LETTER TO THE EDITOR



Non-peer-reviewed data, effect measures, and meta-regression analysis on proton pump inhibitor use and COVID-19

Dan-Na Wu¹ · Li-Rong Jiao^{2,3} · Guo-Fu Li² · Guo Yu²

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The debate on the use of proton pump inhibitors (PPIs) and COVID-19 outcomes remains, even after the presentation of our comprehensive meta research [1]. Kim et al. [2] should be commended for their updated meta-analysis reassuring the positive association of current PPI use and severe outcomes of COVID-19, which is consistent with our findings [1]. We agree that the updated meta-analysis by Kim et al. [2] looks much better than another four updated (or just repeated) meta-analyses in many aspects, such as additional subgroup analyses and meta-regression, specified in the Discussion section and their Supplemental Table 5. However, we believe that the discussion on non-peer-reviewed studies (or "unpublished data") in their review [2] warrants careful clarifications. Moreover, the effect measure and metaregression used in the meta-analysis by Kim et al. [2] should be clearly characterized.

Instead, we do not think the exclusion of preprint studies, particularly for those on COVID-19 during the early phase of this pandemic, should be viewed either as an advantage or a limitation. First, most non-peer-reviewed studies assessing associations between PPI use and COVID-19 outcomes which were presented initially as preprints have now been published in peer-reviewed journals [3–8], without dramatic changes in the clinical data collected retrospectively or prospectively. Second, several studies which had gone through strictly peer-review processes have been retracted

Guo-Fu Li guofu.g.li@gmail.com

Guo Yu guoyu@yzu.edu.cn

- ¹ Department of Pharmacy, Hainan General Hospital (Hainan Affiliated Hospital of Hainan Medical University), Hainan, China
- ² Clinical Medical College, Yangzhou University, Yangzhou 225009, China
- ³ College of Pharmacy, Dalian Medical University, Dalian, China

because of unreliable data [9, 10]. Third, the inclusion of preprint studies would not introduce additional biases into meta-analyses if a subgroup analysis on peer-reviewed status (peer-reviewed studies vs. non-peer-reviewed studies), sensitivity analysis restricting to peer-reviewed studies, or relevant leave-one-out analysis is performed. Last, the Newcastle–Ottawa Scale (NOS) [11] used by Kim et al. [2] to rate the methodological quality of observational studies included in their meta-analysis has not yet been published in a peer-reviewed journal, which do not compromise the importance and utility of NOS in meta-analyses at all.

Regarding the effect measure selected in the metaanalysis, Kim et al. [2] should have specified it more clearly and reasonably. The extraction of adjusted odds ratio (OR) was stated in the Data extraction section, whereas hazard ratios (HRs) rather than ORs were claimed to be pooled in the Data synthesis Sect. [2] It should be clarified whether Kim et al. [2] excluded studies reporting data as OR only instead of HR or whether ORs were converted to HRs. If the former is true, the rationale for the exclusion of those studies with ORs should be provided. If the latter is true, it should be clearly described what kind of method under what assumptions did Kim et al. [2] employ for such conversions.

Additionally, Kim et al. [2] reported results of metaregression for both categorical variables (such as "research location," "administration time of PPIs," "active use of PPIs," or "geographical region") and continuous variables. Unfortunately, the method on meta-regression for categorical variables was not described. Namely, it was not clear how did such meta-regression implement for categorical variables with multiple levels, e.g., geographical region. It seems that the meta-regression in this paper might not follow the standard Cochrane method which specifies a nominated reference subgroup and estimates the differences between the nominated reference subgroup and each non-reference subgroup by using dummy variables which can only be given values of 0 or 1 [12]. Instead, there was no a nominated reference subgroup in their meta-regression analysis of geographical region stratified by North America, Europe, and Asia.

Although we applaud for the updated meta-analysis by Kim et al. [2] we believe strongly that these points necessitate clear clarifications.

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Declarations

Conflict of interest The authors declare no competing interests.

References

- Li GF, An XX, Yu Y et al (2021) Do proton pump inhibitors influence SARS-CoV-2 related outcomes? A meta-analysis Gut 70(9):1806–1808
- Kim HB, Kim JH, Wolf BJ (2021) Acid suppressant use in association with incidence and severe outcomes of COVID-19: a systematic review and meta-analysis. Eur J Clin Pharmacol 24:1–9. https://doi.org/10.1007/s00228-021-03255-1
- Ullah AZ, Sivapalan L, Kocher HM et al (2021) COVID-19 in patients with hepatobiliary and pancreatic diseases: a single-centre cross-sectional study in East London. BMJ open 11(4):e045077

- Huh K, Ji W, Kang M et al (2021) Association of prescribed medications with the risk of COVID-19 infection and severity among adults in South Korea. Int J Infect Dis 104:7–14
- Jimenez L, Campos Codo A, Sampaio VD, Oliveira AE, Ferreira LK, Davanzo GG, Brito Monteiro LD, Victor Virgilio-da-Silva J, Borba MG, Fabiano de Souza G, Zini N (2021) Acid pH increases SARS-CoV-2 infection and the risk of death by COVID-19. Front Med. https://doi.org/10.3389/fmed.2021.637885
- McKeigue PM, Kennedy S, Weir A et al (2021) Relation of severe COVID-19 to polypharmacy and prescribing of psychotropic drugs: the REACT-SCOT case-control study. BMC Med 19(1):51
- Ramachandran P, Perisetti A, Gajendran M et al (2022) Pre-hospitalization proton pump inhibitor use and clinical outcomes in COVID-19. Eur J Gastroenterol Hepatol 34(2):137–141
- Zhang X-Y, Li T, Wu H et al (2021) Analysis of the effect of proton-pump inhibitors on the course of COVID-19. J Inflamm Res 14:287–298
- 9. Mehra MR, Desai SS, Ruschitzka F et al (2020) RETRACTED: hydroxychloroquine or chloroquine with or without a macrolide for treatment of COVID-19: A multinational registry analysis. Lancet. https://doi.org/10.1016/S0140-6736(20)31180-6
- Mehra MR, Desai SS, Kuy SR et al (2020) Cardiovascular disease, drug therapy, and mortality in Covid-19. N Engl J Med 382(25):e102
- Wells GA, Shea B, O'Connell D (2014) The Newcastle-Ottawa Scale (NOS) for assessing the quality of non randomised studies in metaanalyses. http://www.ohri.ca/programs/clinical_epidemiology/oxford. asp. Accessed 28 Nov 2021
- Higgins JPT, Green S (2011) Meta-regression, in Cochrane Handbook for Systematic Reviews of Interventions. https://handbook-5-1.cochrane.org/chapter_9/9_6_4_meta_regression.htm#:~:text= Meta%2Dregression%20is%20an%20extensiohttps://www.metaanalysis.com/pages/cma_manual.php. Accessed 1 Mar 2022

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