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Letter to Sarah Basin et al.

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We read with interest the work of Sarah Basin et al [1], who are to be congratulated for their counter intuitive insight into the assessment of risk in patients with chronic respiratory diseases and we fully agree with them when they conclude that this category of patients is under-represented among those who will present the most severe forms of Covid 19.

However, in claiming that they are the first to provide such data, they are leaving out substantial data from the literature that have led to meta-analyses showing an apparent protective role of chronic respiratory diseases [2], especially for asthma [3].

These collections of observational data have recently been enriched by data from the "Open Safely" [4] and "Isaric" cohorts [5], suggesting that only the most severe forms of these respiratory diseases constitute an excess risk. The latter study also suggests a protective role for inhaled steroids in the treatment of these chronic diseases and this point is also mentioned by Sarah Basin et al., but again they neglect to mention the results of five randomized trials evaluating the impact of inhaled steroids in the early stages of the disease [6–10]. These trials, although varying in the endpoints, appear to be consistent in finding beneficial effects of inhaled steroids, such as reduced use of emergency care [7,8] and reduced duration of symptoms.

The data of Basin et al. are thus totally consistent with the recent findings of the medical literature contributing to a better understanding of the risk assessment of our patients, confirming that treatment with inhaled steroids should be maintained and strengthening the hypothesis that the introduction of these agents could be a useful therapeutic contribution in the moderate forms of COVID. Four ongoing clinical trials addressing this issue, NCT04355637, NCT04356495, NCT04381364, and NCT04920838, although subject to inclusion difficulties related to variations could clarify their indications.

Declaration of Competing Interest

None.

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