

Talking to Patients About Hydroxychloroquine During the COVID-19 Pandemic

Introduction for Providers

Patients who take hydroxychloroquine are facing medication shortages and may have new concerns about its safety. Providers who care for rheumatology patients are facing disparate policy recommendations for prescribing and allocation of antimalarials. The American College of Rheumatology regularly updates [guidance](#) on allocation of hydroxychloroquine. Clinical guidance from the American College of Rheumatology for the treatment of rheumatology patients during the COVID-19 pandemic is available [here](#). The following are suggested points that rheumatologists and rheumatology health professionals may wish to consider when discussing this issue with patients.

Information for Patients

The problem: Shortages of hydroxychloroquine

Many rheumatology patients have been unable to fill their prescriptions for hydroxychloroquine. Companies that supply hydroxychloroquine have indicated that they have ramped up production of this drug to help mitigate shortages.

Why the shortage?

Experiments (in cultured cells, not in humans) before the COVID-19 outbreak suggested that hydroxychloroquine might be effective against the virus that causes COVID-19. One [paper](#), released in the early stages of the pandemic and widely publicized after it was mentioned by President Trump in March, described the use of hydroxychloroquine in COVID-19 patients. This paper was very small and had serious design flaws, and so it was impossible to draw any conclusions from that study about the effectiveness of hydroxychloroquine in people with COVID-19. Since then, a number of studies have cast doubt on the effectiveness of hydroxychloroquine in treating COVID-19.

Is hydroxychloroquine safe?

More recently, public attention has turned to the safety of hydroxychloroquine. One potential side effect of hydroxychloroquine, known by rheumatologists and rheumatology health professionals for many years, is on the heart. While this appears to be very rare in rheumatology patients taking standard doses of hydroxychloroquine, the risk may be greater in COVID-19 patients. Some potential explanations for any difference between routine rheumatology patients and COVID-19 patients taking

hydroxychloroquine include: 1) some COVID-19 patients are given higher doses of hydroxychloroquine, 2) the virus itself can also adversely affect the heart, and 3) COVID-19 patients are frequently and simultaneously prescribed other medicines (including azithromycin) that can also affect the heart. The possibility for these and other side effects in COVID-19 patients taking hydroxychloroquine underscores the importance of testing hydroxychloroquine in controlled studies run by experts.

The American College of Rheumatology and the rheumatology community in general await the results of research to better understand whether anything learned about the safety of hydroxychloroquine in the COVID-19 pandemic will apply to its routine use in rheumatology patients. In the meantime, you may be reassured to know that rheumatologists and rheumatology health professionals have been using this medicine in standard doses for decades and have only very rarely observed cardiac toxicity attributable to the drug. It is also worth emphasizing that hydroxychloroquine is the only medicine associated with reduced rates of death in patients with systemic lupus erythematosus.

What can I do with a limited supply of hydroxychloroquine?

Many rheumatology patients are able to reduce their dose of hydroxychloroquine, or even go off the drug completely, for some time without suffering a flare. If you are faced with a shortage, we will work with you to reduce your dose to make your supply last as long as possible.

Are there alternatives to hydroxychloroquine?

Yes. In the event of a disease flare related to a shortage of hydroxychloroquine, there are other therapies that we can use to try to control your disease.

As always, if you have concerns about your medicines, including hydroxychloroquine, please contact your rheumatologist or rheumatology health professional.

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