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References

Contribution To Literature:

The ECLA PHRI COLCOVID trial failed to show that colchicine improved outcomes compared to control among patients hospitalized with COVID infection.

Description:

The goal of the trial was to evaluate colchicine compared with control among patients hospitalized with coronavirus disease 2019 (COVID-19) infection.

Study Design

- Randomization
- Parallel

Participants hospitalized with COVID-19 infection were randomized to colchicine (n = 640) versus control (n = 639).

- Total number of enrollees: 1,279
- Duration of follow-up: 28 days
- Mean patient age: 62 years
- Percentage female: 36%

Inclusion criteria:

- Participants ≥18 years of age hospitalized with COVID-19 infection
- Severe acute respiratory syndrome (SARS) (dyspnea or imaging of typical/atypical pneumonia or hypoxia)

Exclusion criteria:

- Indication or contraindication for the use of colchicine
- Negative polymerase chain reaction (PCR) test for SARS-CoV-2
- Chronic renal disease

- Pregnant or breastfeeding

Principal Findings:

The co-primary outcome of death or mechanical ventilation was 25.0% in the colchicine group compared with 28.8% in the control group (p = 0.08).

The co-primary outcome of death was 20.5% in the colchicine group compared with 22.2% in the control group (p = not significant).

Secondary outcomes:

- New intubation or death from respiratory failure at 28 days: 20.1% in the colchicine group compared with 24.9% in the control group (p < 0.05)
- Mortality from respiratory failure at 28 days: 11.8% in the colchicine group compared with 15.2% in the control group (p = not significant)
- Severe diarrhea: 11.3% in the colchicine group compared with 4.5% in the control group

Interpretation:

Among patients hospitalized with COVID-19 infection and SARS, colchicine was not beneficial. Colchicine compared with control did not reduce the incidence of death or mechanical ventilation. Colchicine was associated with severe diarrhea. Among secondary outcomes, new intubation or death from respiratory failure was nominally reduced with colchicine compared with control.

References:

Presented by Dr. Rafael Diaz at the European Society of Cardiology Virtual Congress, August 29, 2021.

Clinical Topics: Heart Failure and Cardiomyopathies, Prevention

Keywords: *ESC21, ESC Congress, Colchicine, COVID-19, Diarrhea, Dyspnea, Hypoxia, Brain, Intubation, Intratracheal, Polymerase Chain Reaction, Renal Insufficiency, Chronic, Respiration, Artificial, Respiratory Insufficiency, SARS-CoV-2, Secondary Prevention, Ventilation*