060	0.12 (0.00-3.03)	0.190
Fatal bleeding	0	0	-	-	-	-
Intracranial hemorrhage	0	2 (2.1)	0.00 (0.00-5.32)	0.25	0.21 (0.01-8.48)	0.41
Any bleeding	31 (32.6)	26 (27.4)	1.19 (0.77-1.85)	0.43	1.27 (0.75-2.15)	0.37
Nonmajor clinically relevant bleeding	9 (9.5)	5 (5.3)	1.80 (0.63-5.17)	0.28	2.35 (0.72-7.61)	0.160
Minor bleeding	16 (16.8)	14 (14.7)	1.14 (0.59-2.21)	0.69	1.16 (0.57-2.37)	0.69

CONCLUSIONES

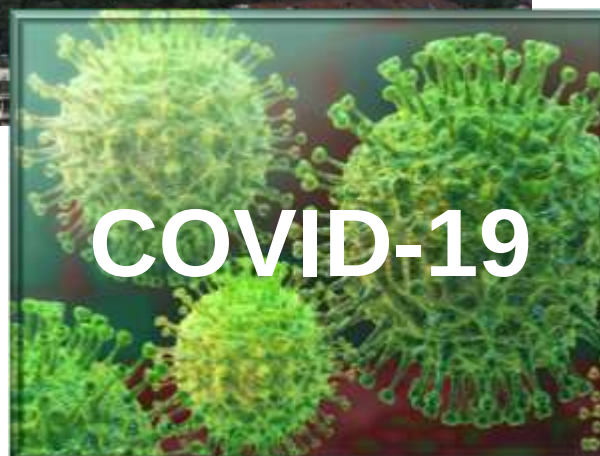
- No demostró la no inferioridad de Rivaroxaban respecto a los antagonistas de vitamina k en la profilaxis secundaria de trombosis en pacientes con SAF.
- Incluso se vio que existía un mayor tasa de trombosis recurrente en el grupo de Rivaroxaban.
- La mayoría de los eventos trombóticos en el grupo de antivitamina K ocurrieron con INR fuera de rango.
- No hubo diferencias significativas en la tasa de sangrados.

LIMITACIONES

- Pequeño tamaño muestral.
- No potencia estadística para realizar análisis por subgrupos
- No mide la intensidad de anticoagulación.

¿Por qué Rivaroxaban no consigue mejores resultados en la prevención de eventos trombóticos?

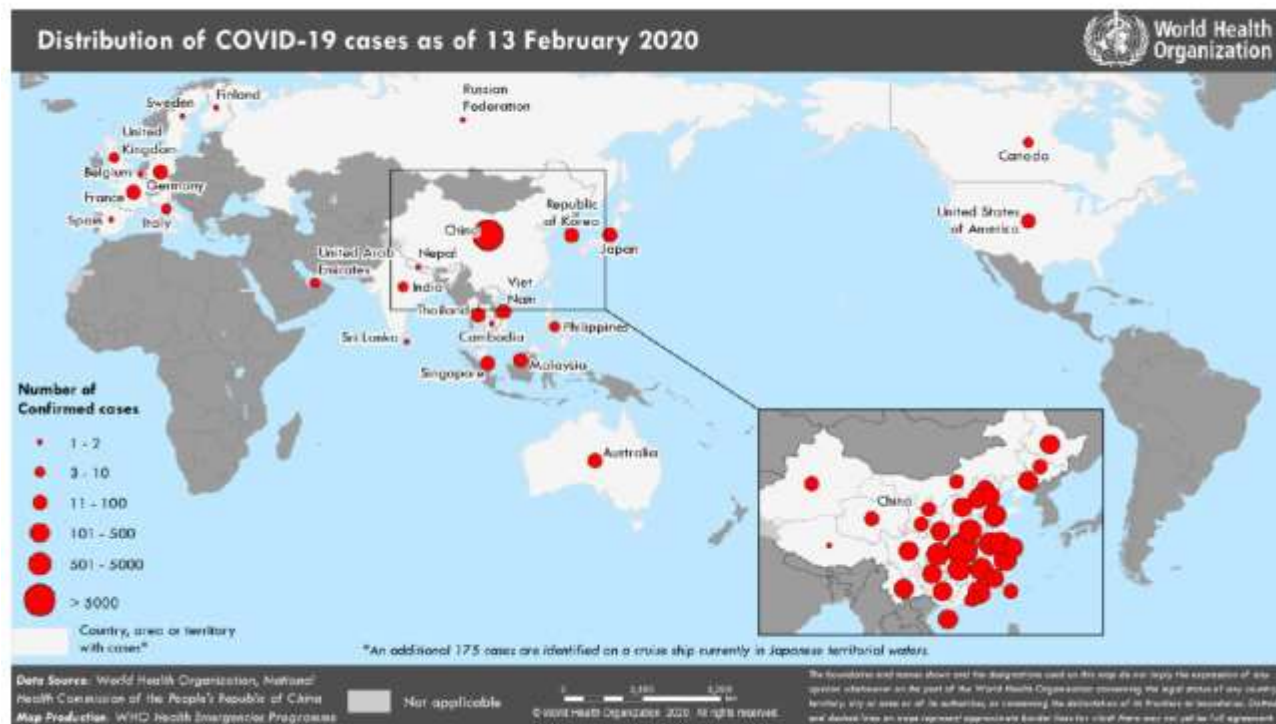
1. Concentración del fármaco subóptima
2. Solo actúa sobre un factor de la coagulación (Xa)
3. Menor vida media



COVID-19



Figure 1. Countries, territories or areas with reported confirmed cases of COVID-19, 13 February 2020



SITUATION IN NUMBERS total and new cases in last 24 hours

Globally
46 997 confirmed (1826 new)

China
46 550 confirmed (1820 new)
1368 deaths (254 new)*

Outside of China
447 confirmed (6 new)
24 countries
1 death

WHO RISK ASSESSMENT

China	Very High
Regional Level	High
Global Level	High

➤ La tasa de mortalidad se mantiene en el 2-3%

Covid-19: más de 73.000 casos en 27 países

18 feb 2020-La Gaceta Médica

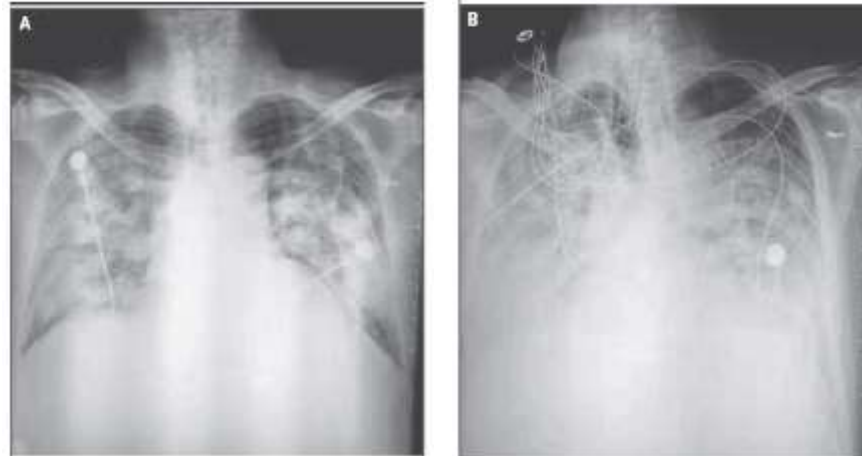
Covid-19: la cifra de muertos en China alcanza los 2.000 y la economía global sufre los síntomas

19 feb 2020-France 24

BRIEF REPORT

A Novel Coronavirus from Patients with Pneumonia in China, 2019

Figure 1. Chest Radiographs.



Día 8

Día 11

January 24, 2020, NEJM. DOI: 10.1056/NEJMoa2001017
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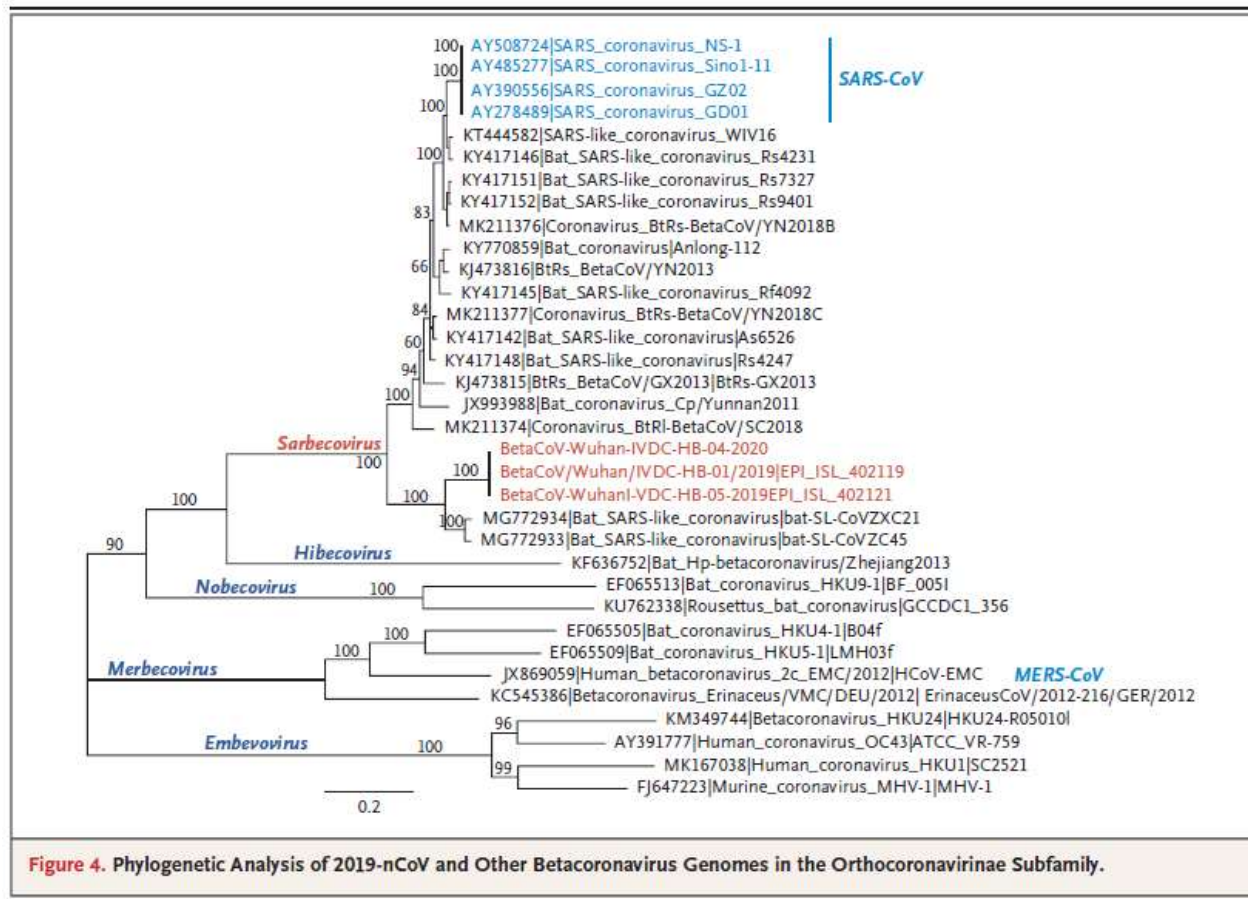


Figure 4. Phylogenetic Analysis of 2019-nCoV and Other Betacoronavirus Genomes in the Orthocoronavirinae Subfamily.

January 24, 2020, NEJM. DOI: 10.1056/NEJMoa2001017
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ORIGINAL ARTICLE

Early Transmission Dynamics in Wuhan, China, of Novel Coronavirus–Infected Pneumonia

January 29, 2020,
DOI: 10.1056/NEJMoa2001316

Definición de caso: Fiebre + infiltrado pulmonar +/- leucocitosis + no mejoría a los 3-5 días de tratamiento antibiótico adecuado.

Diagnóstico por PCR en muestras respiratorias.

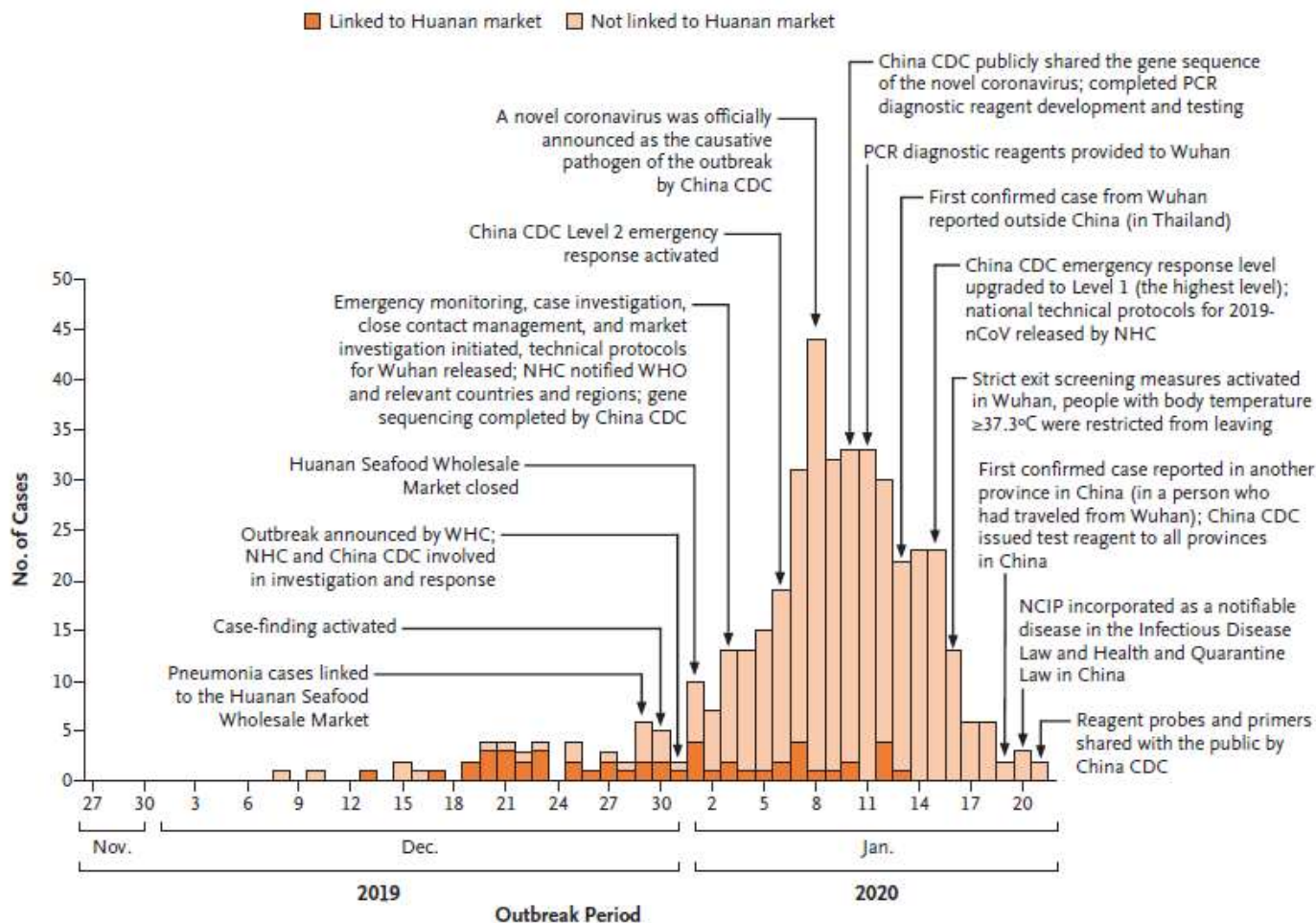


Figure 1. Onset of illness among the First 425 Confirmed Cases of Novel Coronavirus (2019-nCoV)-Infected Pneumonia (NCIP) in Wuhan, China.

The decline in incidence after January 8 is likely to be due to delays in diagnosis and laboratory confirmation. China CDC denotes Chinese Center for Disease Control and Prevention, NHC National Health Commission of the People's Republic of China, PCR polymerase chain reaction, WHC Wuhan Health Commission, and WHO World Health Organization.

Table 1. Characteristics of Patients with Novel Coronavirus–Infected Pneumonia in Wuhan as of January 22, 2020.*

Characteristic	Before January 1 (N=47)	January 1 –January 11 (N=248)	January 12 –January 22 (N=130)
Median age (range) — yr	56 (26–82)	60 (21–89)	61 (15–89)
Age group — no./total no. (%)			
<15 yr	0/47	0/248	0/130
15–44 yr	12/47 (26)	39/248 (16)	33/130 (25)
45–64 yr	24/47 (51)	106/248 (43)	49/130 (38)
≥65 yr	11/47 (23)	103/248 (42)	48/130 (37)
Male sex — no./total no. (%)	31/47 (66)	147/248 (59)	62/130 (48)
Exposure history — no./total no. (%)			
Wet market exposure	30/47 (64)	32/196 (16)	5/81 (6)
Huanan Seafood Wholesale Market	26/47 (55)	19/196 (10)	5/81 (6)
Other wet market but not Huanan Seafood Wholesale Market	4/47 (9)	13/196 (7)	0/81
Contact with another person with respiratory symptoms	14/47 (30)	30/196 (15)	21/83 (25)
No exposure to either market or person with respiratory symptoms	12/47 (26)	141/196 (72)	59/81 (73)
Health care worker — no./total no. (%)	0/47	7/248 (3)	8/122 (7)

* Reduced denominators indicate missing data. Percentages may not total 100 because of rounding.

NEJM January 29, 2020
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➤ Periodo de incubación 2-14 días (media 5 días).

Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study



Nanshan Chen*, Min Zhou*, Xuan Dong*, Jieming Qu*, Fengyun Gong, Yang Han, Yang Qiu, Jingli Wang, Ying Liu, Yuan Wei, Jia'an Xia, Ting Yu, Xinxin Zhang, Li Zhang

Lancet, January 29, 2020; 395: 507–13,

Casos confirmados de COVID-19 en el Hospital de Jinyintan de Wuhan entre el 1 y 20 de enero de 2020

Diagnóstico por PCR de muestras del tracto respiratorio superior. Además cultivo de esputo y aspirado endotraqueal.

Patients (n=99)	
Age, years	
Mean (SD)	55.5 (13.1)
Range	21-82
≤39	10 (10%)
40-49	22 (22%)
50-59	30 (30%)
60-69	22 (22%)
≥70	15 (15%)
Sex	
Female	32 (32%)
Male	67 (68%)
Occupation	
Agricultural worker	2 (2%)
Self-employed	63 (64%)
Employee	15 (15%)
Retired	19 (19%)
Exposure to Huanan seafood market*	
Long-term exposure history	47 (47%)
Short-term exposure history	2 (2%)
Chronic medical illness	
Cardiovascular and cerebrovascular diseases	40 (40%)
Digestive system disease	11 (11%)
Endocrine system disease†	13 (13%)
Malignant tumour	1 (1%)
Nervous system disease	1 (1%)
Respiratory system disease	1 (1%)
Admission to intensive care unit	
23 (23%)	
Clinical outcome	
Remained in hospital	57 (58%)
Discharged	31 (31%)
Died	11 (11%)

Data are n (%) unless specified otherwise. 2019-nCoV=2019 novel coronavirus.
*Long-term exposure is having worked at or lived in or around Huanan seafood market, whereas short-term exposure is having been to Huanan seafood market occasionally. †12 were diabetic.

Table 1: Demographics, baseline characteristics, and clinical outcomes of 99 patients admitted to Wuhan Jinyintan Hospital (Jan 1-20, 2020) with 2019-nCoV pneumonia

Edad media
55.5 años

Hombres 68%

Mercado 49%

Patología
crónica 51%

UCI 23%

Mortalidad
11%

Patients (n=99)	
Signs and symptoms at admission	
Fever	82 (83%)
Cough	81 (82%)
Shortness of breath	31 (31%)
Muscle ache	11 (11%)
Confusion	9 (9%)
Headache	8 (8%)
Sore throat	5 (5%)
Rhinorrhoea	4 (4%)
Chest pain	2 (2%)
Diarrhoea	2 (2%)
Nausea and vomiting	1 (1%)
More than one sign or symptom	89 (90%)
Fever, cough, and shortness of breath	15 (15%)
Comorbid conditions	
Any	33 (33%)
ARDS	17 (17%)
Acute renal injury	3 (3%)
Acute respiratory injury	8 (8%)
Septic shock	4 (4%)
Ventilator-associated pneumonia	1 (1%)
Chestx-ray and CT findings	
Unilateral pneumonia	25 (25%)
Bilateral pneumonia	74 (75%)
Multiple mottling and ground-glass opacity	14 (14%)
Treatment	
Oxygen therapy	75 (76%)
Mechanical ventilation	
Non-invasive (ie, face mask)	13 (13%)
Invasive	4 (4%)
CRRT	9 (9%)
ECMO	3 (3%)
Antibiotic treatment	70 (71%)
Antifungal treatment	15 (15%)
Antiviral treatment	75 (76%)
Glucocorticoids	19 (19%)
Intravenous immunoglobulin therapy	27 (27%)

2019-nCoV=2019 novel coronavirus. ARDS=acute respiratory distress syndrome. ECMO=extracorporeal membrane oxygenation. CRRT=continuous renal replacement therapy.

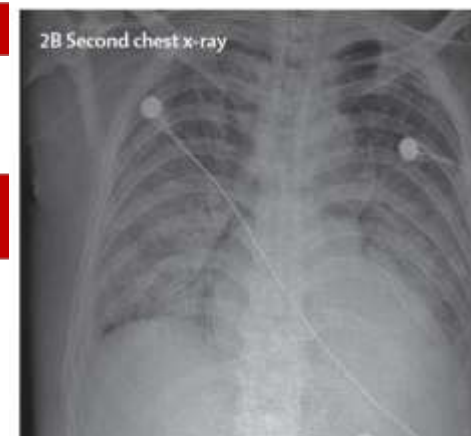
Table 2: Clinical characteristics and treatment of patients with 2019-nCoV pneumonia

Fiebre (83%)
Tos (82%)

SDRA 17%

Neumonía
bilateral 75%

Antibiótico 71%
Antiviral 76%



Potential antiviral therapeutics for 2019 Novel Coronavirus

[Zhonghua Jie He He Hu Xi Za Zhi.](#) 2020 Feb 5;43(0):E002. doi: 10.3760

- Antiviral drugs commonly used in clinical practice, including neuraminidase inhibitors (oseltamivir, paramivir, zanamivir, etc.), ganciclovir, acyclovir and ribavirin, are invalid for 2019-nCoV and not recommended.
- Drugs are possibly effective for 2019-nCoV include: **remdesivir, lopinavir / ritonavir, lopinavir / ritonavir combined with interferon- β , convalescent plasma, and monoclonal antibodies.**

**The Corona Virus
won't last long
because it was
made in China**

SH4F3

