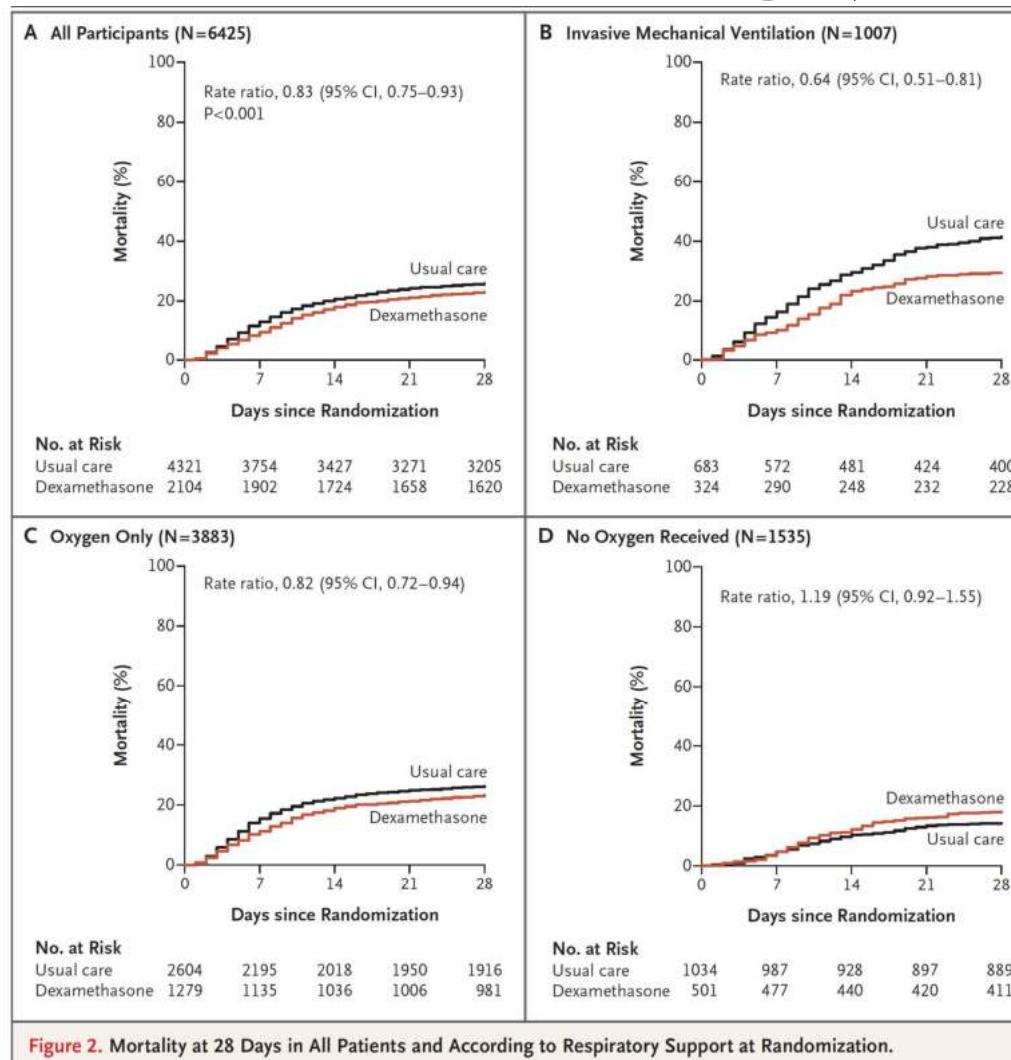


# Corticoïdes pour la Covid sévère: molécule, dose, durée

Pr Armand Mekontso Dessap

Médecine Intensive Réanimation, CHU Henri Mondor, APHP  
Groupe de recherche CARMAS, UPEC  
Créteil, France

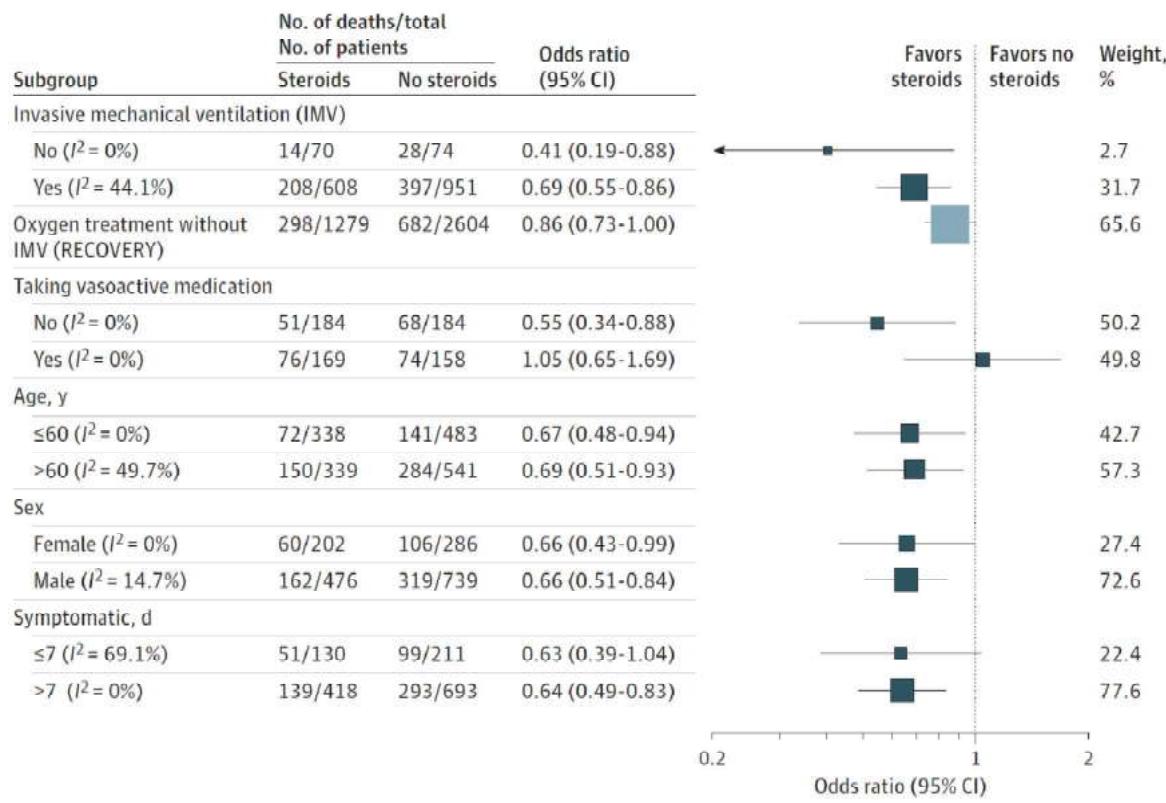
# RECOVERY: DXM 6mg/j x 10j



# **INFLUENCE DE LA SÉVÉRITÉ**

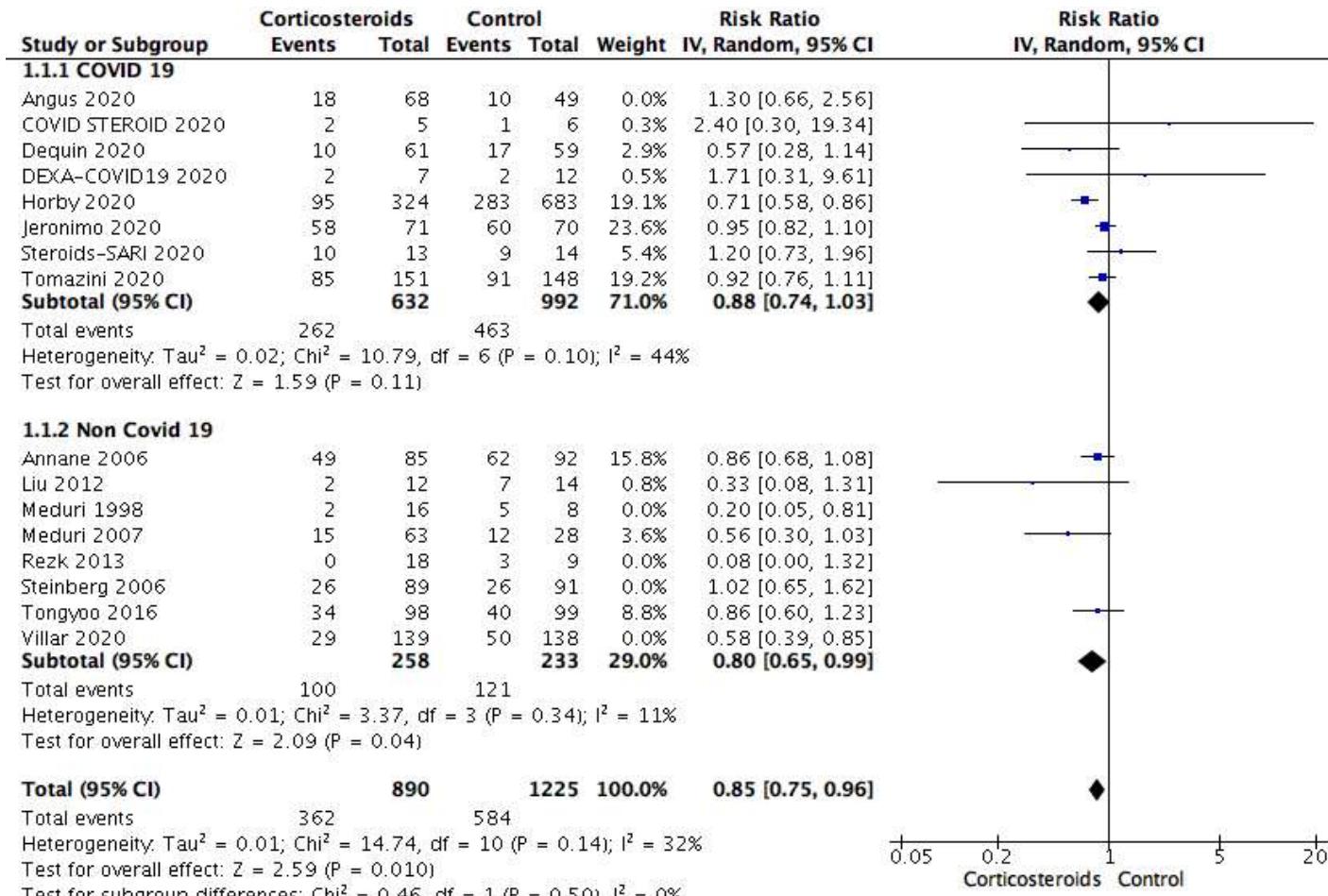
# Sévérité

**Figure 3. Association Between Corticosteroids and 28-Day All-Cause Mortality Within Subgroups Defined by Patient Characteristics at the Time of Randomization**

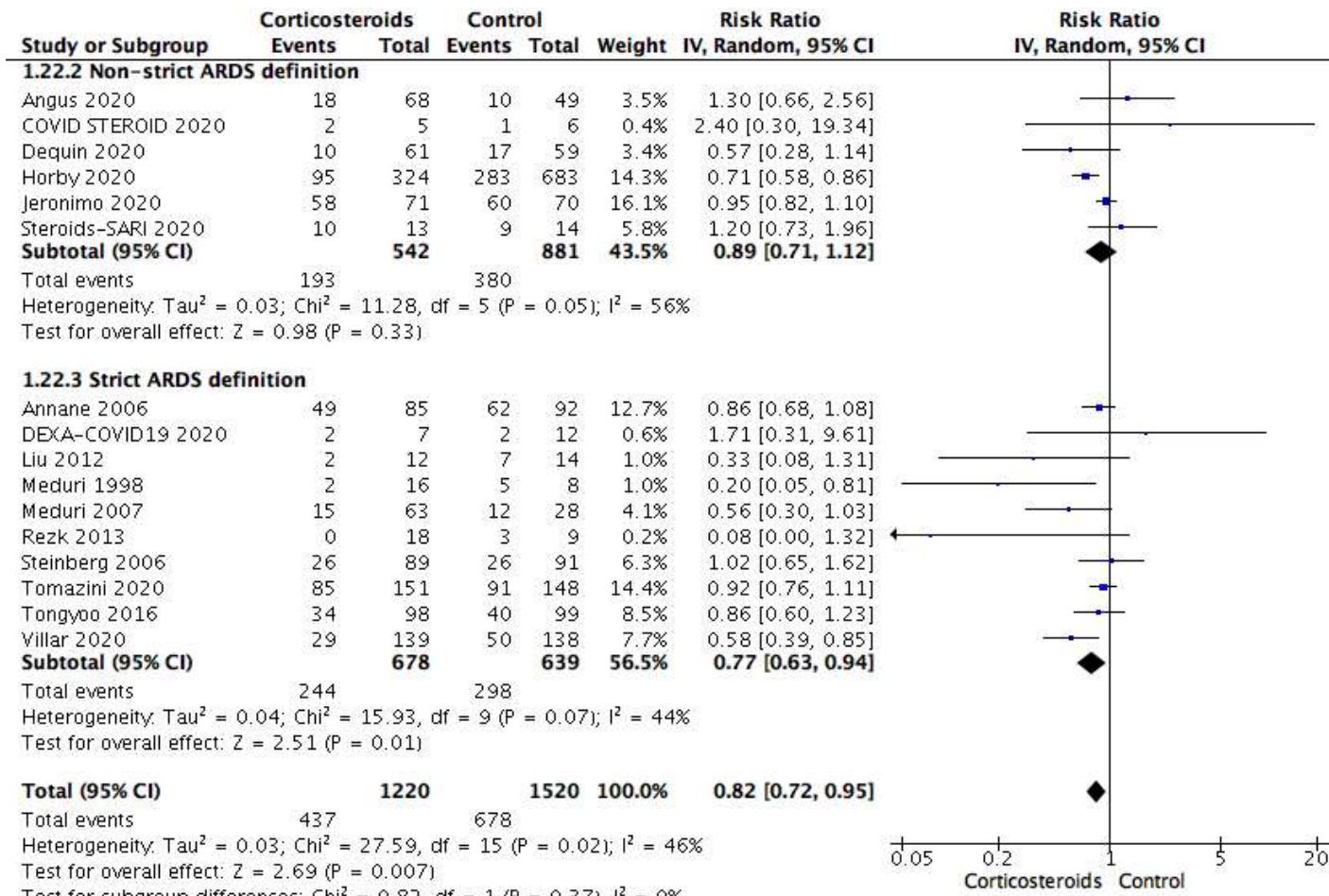


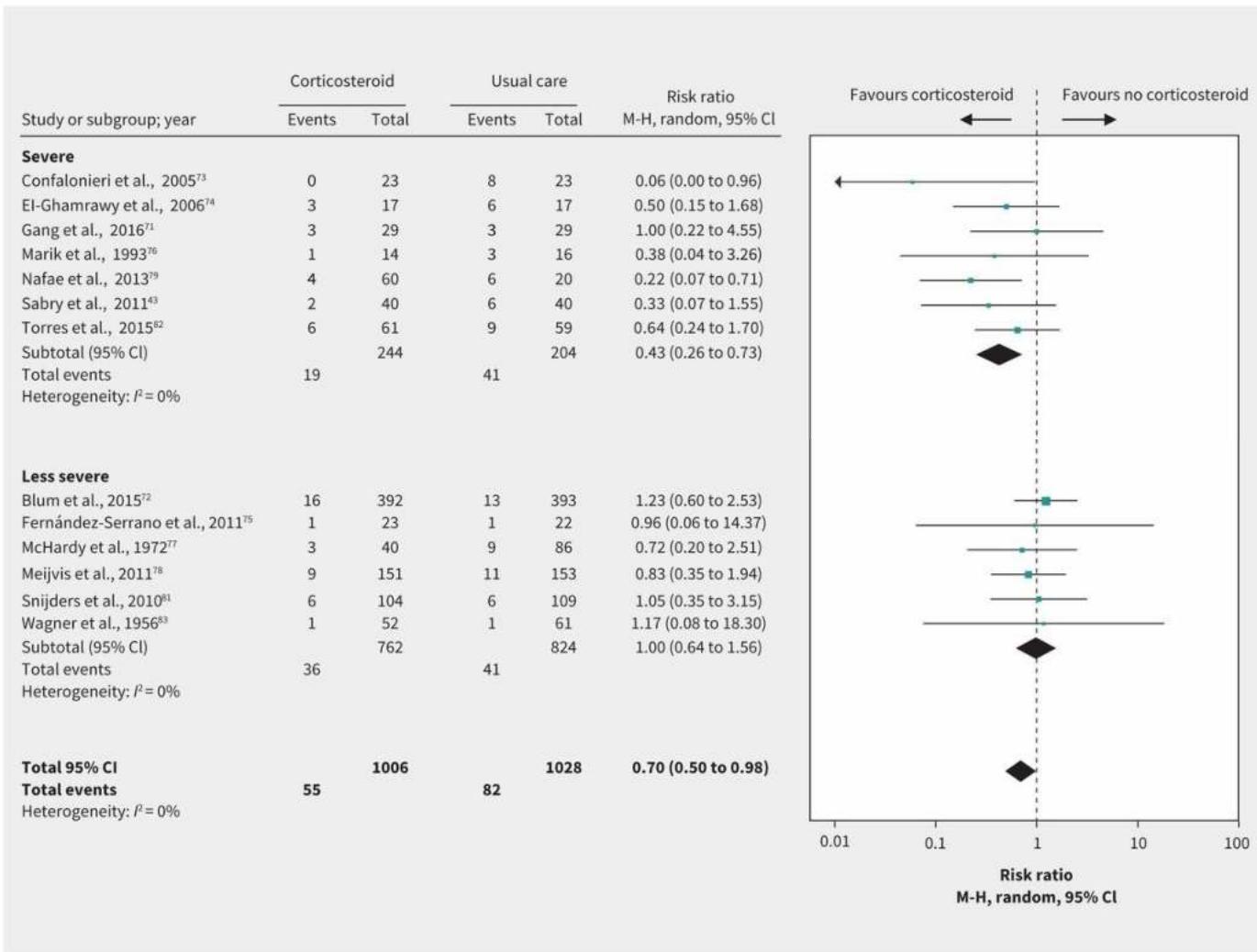
# RÔLE DE L'ÉTIOLOGIE

# SDRA (Covid & Non-Covid)

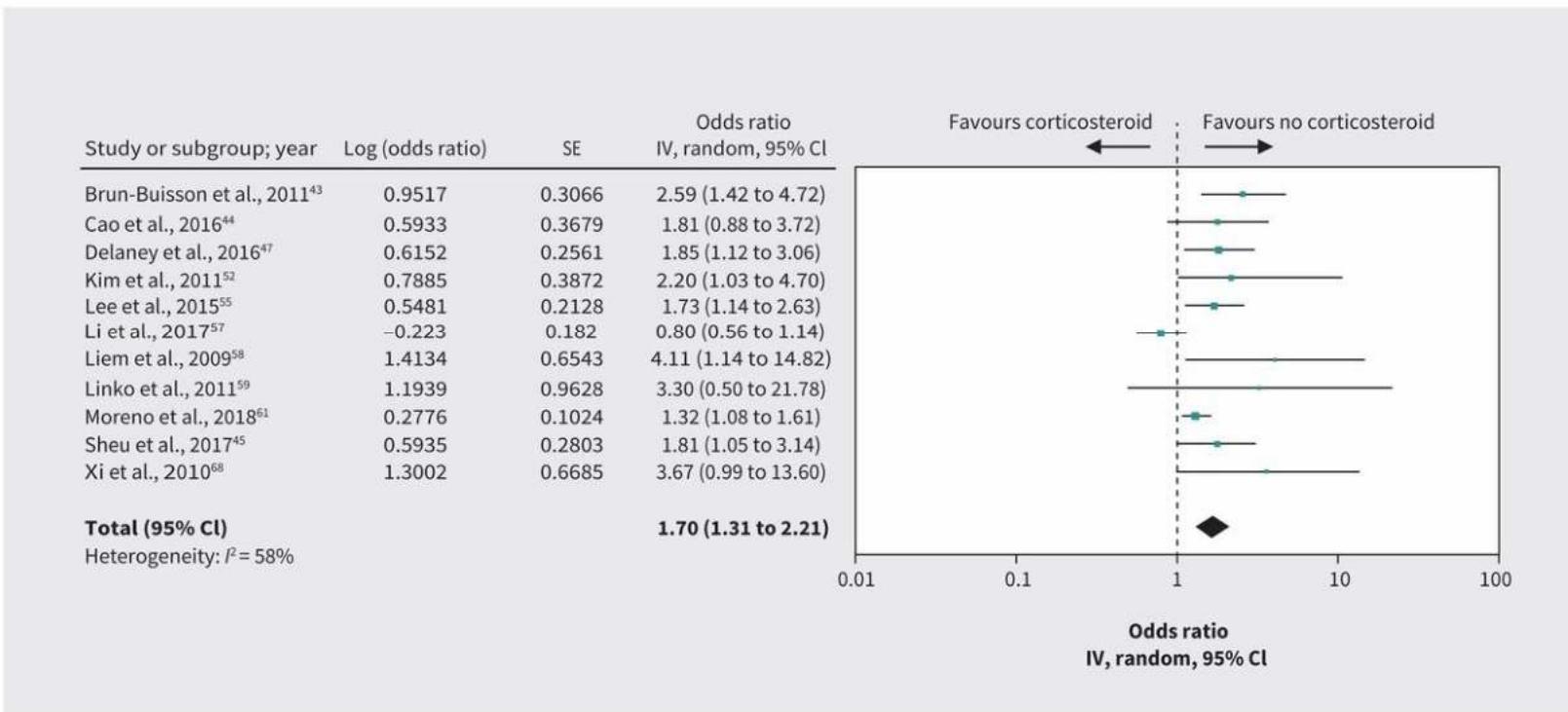


# SDRA strict





# Grippe





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COVID

# MOLÉCULE & DOSE

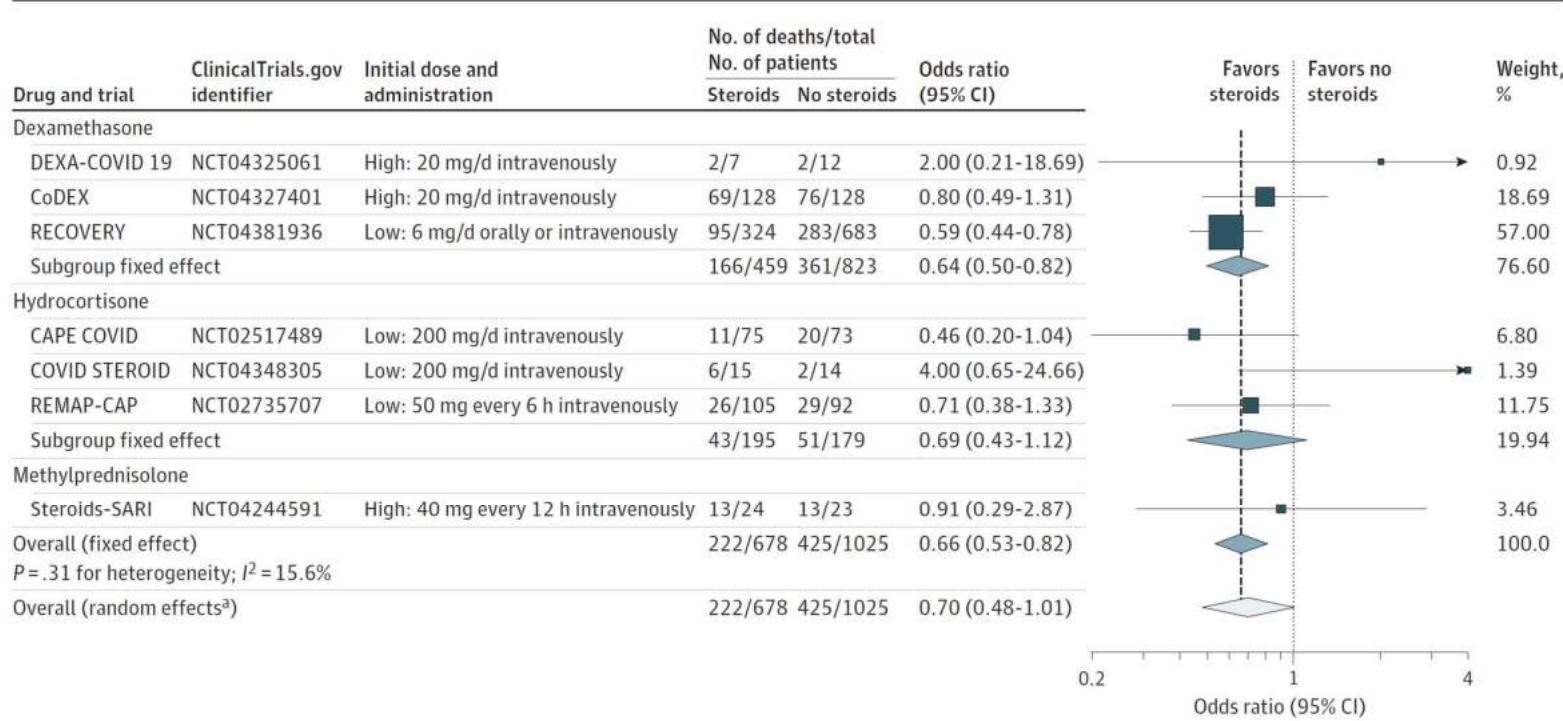
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# Équivalence des corticoïdes

5 mg prednisone (Cortancyl®) =  
20 mg hydrocortisone  
5 mg prednisolone (Solupred®)  
4 mg triamcinolone (Kénacort®)  
4 mg méthylprednisolone (Solumédrol®)  
0.75 mg dexaméthasone (Soludécadron®)  
0.75 mg bétaméthasone (Célestène®)

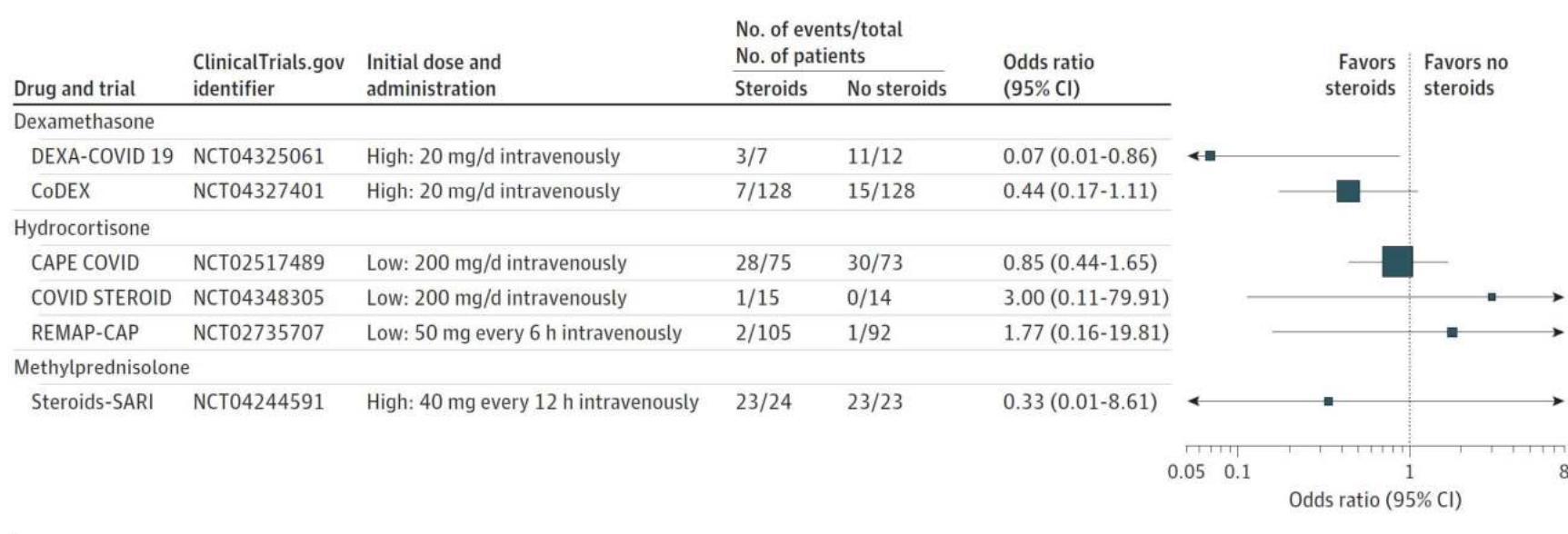
# Efficacité

Figure 2. Association Between Corticosteroids and 28-Day All-Cause Mortality in Each Trial, Overall, and According to Corticosteroid Drug

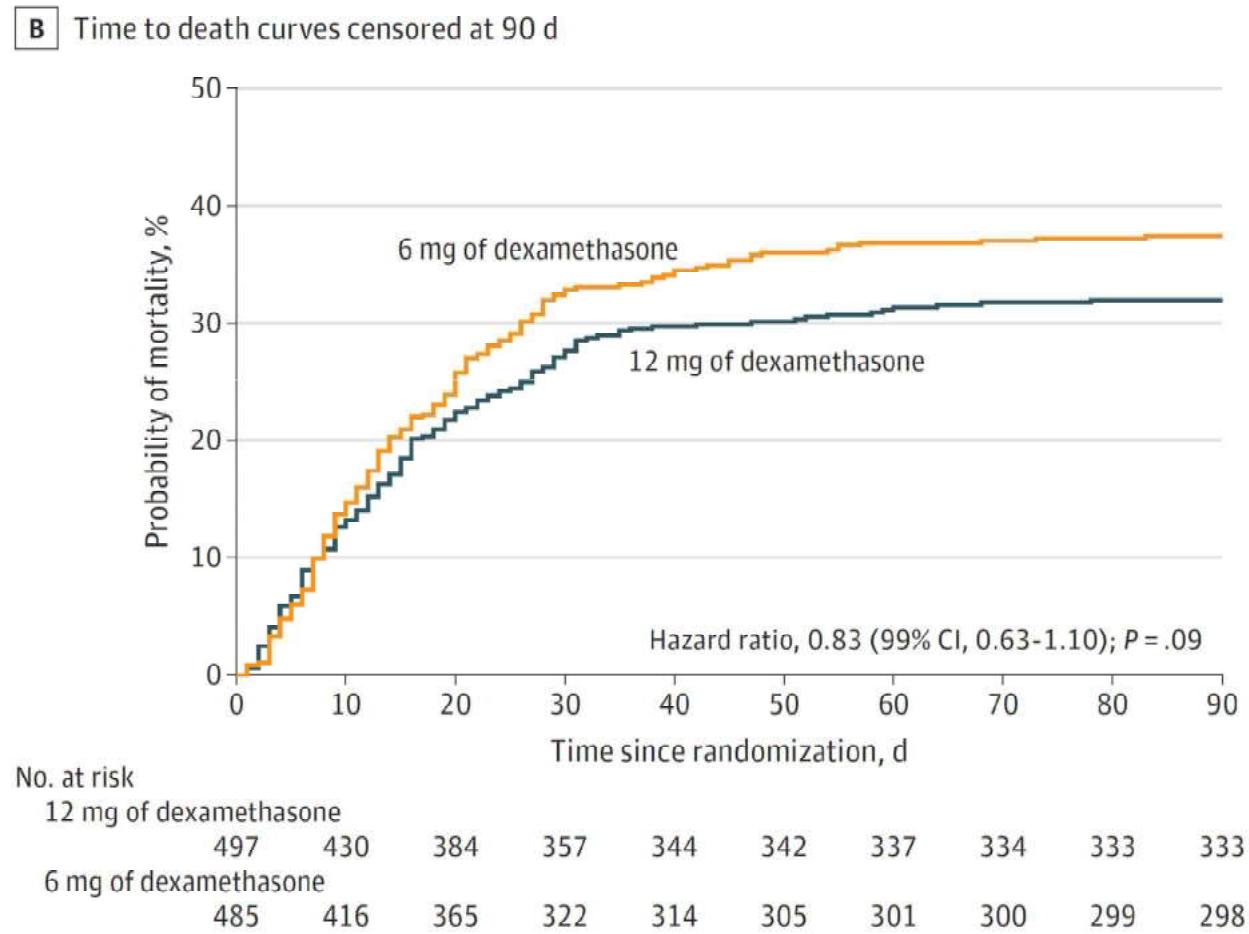


# Tolérance

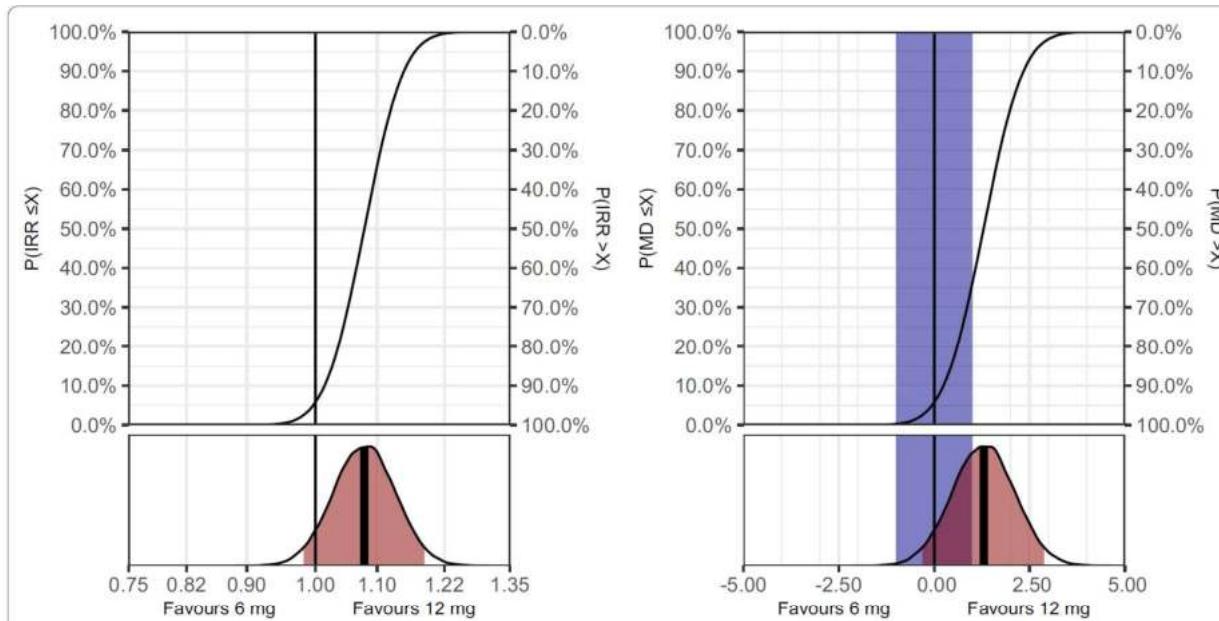
Figure 4. Association Between Corticosteroids and Serious Adverse Events in Each Trial



# DXM 6 vs 12 mg (Covid)



# DXM 6 vs 12 mg (Covid)

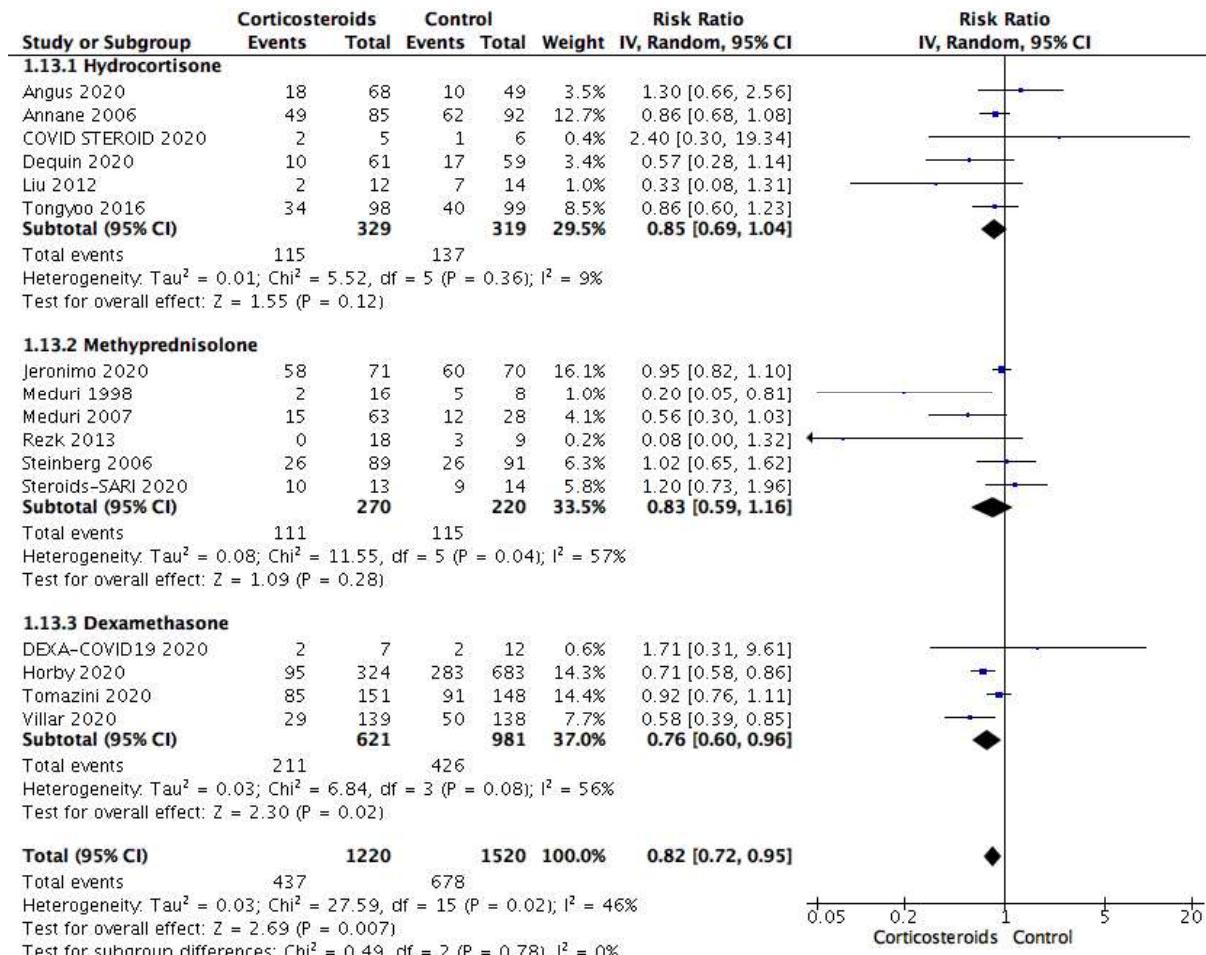


**Fig. 1** Days alive without life support at day 28. Full posterior probability distributions for the effect of the treatment on the primary outcome (days alive without life support at day 28; primary analysis using weakly informative priors). Left plot displays the relative difference (Incidence rate ratio, IRR), while the right plot displays the absolute difference (mean difference, MD) in days. These results are adjusted for all stratification variables and calculated as average treatment effects, as outlined in the methods section. An  $IRR > 1$  or  $MD > 0$  favours 12 mg dexamethasone; an  $IRR < 1$  or  $MD < 0$  favours 6 mg dexamethasone. The upper subplots display the cumulative posterior distributions, corresponding to the probabilities of effect sizes (X-axis)  $\leq$  the values on the left Y-axis and  $>$  the values on the right Y-axis. The lower subplots display the entire posterior distributions, with the bold, vertical line indicating the median value (used as the point estimate) and the area highlighted in red indicating the percentile-based 95% credible interval. The vertical black lines represent exactly no difference, and the area highlighted in blue in the absolute effects plots represent effect sizes smaller than the pre-defined minimally clinically important difference of 1 day in either direction [10].

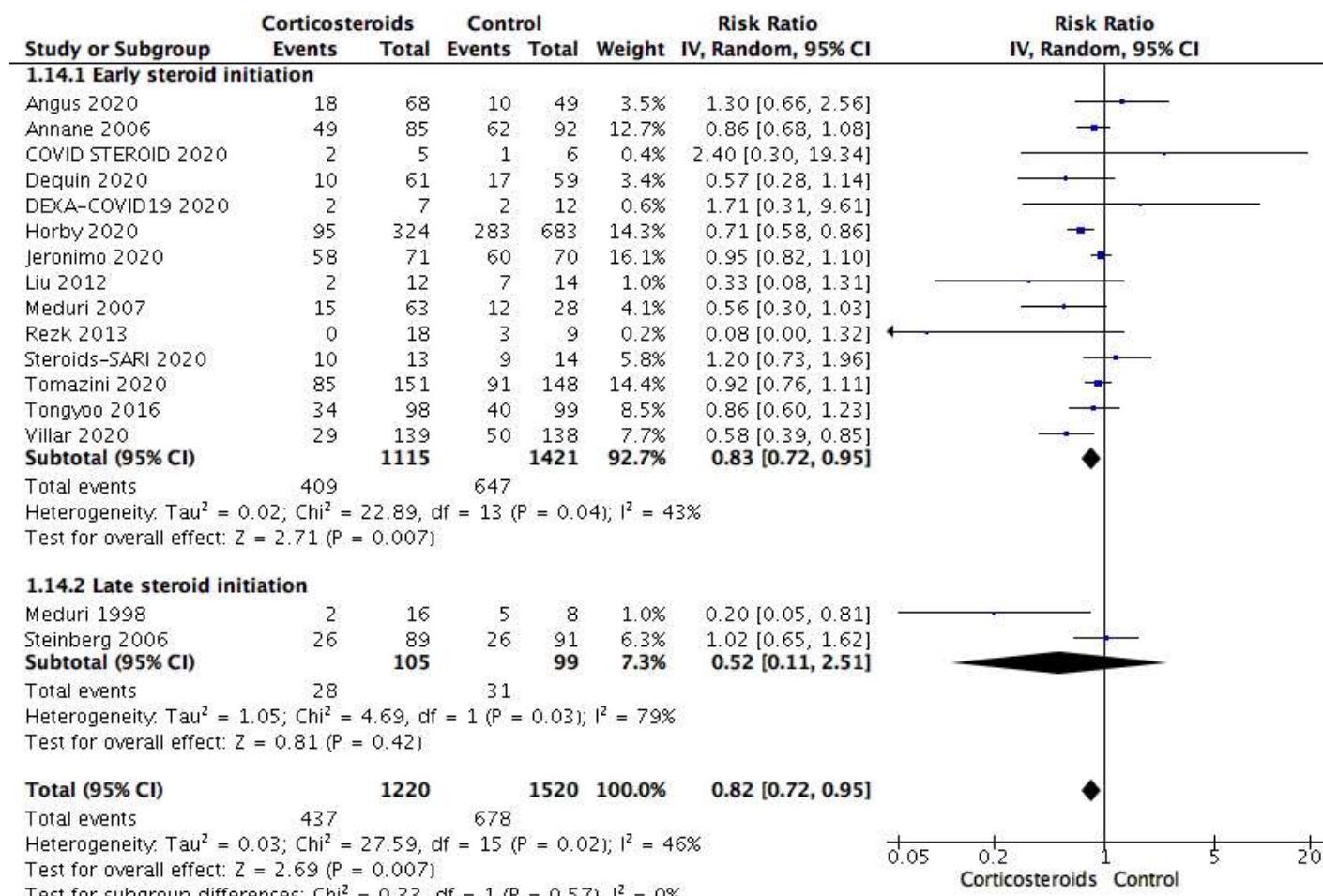
SDRA (COVID & NON-COVID)

# MOLÉCULE & DOSE

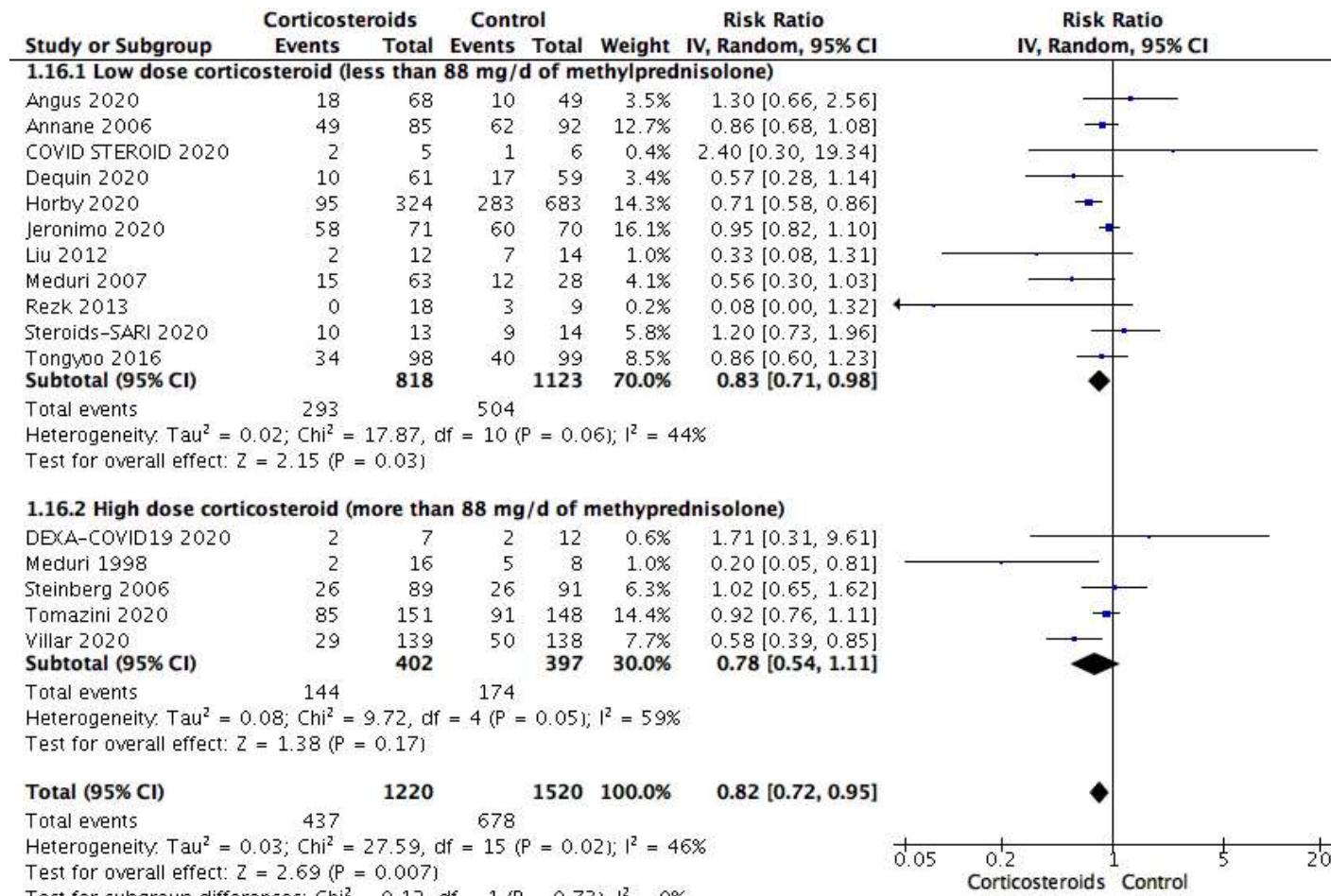
# Molécule



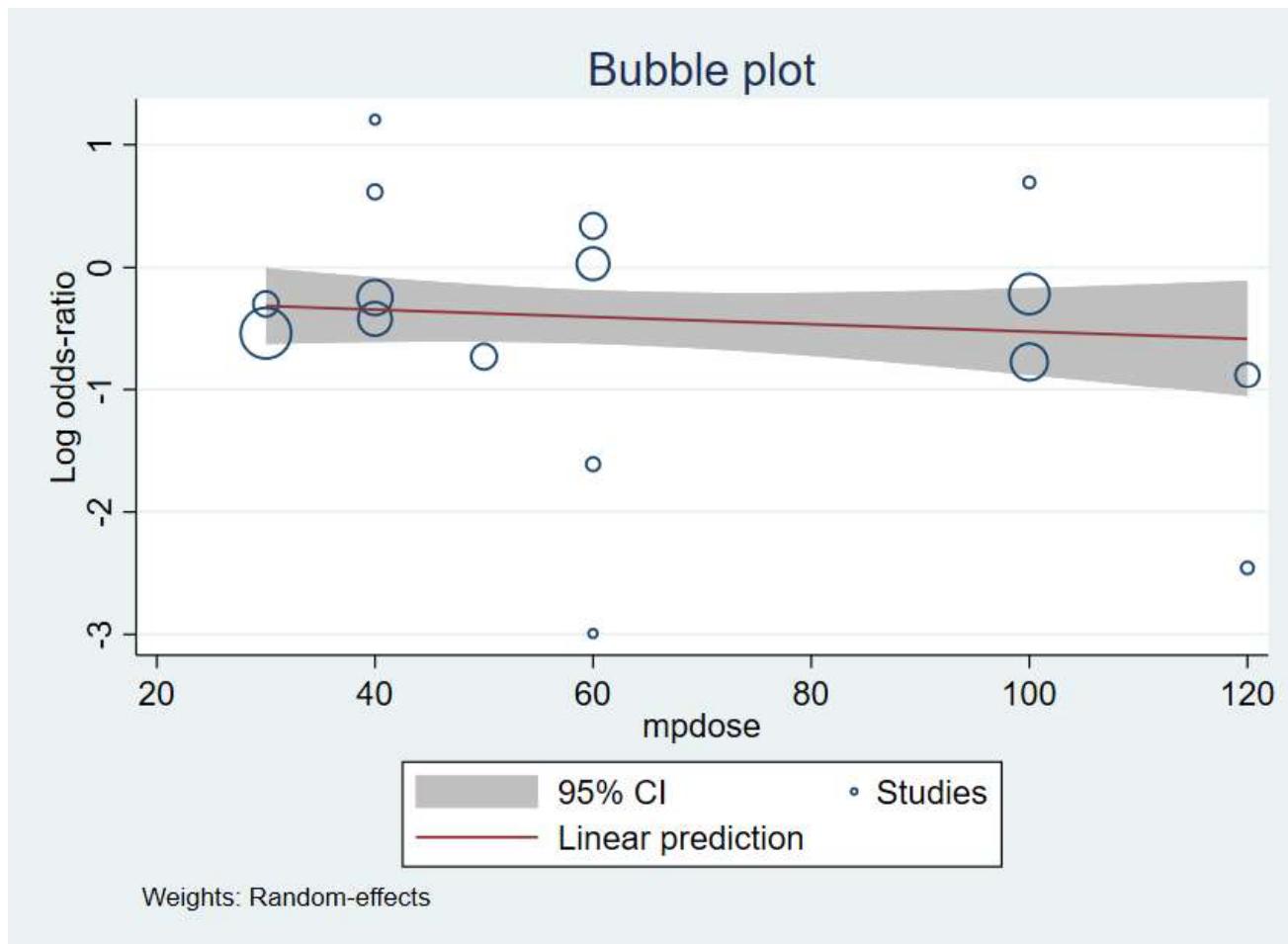
# Délai d'initiation



# Dose



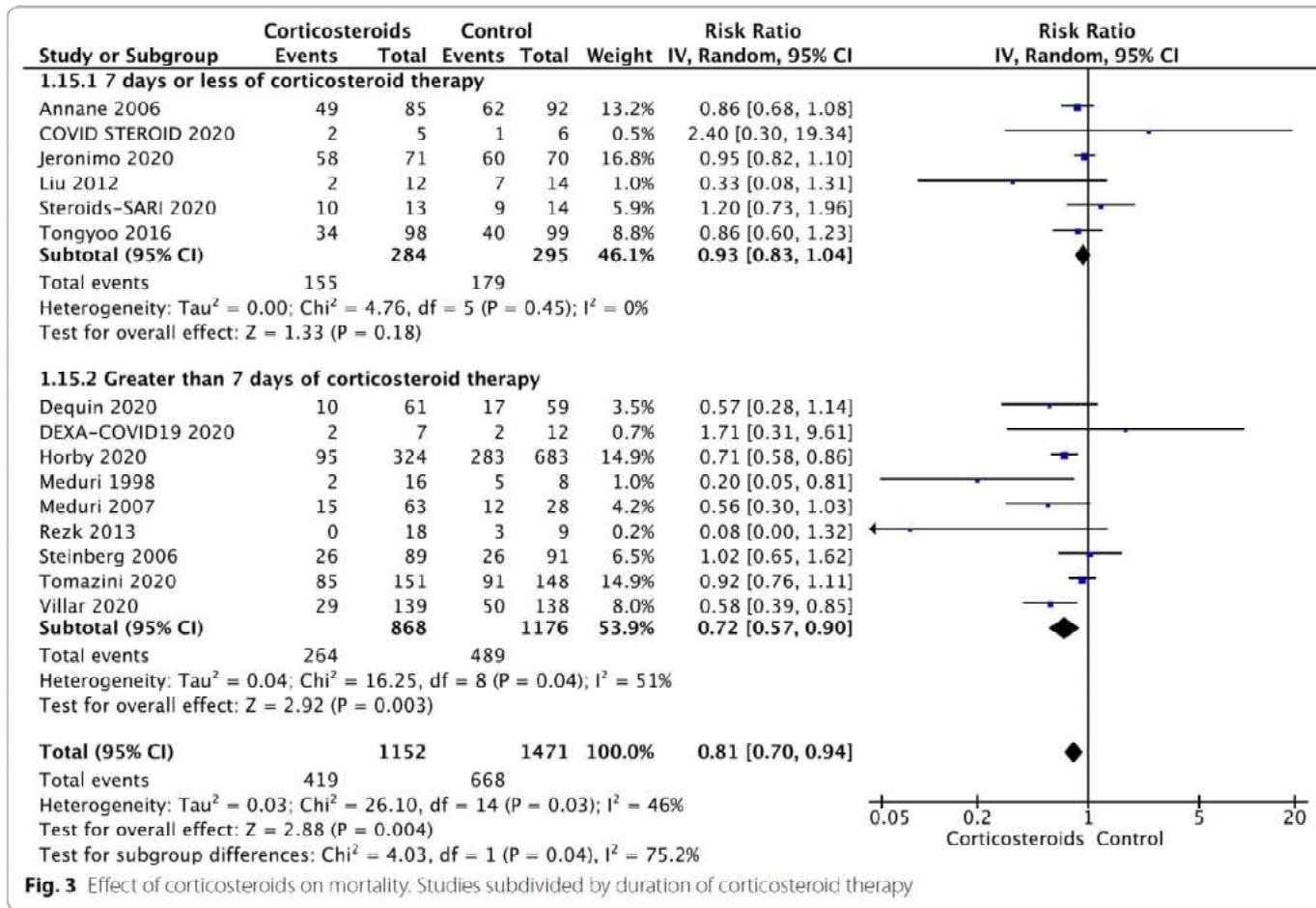
# Dose



SDRA (COVID & NON-COVID)

**DURÉE**

# SDRA (Covid & Non-Covid)



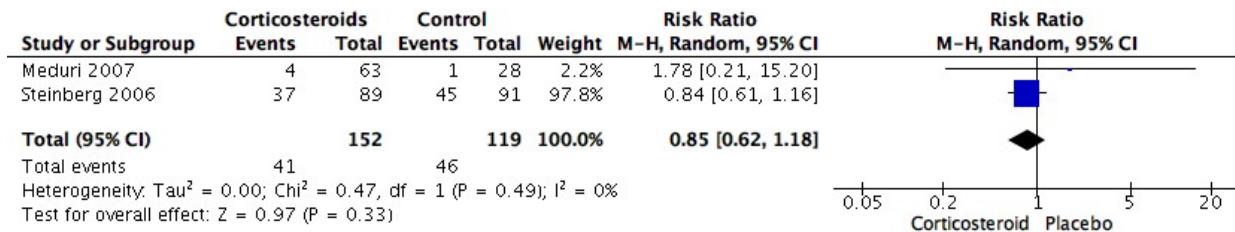
**Fig. 3** Effect of corticosteroids on mortality. Studies subdivided by duration of corticosteroid therapy

SDRA (COVID & NON-COVID)

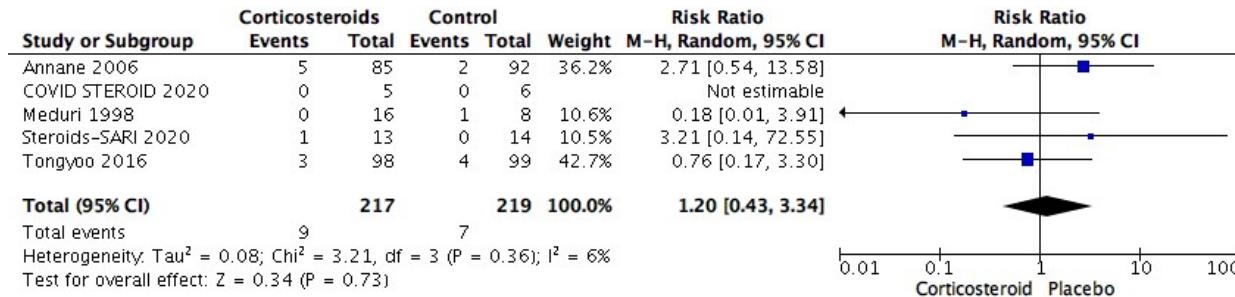
**TOLÉRANCE**

# SDRA (Covid & Non-Covid)

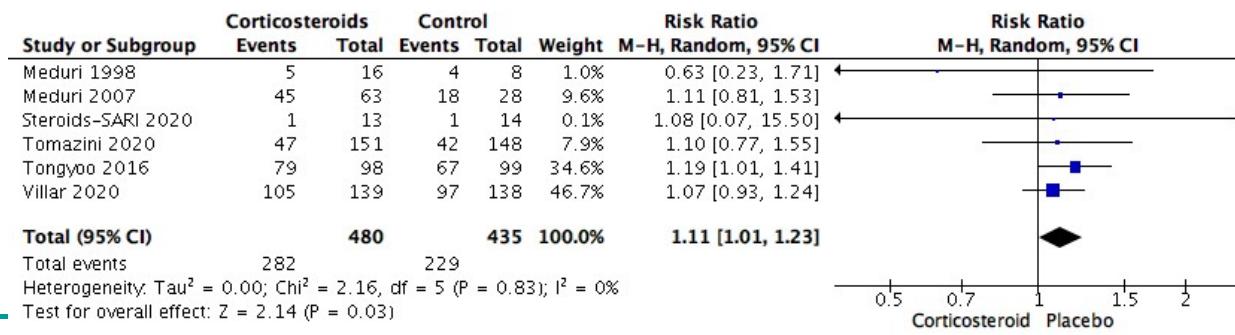
## Rates of neuromuscular weakness.



## Rates of gastrointestinal bleeding



## Rates of hyperglycemia.



**BOLUS ?**

# MTP (250-500 mg x 3j puis 50 mg x 14j) vs DXM (6 mg x 7-10j)

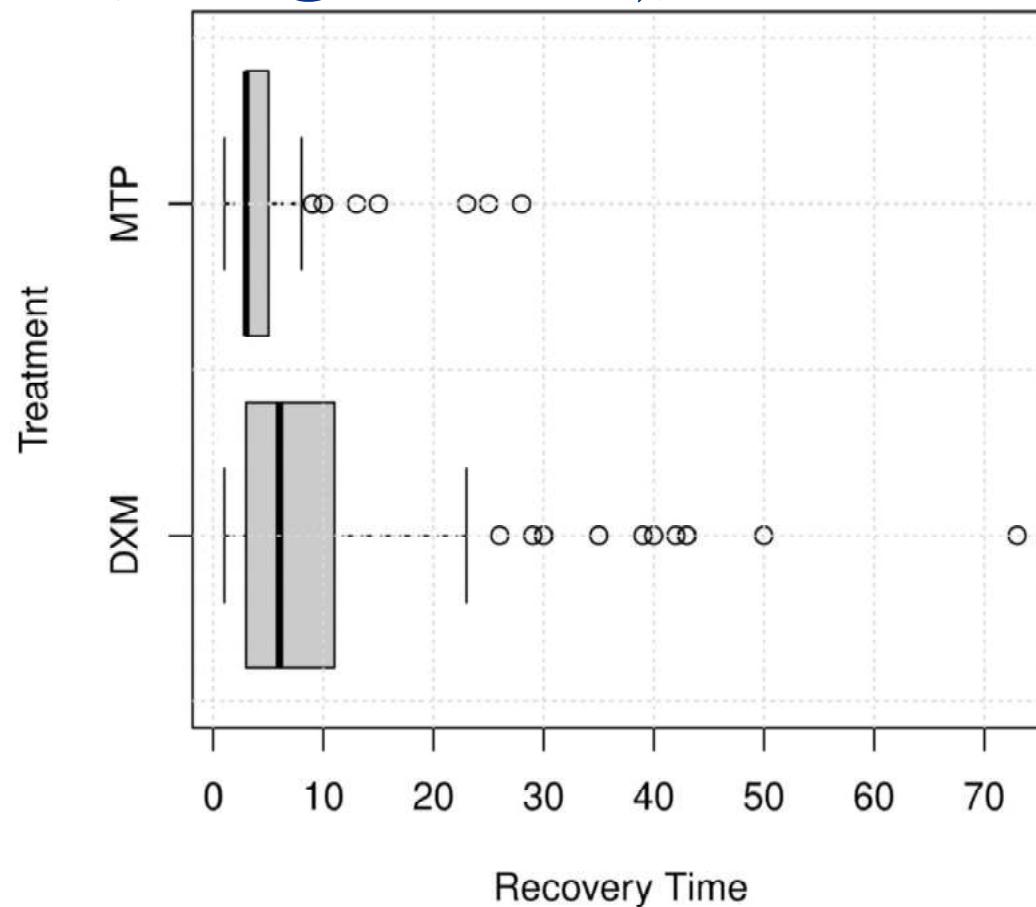


Fig 2. Recovery time according to the treatment received: Dexamethasone vs. methylprednisolone.

# Au total

- Quelle molécule ?

- Volontiers DXM

- Quelle dose ?

- Volontiers 6 mg/j

- Quelle durée ?

- Volontiers 10 j