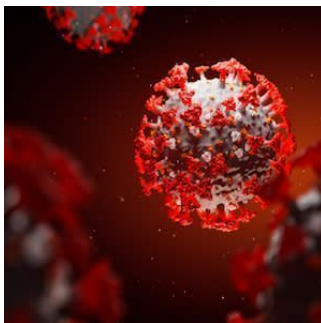


RECOVERY Trial: Use of Aspirin in Patients With COVID-19



The use of aspirin has been proposed as a treatment for COVID-19 because of its anti-thrombotic properties. Thrombosis is a key feature of COVID-19, with 5-30% of hospitalised patients having a major venous thromboembolic event and up to 3% having an arterial thromboembolic event.

The Randomised Evaluation of COVID-19 Therapy (RECOVERY) trial is the first randomised controlled trial to report on the effect of aspirin as a treatment for hospitalised patients with COVID-19. In this study, researchers compared several possible treatments with usual care in these patients. The trial included 177 hospitals in the UK, two hospitals in Indonesia, and two hospitals in Nepal. Study patients were randomly allocated to either usually standard care plus 150 mg aspirin once per day until discharge or usual standard of care alone. The primary outcome of the study was 28-day mortality. Secondary outcomes included time to discharge from hospital and among patients not on invasive mechanical ventilation at randomisation, progression to invasive mechanical ventilation or death.

Of the total patients, 7351 patients received standard care plus aspirin, and 7541 patients received standard care alone. As per the findings of the study, 17% of the patients in the standard plus aspirin group and 17% of the patients in the standard care alone group died within 28 days. Patients in the aspirin group had a slightly shorter duration of hospitalisation and a higher proportion were discharged from the hospital alive within 28 days. In patients not on invasive mechanical ventilation at baseline, no significant difference was observed in the proportion meeting the composite endpoint of invasive mechanical ventilation or death. Aspirin use was found to be associated with a reduction in thrombotic events.

Overall, these findings show that in patients hospitalised with COVID-19, aspirin was not associated with reductions in 28 day mortality or in the risk of progressing to invasive mechanical ventilation or death. However, it was associated with a small increase in the rate of patients being discharged alive within 28 days but the magnitude of the effect was quite small. Therefore, these findings do not support the use of aspirin as a treatment for hospitalised patients with COVID-19.

Source: [The Lancet](#)

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