

Acute Care Challenges in the Management of Severe COVID-19

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Subjects to cover

- 1. COVID-19 and ECMO
- 2. COVID-19 and steroids



What is ECMO?

- The therapy of “**last resort**” in cases of cardiac and/or respiratory failure refractory, including ARDS, to other conventional therapies.
- Following **H1N1 pandemic** in 2009, experience in the use of ECMO as a supportive treatment in ARDS greatly increased.
- The **World Health Organization** and the **Society of Critical Care Medicine** have both recommended the administration of ECMO to treat severe intractable respiratory failure in patients with COVID-19



What is ECMO?

- What can be concluded about the **added value of ECMO** in patients with severe respiratory failure from COVID-19?
- Is mortality a good marker for ECMO utilization?
- Is ECMO best used early or late?



ECMO and COVID-19

- Raasveld et al, “**Extracorporeal Membrane Oxygenation in Patients with COVID-19: An international Multicenter Cohort Study**” March 12, 2021, *Journal of Intensive Care Medicine*
 - *Found an acceptable survival rate in ECMO patients with COVID-19, not different than non COVID19 patients with ARDS.*



Mechanical ventilation settings prior to initiation ECMO

Type of mechanical ventilation, No. (%)

Pressure supported ventilation 4 (6)

Volume controlled mechanical ventilation 31 (44)

Pressure controlled mechanical ventilation 31 (44)

Other 1 (1)

Missing 4 (6)

FiO₂, median (IQR), % 100 (80-100)

Peak pressure, median (IQR), cm H₂O 34 (31-39)

PEEP, median (IQR), cm H₂O 12 (8-16)

Rescue therapies applied prior to initiation ECMO, No. (%)

Prone positioning 56 (79)

Muscle paralysis 55 (77)

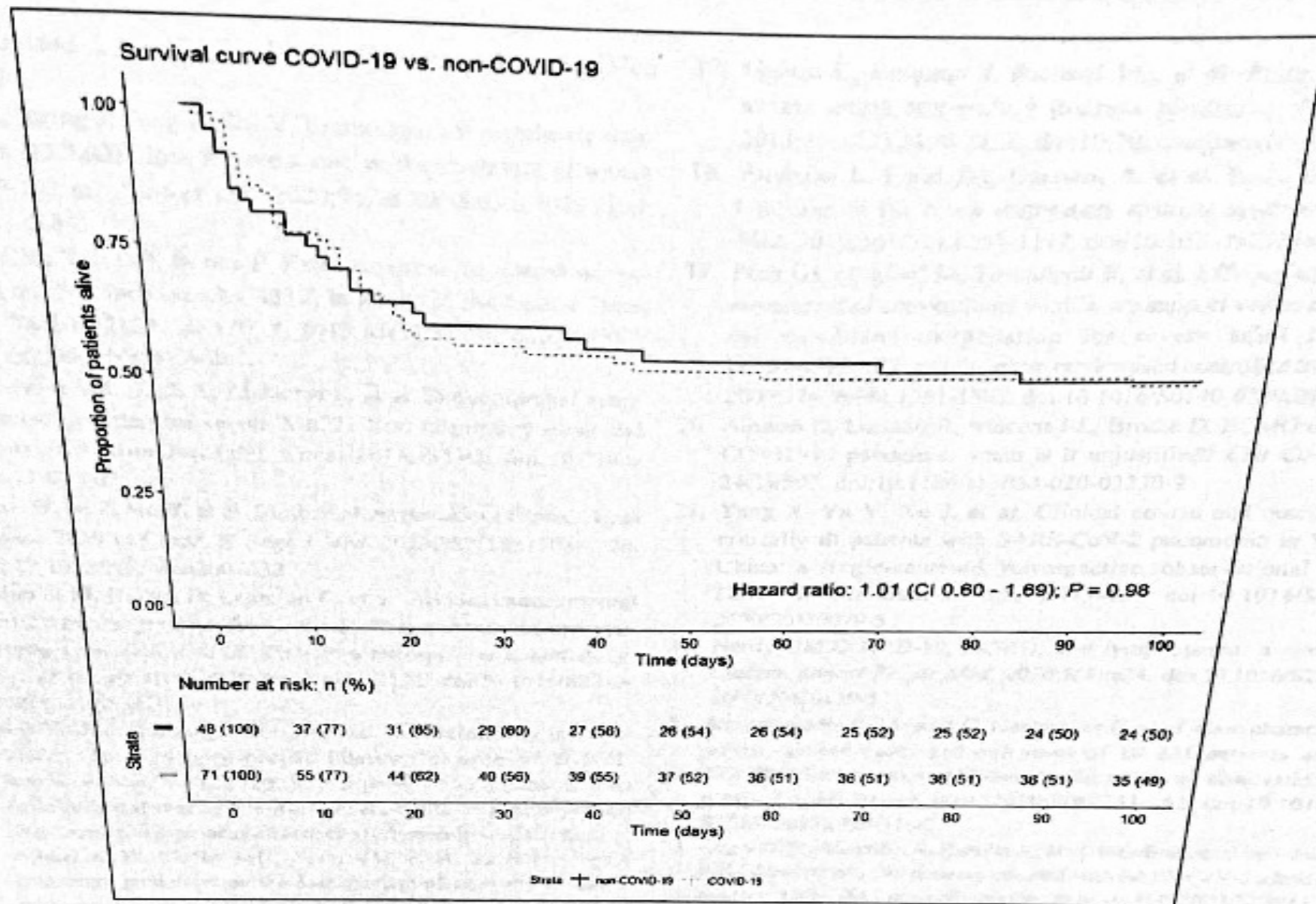


Figure 1. Kaplan-Meier estimates for patients with COVID-19 on ECMO and patients with ARDS not due to COVID-19 on ECMO. Unadjusted hazard ratio and 95% confidence interval calculated from a Cox proportional hazard model is presented.

ECMO and COVID-19

- Lebreton et al, “**Extracorporeal membrane oxygenation network organization and clinical outcomes during the COVID-19 pandemic in Greater Paris, France: a multicentre cohort study**” April 19, 2021, *The Lancet*
 - *90 day survival among ECMO-assisted patients with COVID-19 was strongly associated with a center’s experience in venovenous ECMO during the previous year*



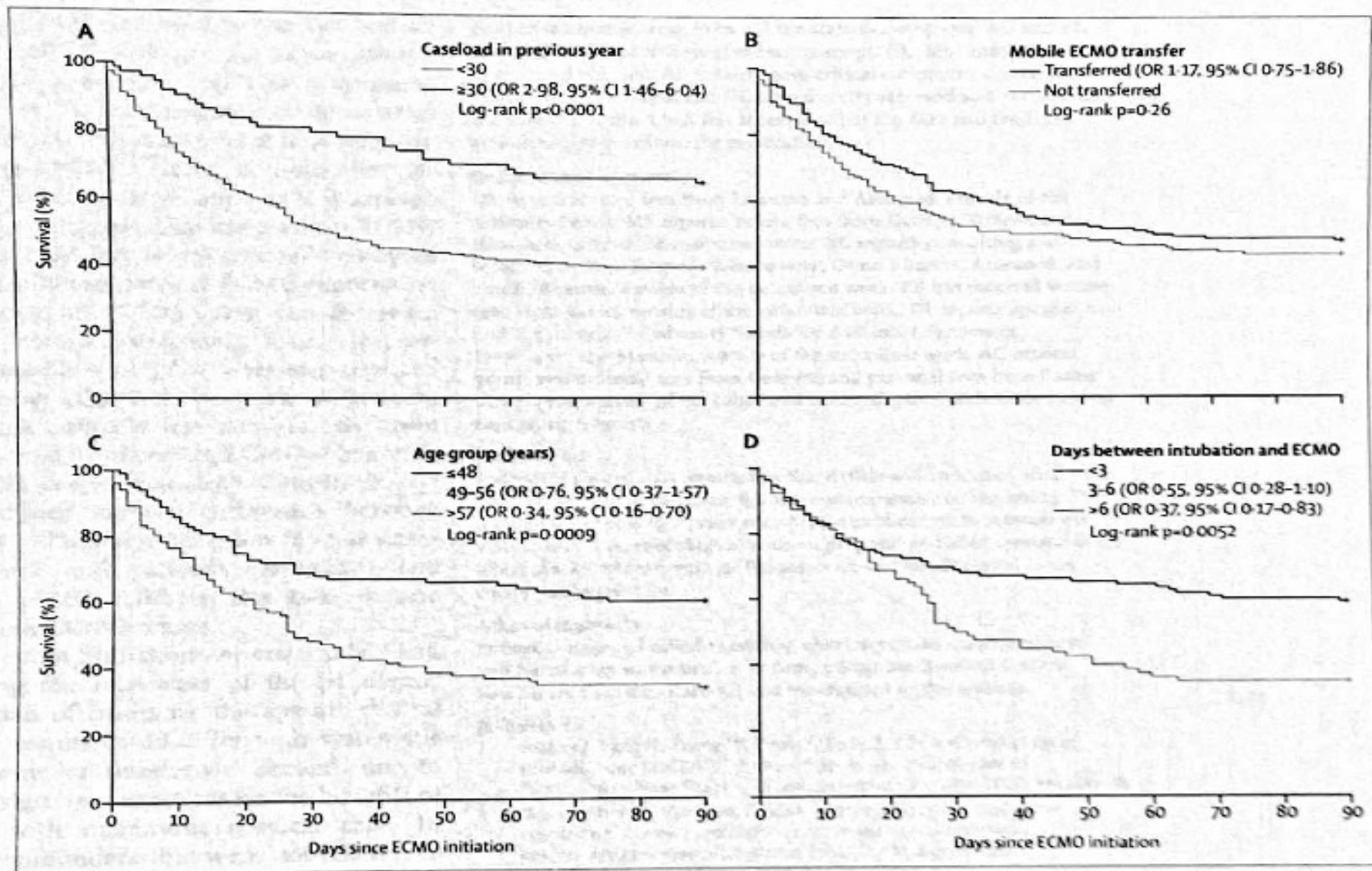
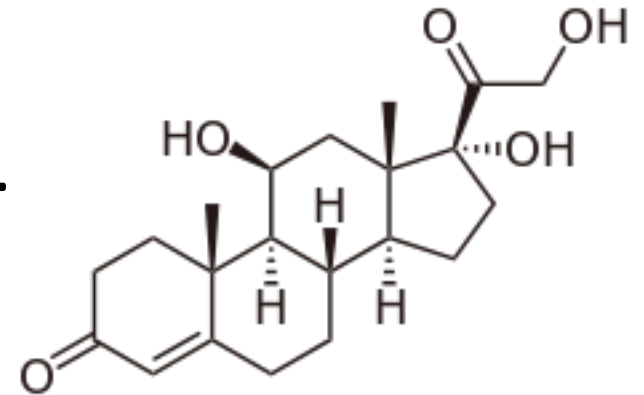


Figure 3: 90-day survival according to venovenous ECMO caseload in the previous year (A), mobile ECMO transfer (B), age group (C), and delay between orotracheal intubation and ECMO implantation (D)

What are steroids?

- A steroid is any of a large class of organic biologically active compounds with a characteristic molecular structure containing four rings of carbon atoms (three six-membered and one five).
- They include many hormones, alkaloids, and vitamins.



What are steroids?

- Glucocorticoids:
 - The anti-inflammatory action of glucocorticoid hormones was described by Hench and colleagues in 1949.
 - Hench and his co-workers found that small doses of cortisone dramatically improved the symptoms of patients with rheumatoid arthritis.



What are steroids?

- Glucocorticoids:
 - Glucocorticoids combine with a cytoplasmic receptor that alters gene expression in two ways.
 - One way is dependent on the receptor's binding directly to DNA and acting (positively or negatively) as a transcription factor.
 - The other is dependent on its binding to and interfering with other transcription factors.
 - Both mechanisms could underlie suppression of inflammation.



Steroids and ARDS

- Lin et al “**Decreased mortality in acute respiratory distress syndrome patients treated with corticosteroids: an updated meta-analysis of randomized clinical trials with trial sequential analysis**” *Crit Care* (2021) 25:122
 - *9 studies with 1371 participants, used dexamethasone, hydrocortisone and methylprednisolone*
 - *Glucocorticoid use was associated with lower mortality, increased ventilator free days, not associated with increased infection or hyperglycemia (**we don't know the optimal dose or duration of steroids**)*



Immunotherapy and COVID-19

- Buzon-Martin et al “**Benefits of early aggressive immunomodulatory therapy (tocilizumab and methylprednisolone) in COVID-19: Single center cohort study of 685 patients**” *Journal of Translational Autoimmunity* 4 (2021)
 - *In a large retrospective COVID-19 in-hospital cohort, lopinavir/ritinovir and interferon showed no significant impact on survival*
 - *Extensive use of corticosteroids and tocilizumab resulted in good overall outcome and acceptable complication rates*

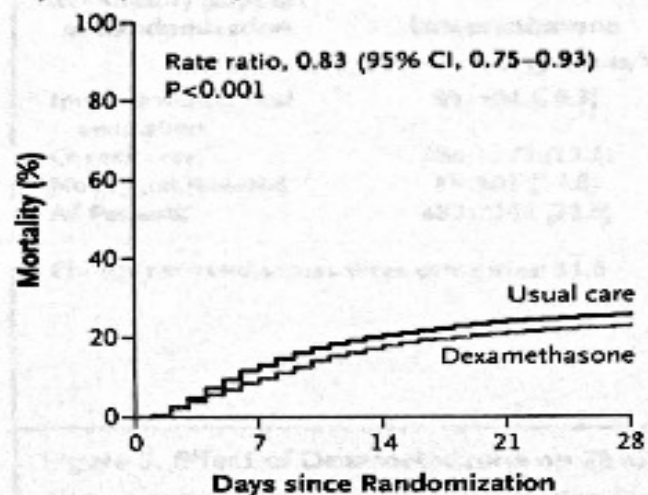


Dexamethasone and COVID-19

- The RECOVERY Collaborative Group “**Dexamethasone in Hospitalized Patients with COVID-19**” *N Eng J Med* 384;8 February 25, 2021
 - *In hospitalized patients with COVID-19, the use of dexamethasone resulted in lower 28 day mortality among patients that were receiving mechanical ventilation or supplemental oxygen but not in patients that were receiving no respiratory support.*

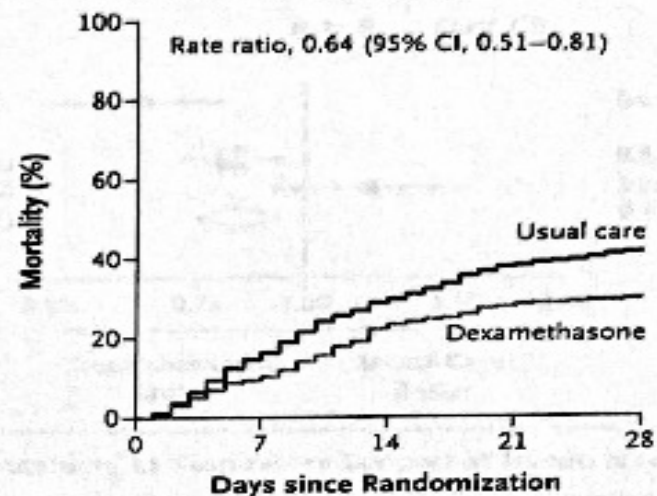


A All Participants (N=6425)



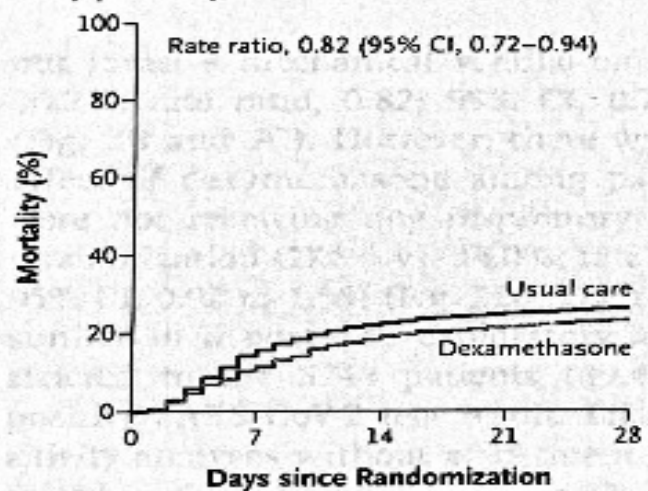
No. at Risk					
Usual care	4321	3754	3427	3271	3205
Dexamethasone	2104	1902	1724	1658	1620

B Invasive Mechanical Ventilation (N=1007)



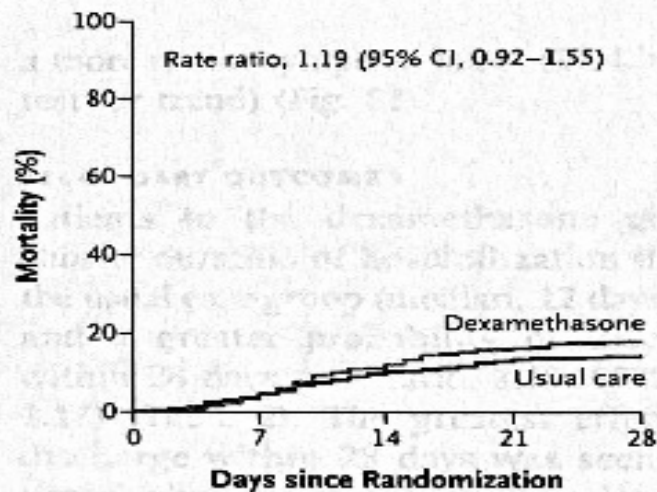
No. at Risk					
Usual care	683	572	481	424	400
Dexamethasone	324	290	248	232	228

C Oxygen Only (N=3883)



No. at Risk					
Usual care	2604	2195	2018	1950	1916
Dexamethasone	1279	1135	1036	1006	981

D No Oxygen Received (N=1535)



No. at Risk					
Usual care	1034	987	928	897	889
Dexamethasone	501	477	440	420	411



Conclusion:

- COVID and ECMO
 - Sure

- COVID and steroids
 - Probably?

