

# Less is more in Corona Virus Disease 2019

To the Editor:

We would like to focus on the treatment of Corona Virus Disease 2019 (COVID-19). For more than 1 year, COVID-19 has been a troubling problem for people worldwide. It brought an enormous impact on public health, economy, and society and became a global emergency.

Unfortunately, we found that lots of clinical trials had not achieved a good result for the treatment.<sup>[1]</sup> Antiviral therapy could not decrease mortality in COVID-19. Lopinavir/ritonavir VERSUS standard care in COVID-19, no significant benefit was seen in either overall mortality or reduction in viral load; antimalarial treatment has reported both beneficial clinical and virological outcomes, but this study lacked randomization and blinding,<sup>[1]</sup> and there was a clinical trial reported that interferon beta-1b and hydroxychloroquine had no differences in clinical outcomes<sup>[2]</sup>: discharges (65.9% vs. 68.9%;  $P = 0.764$ ) and overall mortality (11.4% vs. 13.3%;  $P = 0.778$ ); immunosuppressants/immunomodulators including adalimumab (anti-tumor necrosis factor), meplazumab (anti-CD147), sarilumab (anti-interleukin-6), and camrelizumab (anti-PD-1) are being tested in several clinical trials. One of those studies reported that meplazumab improved clinical and virological outcomes, but only 17 patients with COVID-19 were in this study; plasma-based therapy: Use of plasma from patients who have recovered from COVID-19 has been a potential therapy for COVID-19. However, a study for Ebola found no associated improvement in survival, and another study showed that among critically ill adults with confirmed COVID-19, treatment with convalescent plasma had no significance of providing improvement in the number of organ support-free days and mortality rate.<sup>[3]</sup> Convalescent plasma is not recommended. Further study is needed to investigate the function of plasma.

According to those clinical trials, we think the treatment for COVID-19 should be less is more.

How to achieve “less is more”?

It has been more than 1 year since the outbreak of COVID-19, and there was no effective treatment for the disease. Now, we have some different ideas for the treatment of COVID-19. First, according to the results of clinical trials,<sup>[1,4]</sup> antiviral therapy cannot be used in COVID-19; second, antibiotics are not necessary to use, if the patients without a definite bacterial infection. Then, systemic glucocorticoids are recommended in

both the World Health Organization guidance for the clinical management of COVID-19 and the National Institutes of Health COVID-19 treatment guidelines. However, the effect of glucocorticoid on patients with COVID-19 is controversial. According to a study,<sup>[5]</sup> dexamethasone group VS standard care group was no significant difference in mortality, intensive care unit-free days, or mechanical ventilation duration. Hence, glucocorticoid is not to use regularly. Finally, according to the above review, immunotherapy or targeted therapy is not recommended for now. We need more clinical trials for immunotherapy in COVID-19 to guide us to personalized use. Contrary, what we think needs to be done: Proper nutritional support is another important therapy for COVID-19, enteral nutrition, the earlier the better; then, anticoagulant therapy is necessary to prevent thrombosis. There are lots of studies that reported that thromboprophylaxis was associated with a lower risk of death and a lower cumulative incidence of thromboembolic events, especially with high doses.<sup>[6]</sup> In addition, the fever, cough, and other symptoms of the patient should be treated by symptomatic treatment. For oxygen, perform in the prone position and tidal volume for ventilation ( $<10$  ml/kg). Last but not least, organ support such as a ventilator, continuous renal replacement therapy, and extracorporeal membrane oxygenation are in clinical trials,<sup>[1]</sup> the results are being expected.

In conclusion, we have confronted a long-term coexistence situation with COVID-19. We do not want an excessive treat for COVID-19 and less will be more in the treatment for COVID-19.

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### Conflicts of interest

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