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Clinical outcomes of patients with mild COVID-19 following treatment with hydroxychloroquine in an outpatient setting

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ABSTRACT

We appreciate the efforts of the authors in their study on the clinical outcome of hydroxychloroquine (HCQ) therapy in mild coronavirus disease 2019 (COVID-19) (Mokhtari et al., 2021). We would like to make some comments based on our understanding of the study.

We appreciate the efforts of the authors in their study on the clinical outcome of hydroxychloroquine (HCQ) therapy in mild coronavirus disease 2019 (COVID-19) [1]. We would like to make some comments based on our understanding of the study.

The authors reported that patients who were diagnosed with mild COVID-19 and did not require hospitalization were included in the study. However, the authors did not report any exclusion criteria in the methods section of the study. We would like to know if the study included all the patients diagnosed with mild COVID-19. We are also interested to know if the study included the pediatric population, pregnant patients, immune-compromised patients, etc., as there was no mention of specific criteria for the age of the patient or condition to include in the study.

Patients with mild COVID-19 and who did not require hospitalization received HCQ therapy. COVID-19 was diagnosed in patients who presented with clinical symptoms and either a reverse transcriptase-polymerase chain reaction (RT-PCR) or chest imaging. In table 1, it is reported that 470 patients with a negative PCR test received HCQ and 861 patients with no test received HCQ. We would like to know why those patients with a negative RT-PCR test received HCQ therapy. We are assuming that the no test patients' group must be those that were diagnosed with imaging.

In Table 1 [1], it is also reported that the rates of hospitalization in patients with a negative PCR test were 5.11% in those who received HCQ and 10.86% in those who did not receive HCQ. Similarly, the percentage of death in patients with a negative PCR test was 0.21 in those who received HCQ and 0.28 in those who did not receive HCQ. It is very interesting to see that rates of hospitalizations and deaths were low in patients who received HCQ compared to those who did not receive HCQ despite their COVID-19 test being negative. It suggests that one's risk of hospitalization and death is reduced by taking HCQ irrespective of their COVID-19 diagnosis. We are interested to know the rationale behind this outcome.

The reported outcomes of the study were COVID-19 related hospitalizations or mortality during six-months follow-up. As COVID-19 is an acute disease process, it is interesting to know what led the authors to choose to do such a long follow-up for mortality rates.

The authors stated that the patients were followed daily for 5 days and on day 14 for the outcomes, adverse reactions to HCQ, and disease progression after the initiation of HCQ therapy. However, the time to symptoms resolution was not reported. We believe that reporting the time to symptom resolution would have been helpful to know if therapy with HCQ reduces the time to symptom resolution.

The authors reported a lack of access to other medication received by the patients as one of the limitations of their study. Though the authors have acknowledged it, we believe that the data on other medications received is very important. Not having the data on other medications received may have potentially introduced a confounding into this study's results.

Author contributions

All the authors were part of the critical appraisal of the study.
Rajesh Naidu Janapala drafted the manuscript.
Ali Pourmand reviewed and edited.
All the authors revised the manuscript critically before submission.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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