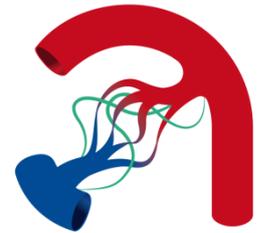




**European  
Reference  
Network**

for rare or low prevalence  
complex diseases

 **Network**  
Vascular Diseases  
(VASCERN)



## VASCERN Medium-Sized Arteries (MSA) Working Group statement on Covid 19

With the current global spread of the novel coronavirus SARS Cov-2, causing COVID 19, the VASCERN MSA experts would like to echo some of the WHO guidance regarding the virus for the vascular Ehlers-Danlos syndrome (vEDS) community.

### **Covid 19 and vEDS**

Data on underlying conditions that may cause a worse outcome with this virus are limited and very general. There is no evidence indicating that HTAD disorders or vEDS as such impose an increased risk.

### **Covid 19 and cardiovascular disease**

Risk estimation for cardiovascular disease in general is mostly based on the functional cardiopulmonary status. Patients with severe pulmonary disease (caused by haemothorax or pneumothorax <3months, emphysema, severe kyphoscoliosis, asthma) are at increased risk for developing complications. Patients with acute/recent vEDS related arterial or bowel complications (<3 months) may also be considered at higher risk of further vEDS related complications in the case of a Covid 19 infection. These patients should be extra careful and seek medical attention when developing symptoms suggestive of Covid 19 (fever, cough and shortness of breath).

### **Medication - Always consult your physician when needing medication**

Some drugs may interact with medication you are taking and some drugs (such as some nasal decongestants) may have undesirable effects on blood pressure and/or heart rate. If you need a cold medication, please check with your pharmacist that these do not counteract with your current medications.

Anecdotal reports have also raised the concern regarding the use of NSAIDs in patients with COVID 19. The evidence is limited and we feel that definitive conclusions cannot be made at this time. We would therefore advise caution in use of NSAIDs and suggest that a discussion with your primary care physician might be beneficial if you have ongoing concerns.

Rumors have been spreading, especially on social media sites that ACE-I /ARBs may increase both the risk of infection and the severity of SARS-CoV2, while other information sources report a beneficial effect, indicating the confusion.

In accordance with the European Society of Cardiology Council on Hypertension, we wish to highlight the **lack of any evidence** supporting harmful/beneficial effect of ACE-I and ARB in the context of the pandemic COVID-19 outbreak.

The Council on Hypertension and we strongly recommend that physicians and patients should continue treatment with their usual anti-hypertensive therapy because there is no clinical or scientific evidence to suggest that treatment with ACE-I or ARBs should be discontinued because of the Covid-19 infection.

### General recommendations

Patients are advised to follow instructions for prevention of the disease, issued by the World Health Organisation ([WHO](#)).

On these pages you will also find information on:

- Basic protective measures against the new coronavirus
- When and how to use masks
- Myth-Busters
- Getting work-place ready

In the UK, the government has made recommendations on social distancing for high risk individuals, which is regularly updated. Details are available in the link [here](#).

More information available at: <https://vascern.eu>