The BMJ

fgodlee@bmj.com Follow Fiona on
Twitter @fgodleeCite this as: *BMJ* 2020;371:m3790<http://dx.doi.org/10.1136/bmj.m3790>

Published: 01 October 2020

Covid-19: We need to understand the risks to tackle them

Fiona Godlee *editor in chief*

The emergence of dexamethasone as an effective treatment for people seriously ill with covid-19 has been a welcome sign that we are starting to get a handle on this disease that has so quickly and radically changed all our lives. *The BMJ's* rapid recommendation on dexamethasone has been produced in partnership with MAGIC and WHO.¹ Based on a “living” network meta-analysis,² it and the linked infographic will be regularly updated to include new data on direct comparisons with other treatments.

Meanwhile, the world has passed the milestone of a million covid-19 deaths, and Europe is experiencing the predicted resurgence in cases. Whether deaths will rise as sharply remains to be seen, but it's vital that we understand and properly communicate the risks, writes David Spiegelhalter.³ This can best be done in terms of how they compare with “normal” risks, he says, with the risk of contracting and dying from covid-19 varying hugely with age and comorbidity.

Such wide variation in risk is clearly evident in the 4C Mortality Score.⁴ Developed from data from 260 UK hospitals, its eight variables include age, sex, comorbidity, and clinical metrics. It predicts with reasonable accuracy the risk of in-hospital death in patients admitted with covid-19 and should help to inform clinical decisions. So too should US data on the likelihood of survival from in-hospital cardiac arrest among covid-19 patients in intensive care.⁵ Outcomes were poor, especially in older people.

Similar research is urgently needed into “long covid.” Paul Garner continues his series of reflections on how to live with and recover from prolonged post-covid illness.⁶ But the chair of the UK's All Party Parliamentary Group on Covid-19 has received no reply from the prime minister to her letter calling for a working group to tackle the needs of people experiencing long covid, including how to help them gradually return to work.⁷

And people do need to get back to work, to stave off the damaging effects on health and wellbeing of unemployment and economic decline.⁸ So protecting workers from exposure to covid-19 is yet another urgent challenge for governments and employers.⁹ The thousands of cases of occupational exposure in the UK alone, not least among health and care workers, are among many things warranting urgent rapid review and a full and public inquiry.¹⁰

- 4 Knight SR, Ho A, Pius R, et al. ISARIC4C investigators. Risk stratification of patients admitted to hospital with covid-19 using the ISARIC WHO Clinical Characterisation Protocol: development and validation of the 4C Mortality Score. *BMJ* 2020;370:m3339. doi: 10.1136/bmj.m3339 pmid: 32907855
- 5 Hayek SS, Brenner SK, Azam TU, et al. In-hospital cardiac arrest in critically ill patients with covid-19: multicenter cohort study. *BMJ* 2020;371:m3513doi: 10.1136/bmj.m3513.
- 6 Garner P. Long covid and self-help pacing groups—getting by with a little help from our friends. *BMJ* Opinion. 29 Sep 2020. <https://blogs.bmj.com/bmj/2020/09/29/long-covid-and-self-help-pacing-groups-getting-by-with-a-little-help-from-our-friends>.
- 7 Moran L. The health, wellbeing, and employment arrangements for people with long covid remain unaddressed. *BMJ* Opinion. 23 Sep 2020. <https://blogs.bmj.com/bmj/2020/09/23/the-health-wellbeing-and-employment-arrangements-for-people-with-long-covid-remain-unaddressed>.
- 8 Macdonald E, Middleton J, Laloo D, Greenhalgh T. Safety returning clinically vulnerable people to work. *BMJ* 2020;370:m3600. doi: 10.1136/bmj.m3600 pmid: 32958471
- 9 Agius RM, Robertson JFR, Kendrick D, Sewell HF, Stewart M, McKee M. Covid-19 in the workplace. *BMJ* 2020;370:m3577. doi: 10.1136/bmj.m3577 pmid: 32958470
- 10 Adebowale V, Alderson D, Burn W, et al. Covid-19: Call for a rapid forward looking review of the UK's preparedness for a second wave—an open letter to the leaders of all UK political parties. *BMJ* 2020;369:m2514. doi: 10.1136/bmj.m2514 pmid: 32576551

This article is made freely available for use in accordance with BMJ's website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

- 1 Lamontagne F, Agoritsas T, Macdonald H, et al. A living WHO guideline on drugs for covid-19. *BMJ* 2020;370:m3379. doi: 10.1136/bmj.m3379 pmid: 32887691
- 2 Siemieniuk RA, Bartoszko JJ, Ge L, et al. Drug treatments for covid-19: living systematic review and network meta-analysis. *BMJ* 2020;370:m2980. doi: 10.1136/bmj.m2980 pmid: 32732190
- 3 Spiegelhalter D. Use of “normal” risk to improve understanding of dangers of covid-19. *BMJ* 2020;370:m3259. doi: 10.1136/bmj.m3259 pmid: 32907857