

Management of patients with diagnosed or suspected COVID-19 receiving chronic treatment with blockers of the renin-angiotensin-aldosterone system (RAAS Blockers).

Situation: New data and recommendations from governing cardiology societies have changed perspective regarding use of RAAS antagonists in patients with COVID-19.

Background: Concern has arisen regarding the potential effects of ACE and/or ARB use in the setting of suspected or confirmed COVID-19. An SBAR released on March 14th outlined recommendations in response to these concerns. On March 17th, a joint statement from the Heart Failure Society of America (HFSA), the American College of Cardiology (ACC), and the American Heart Association (AHA) was released specifically addressing this topic. The Statement acknowledges uncertainty regarding the potential effects of ACE and/or ARB use in the setting of COVID-19, and that recommendations are shifting in response to emerging data. The full statement is available at: <https://www.acc.org/latest-in-cardiology/articles/2020/03/17/08/59/hfsa-acc-aha-statement-addresses-concerns-re-using-raas-antagonists-in-covid-19>.

Assessment: The joint recommendation from the cardiology societies supersedes the notice sent out by the Office of the Chief Clinical Officer on March 14. The summary statement for these recommendations is as follows:

Do not add or remove any RAAS-related treatments, beyond actions based on standard clinical practice.

Recommendations:

1. The recommendations in the prior SBAR on this topic released on March 14th, 2020 to hold RAAS antagonists in the setting of COVID-19 are out of date and should not be followed.
2. RAAS antagonists **should be continued** for patients currently prescribed such agents for indications for which these agents are known to be beneficial, such as heart failure, hypertension, or ischemic heart disease.
3. In the event patients with cardiovascular disease are diagnosed with COVID-19, individualized treatment decisions should be made according to each patient's hemodynamic status and clinical presentation.