

Do proton pump inhibitors influence SARS-CoV-2 related outcomes? A meta-analysis

The article by Lee *et al*¹ showed that the current use of proton pump inhibitors

(PPIs) increased the risk of severe clinical outcomes of COVID-19 rather than the susceptibility to SARS-CoV-2 infection in a Korean nationwide cohort. Instead, a significant association between susceptibility to SARS-CoV-2 infection and current use of PPIs, either one time or two times a day, was found by another recent study² based on US nationwide

data. The conflicting results of these two large-scale observational studies may be due to regional epidemiological differences or considerable between-study variance and might compromise clinical decision-making. As the impact of PPI use on SARS-CoV-2 infection has very relevant clinical implications, we performed a meta-analysis to address

the aforementioned discrepancies, which could lead to better informed clinical decision-making on PPI use during the ongoing pandemic.

We scrutinised 3413 records retrieved from a comprehensive search using the COVID-19 Research Articles Downloadable Database maintained by the US CDC (<https://www.cdc.gov/library/researchguides/2019novelcoronavirus/researcharticles.html>) and ultimately included 16 studies¹⁻¹⁶ from 10 countries or regions reporting comparative data on PPI use and clinical outcomes of COVID-19 (online supplemental figure 1 and table). We pooled the data using an inverse variance-weighted random-effect model. Pooled estimates are presented as OR, HR or mean difference (MD), with associated 95% CIs. Intensive care unit admission, mechanical ventilation, acute respiratory distress syndrome or death were considered severe outcomes of COVID-19.

Six studies¹⁻⁶ including 318 261 participants reported data on PPI usage and the risk of SARS-CoV-2 infection. Among them, five studies had information of current PPI users compared with non-users and four on past PPI users versus non-users. Analysis of five studies¹⁻⁵ encompassing 145 428 patients who were tested for SARS-CoV-2 showed that the risk of SARS-CoV-2 infection was higher, although not significantly, among current PPI users (OR 1.33, 95% CI 0.86 to 2.07, $p=0.20$; figure 1) compared with PPI non-users, with evidence of substantial between-study heterogeneity ($I^2=97%$). Moreover, in a subgroup analysis of non-Korean cohorts,²⁻⁴ we found a significant association between current use of PPIs and increased risk of SARS-CoV-2 infection (OR 1.94, 95% CI 1.59 to 2.36, $p<0.0001$; online supplemental figure 2). Furthermore, a leave-one-out sensitivity analysis revealed that the summary estimate of the association between current PPI usage and SARS-CoV-2 infection was overly influenced by a single Korean study⁵ (online supplemental figure 3).

Instead, current or regular PPI users were more likely to have severe outcomes of COVID-19 than PPI non-users, with a pooled OR of 1.67 (95% CI 1.19 to 2.33, $p=0.003$; $n=42405$ from nine studies;^{1 3 7-13} $I^2=63%$; figure 2) and a pooled HR of 1.87 (95% CI 1.29 to 2.70, $p<0.001$; $n=2977$ from two studies;^{15 16} $I^2=80%$; figure 2). These results were consistent with our leave-one-out sensitivity analysis (online supplemental figure 4), indicating that this association was strong. Furthermore,

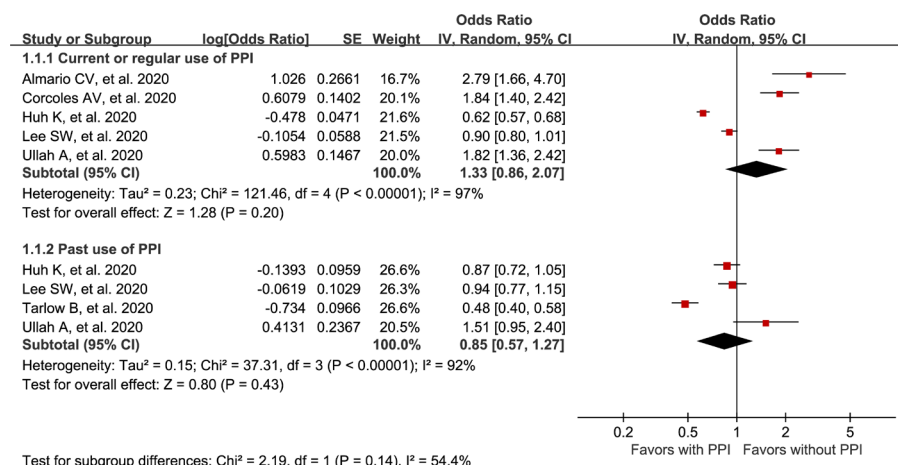
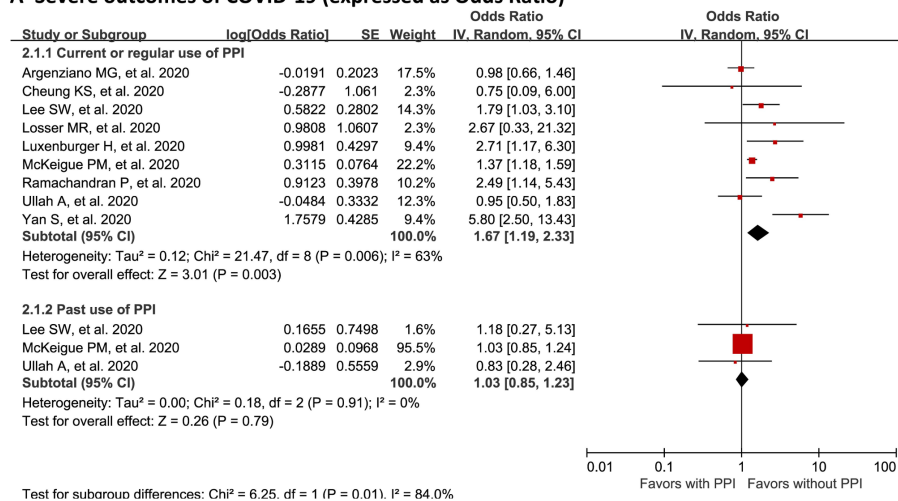
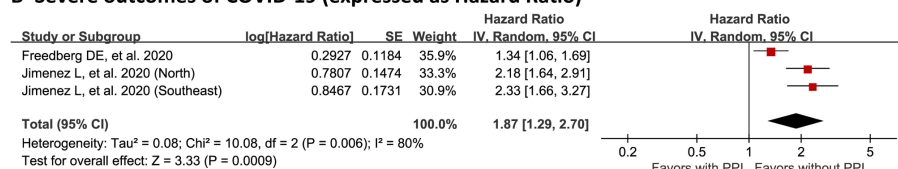


Figure 1 Forest plot showing the association between PPI use and SARS-CoV-2 infection. PPI, proton pump inhibitor.

A Severe outcomes of COVID-19 (expressed as Odds Ratio)



B Severe outcomes of COVID-19 (expressed as Hazard Ratio)



C Duration of hospital stay

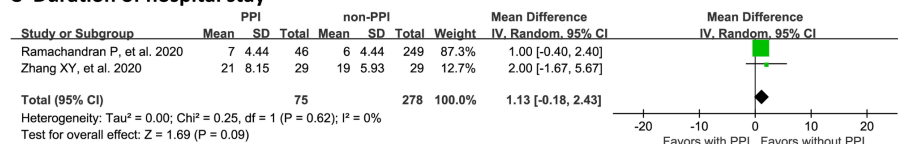


Figure 2 Forest plot showing the association of PPI use with severe outcomes of COVID-19 (A, OR; B, HR) or duration of hospital stay (C). PPI, proton pump inhibitor.

current PPI users tended to hospitalised longer than PPI non-users, although not by a statistically significant margin (n=353 from two studies;^{7 14} MD 1.13, 95% CI -0.18 to 2.43, p=0.09; figure 2). Finally, past use of PPIs was not associated with increased susceptibility to SARS-CoV-2 infection (n=172 833 from four studies;^{13 5 6} OR 0.85, 95% CI 0.57 to 1.27, p=0.43; I²=92%; figure 1) or with severe outcomes of COVID-19 (n=40 097 from three studies;^{1 3 9} OR 1.03, 95% CI 0.85 to 1.23, p=0.79; I²=0%; figure 2).

In summary, this meta-analysis shows that regional differences can explain the heterogeneous findings concerning the association between current PPI use and incidence of SARS-CoV-2 infection and further underscores the increased risk of severe COVID-19 outcomes associated with current PPI use, highlighting that caution should be exercised when treating patients receiving PPIs during the COVID-19 pandemic. Further studies investigating different dosing regimens and durations of PPI use on COVID-19 outcomes should be warranted.

Guo-Fu Li^{1,2}, Xiao-Xiao An,^{2,3} Yichao Yu,⁴ Li-Rong Jiao,^{2,3} Daniele Canarutto,⁵ Guo Yu^{1,2}, Guangji Wang,⁶ Dan-Na Wu,⁷ Yin Xiao⁸

¹Clinical Medical College, Yangzhou University, Yangzhou, China

²Institution of Drug Clinical Trial, Subei People's Hospital, Yangzhou, China

³College of Pharmacy, Dalian Medical University, Dalian, Liaoning, China

⁴Department of Pharmaceutics, University of Florida, Gainesville, Florida, USA

⁵Faculty of Medicine and Surgery, Vita Salute San Raffaele University, Milan, Italy

⁶Key Laboratory of Drug Metabolism and Pharmacokinetics, China Pharmaceutical University, Nanjing, China

⁷Department of Pharmacy, Hainan General Hospital (Hainan Affiliated Hospital of Hainan Medical University), Haikou, China

⁸Department of Pharmacy, Haikou Affiliated Hospital of Central South University Xiangya School of Medicine, Haikou, China

Correspondence to Dr Guo Yu, Clinical Medical College, Yangzhou University, Yangzhou 225009, China; guoyu@yzu.edu.cn

Contributors Concept and design: G-FL and GY. Acquisition, analysis and interpretation of data: G-FL, X-XA, GY, YY, L-RJ, D-NW, YX. Drafting of the

manuscript: GFL. Supervision: GY. Critical revision of the manuscript: DC, G-FL, GW and YY. Final approval: all authors.

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ORCID iDs

Guo-Fu Li <http://orcid.org/0000-0002-4628-9941>

Guo Yu <http://orcid.org/0000-0001-6685-2167>

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