Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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UK frontline workers in the prevention, treatment and recovery from Covid-19.

Methods: The JSP Management group was formed in March 2020. A selective review was conducted of available English and Chinese language sources describing the diagnosis and treatment of COVID-19. Data on herbs, formulae and approaches to management were extracted, formulated into statements, and circulated to an international group of expert practitioners. Agreement on these were rated on a 7 point Likert scale and aggregated to generate a broad consensus on good practice resulting in preventative and acute treatment guidelines. Forty-eight CHM practitioners were recruited to work voluntarily on the project and trained in the use of the guidelines. Funds were raised to enable provision of free herbs. Practitioner networks and social media were used to publicise the project.

Results: Currently the JSP has 140 patients registered for treatment (74 for prevention, 6 for acute infection, and 60 for recovery). Recruitment has been primarily by word-of-mouth and includes a geographically and ethnically diverse population with a wide range of occupations from bus driver to surgeon. Data are being collected quantitatively using a modified MYMOP outcome measure and via in-depth qualitative interviews. Preliminary data suggests that CHM may have a useful role in assisting in the recovery from chronic COVID-19 related disease.

Conclusion: The JSP is an example of a practitioner led initiative to provide accessible integrative care to a vulnerable population at a time of great need. It has generated treatment guidelines, created a network of trained practitioners, and provided free herbal treatment to a diverse group of CHM naïve people. Preliminary data suggest further research into the role of CHM to assist recovery from chronic COVID-19 infection is warranted.

Keywords: Chinese herbal medicine; COVID-19; Integrative care; Prevention; Treatment.

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Lifestyle changes during the first wave of the COVID-19 pandemic: a cross-sectional survey in the Netherlands

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Introduction: During the Covid-19 pandemic the Dutch government implemented its so-called ‘intelligent lockdown’ in which people were urged to stay at home. This life changing event may have caused changes in lifestyle-behavior.

Methods: Life-style related changes were studied among a random representative sample of adults in the Netherlands using an online survey (22-27 May 2020). Differences in COVID-19 related lifestyle changes between Complementary and Alternative Medicine (CAM) users and non-CAM users were determined. The survey included a modified version of the I-CAM-Q and 26 questions on lifestyle-related-measures and changes since the COVID-19-outbreak.

Results: 1004 respondents were included in the study, aged between 18 and 88 years (50.7% females). Changes to a healthier lifestyle were observed in 19.3% of the population, mainly due to a change in diet habits, physical activity and relaxation, of whom 56.2% reported to be motivated to maintain this in a post-COVID-19 era. Fewer respondents (12.3%) changed into an unhealthier lifestyle. Multivariable logistic regression analyses revealed that changing into a healthier lifestyle was positively significantly associated with the variables ‘worried/anxious getting COVID-19’ (OR:1.56, 95% CI. 1.26-1.93), ‘CAM use’ (OR:2.04, 95% CI. 1.38-3.02) and ‘stress in relation to financial situation’ (OR:1.89, 95% CI. 1.30-2.74). ‘Age’ (OR:18-25:1.00, OR:25-40:0.55, 95% CI. 0.31-0.96, OR:40-55:0.50 95% CI. 0.28-0.87 OR:55+:0.1095% CI. 0.10-0.33), ‘stress in relation to health’ (OR:2.52, 95% CI. 1.64-3.86) and ‘stress in relation to the balance work home’ (OR:1.69, 95% CI. 1.11-2.57) were found predicting the change into a more unhealthy direction.

Conclusion: These findings suggest that the coronavirus crisis results in a healthier-lifestyle in one part and, to a lesser extent, in an unhealthier-lifestyle in another part of the Dutch population. Further studies are warranted to see whether this behavioral change is maintained over time, and how different lifestyle factors can affect the susceptibility for and the course of COVID-19.

Keywords: COVID-19, Life-style, CAM, Integrative Medicine

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Zinc for the prevention and treatment of SARS-CoV-2 and other acute viral respiratory infections – a living rapid review and meta-analysis

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Introduction: This living rapid review aims to systematically update evidence from randomised controlled trials (RCTs) on the efficacy and safety of any zinc formulation or dose compared to any control, for preventing or treating SARS-CoV-2 and other acute viral respiratory tract infections (RTIs) in adults.

Methods: Protocol registration was 27-April-2020 (PROSPERO: CRD42020182044). Eight databases (one Chinese), four clinical trial registries (one Chinese) and two pre-print servers were then searched with no language or date restrictions. Post-protocol/pre-data extraction, the inclusion criteria was restricted to adults. Meta-analysis used weighted, random-effects models. Cochran RoB 2.0 tool and GRADE were used to appraise evidence certainty. Searches for COVID-19 evidence are updated 6-monthly.

Results: As of Oct-2020, 1,907 articles and protocols were screened, and 28 RCTs involving 5,403 participants (none with SARS-CoV-2 infections) were included. Compared to placebo, oral or intranasal zinc prevented 5 RTIs/100 person-months (95%CI: 1.9, NNT=20) in adults without zinc deficiency (moderate-certainty), but not pre/post exposure prevention following human rhinovirus inoculation (RR 0.96, 95%CI: 0.77-1.21, moderate-certainty). There was low-certainty evidence of clinically important RTI treatment outcomes. Compared to placebo, sublingual or intranasal zinc improved day-3 symptom severity (MD 1.2 points lower, 95%CI: 0.7-1.7) and reduced symptom duration (MD 2 days shorter, 95%CI: 0.2-3.5; HR 0.55 over 7-days, 95% CI: 0.32-0.91, NNT=5). There was an increased risk of non-serious adverse events (e.g. nausea, or mouth or nasal irritation) (ARR 14/100 adults, 95%CI: 4.16, NNH=7). In the 25 RCTs that reported adverse events, none were serious, including copper deficiency or anosmia. The April-2021 update