

Physicians work out treatment guidelines for coronavirus

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Korean physicians treating the patients infected with the new coronavirus (COVID-19) have established the treatment guidelines for the unprecedented coronavirus.

The key guidelines are as following; healthy patients with no existing disease do not need an administration of an antiviral drug, and, once physicians decide on the use of antiviral treatment, they should do so as quickly as possible.

The COVID-19 Central Clinical Task Force, composed of physicians and experts treating the confirmed patients across the nation, held the sixth video conference and agreed on these and other treatment principles for patients with COVID-19.

If patients are young, healthy, and have mild symptoms without underlying conditions, doctors can observe them without antiviral treatment, according to the guidelines.

If more than 10 days have passed since the onset of the illness and the symptoms are mild, physicians do not have to start an antiviral medication, the task force said.

However, if patients are old or have underlying conditions with serious symptoms, physicians should consider an antiviral treatment. If they decide to use the antiviral therapy, they should start the administration as soon as possible, the task force noted.

For the antiviral treatment, the doctors recommended lopinavir 400mg/ritonavir 100mg (Kaletra two tablets, twice a day) or chloroquine 500mg orally per day.

As chloroquine is not available in Korea, doctors could consider hydroxychloroquine 400mg orally per day, they said. There is no evidence that using lopinavir/ritonavir with chloroquine is more effective than monotherapies, they added.

Combining lopinavir/ritonavir with chloroquine or hydroxychloroquine could cause serious arrhythmias and drug interactions due to the increased QT interval, the task force said.

Thus, the combination should be administered cautiously, in a very limited case, it emphasized.

The antiviral treatment for the new coronavirus will be most suitable for seven to 10 days. Still, the period could be shortened or extended depending on clinical progress, the doctors said.

The doctors did not recommend the use of ribavirin and interferon as the first-line treatment because of many side effects.

Physicians should consider using ribavirin and interferon only if lopinavir/ritonavir or chloroquine or hydroxychloroquine does not work, or the administration is impossible.

The Central Clinical Task Force concluded that the 28th confirmed case did not serve as evidence to extend the incubation period of COVID-19.

“The authorities have been monitoring the 28th confirmed patient as a person who had close contact with the third confirmed patient,” the task force said. “Many doctors agreed that the patient could have already contracted the virus before entering Korea or could have been in recovery after having no or a very mild symptom of which the patient was unaware.”

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