

BRACE CORONA: Continuing vs. Suspending ACE Inhibitors and ARBs in COVID-19

Purpose: To evaluate whether the strategy of continued ACEI/ARB therapy compared with temporary discontinuation of these drugs impacts clinical outcomes among patients with COVID-19.

Trial Design: N=659, Phase IV, multicenter (34 sites), randomized clinical trial. Eligible patients chronically using ACEI or ARBs hospitalized with confirmed COVID-19, were randomized.

Primary Endpoint: Number of days alive and out of hospital at 30 days. The endpoint represents the follow-up time (30 days or the day of death) minus the hospitalization days.

	Continuing ACEI/ARB (N=325)	Suspending ACEI/ARB (N=334)	Mean Ratio (95% CI)	P-value
Days alive and out of hospital at 30 days (Mean Days±SD)	22.9± 7.1	21.9± 8.0	0.95 (0.90-1.01)	0.09
All-Cause Mortality at 30 days	2.8%	2.7%	HR 0.97 (0.38-2.52)	0.95

Results: The study provides randomized trial evidence showing that suspending ACEI/ARB therapy for 30 days did not impact number of days alive and out of hospital in patients hospitalized with a confirmed diagnosis of COVID-19. The proportion of patients alive and out of hospital in the temporary suspended ACEI/ARB was 91.8% versus 95% in the continuing group by the end of 30 days.

