Version 2

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Use of drugs associated with QT interval prolongation at the hospital level during the start of the COVID-19 pandemic in Colombia V.2

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ABSTRACT

Background: Many of the therapeutic proposals for COVID-19 have been associated with adverse effects, including the risk of QT interval prolongation and torsades de pointes (TdP). The objective wasto determine the use of drugs with a risk of QT interval prolongation in 21 clinics/hospitals in Colombia from January to December 2020.

Methods: This Cross-sectional study identified drug use according to pharmacological groups with potential risk of QT interval prolongation according to a risk classification: conditional, possible and known risk of TdP. Descriptive analyses were performed.

Results: A total of 355,574 patients who received QT-prolonging drugs were identified (equivalent to 51.4% of all inpatients treated during the study period). Of the group of patients on QT drugs, 54.4% used at least one drug with conditional risk, 52.6% with possible risk and 40.3% with known risk. The most commonly used belonged to the group of drugs for the nervous system (63.0%), alimentary tract and metabolism (56.8%), anti-infectives for systemic use (13.0%) and the cardiovascular system (11.7%). On average, patients received 2.0 ± 1.5 risk drugs. Regarding drugs initially considered against COVID-19, 2,120 patients (0.6%) received azithromycin, 802 (0.2%) received chloroquine, 517 received hydroxychloroquine (0.1%) and 265 received lopinavir/ritonavir (0.1%).

Conclusion: The high proportion of patients treated at the hospital level who receive drugs with risk of prolonging the QT interval should alert those responsible for their care to avoid fatal outcomes, especially during the COVID-19 epidemic, when some QT drugs are being used more frequently.

ATTACHMENTS

DB QT drugs.xlsx

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