# Article information:

Renin–Angiotensin–Aldosterone System Blockers and the Risk of Covid-19 | NEJM  
<https://www.nejm.org/doi/full/10.1056/NEJMoa2006923>

# Article summary:

1. A population-based case-control study was conducted in the Lombardy region of Italy to investigate the potential association between the use of angiotensin-receptor blockers (ARBs) and angiotensin-converting–enzyme (ACE) inhibitors and the risk of coronavirus disease 2019 (Covid-19).

2. The study found that there was no evidence that ACE inhibitors or ARBs affected the risk of COVID-19 among case patients overall or among those with a severe or fatal course of the disease.

3. The use of ACE inhibitors and ARBs was more common among case patients than among controls, likely due to their higher prevalence of cardiovascular disease.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article is generally reliable and trustworthy, as it is published in a reputable journal, NEJM, which has a rigorous peer review process for its articles. The authors are also well qualified in their respective fields, providing credibility to their findings. Furthermore, the article provides detailed information about the methods used in conducting the study, such as data sources and statistical analysis techniques employed.

However, there are some potential biases that should be noted. Firstly, since this is an observational study rather than a randomized controlled trial, it is possible that other factors may have influenced the results which were not taken into account by the authors. Additionally, since this study was conducted in only one region of Italy, it may not be applicable to other regions or countries with different demographics or healthcare systems. Finally, while this article does provide some evidence for its claims regarding RAAS blockers and Covid-19 risk, further research is needed to confirm these findings before any definitive conclusions can be drawn.

# Topics for further research:

* Randomized controlled trial
* Covid-19 risk factors
* RAAS blockers and Covid-19
* Healthcare system differences
* Demographic differences
* Observational study bias

# Report location:

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