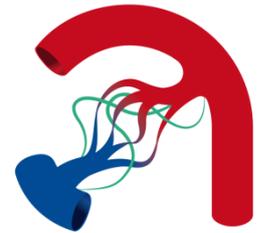




**European
Reference
Network**

for rare or low prevalence
complex diseases

Network
Vascular Diseases
(VASCERN)



VASCERN Heritable Thoracic Aortic Diseases (HTAD) Working Group statement on Covid 19

With the current global spread of the novel coronavirus SARS Cov-2, causing COVID-19, the VASCERN HTAD experts would like to echo some of the WHO guidance regarding the virus for the HTAD community.

Covid 19 and HTAD

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 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 decreased heart function (heart failure) and/or severe valvular problems as well as those with severe pulmonary disease (caused by severe scoliosis/history of recurrent pneumothorax/asthma) are at increased risk for developing complications. These patients should be extra careful and seek medical attention when developing symptoms suggestive of Covid 19 (fever, cough and shortness of breath).

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

Medication

Always consult your physician when needing medication. Some drugs may interact with the 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, ask for drugs designed for people who have high blood pressure.

When needing antibiotics, be reminded that fluoroquinolones are better avoided, unless strictly indicated.

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 - 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.**