**COVID-19 existing resource response #8**

(Last updated 9 April 2021)

**Question**

What is the best-available evidence about the use of colchicine and ivermectin for COVID-19?

**What we found**

We searched the COVID-END inventory of best-evidence syntheses (on the page for evidence about clinical management under the sections for drugs to prevent severe COVID-19 infection and drugs to treat COVID-19) for evidence about colchicine and ivermectin and all combinations with other drugs (e.g., azithromycin).

These sections of the COVID-END inventory of best-evidence syntheses are routinely updated.

We pulled findings from four top evidence-synthesis teams (COVID-NMA, McMaster/BMJ, Copenhagen Trials Unit, and PAHO/L*VE) that have provided evidence about colchicine and ivermectin (the COVID-END inventory is routinely updated with findings from these sources). We also identified one protocol for a living systematic review that will assess whether ivermectin is effective for COVID-19.

Colchicine was only found as a treatment for COVID-19, and not as a prophylactic treatment. Findings from the living systematic reviews outline that:

- **adding colchicine to standard care may reduce disease progression and it probably increases the risk of adverse events and the effects on other outcomes are uncertain** (COVID-NMA; site last checked 5 April 2021);
- **colchicine may reduce mortality, mechanical ventilation, and duration of hospitalization in non-severe patients, but its effects are uncertain for hospitalized patients** (McMaster/BMJ; site last checked 5 April 2021); and
- **colchicine may reduce mortality and mechanical ventilation requirements, but the certainty of the available evidence is low** (PAHO/L*VE; site last checked 8 April 2021).

In addition, while the Copenhagen Trials Unit does not currently profile colchicine in their conclusions, but a summary of findings table that is included as an Appendix outlines that outcomes
have very low certainty of the evidence and, as result, the conclusion from that review are that effects of adding colchicine to standard care are uncertain.

For ivermectin, findings from the living systematic reviews indicate that:

- the effects of using ivermectin as a prophylactic treatment for COVID-19 are uncertain (McMaster/BMJ; site last checked 5 April 2021);
- the effects of ivermectin to treat COVID-19 patients are also uncertain (McMaster/BMJ; site last checked 5 April 2021);
- the effects of using ivermectin with iota-carrageenan as a prophylactic treatment for COVID-19 are uncertain (McMaster/BMJ; site last checked 5 April 2021);
- adding ivermectin to standard care may reduce all-cause mortality and may have little or no difference on clinical improvement, whereas the risk of adverse events is uncertain (COVID-NMA; site last checked 5 April 2021);
- the effects of adding ivermectin + doxycycline to standard care are uncertain (COVID-NMA; site last checked 5 April 2021);
- synthesis findings are pending for an evaluation of ivermectin + doxycycline vs hydroxychloroquine + azithromycin (COVID-NMA; site last checked 5 April 2020); and
- results from the only four RCTs classified as having a low risk of ivermectin may not significantly reduce mortality and probably does not improve time to symptom resolution (PAHO/L*VE; site last checked 8 April 2021).


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