Twitter Thread by Robin Monotti



Robin Monotti
@robinmonotti

The problem with meta-analysis like this is that it obfuscates the most important issue of treatment, which is timing.

> #BMJResearch update: Corticosteroids probably reduce mortality and mechanical ventilation in patients with covid-19 compared with standard care, whereas azithromycin, hydroxychloroquine, interferon-beta, and tocilizumab may not reduce either https://t.co/oQ3lTWUqaz
>
> — The BMJ (@bmj_latest) December 18, 2020

This meta-analysis of controlled trials only looks at hospitalized patients. How long were the patients ill for before being hospitalized? One week? Two? Three? Too late for zinc ionophores (HCQ) (+ZINC? No zinc no point..) to work. Severe illness becomes bacterial in nature.

Was azythromycin administered when the bacterial infections were also too advanced? I have seen Azythromycin work with my very own eyes but that's not to say that if administered too late it may not save the patient. How many patients were given AZT & ventilated? It's all timing.

All the meta-analysis is telling us is if you leave it too late you may have missed the early window for antiviral zinc treatment (Zn+HCQ) & that if you are given AZT when you are ventilated or very severe it may too late for it to save you & corticosteroids may be last resort.

And of course antibiotics need also probiotics, or they may harm the bacterial flora which is part of the immune response. Difficult to tell from a meta-analysis how this problem was managed.

Anyway, good news on the corticosteroids as the now accepted last line of treatment.

However, if you treat with corticosteroids too early you may run into problems:

"Corticosteroid treatment was associated with delayed viral clearance in four studies and one study that recruited 120 patients with critical illness found no difference between corticosteroid and control groups." https://t.co/pekXcIBUQP

But it may still reduce mortality if it is used as the last line of treatment (after other treatments not instead of):

"all-cause mortality was lower among patients who received corticosteroids compared with those who received usual care or placebo (summary odds ratio, 0.66)" https://t.co/5sdHOl6yJ1