# An Overview of Pharmacologic Treatments Under Investigation for Long COVID

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#### Disclosure Statement

The speaker has no conflicts of interest or relationships with commercial entities that may be referenced in this presentation.



# Learning Objective

 Discuss pharmacologic treatment options under investigation in various clinical trials for Long COVID



## Definition of Long COVID

- AKA: 'post-COVID-19', 'long-haul covid', 'post-acute sequelae of COVID-19 (PASC)', 'ongoing COVID-19', 'chronic Covid syndrome'
- Prolonged/ residual COVID-19 symptoms lasting more than 4 weeks
   OR
- Relapsing/ new symptoms ≥ 30 days after acute infection



## Prevalence of Long COVID

- 45% of individuals with ≥ 1 unresolved symptom (at ~ 4 months)
  - Hospitalized patients: 52.6%
  - Non-hospitalized patients: 34.5%
- Few people have full recovery
  - 85% of those w/ symptoms 2 months after acute infection, had symptoms 1 year after symptom onset



# Symptoms of Long COVID

• ≥ 60 physical & psychological symptoms



• Fatigue, brain fog, postexertional malaise, dizziness







• Breathlessness, chronic cough





• Others: sleep disturbance, GI symptoms, changes in sexual desire, thirst, abnormal movements



## Pathogenesis of Long COVID

- Persisting viral reservoirs in tissues
- Immune dysregulation
- Autoimmunity
- Changes in gut microbiota
- Microvascular blood clotting with endothelial dysfunction
- Signaling dysfunction in brainstem/ vagal nerve



# Pharmacological Treatments Under Investigation in Clinical Trials



# **Core Symptoms**



## Nirmatrelvir/Ritonavir

- Trial registration# NCT05668091
- Study design: randomized, double-blind
- Inclusion: highly symptomatic adults with long COVID
- Intervention: Nirmatrelvir 2x150 mg tab Q12h + Ritonavir 1X100 mg cap Q12h for 15 days
- Primary outcome:
  - Physical Health Summary Score (depression, physical function, pain interference, fatigue, sleep disturbance, satisfaction with participation in social roles)



## Nirmatrelvir/Ritonavir

(cont'd)

- Trial registration# NCT05576662
- Study design: randomized, double-Blind
- Inclusion:
  - ≥ 2 long COVID symptoms (fatigue, brain fog, shortness of breath, GI or CV symptoms) persisting > 3 months
- Intervention: Nirmatrelvir 2x150 mg tab Q12h + Ritonavir 1X100 mg cap Q12h for 15 days
- Primary outcome:
  - Core Symptoms Severity Scale Score (fatigue, brain fog, dyspnea, body aches, gastrointestinal symptoms, cardiovascular symptoms)



#### Remdesivir

- Trial registration# NCT04978259
- Study design: randomized, open label
- Inclusion: alive patients who attended the SOLIDARITY Finland sub-study (w/ confirmed COVID infection + were admitted to hospital/ICU)
- Intervention: remdesivir IV during hospital stay up to 10 days
- Primary outcome: effect on long-COVID symptoms & quality of life at 1 and 2 years post-discharge

#### Vitamin K2 & Vitamin D3

- Trial registration# NCT05356936
- Study design: randomized, open label
- Inclusion:
  - Diagnosed with COVID-19 ≥ 3 months ago
  - With persistent, recurrent or even new long COVID symptoms
- Intervention: Vitamin K2 and Vitamin D3 by mouth daily
- **Primary outcome:** Effects on Inflammatory Biomarkers



#### Metformin

- Trial registration# NCT04510194
- Study design: randomized, quadruple-blind
- Inclusion:
  - Adults, overweight/ obese
  - Documented SARS-CoV-2 positive within 3 days before enrolment
- Intervention:
  - Metformin administered within 3 days of symptom onset
  - Dose was titrated over 6 days: 500 mg on day 1, 500 mg BID on days
    2–5, then 500 mg in AM and 1000 mg in PM up to day 14
- **Primary outcome:** metformin reduced incidence of long COVID by ~ 41%



# Neurocognitive Impairment



#### Baricitinib

- Trial registration# NCT05858515
- Study design: randomized, double blind
- Inclusion: documented COVID infection + neurocognitive symptoms for ≥ 60 days prior to screening
- Intervention: baricitinib 4 mg tab daily for 12 weeks
  - Dose adjusted for renal dysfunction (to 2 mg or 1 mg)
- Primary outcome: Global Neuropsychological Function



#### Fluvoxamine

- Trial registration# NCT05874037
- Study design: randomized, double blind
- Inclusion: COVID infection ≥ 3 months ago + long COVID neurocognitive symptoms (e.g., brain fog)
- Intervention:
  - One dose of fluvoxamine 25mg, then one dose of 50mg, then one dose of 100mg
  - Assessment of subjective reaction to these test doses then randomize to individually tailored course of fluvoxamine for 16 weeks
- Primary outcome: improvement in long COVID symptoms (cognitive performance)

#### Vortioxetine

- Trial registration# NCT05047952
- Study design: randomized, double-blind
- Inclusion: COVID infection > 3 months ago + symptoms persisting for ≥ 2 months
- Intervention:
  - Adults 18-64 yrs old: vortioxetine 10 mg daily for 2 weeks, then dosed up to 20 mg daily for weeks 2-8
  - Adults 65+ years: vortioxetine 5 mg daily for 2 weeks, then dosed up to 10 mg daily for weeks 2-8
- Primary outcome: Changes in cognitive function

#### Lithium

- Trial registration# NCT05618587
- Study design: randomized, double-blind
- Inclusion: positive COVID test + symptoms of brain fog/fatigue
- Intervention: lithium 10mg PO daily for 3 weeks
- Primary outcome: effects on brain fog and fatigue



#### **Atorvastatin**

- Trial registration# NCT04904536
- Study design: randomized, open label
- Inclusion: adults, COVID diagnosis + persisting neurological symptoms (impairment in memory, concentration, mood)
- Intervention: atorvastatin 40mg daily for 18 months
- **Primary outcome:** improvement in neurocognitive function



#### Nicotinamide Riboside

- Trial registration# NCT04809974
- Study design: randomized, double-blind
- Inclusion: COVID infection ≥ 2 months ago + persisting brain fog (and other neurological/ physical symptoms)
- Intervention: Niagen (Nicotinamide Riboside, Vitamin B3) 2000mg capsules daily
- Primary outcome: improvement in cognitive function, mood, physical health



# Chronic Fatigue Syndrome



#### **Naltrexone**

- Trial registration# NCT05430152
- Study design: randomized, double-blind
- **Inclusion:** confirmed COVID infection + clinical diagnostic criteria for post-COVID fatigue syndrome
- Intervention: Low-Dose Naltrexone as a compounded capsule:
  - Week 1: 1 mg/day (1 mg cap)
  - Week 2: 2 mg/day
  - Week 3: 3 mg/day
  - Weeks 4-16: 4.5 mg/day
- **Primary outcome:** fatigue intensity, decline in levels of inflammatory markers



# Pregabalin

- Trial registration# NCT05967052
- Study design: randomized, double-blind
- Inclusion: documented COVID infection ≥ 6 months ago + diagnosis criteria of post-COVID chronic fatigue syndrome
- **Intervention:** pregabalin 75 to 300 mg daily + comprehensive rehabilitation for 6 months
- Primary outcome: change in fatigue intensity, walking distance



#### **Probiotics**

- Trial registration# : NCT05975034
- Study design: randomized, double-blind
- Inclusion: persistent long COVID symptoms ≥ 3months after COVID infection
- Intervention: Probiotic taken daily for 12 weeks
  - Participants will use app to track symptoms for 3 weeks before study + last 3 weeks of treatment
- **Primary outcome:** fatigue severity



# **Respiratory Symptoms**



#### Montelukast

- Trial registration# NCT04695704
- Study design: randomized, double-blind
- **Inclusion:** documented COVID infection + persistent respiratory symptoms, mild-moderate dyspnea
- Intervention: montelukast 10 mg daily for 28 days
- **Primary outcome:** respiratory symptoms



#### Colchicine

- Trial registration# NCT04818489
- Study design: randomized, open label
- Inclusion: confirmed COVID infection
- Intervention: Colchicine 2x0.5 mg BID (loading dose), then 1x0.5mg BID for 3 weeks
- **Primary outcome:** Pulmonary fibrosis



#### Pirfenidone

- Trial registration# NCT04607928
- Study design: randomized, double blind
- Inclusion: recovered from severe COVID pneumonia + fibrotic lung sequelae
- **Intervention:** pirfenisone 2x267 mg cap Q8hr for 1 week, then if tolerated, increase to 3x267 mg cap Q8hr for 24 weeks
- Primary outcome: changes in pulmonary fibrosis



# **Cardiovascular Symptoms**



## **Metoprolol Succinate**

- Trial registration# NCT05096884
- Study design: single group assignment, open label
- Inclusion: documented PCR positive COVID infection + tachycardia/dyspnea with minimal activity
- Intervention: metoprolol succinate 25 mg daily for 2 weeks, then if well tolerated every 2 weeks to a max dose of 400 mg daily for 8 weeks
- Primary outcome: Change in 6 minute walk test, cardiac function, quality of

# Efgartigimod

- Trial registration# NCT05633407
- Study design: randomized, double blind
- **Inclusion:** new-onset postural orthostatic tachycardia syndrome post-COVID
- Intervention: efgartigimod IV infusion 10mg/kg weekly for 24 weeks
- Primary outcome: reduction in severity of long COVID postural orthostatic tachycardia syndrome



### Coenzyme Q compound

- Trial registration# NCT05373043
- Study design: non-randomized, double blind
- Inclusion: positive COVID test ≥ 3 months ago + long COVID symptoms
- Intervention: Exercise + Mito-Q (Mitoquinone) vs. Exercise + Placebo
- Primary outcome: improvement in vascular endothelial function



# **Sensory Symptoms**



## Gabapentin

- Trial registration# NCT05184192
- Study design: randomized, double blind
- Inclusion: recovered from COVID infection + within 2 weeks, experienced post-COVID olfactory dysfunction for ≥ 3 months
- Intervention:
  - gabapentin, week 1: 300mg TID, week 2: 600mg TID, week 3: 900mg TID, week 4: 1200mg TID
  - then fixed dose (highest tolerable dose) for 8 weeks
  - then taper down for 2 weeks
- Primary outcome: improvement in olfactory function

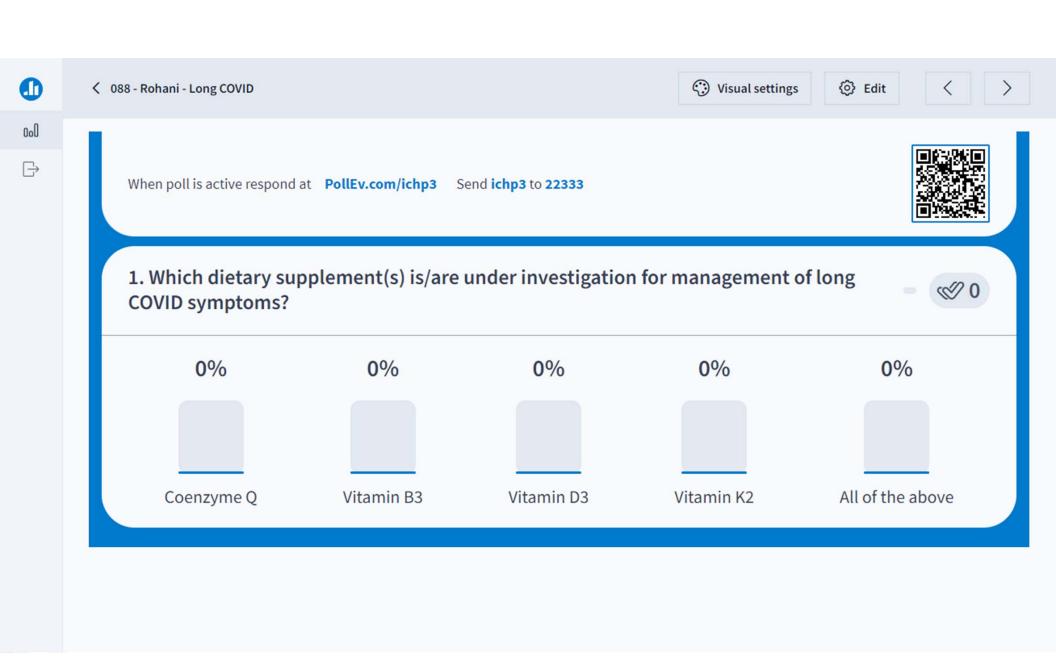
#### Pimozide

- Trial registration# NCT05507372
- Study design: randomized, double blind
- Inclusion: tinnitus after COVID infection, persisting for ≥ 4 weeks
- Intervention: pimozide 1mg
- Primary outcome: treatment of COVID induced tinnitus



# Polling Question!

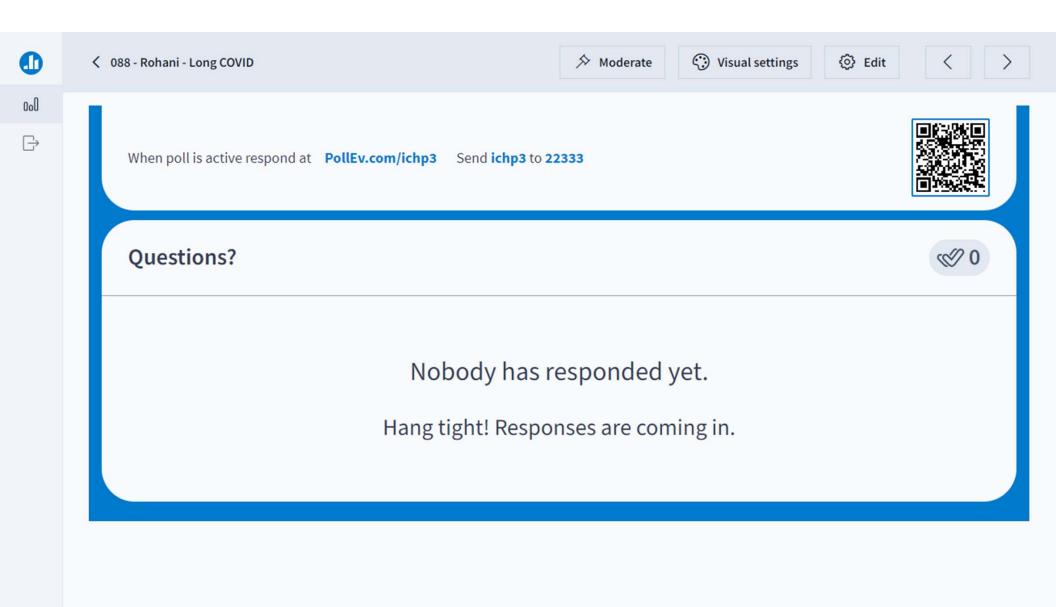




## **Key Takeaways**

- ✓ Symptoms ≥ 30 days after acute infection
  - Fatigue, brain fog, palpitations, breathlessness
  - Involves one or multiple organs
- ✓ Pathogenesis/possible treatment options:
  - Persisting viral reservoirs in tissues => antivirals
  - Immune dysregulation => JAK inhibitors
  - Changes in gut microbiota => probiotics
  - Endothelial dysfunction =>  $\beta$ -blockers
  - Signaling dysfunction in brainstem/ vagal nerve => antidepressants





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