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Safety of protease inhibitors and Arbidol for SARS-CoV-2 pneumonia in Zhejiang Province, China

Key words: **SARS-CoV, Lopinavir, Darunavir, Pneumonia, Lipid metabolism**

Research Summary

This article mainly focused on the safety of an antiviral regimen of protease inhibitors combined with Arbidol (umifenovir) for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pneumonia patients.

- ***Demographic and epidemiologic data***
- ***Changes in clinical symptoms, liver function, and serum lipids***
- ***Changes in gastrointestinal symptoms, liver function, and serum lipids in the LPV/r and DRV/c groups***
- ***Comparison of blood lipid levels and abnormal indicators based on glucocorticoid use***

Highlights

All patients tolerated the antiviral regimen of Lopinavir/ritonavir (LPV/r) or darunavir/cobicistat (DRV/c) combined with arbidol very well.

Protease inhibitors combined with arbidol caused gastrointestinal distress.

LPV/r had a significant effect on lipid metabolism.

DRV/c having a less negative impact on lipid metabolism than LPV/r.

Figure 4

A series of comprehensive tables were generated to summarize the study results

Table 1 | Demographic and epidemiologic data of the patients at baseline.

Table 2 | Changes in clinical symptoms, liver function, and serum lipids in 52 SARS-CoV-2 pneumonia patients before and after treatment.

Table 3 | Changes in gastrointestinal symptoms, liver function, and serum lipids in the LPV/r and DRV/c groups before and after treatment.

Table 4 | Blood lipid levels and abnormal indicators before and after treatment based on patient glucocorticoid use.

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