

The Use of Paxlovid Amongst the Elderly & Reduced Hospital Stays

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Abstract

Coronaviruses are a large family of viruses infecting many species and cause a variety of illnesses. COVID-19 is caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Understanding that COVID-19 can cause severe disease in vulnerable populations has launched the development of viral treatments. Nirmatrelvir-ritonavir (Paxlovid) is an oral antiviral treatment authorized for adults with mild to moderate symptoms who are at an increased risk for severe disease. These authors pose the question: For older adults over the age of 65 who have had COVID-19, does the use of Paxlovid reduce hospitalizations, compared to those not treated with Paxlovid? A literature search was conducted on Nursing Reference Center Plus, CINAHL, PubMed, and National Library of Medicine/PubMed Central. The following terms were used: cov*, paxlov*, hospital*, elder* which resulted in a total of 11 articles out of 82 articles. Inclusion criteria consist of individuals ≥ 65 with symptoms that onset within 3-5 days of receiving Paxlovid. They must also have one or more risk factors that increase the risk for severe infection. Exclusion criteria consist of individuals under the age of 18 or ≥ 65 with mild to moderate symptoms that have lasted longer than 5 days. As well as severe renal/hepatic impairment, history of significant reactions to the active ingredients in Paxlovid, or contraindicated medications. Limitations include inconsistencies in the day of diagnosis and medication compliance. The evidence found that Paxlovid was effective in reducing hospital stays in older adults as opposed to those who did not receive Paxlovid.

Keywords: Paxlovid, COVID-19, hospitalizations, treatments, elderly

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