A Response to: Letter to the Editor Regarding the Article: “Colchicine Against SARS-CoV-2 Infection: What is the Evidence?”

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To the Editor,

We would like to thank Dr. Finsterer J. for his comments regarding our paper published recently in Rheumatology and Therapy [1]. Dr. Finsterer raised three points regarding the use of colchicine in COVID-19 patients: its effectiveness and prevention, its safety, and the interactions with other drugs used [2].

In the first point, the author presented two studies and three systematic reviews and meta-analyses, which showed that colchicine neither prevents an infection with SARS-CoV-2, nor the morbidity and mortality [2]. We do not disagree with the results of the above studies, in our review we presented several studies and four meta-analyses showing the opposite results, indicating that colchicine is effective and is a promising agent that reduces the risk of severe COVID-19 [1, 3, 4]. In addition, while there are no agents to prevent SARS-CoV-2 infection, but only some whose use may mitigate the disease course of COVID-19 and its outcome, colchicine may be used as one of them [5, 6]. Furthermore, even full vaccination against SARS-CoV-2 cannot prevent the infection in some patients, but in these affected patients the disease is milder with less morbidity and mortality [7].

As far as it concerns the safety of colchicine, we would like to point out that all drugs potentially may cause some adverse drug reactions, but these reactions are minimal in comparison to the long-term beneficial effects that they offer. As an example, aspirin and statins can prevent cardiovascular diseases but they also have side effects [8]. Indeed, colchicine is a safe drug and it has been used in rheumatology for many decades to treat acute gout arthritis and its flares, as well as in patients with familial Mediterranean fever (FMF), to prevent the development of amyloidosis [5, 6].

Finally, regarding colchicine interactions with other drugs, we agree with this comment, but the dose of colchicine used in COVID-19 therapy is low and the treatment duration is between 7 and 14 days, thus interaction with other agents is minimal [1].

Systemic inflammation of SARS-CoV-2 and its clinical manifestations with high fever, cough, pneumonia, hypoxia, and multiorgan
dysfunction is a matter of concern for all physicians. In the absence of any effective treatment of COVID-19, many off-label drugs are used, among them colchicine. There are several studies which are in favor of colchicine use, while others argue against it. Thus, further well-designed studies with a large number of patients in outpatient and inpatient settings are required to answer the above argument. This article is based on previously conducted studies and does not contain any new studies with human participants or animals performed by any of the authors.

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Compliance with Ethics Guidelines. This article is based on previously conducted studies and does not contain any new studies with human participants or animals performed by any of the authors.

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