

Should Vitamin C/ Ascorbic Acid be used in the treatment of COVID-19?

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KEY FINDINGS

There is no direct evidence available as of this point for efficacy of intravenous vitamin C as an adjunctive treatment in preventing mortality or shortening disease course among adults suspected of, or positive for COVID-19.

- Vitamin C or ascorbic acid, is a water-soluble vitamin that has anti-oxidant and microvascular activities, among others.
- Currently, there are 3 ongoing trials registered in clinicaltrials.gov studying intravenous vitamin C in COVID-19. No other ongoing or planned trials were registered in the other trial registries.
- Most of the available data are from studies on disease populations which may be considered as COVID-19 suspects:
 - Indirect evidence from 2 RCTs on patients with sepsis showed inconsistent effects on mortality.
 - Indirect evidence from a meta-analysis on patients with sepsis/septic shock showed significant reduction in mortality in a small subset of patients (n-40) with severe sepsis given high dose Vitamin C infusion.
 - Five meta-analyses on critically ill patients due to conditions other than or in combination with sepsis who were given Vit C infusion alone or in combinations with other medications showed no impact on mortality. Most showed no benefit on and other key endpoints such as acute kidney injury, duration of hospital stay/ ICU stay/ duration of vasopressor use or duration of mechanical ventilation.
- The use of Vit C infusion is not mentioned in the treatment guidelines for COVID-19 or ARDS.
 The risks or adverse events with short term use of Vitamin C infusion in the general population is
 negligible or minimal. It should be avoided in patients with G6PD insufficiency. The dose should
 be carefully adjusted for patients with renal insufficiency.

Declaration of Conflict of Interest

No conflict of interest

Disclaimer: The aim of these rapid reviews is to retrieve, appraise, summarize and update the available evidence on COVID-related health technology. The reviews have not been externally peer-reviewed; they should not replace individual clinical judgement and the sources cited should be checked. The views expressed represent the views of the authors and not necessarily those of their host institutions. The views are not a substitute for professional medical advice.

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REFERENCES

- 1. Hemilä H, Chalker E. Vitamin C for preventing and treating the common cold. Cochrane Database of Systematic Reviews 2013, Issue 1. Art. No.: CD000980. DOI: 10.1002/14651858.CD000980.pub4
- 2. <a href="https://clinicaltrials.gov/ct2/results?cond=covid-19&term=&type=&rslt=&age_v=&gndr=&intr=Vitamin+C&titles=&outc=&spons=&lead=&id=&cntry=&state=&city=&dist=&locn=&rsub=&strd_s=&strd_e=&prcd_s=&prcd_e=&sfpd_s=&sfpd_e=&rfpd_s=&rfpd_e=&sort=
- 3. Fowler, AA III et al. 2017. Intravenous vitamin C as adjunctive therapy for enterovirus/rhinovirus induced acute respiratory distress syndrome. World J Crit Care Med 2017 February 4; 6(1): 85-90
- Fowler, AA III et al. 2019. Effect of Vitamin C Infusion on Organ Failure and Biomarkers of Inflammation and Vascular Injury in Patients With Sepsis and Severe Acute Respiratory Failure. The CITRIS-ALI Randomized Clinical Trial. JAMA. 322(13):1261-1270. doi:10.1001/jama.2019.11825
- 5. Fuji, T et al. 2020. Effect of Vitamin C, Hydrocortisone, and Thiamine vs Hydrocortisone Alone on Time Alive and Free of Vasopressor Support Among Patients With Septic Shock: The VITAMINS Randomized Clinical Trial. JAMA. 2020 Jan 17. doi: 10.1001/jama.2019.22176.
- 6. Lin J, Li H, Wen Y, Zhang M. Adjuvant administration of vitamin C improves mortality of patients with sepsis and septic shock: A systems review and meta-analysis. Open J Intern Med 2018;8:146–59.
- 7. Li J. Evidence is stronger than you think: a meta-analysis of vitamin C use in patients with sepsis. Crit Care. 2018;22(1):258.
- 8. Kim WY, et al. Combined vitamin C, hydrocortisone, and thiamine therapy for patients with severe pneumonia who were admitted to the intensive care unit: Propensity score-based analysis of a before-after cohort study. J Crit Care. 2018 Oct;47:211-218. doi:10.1016/j.jcrc.2018.07.004. Epub 2018 Jul 5. PubMed PMID: 30029205.
- Hemilä, H and E Chalker. 2019. Vitamin C Can Shorten the Length of Stayin the ICU: A Meta-Analysis. Nutrients. 11: 708; doi:10.3390/nu11040708
- 11. Wang Y, Lin H, Lin BW, Lin JD. Effects of different ascorbic acid doses on the mortality of critically ill patients: a meta-analysis. Annals of intensive care. 2019;9(1):58.
- 12. Zhang, M and DF Jativa. 2018. Vitamin C supplementation in the critically ill: A systematic review and meta-analysis. SAGE Open Medicine. 6: 1–12
- 13. Langlois PL, Manzanares W, Adhikari NKJ, Lamontagne F, Stoppe C, Hill A, et al. Vitamin C supplementation in the critically ill: A systematic review and meta-analysis. JPEN Parenter Enteral Nutr. 2019.
- 14. Jin, Ying-Hui et al for the Zhongnan Hospital of Wuhan University Novel Coronavirus; Research Team, Evidence-Based Medicine Chapter of China International Exchange; Promotive Association for, Medical; Health, Care. A rapid advice guideline for the diagnosis and treatment of 2019 novel coronavirus (2019-nCoV) infected pneumonia. Military Medical Research (2020) 7:4 https://doi.org/10.1186/s40779-020-0233-6
- 15. <u>Alhazzani, Waleed; Møller, Morten Hylander; et al Surviving Sepsis Campaign: guidelines on the management of critically ill adults with Coronavirus Disease 2019 (COVID-19). (2020) Intensive Care Med https://doi.org/10.1007/s00134-020-06022-5</u>
- 16. <u>Griffiths MJD, et al. Guidelines on the management of acute respiratory distress syndrome. BMJ Open Resp Res 2019;6:e000420. doi:10.1136/bmjresp-2019-000420</u>

17. https://www.tga.gov.au/alert/no-evidence-support-intravenous-high-dose-vitamin-c-management-covid-19



Appendix 1. Characteristics of clinical trials

Title	Design	N	Conditions	Interventions	Primary outcome measures	Locations
Use of Ascorbic Acid in Patients With COVID 19	Open label prospective	500	Hospitalized Patients With Covid-19 Pneumonia	10 gr of vitamin C intravenously in addition to conventional therapy.	In-hospital (72 hr) mortality	A.R.N.A.S. Civico - Di Cristina - Benfratelli, Palermo, Italy
Vitamin C Infusion for the Treatment of Severe 2019- nCoV Infected Pneumonia	RCT	140	Pneumonia, Viral Pneumonia, Ventilator-Associated	Drug: VC Vs. Sterile Water for Injection	Ventilation-free days [Time Frame: day 28 after enrollment] 2ndary outcome: 28-day mortality	Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China
Lessening Organ Dysfunction With VITamin C (LOVIT trial)			Sepsis ICU COVID-19 Pandemic Coronavirus	Drug: Vitamin C Other: Control	Death or persistent organ dysfunction at day 28	Research Center of the CHUS, Sherbrooke, Quebec, Canada
Hydroxychloroquine for COVID-19 PEP (not yet recruiting)	RCT	2000	Post-exposure prophylaxis	 Drug: Hydroxychloroquine400 mg orally daily for 3 days, then 200 mg orally daily for an additional 11 days Placebo: acid 500 mg orally daily for 3 days, then 250 mg orally daily for 11 days 	PCR-confirmed SARs-CoV-2 infection through 14 days after enrollment	US (NY, Washington)
Prophylaxis Using Hydroxychloroquine Plus Vitamins-Zinc During COVID-19 Pandemia	Observational	80	Healthcare professionals	Plaquenil 200Mg Tablet + Vitamin combination of Vitamins A, C, D and Zinc	Freedom from COVID-19 infection	Istinye University Medical School, Istanbul, Turkey